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Tufts Health Plan Senior Care Options (HMO-SNP) Tufts Health Plan Senior Care Options CW (HMO-SNP) 2025 List of Covered Drugs (Drug List or Formulary)

Tufts Health Plan Senior Care Options

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

25503 Version 6

This formulary was updated on 08/19/2024.

For more recent information or other questions, please contact Tufts Health Plan Senior Care Options Member Services at **1-855-670-5934** (TTY users should call 711), 8 a.m.–8 p.m., 7 days a week (Mon.–Fri. from Apr. 1–Sept. 30), or visit www.thpmp.org/sco-member.

H8330_2025_6_C

Tufts Health Plan Senior Care Options (HMO-SNP) Tufts Health Plan Senior Care Options CW (HMO-SNP) 2025 *List of Covered Drugs* (Drug List or Formulary)

Introduction

This document is called the *List of Covered Drugs* (also known as the Drug List). It tells you which prescription drugs are covered by Tufts Health Plan Senior Care Options. The Drug List also tells you if there are any special rules or restrictions on any drugs covered by Tufts Health Plan Senior Care Options. Key terms and their definitions appear in the last chapter of the *Evidence of Coverage*.

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If you have questions, please call Tufts Health Plan Senior Care Options at 1-855-670-5934 (TTY: 711), 7 days a week, 8 a.m. – 8 p.m. (Apr. 1 – Sept. 30, Mon. – Fri., 8 a.m. – 8 p.m.). The call is free. **For more information**, visit www.thpmp.org/sco-member. iii

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A. Disclaimers

This is a list of drugs that members can get in *Tufts Health Plan Senior Care Options*.

- Tufts Health Plan Senior Care Options is an HMO-SNP with a Medicare Contract. Enrollment in Tufts Health Plan Senior Care Options depends on contract renewal.
- The HMO-SNP is available to anyone who has both MassHealth Standard (Medicaid) and Medicare Parts A and B. The SCO is available to anyone who has MassHealth Standard only. You are not eligible to enroll into Tufts Health Plan Senior Care Options if you are enrolled in any other health insurance plan, with the exception of Medicare. Other eligibility requirements and restrictions may apply.
- Tufts Health Plan Senior Care Options is a voluntary MassHealth (Medicaid) program in association with EOHHS and CMS.
- Tufts Health Plan Senior Care Options 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).
- You can always check Tufts Health Plan Senior Care Options' up-to-date *List of Covered Drugs* online at www.thmp.org/sco-member or by calling the number listed in the footer of this document. This call is free.
- You can get this document for free in other formats, such as large print, Braille, or audio. Call Tufts Health Plan Senior Care Options at the number listed in the footer of this document. This call is free.
- This document is available for free in Spanish. Other languages are available upon request.
- ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call Tufts Health Plan Senior Care Options at the number listed in the footer of this document. The call is free.
- ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que figura al pie de página de este documento. La llamada es gratis.
- Your request for this document in an accessible format or language will be applied on a standing basis unless you request otherwise.

Multi-language Interpreter Services

English: We have free interpreter services available for people who require translation services to answer any questions you may have about our health or drug plan. We can also give you information in English, Braille, large print, or other alternate format. Just call us at 1-855-670-5934. Someone who speaks English can help you. This is a free service.

Spanish: Contamos con servicios gratuitos de intérpretes disponibles para personas que requieren servicios de traducción para responder cualquier pregunta que usted pueda tener sobre nuestro plan de salud o medicamentos. También podemos brindarle información en español, braille, letra grande u otro formato alternativo. Simplemente llámenos al 1-855-670-5934. Una persona que habla español le puede ayudar. Este es un servicio gratuito.

Chinese Simplified: 我们为需要翻译服务的人提供免费口译服务，回答您对我们的健康或药物计划的任何问题。我们还可以以简体中文、盲文、大字体或其他替代格式为您提供信息。请致电 1-855-670-5934 联系我们。会说普通话的人会帮助您。本项服务免费。

Chinese Traditional: 我們為有翻譯服務需求者提供免費口譯服務，以針對我們的健康或藥物計劃，為您回答任何您可能提出的問題。我們也以繁體中文、點字、大字體或其他替代格式為您提供資訊。請撥打電話：1-855-670-5934。會說中文的人可以協助您。此為免費服務。

Tagalog: Mayroon kaming mga libreng serbisyo ng interpreter na magagamit ng mga taong nangangailangan ng mga serbisyo ng pagsasalin upang masagot ang anumang maaaring tanong mo tungkol sa aming plano sa kalusugan o gamot. Maaari din kaming magbigay sa iyo ng impormasyon na nasa Tagalog, braille, malalaking titik, o iba pang alternatibong format. Tumawag lang sa amin sa 1-855-670-5934. Matutulungan ka ng isang taong nagsasalita ng Tagalog. Isa itong libreng serbisyo.

French: Nous mettons des services d'interprétariat gratuits à la disposition de tous ceux qui ont besoin de services de traduction pour répondre aux questions que vous pourriez poser sur notre régime d'assurance-maladie ou médicaments. Nous pouvons vous fournir des informations en français, braille, lettres majuscules, ou tout autre format. Veuillez nous appeler au 1-855-670-5934. Une personne qui parle français pourra vous assister. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí cho người cần phiên dịch để trả lời bất kỳ câu hỏi nào mà quý vị có thể có về chương trình bảo hiểm y tế hay chương trình thuốc của chúng tôi. Chúng tôi cũng có thể cung cấp thông tin cho quý vị bằng Tiếng Việt, chữ nổi braille, bản in chữ lớn, hay định dạng thay thế khác. Quý vị chỉ cần gọi chúng tôi theo số 1-855-670-5934. Một người nói Tiếng Việt có thể giúp quý vị. Đây là dịch vụ miễn phí.

German: Wir stellen Dolmetscherdienste kostenlos all jenen zur Verfügung, die zwecks Beantwortung ihrer Fragen zu den für sie geltenden Kostenübernahme- und Zahlungsregeln Übersetzungsdienste benötigen. Zudem informieren wir Sie bei Bedarf in Deutsch, Brailleschrift, Großdruck oder anderen Formaten. Rufen Sie uns einfach an: 1-855-670-5934. Hier erhalten Sie Hilfe von jemand, der Deutsch spricht. Dieser Service ist kostenlos.

If you have questions, please call Tufts Health Plan Senior Care Options at 1-855-670-5934 (TTY: 711), 7 days a week, 8 a.m. – 8 p.m. (Apr. 1 – Sept. 30, Mon. – Fri., 8 a.m. – 8 p.m.). The call is free. **For more information**, visit www.thpmp.org/sco-member. v

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Korean: 번역 서비스가 필요하신 분들에게 건강 플랜 또는 약품 플랜에 대한 문의에 답변을 드리기 위해 무료 통역 서비스를 제공합니다. 또한 한국어, 점자, 큰 활자 또는 기타 대체 형식으로 정보를 제공할 수 있습니다.

1-855-670-5934 번으로 전화해 주십시오. 한국어를 구사하는 사람이 도와드릴 수 있습니다. 통역은 무료 서비스입니다.

Russian: Мы предоставляем бесплатную услугу устного перевода для людей, которым он необходим, чтобы ответить на вопросы о здоровье или плане получения рецептурных препаратов. Мы также можем предоставить вам информацию на русском языке, с использованием шрифта Брайля, крупным шрифтом или в другом альтернативном формате. Просто позвоните по номеру 1-855-670-5934. Вам поможет сотрудник, владеющий русским языком. Это — бесплатная услуга.

Arabic: لدينا خدمات ترجمة فورية مجانية متاحة للأشخاص الذين يحتاجون إلى خدمات الترجمة للإجابة عن أي أسئلة قد تكون لديك حول خططنا الصحية أو الدوائية. يمكننا أيضًا تزويدك بالمعلومات باللغة العربية أو بطريقة برايل أو بحروف كبيرة أو بأي تنسيق بديل آخر. كل ما عليك هو الاتصال بنا على الرقم 1-855-670-5934. يمكن أن يقوم شخص يتحدث باللغة العربية بمساعدتك. هذه الخدمة مجانية.

Hindi: हमारे पास उन लोगों के लिए मुफ्त दुभाषिया सेवाएं उपलब्ध हैं जिन्हें हमारी स्वास्थ्य या दवा योजना के बारे में उनके किसी भी प्रश्न का उत्तर देने के लिए अनुवाद सेवाओं की आवश्यकता है। हम आपको हिंदी, ब्रेल, बड़े प्रिंट या अन्य वैकल्पिक प्रारूप में भी जानकारी दे सकते हैं। बस हमें 1-855-670-5934 पर कॉल करें। हिन्दी बोलने वाला कोई व्यक्ति आपकी मदद कर सकता है। यह एक निःशुल्क सेवा है।

Italian: Se occorre una traduzione, i nostri servizi di interpretariato sono disponibili gratuitamente per offrire chiarimenti e risposte in merito al nostro piano sanitario o per i medicinali. Possiamo offrire informazioni anche in italiano, braille, caratteri grandi o altri formati. Non esiti a chiamarci al recapito 1-855-670-5934. Una persona che parla italiano sarà pronta a offrire assistenza. Questo servizio è gratuito.

Portuguese: Temos serviços de interpretação gratuitos para quem necessite de serviços de tradução para responder a qualquer questão que possamos ter sobre o seu plano de saúde ou medicação. Também podemos dar todas as informações em Português, braille, letra de grande dimensão ou formato alternativo. Basta ligar para o 1-855-670-5934. Alguém fala Português e poderá ajudar. É um serviço gratuito.

French Creole: Nou gen sèvis entèprèt gratis ki disponib pou moun ki bezwen sèvis tradiksyon pou reponn nenpòt kesyon ou ka genyen sou plan sante oswa anrapò ak plan medikaman nou an. Nou kapab ba w enfòmasyon tou nan lang Kreyòl ayisyen, bray, gwo lèt, oswa lòt fòm. Jis rele nou nan 1-855-670-5934. Yon moun ki pale lang Kreyòl ayisyen ka ede w. Sa a se yon sèvis gratis.

Polish: Osobom potrzebującym tłumaczenia oferujemy bezpłatne usługi tłumacza, który odpowie na wszelkie pytania związane z naszym planem zdrowotnym lub dotyczącym leków. Możemy również udzielić informacji w języku polskim, alfabecie Braille'a, dużym druku lub innym alternatywnym formacie. Wystarczy zadzwonić pod numer 1-855-670-5934. Ktoś mówiący w języku polskim może Ci pomóc. Jest to usługa bezpłatna.

Japanese: 私たちの医療や医薬品の計画に関する、どのような質問にもお答えするため、翻訳サービスが必要な方のための無料通訳サービスを提供しています。情報は、日本語、点字、大活字、その他の代替形式でも提供可能です。1-855-670-5934 にお電話ください。日本語対応でお手伝いいたします。これは無料のサービスです。

Khmer: យើងមានសេវាកម្មអ្នកបកប្រែផ្ទាល់មាត់ដោយឥតគិតថ្លៃសម្រាប់អ្នកដែលត្រូវការសេវាកម្មបកប្រែ ដើម្បីឆ្លើយសំណួរណាមួយដែលអ្នកអាចមានទាក់ទងនឹងគម្រោងសុខភាព ឬឱសថរបស់យើង។ យើងក៏អាចផ្តល់ជូនអ្នកនូវព័ត៌មានជាភាសាខ្មែរ អក្សរសម្រាប់ជនពិការផ្នែក អក្សរពុម្ពធំ ឬជាទម្រង់ដទៃផ្សេងទៀតបានផងដែរ។ គ្រាន់តែហៅទូរសព្ទមកយើងតាមលេខ 1-855-670-5934 ។ អ្នកដែលនិយាយភាសា ខ្មែរអាចជួយអ្នកបាន។ នេះជាសេវាកម្មមិនគិតថ្លៃនោះទេ។

Laotian: ພວກເຮົາມີການບໍລິການນາຍພາສາພຣີທີ່ມີໃຫ້ສໍາລັບຜູ້ທີ່ຕ້ອງການການບໍລິການການແປພາສາ ເພື່ອຕອບຄໍາຖາມທີ່ທ່ານອາດຈະມີກ່ຽວກັບສຸຂະພາບ ຫຼື ແຜນການຢາຂອງພວກເຮົາ. ພວກເຮົາຍັງສາມາດໃຫ້ທ່ານເປັນຂໍ້ມູນໃນພາສາລາວ, ຕົວໜັງສືພູມ, ການພິມຂະໜາດໃຫຍ່ ຫຼື ຮູບແບບອື່ນໆ. ພຽງແຕ່ໂທຫາພວກເຮົາທີ່ 1-855-670-5934. ຄົນທີ່ເວົ້າພາສາລາວ ສາມາດຊ່ວຍທ່ານໄດ້. ນີ້ແມ່ນການບໍລິການພຣີ.



If you have questions, please call Tufts Health Plan Senior Care Options at 1-855-670-5934 (TTY: 711), 7 days a week, 8 a.m. – 8 p.m. (Apr. 1 – Sept. 30, Mon. – Fri., 8 a.m. – 8 p.m.). The call is free. **For more information**, visit www.thpmp.org/sco-member. vii

B. Frequently Asked Questions (FAQ)

Find answers here to questions you have about this *List of Covered Drugs*. You can read all of the FAQ to learn more, or look for a question and answer.

B1. What prescription drugs are on the *List of Covered Drugs*? (We call the *List of Covered Drugs* the “Drug List” for short.)

The drugs on the *List of Covered Drugs* that starts in section C are the drugs covered by Tufts Health Plan Senior Care Options. The drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide your services. We refer to these pharmacies as “network pharmacies.”

Other drugs, such as some over-the-counter (OTC) medications and certain vitamins, may be covered by MassHealth. Please visit the MassHealth website at <https://mhdل.pharmacy.services.conduent.com/MHDL> for more information.

- Tufts Health Plan Senior Care Options will cover all medically necessary drugs on the Drug List if:
 - your doctor or other prescriber says you need them to get better or stay healthy,
 - Tufts Health Plan Senior Care Options agrees that the drug is medically necessary for you, **and**
 - you fill the prescription at a Tufts Health Plan Senior Care Options network pharmacy.
- In some cases, you have to do something before you can get a drug. Refer to question B4 for more information.

You can also find an up-to-date list of drugs that we cover on our website at www.thpmp.org/sco-member or call Member Services at the number listed in the footer of this document.

B2. Does the Drug List ever change?

Yes, and Tufts Health Plan Senior Care Options must follow Medicare and MassHealth rules when making changes. We may add or remove drugs on the Drug List during the year.

We may also change our rules about drugs. For example, we could:

- Decide to require or not require prior authorization for a drug. (Prior authorization is permission from Tufts Health Plan Senior Care Options before you can get a drug.)
- Add or change the amount of a drug you can get (called quantity limits).
- Add or change step therapy restrictions on a drug. (Step therapy means you must try one drug before we will cover another drug.)

For more information on these drug rules, refer to question B4.

If you are taking a drug that was covered at the **beginning** of the year, we will generally not remove or change coverage of that drug **during the rest of the year** unless:

- a new, cheaper drug comes on the market that works as well as a drug on the Drug List now, **or**
- we learn that a drug is not safe, **or**
- a drug is removed from the market.

Questions B3 and B6 below have more information on what happens when the Drug List changes.

- You can always check Tufts Health Plan Senior Care Options' up-to-date Drug List online at www.thpmp.org/sco-member. Updates to the Drug List are posted on the website monthly.
- You can also call Member Services at the number listed in the footer of this document to check the current Drug List.

If you have questions, please call Tufts Health Plan Senior Care Options at 1-855-670-5934 (TTY: 711), 7 days a week, 8 a.m. – 8 p.m. (Apr. 1 – Sept. 30, Mon. – Fri., 8 a.m. – 8 p.m.). The call is free. **For more information**, visit www.thpmp.org/sco-member. ix

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B3. What happens when there is a change to the Drug List?

Some changes to the Drug List will happen **immediately**. For example:

- **Substitutions of certain new versions of drugs.** We may immediately remove the drugs from the Drug List if we replace them with certain new versions of that drug, but your cost for the new drug will remain \$0 with the same or fewer restrictions. When we add a new version of a drug, we may also decide to keep the brand name drug or original biological product on the list but change its coverage rules or limits.
 - We may not tell you before we make this change, but we will send you information about the specific change we made once it happens.
 - We can make these changes only if the drug we are adding:
 - is a new generic version of a brand name drug, or
 - is a certain new biosimilar version of original biological products on the Drug List (for example, adding an interchangeable biosimilar that can be substituted for an original biological product without a new prescription).
 - Some of these drug types may be new to you. For more information, refer to Section B14.
 - You or your provider can ask for an exception from these changes. We will send you a notice with the steps you can take to ask for an exception. Please refer to questions B10-B12 for more information on exceptions.
- **A drug is taken off the market.** If the Food and Drug Administration (FDA) says a drug you are taking is not safe or effective, or the drug's manufacturer takes a drug off the market, we may immediately take it off the Drug List. If you are taking the drug, we will send you a notice. You can then talk to your doctor or other prescriber. He or she can help you decide if there is a similar drug on the Drug List you can take instead.

We may make other changes that affect the drugs you take. We will tell you in advance about these other changes to the Drug List. These changes might happen if:

- The FDA provides new guidance or there are new clinical guidelines about a drug.
- We remove a brand name drug from the Drug List when adding a generic drug that is not new to the market, **or**
 - we remove an original biological product when adding a biosimilar, **or**
 - we change the coverage rules or limits for the brand name drug.

When these changes happen, we will:

- tell you at least 30 days before we make the change to the Drug List **or**
- let you know and give you a 30-day supply of the drug after you ask for a refill.

This will give you time to talk to your doctor or other prescriber. They can help you decide:

- if there is a similar drug on the Drug List you can take instead **or**
- whether to ask for an exception from these changes. To learn more about exceptions, refer to questions B10-B12.

B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?

Yes, some drugs have coverage rules or have limits on the amount you can get. In some cases you or your doctor or other prescriber must do something before you can get the drug. For example:

- **Prior authorization:** For some drugs, you or your doctor or other prescriber must get authorization from Tufts Health Plan Senior Care Options before you fill your prescription. Prior authorization is different from a referral. Tufts Health Plan Senior Care Options may not cover the drug if you don't get prior authorization.
- **Quantity limits:** Sometimes Tufts Health Plan Senior Care Options limits the amount of a drug you can get.
- **Step therapy:** Sometimes Tufts Health Plan Senior Care Options requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your prescriber thinks the first drug doesn't work for you, then we will cover the second.
- **Non-extended day supply drug:** For certain drugs, Tufts Health Plan Senior Care Options limits quantities up to a 30-day supply per fill.

You can find out if your drug has any additional requirements or limits by looking in the tables beginning in section C. You can also get more information by visiting our website at www.thpmp.org/sco-member. 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.

You can ask for an exception from these limits. This will give you time to talk to your doctor or other prescriber. They can help you decide if there is a similar drug on the Drug List you can take instead or whether to ask for an exception. Refer to questions B10-B12 for more information about exceptions.

B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug?

The table in the List of Drugs by Drug Type has a column labeled "Necessary actions, restrictions, or limits on use."

B6. What happens if Tufts Health Plan Senior Care Options changes their rules about how they cover some drugs (for example, prior authorization, quantity limits, and/or step therapy restrictions)?

In some cases, we will tell you in advance if we add or change prior authorization, quantity limits, and/or step therapy restrictions on a drug. Refer to question B3 for more information about this advance notice and situations where we may not be able to tell you in advance when our rules about drugs on the Drug List change.

If you have questions, please call Tufts Health Plan Senior Care Options at 1-855-670-5934 (TTY: 711), 7 days a week, 8 a.m. – 8 p.m. (Apr. 1 – Sept. 30, Mon. – Fri., 8 a.m. – 8 p.m.). The call is free. **For more information**, visit www.thpmp.org/sco-member. xi

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B7. How can I find a drug on the Drug List?

There are two ways to find a drug:

- You can search alphabetically, **or**
- You can search by drug type.

To search **alphabetically**, look for your drug in the Index of Covered Drugs section. You can find it in section D. The Index of Covered Drugs is an alphabetical list of all of the drugs included in the Drug List. Brand name drugs and generic drugs are listed in the index.

To search **by drug type**, find the section labeled “List of Drugs by Drug Type” in section C. The drugs in this section are grouped into categories by type. For example, if you are taking a medicine for migraines, you should look in the “Antimigraine Agents” category. That is where you will find drugs that treat migraines.

B8. What if the drug I want to take is not on the Drug List?

If you don't find your drug on the Drug List, call Member Services at the number listed in the footer of this document and ask about it. If you learn that Tufts Health Plan Senior Care Options will not cover the drug, you can do one of these things:

- Ask Member Services for a list of drugs like the one you want to take. Then show the list to your doctor or other prescriber. They can prescribe a drug on the Drug List that is like the one you want to take. **Or**
- You can ask the health plan to make an exception to cover your drug. Refer to questions B10-B12 for more information about exceptions.

B9. What if I am a new Tufts Health Plan Senior Care Options member and can't find my drug on the Drug List or have a problem getting my drug?

We can help. We may cover a temporary 30-day supply of your drug during the first 90 days you are a member of Tufts Health Plan Senior Care Options. This will give you time to talk to your doctor or other prescriber. They can help you decide if there is a similar drug on the Drug List you can take instead or whether to ask for an exception.

If your prescription is written for fewer days, we will allow multiple refills to provide up to a maximum of 30 days of medication.

We will cover a 30-day supply of your drug if:

- you are taking a drug that is not on our Drug List, **or**
- our plan rules do not let you get the amount ordered by your prescriber, **or**
- the drug requires prior authorization by Tufts Health Plan Senior Care Options, **or**
- you are taking a drug that is part of a step therapy restriction.

If you are taking a drug that Tufts Health Plan Senior Care Options does not consider to be a Part D drug, you have the right to get a one-time, 72-hour supply of the drug.

If you are in a nursing home or other long-term care facility and need a drug that is not on the Drug List or if you cannot easily get the drug you need, we can help. If you have been in the plan for more than 90 days, live in a long-term care facility, and need a supply right away:

- We will cover one 31-day supply of the drug you need (unless you have a prescription for fewer days), whether or not you are a new Tufts Health Plan Senior Care Options member.
- This is in addition to the temporary supply during the first 90 days you are a member of Tufts Health Plan Senior Care Options.

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 Health Plan Senior Care Options Member Services department.

If you have questions, please call Tufts Health Plan Senior Care Options at 1-855-670-5934 (TTY: 711), 7 days a week, 8 a.m. – 8 p.m. (Apr. 1 – Sept. 30, Mon. – Fri., 8 a.m. – 8 p.m.). The call is free. **For more information**, visit www.thpmp.org/sco-member. xiii

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B10. Can I ask for an exception to cover my drug?

Yes. You can ask Tufts Health Plan Senior Care Options to make an exception to cover a drug that is not on the Drug List.

You can also ask us to change the rules on your drug.

- For example, Tufts Health Plan Senior Care Options may limit the amount of a drug we will cover. If your drug has a limit, you can ask us to change the limit and cover more at no additional cost.
- Other examples: You can ask us to drop step therapy restrictions or prior authorization requirements.

B11. How can I ask for an exception?

To ask for an exception, call Member Services. A Member Services representative will work with you and your provider to help you ask for an exception. You can also read Chapter 8, section 7 of the *Evidence of Coverage* to learn more about exceptions.

B12. How long does it take to get an exception?

After we get a statement from your prescriber supporting your request for an exception, we will give you a decision within 72 hours. For a faster decision, include this medical information from your doctor or other prescriber when you ask for the exception.

If you or your prescriber think your health may be harmed if you have to wait 72 hours for a decision, you can ask for an expedited exception. This is a faster decision. If your prescriber supports your request, we will give you a decision within 24 hours of getting your prescriber's supporting statement.

B13. What are generic drugs?

Generic drugs are made up of the same active ingredients as brand name drugs. They usually cost less than the brand name drug and generally work just as well. They usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA). There are generic drugs available for many brand name drugs. Generic drugs usually can be substituted for brand name drugs at the pharmacy without a new prescription—depending on state laws.

Tufts Health Plan Senior Care Options covers both brand name drugs and generic drugs.

B14. What are original biological products and how are they related to biosimilars?

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 forms 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 more information on drug types, refer to Chapter 5 of the *Evidence of Coverage*.

B15. What are OTC drugs?

OTC stands for “over-the-counter”. Tufts Health Plan Senior Care Options covers some OTC drugs when they are written as prescriptions by your provider.

You can read the MassHealth Standard (Medicaid) Over-the-Counter Drug List to find out what OTC drugs are covered.

In addition to the MassHealth Standard (Medicaid) OTC Drug List, Tufts Health Plan Senior Care Options provides coverage for the following drugs under your Medicare benefit:

- Benzonatate
- Chondroitin/MSM
- Glucosamine/Chondroitin/MSM
- Glucosamine/MSM
- Lidocaine 4% Topical Patch
- Methylsulfonylmethane (MSM)
- Mucinex 600 mg
- Omega 3/Fish Oil
- Robitussin Cough + Chest Congestion DM (liquid)

B16. Does Tufts Health Plan Senior Care Options cover non-drug OTC products?

Tufts Health Plan Senior Care Options covers some non-drug OTC products when they are written as prescriptions by your provider.

Examples of non-drug OTC products include alcohol swabs and gauze.

You can read the Tufts Health Plan Senior Care Options Drug List to find out what non-drug OTC products are covered.

B17. Does Tufts Health Plan Senior Care Options cover long-term supplies of prescriptions?

- **Mail-Order Programs.** We offer a mail-order program that allows you to get up to a 90-day supply of your prescription drugs sent directly to your home. You have a \$0 copay.
- **90-Day Retail Pharmacy Programs.** Some retail pharmacies may also offer up to a 90-day supply of covered prescription drugs. You have a \$0 copay.

If you have questions, please call Tufts Health Plan Senior Care Options at 1-855-670-5934 (TTY: 711), 7 days a week, 8 a.m. – 8 p.m. (Apr. 1 – Sept. 30, Mon. – Fri., 8 a.m. – 8 p.m.). The call is free. **For more information**, visit www.thpmp.org/sco-member. xv

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B18. Can I get prescriptions delivered to my home from my local pharmacy?

Your local pharmacy may be able to deliver your prescription to your home. You can call your pharmacy to find out if they offer home delivery.

B19. What is my copay?

Tufts Health Plan Senior Care Options members have no copays for prescription and OTC drugs and non-drug products as long as the member follows the plan's rules. Refer to questions B14 and B15 for more information about OTC drugs and non-drug products.

Tiers are groups of drugs on our Drug List. Your plan has 1 tier. All covered drugs are in this tier.

All drugs on our Drug List have no copay.

- Tier 1 Generic drugs have a \$0 copay.
- Tier 1 Brand name drugs have a \$0 copay.
- OTCs have a \$0 copay.

If you have questions, call Member Services at the number listed in the footer of this document.

C. Overview of the *List of Covered Drugs*

The *List of Covered Drugs* gives you information about the drugs covered by Tufts Health Plan Senior Care Options. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins in section D. The index alphabetically lists all drugs covered by Tufts Health Plan Senior Care Options.

C1. List of drugs by Drug Type

The drugs in this section are grouped into categories by type. For example, if you are taking a medicine for migraines, you should look in the “Antimigraine Agents” category. That is where you will find drugs that treat migraines.

Here are the meanings of the codes used in the “Necessary actions, restrictions, or limits on use” column:

PA BvD: Medicare Part B or D.

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

QL: Quantity Limit Applies.

Because of potential safety and utilization concerns, Tufts Health Plan Senior Care Options 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.

HI: Home Infusion Drug.

This prescription drug is covered under our medical benefit.

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.

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.

This section is continued on the next page

If you have questions, please call Tufts Health Plan Senior Care Options at 1-855-670-5934 (TTY: 711), 7 days a week, 8 a.m. – 8 p.m. (Apr. 1 – Sept. 30, Mon. – Fri., 8 a.m. – 8 p.m.). The call is free. **For more information**, visit www.thpmp.org/sco-member. xvii

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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 Health Plan Senior Care Options for members who do not meet the Step Therapy criteria at the point of sale under the Medical Review process.

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

C2. 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)
- FreeStyle Libre and Dexcom continuous glucose monitoring systems (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 (e.g., 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

The first column of the table lists the name of the drug. Generic drugs are listed in lower-case italics (for example, *omeprazole*), brand name drugs are capitalized (for example, ENTRESTO). The information in the "Necessary actions, restrictions, or limits on use" column tells you if Tufts Health Plan Senior Care Options has any rules for covering your drug.

If you have questions, please call Tufts Health Plan Senior Care Options at 1-855-670-5934 (TTY: 711), 7 days a week, 8 a.m. – 8 p.m. (Apr. 1 – Sept. 30, Mon. – Fri., 8 a.m. – 8 p.m.). The call is free. **For more information**, visit www.thpmp.org/sco-member. xix

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D. Index of Covered Drugs

In this section, you can find a drug by searching for its name alphabetically. This will tell you the page number where you can find additional coverage information for your drug.

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

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Drug Name	Drug Tier	Requirements/Limits
<i>acetaminophen/codeine tabs</i>	1	QL(240 EA per 30 days)
<i>acetaminophen/codeine soln</i>	1	QL(3600 ML per 30 days)
<i>butorphanol tartrate soln</i>	1	QL(7.5 ML per 30 days)
<i>codeine sulfate tabs</i>	1	QL(180 EA per 30 days)
<i>endocet tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	1	QL(240 EA per 30 days)
<i>fentanyl citrate oral transmucosal lpop 200mcg</i>	1	QL(120 EA per 30 days); PA
<i>fentanyl citrate oral transmucosal lpop 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	1	QL(120 EA per 30 days); PA; NEDS
<i>hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 7.5mg/15ml</i>	1	QL(3600 ML per 30 days)
<i>hydrocodone bitartrate/acetaminophen tabs 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg, 325mg; 10mg, 325mg; 5mg</i>	1	QL(240 EA per 30 days)
<i>hydrocodone/acetaminophen tabs 325mg; 7.5mg</i>	1	QL(240 EA per 30 days)
<i>hydromorphone hcl liqd</i>	1	QL(1350 ML per 30 days)
<i>hydromorphone hcl tabs 8mg</i>	1	QL(120 EA per 30 days)
<i>hydromorphone hcl tabs 2mg, 4mg</i>	1	QL(240 EA per 30 days)
<i>morphine sulfate tabs</i>	1	QL(180 EA per 30 days)
<i>morphine sulfate soln 100mg/5ml</i>	1	QL(180 ML per 30 days)
<i>morphine sulfate soln 10mg/5ml, 20mg/5ml</i>	1	QL(900 ML per 30 days)
<i>oxycodone hydrochloride conc</i>	1	QL(120 ML per 30 days)
<i>oxycodone hydrochloride caps</i>	1	QL(240 EA per 30 days)
<i>oxycodone hydrochloride soln</i>	1	QL(2400 ML per 30 days)
<i>oxycodone hydrochloride tabs 20mg, 30mg</i>	1	QL(120 EA per 30 days)
<i>oxycodone hydrochloride tabs 10mg, 15mg</i>	1	QL(180 EA per 30 days)
<i>oxycodone hydrochloride tabs 5mg</i>	1	QL(240 EA per 30 days)
<i>oxycodone/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	1	QL(240 EA per 30 days)
<i>tramadol hydrochloride/acetaminophen</i>	1	QL(240 EA per 30 days)
<i>tramadol hydrochloride tabs 100mg</i>	1	QL(120 EA per 30 days)
<i>tramadol hydrochloride tabs 50mg</i>	1	QL(240 EA per 30 days)
Anesthetics		
Local Anesthetics		
<i>glydo</i>	1	QL(100 ML per 30 days)
<i>lidocaine hcl jelly</i>	1	QL(100 ML per 30 days)
<i>lidocaine hcl prsy</i>	1	QL(100 ML per 30 days)
<i>lidocaine hcl inj 0.5%, 1.5%, 2%, 4%</i>	1	
<i>lidocaine hydrochloride external soln</i>	1	QL(100 ML per 30 days)
<i>lidocaine hydrochloride inj 1%, 2%</i>	1	
<i>lidocaine/prilocaine crea</i>	1	QL(60 GM per 30 days)
<i>lidocaine oint 5%</i>	1	QL(100 GM per 30 days)
<i>lidocaine ptch 5%</i>	1	QL(90 EA per 30 days); PA

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

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

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<i>cefazolin sodium inj 10gm, 1gm/50ml; 4%, 1gm, 2gm, 500mg</i>	1	HI
<i>cefazolin inj 2gm/100ml; 4%, 2gm, 3gm</i>	1	HI
<i>cefdinir</i>	1	
<i>cefepime</i>	1	HI
<i>cefepime hydrochloride inj 2gm</i>	1	HI
<i>cefepime/dextrose</i>	1	HI
<i>cefixime</i>	1	
<i>cefotetan inj 1gm, 2gm</i>	1	HI
<i>cefoxitin sodium inj 10gm, 1gm, 2gm</i>	1	HI
<i>cefpodoxime proxetil</i>	1	
<i>cefprozil</i>	1	
<i>ceftazidime inj 1gm, 2gm, 6gm</i>	1	HI
<i>ceftriaxone in iso-osmotic dextrose</i>	1	HI
<i>ceftriaxone sodium inj 10gm, 1gm, 250mg, 2gm, 500mg</i>	1	HI
<i>ceftriaxone/dextrose inj 1gm; 3.74%</i>	1	HI
<i>cefuroxime axetil tabs</i>	1	
<i>cefuroxime sodium inj 1.5gm, 750mg</i>	1	HI
<i>cephalexin</i>	1	
<i>tazicef inj 1gm, 2gm, 6gm</i>	1	HI
TEFLARO	1	NEDS; HI
Beta-lactam, Penicillins		
<i>amoxicillin/clavulanate potassium</i>	1	
<i>amoxicillin/clavulanate potassium er</i>	1	
<i>amoxicillin chew 125mg, 250mg</i>	1	
<i>amoxicillin caps, susr, tabs</i>	1	
<i>ampicillin sodium inj</i>	1	HI
<i>ampicillin-sulbactam inj 10gm; 5gm, 1gm; 0.5gm</i>	1	HI
<i>ampicillin/sulbactam inj 2gm; 1gm</i>	1	HI
<i>ampicillin caps 500mg</i>	1	
BICILLIN L-A INJ 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	1	
<i>dicloxacillin sodium</i>	1	
<i>nafcillin sodium inj 10gm, 1gm, 2gm</i>	1	HI
<i>oxacillin sodium inj 10gm, 1gm, 2gm</i>	1	HI
<i>penicillin g potassium in iso-osmotic dextrose inj 0; 20000unit/ml</i>	1	HI
<i>penicillin g potassium inj 20000000unit, 5000000unit</i>	1	HI
PENICILLIN G SODIUM	1	NEDS; HI
<i>penicillin v potassium</i>	1	
<i>piperacillin sodium/tazobactam sodium</i>	1	HI
ZOSYN INJ 5%; 4GM/100ML; 0.5GM/100ML	1	HI
Carbapenems		

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<i>ertapenem</i>	1	HI
<i>ertapenem sodium</i>	1	HI
<i>imipenem/cilastatin</i>	1	HI
<i>meropenem</i>	1	HI
Macrolides		
<i>azithromycin pack, susr, tabs</i>	1	
<i>azithromycin inj 500mg</i>	1	HI
<i>clarithromycin er</i>	1	
<i>clarithromycin susr, tabs</i>	1	
DIFICID	1	NEDS
<i>erythromycin dr</i>	1	
<i>erythromycin ethylsuccinate tabs</i>	1	
<i>erythromycin cpep 250mg</i>	1	
Quinolones		
<i>ciprofloxacin hcl tabs 100mg, 750mg</i>	1	
<i>ciprofloxacin hydrochloride tabs 250mg, 500mg</i>	1	
<i>ciprofloxacin i.v.-in d5w</i>	1	HI
<i>ciprofloxacin susr 500mg/5ml, 5gm/100ml</i>	1	
<i>levofloxacin in d5w</i>	1	HI
<i>levofloxacin oral soln 25mg/ml</i>	1	
<i>levofloxacin tabs 250mg, 500mg, 750mg</i>	1	
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	1	HI
<i>moxifloxacin hydrochloride tabs 400mg</i>	1	
Sulfonamides		
<i>sulfacetamide sodium lotn 10%</i>	1	
<i>sulfadiazine tabs</i>	1	
<i>sulfamethoxazole/trimethoprim ds</i>	1	
<i>sulfamethoxazole/trimethoprim susp, tabs</i>	1	
Tetracyclines		
DOXY 100	1	HI
<i>doxycycline hyclate caps</i>	1	
<i>doxycycline hyclate inj</i>	1	HI
<i>doxycycline hyclate tabs 100mg, 150mg, 20mg</i>	1	
<i>doxycycline monohydrate caps 100mg, 50mg</i>	1	
<i>doxycycline monohydrate tabs</i>	1	
<i>doxycycline susr</i>	1	
<i>minocycline hcl caps 75mg</i>	1	
<i>minocycline hcl tabs</i>	1	
<i>minocycline hydrochloride caps 100mg, 50mg</i>	1	
<i>mondoxyne nl caps 100mg</i>	1	
<i>tetracycline hydrochloride caps</i>	1	
VIBRAMYCIN SYRP	1	

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Drug Name	Drug Tier	Requirements/Limits
Anticonvulsants		
<i>Anticonvulsants, Other</i>		
BRIVIACT SOLN, TABS	1	NEDS
EPIDIOLEX	1	PA NSO; NEDS
EPRONTIA	1	
<i>felbamate</i>	1	
FINTEPLA	1	PA NSO; NEDS
FYCOMPA	1	
<i>lamotrigine er</i>	1	
<i>lamotrigine odt</i>	1	
<i>lamotrigine starter kit/blue</i>	1	
<i>lamotrigine starter kit/green</i>	1	
<i>lamotrigine starter kit/orange</i>	1	
<i>lamotrigine chew, tabs</i>	1	
<i>levetiracetam er</i>	1	
<i>levetiracetam oral soln, tabs</i>	1	
<i>levetiracetam inj 500mg/5ml</i>	1	
NAYZILAM	1	QL(10 EA per 30 days); PA NSO
<i>roweepra tabs 500mg</i>	1	
SPRITAM	1	
<i>subvenite</i>	1	
<i>subvenite starter kit/blue</i>	1	
<i>subvenite starter kit/green</i>	1	
<i>subvenite starter kit/orange</i>	1	
<i>topiramate csp, tabs</i>	1	
<i>valproic acid</i>	1	
Calcium Channel Modifying Agents		
<i>ethosuximide</i>	1	
<i>methsuximide</i>	1	
Gamma-aminobutyric Acid (GABA) Modulating Agents		
<i>clobazam susp</i>	1	
<i>clobazam tabs</i>	1	QL(60 EA per 30 days)
<i>clonazepam odt</i>	1	
<i>clonazepam tabs</i>	1	
DIACOMIT	1	PA NSO; NEDS
<i>diazepam rectal gel</i>	1	
<i>divalproex sodium dr</i>	1	
<i>divalproex sodium er</i>	1	
<i>divalproex sodium csdr</i>	1	
<i>gabapentin caps, soln</i>	1	
<i>gabapentin tabs 600mg, 800mg</i>	1	
LIBERVANT	1	QL(10 EA per 30 days)

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<i>phenobarbital elix 20mg/5ml</i>	1	
<i>phenobarbital tabs 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	1	
<i>pregabalin</i>	1	
<i>primidone tabs</i>	1	
SYMPAZAN FILM 5MG	1	
SYMPAZAN FILM 10MG, 20MG	1	NEDS
<i>tiagabine hydrochloride</i>	1	
VALTOCO 10 MG DOSE	1	QL(10 EA per 30 days); PA NSO; NEDS
VALTOCO 15 MG DOSE	1	QL(10 EA per 30 days); PA NSO; NEDS
VALTOCO 20 MG DOSE	1	QL(10 EA per 30 days); PA NSO; NEDS
VALTOCO 5 MG DOSE	1	QL(10 EA per 30 days); PA NSO; NEDS
<i>vigabatrin</i>	1	NEDS
<i>vigadrone</i>	1	NEDS
<i>vigpoder</i>	1	NEDS
ZTALMY	1	PA NSO; NEDS
Sodium Channel Agents		
APTIOM	1	
<i>carbamazepine er</i>	1	
<i>carbamazepine chew, susp, tabs</i>	1	
<i>epitol</i>	1	
<i>lacosamide inj, oral soln</i>	1	
LACOSAMIDE TABS 100MG, 150MG	1	QL(60 EA per 30 days)
<i>lacosamide tabs 200mg, 50mg</i>	1	QL(60 EA per 30 days)
<i>oxcarbazepine</i>	1	
<i>phenytek</i>	1	
<i>phenytoin sodium extended</i>	1	
<i>phenytoin chew, susp</i>	1	
<i>rufinamide susp</i>	1	NEDS
<i>rufinamide tabs 200mg</i>	1	
<i>rufinamide tabs 400mg</i>	1	NEDS
XCOPRI TABS	1	NEDS
XCOPRI TBPk 0	1	
XCOPRI TBPk 0	1	NEDS
ZONISADE	1	
<i>zonisamide</i>	1	
Antidementia Agents		
Antidementia Agents, Other		

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Drug Name	Drug Tier	Requirements/Limits
NAMZARIC	1	
Cholinesterase Inhibitors		
<i>donepezil hcl tbdp</i>	1	
<i>donepezil hcl tabs 10mg, 23mg</i>	1	
<i>donepezil hydrochloride tabs 5mg</i>	1	
<i>galantamine hydrobromide er</i>	1	
<i>galantamine hydrobromide soln, tabs</i>	1	
<i>rivastigmine tartrate</i>	1	
<i>rivastigmine transdermal system</i>	1	
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
<i>memantine hcl titration pak</i>	1	
<i>memantine hydrochloride er</i>	1	
<i>memantine hydrochloride soln, tabs</i>	1	
Antidepressants		
Antidepressants, Other		
AUVELITY	1	
<i>bupropion hcl tabs 100mg</i>	1	
<i>bupropion hydrochloride er (sr) tb12 100mg, 150mg, 200mg</i>	1	
<i>bupropion hydrochloride er (xl) tb24 150mg, 300mg</i>	1	
<i>bupropion hydrochloride tabs 75mg</i>	1	
<i>mirtazapine odt</i>	1	
<i>mirtazapine tabs</i>	1	
ZURZUVAE CAPS 30MG	1	QL(14 EA per 14 days); PA NSO; NEDS
ZURZUVAE CAPS 20MG, 25MG	1	QL(28 EA per 14 days); PA NSO; NEDS
Monoamine Oxidase Inhibitors		
EMSAM	1	ST NSO; NEDS
MARPLAN	1	
<i>phenelzine sulfate</i>	1	
<i>tranylcypromine sulfate</i>	1	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)		
<i>citalopram hydrobromide soln, tabs</i>	1	
<i>desvenlafaxine er</i>	1	
DRIZALMA SPRINKLE CSDR 20MG, 60MG	1	QL(60 EA per 30 days)
DRIZALMA SPRINKLE CSDR 30MG, 40MG	1	QL(90 EA per 30 days)
<i>duloxetine hcl cpep 40mg</i>	1	QL(90 EA per 30 days)
<i>duloxetine hydrochloride cpep 20mg, 60mg</i>	1	QL(60 EA per 30 days)
<i>duloxetine hydrochloride cpep 30mg</i>	1	QL(90 EA per 30 days)
<i>escitalopram oxalate soln, tabs</i>	1	
FETZIMA	1	ST NSO

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Drug Name	Drug Tier	Requirements/Limits
FETZIMA TITRATION PACK	1	ST NSO
<i>fluoxetine dr</i>	1	
<i>fluoxetine hydrochloride caps, soln</i>	1	
<i>fluvoxamine maleate</i>	1	
<i>nefazodone hydrochloride</i>	1	
<i>paroxetine hcl tabs 30mg, 40mg</i>	1	
<i>paroxetine hydrochloride susp</i>	1	
<i>paroxetine hydrochloride tabs 10mg, 20mg</i>	1	
<i>sertraline hcl conc</i>	1	
<i>sertraline hcl tabs 50mg</i>	1	
<i>sertraline hydrochloride tabs 100mg, 25mg</i>	1	
<i>trazodone hydrochloride</i>	1	
TRINTELLIX	1	
<i>venlafaxine hcl er tb24 37.5mg</i>	1	
<i>venlafaxine hydrochloride</i>	1	
<i>venlafaxine hydrochloride er cp24</i>	1	
VIIBRYD STARTER PACK	1	
<i>vilazodone hydrochloride</i>	1	
Tricyclics		
<i>amitriptyline hcl tabs 100mg, 150mg, 25mg, 75mg</i>	1	
<i>amitriptyline hydrochloride tabs 100mg, 10mg, 50mg</i>	1	
<i>amoxapine</i>	1	
<i>clomipramine hydrochloride</i>	1	
<i>desipramine hydrochloride</i>	1	
<i>doxepin hcl caps 75mg</i>	1	
<i>doxepin hcl conc</i>	1	
<i>doxepin hydrochloride caps 100mg, 10mg, 150mg, 25mg, 50mg</i>	1	
<i>imipramine hcl tabs 25mg, 50mg</i>	1	
<i>imipramine hydrochloride tabs 10mg</i>	1	
<i>nortriptyline hcl caps 25mg, 75mg</i>	1	
<i>nortriptyline hcl soln</i>	1	
<i>nortriptyline hydrochloride caps 10mg, 50mg</i>	1	
<i>protriptyline hcl</i>	1	
<i>trimipramine maleate caps</i>	1	
Antiemetics		
Antiemetics, Other		
<i>meclizine hcl tabs</i>	1	
<i>prochlorperazine edisylate inj 10mg/2ml</i>	1	
<i>prochlorperazine maleate tabs</i>	1	
<i>prochlorperazine supp 25mg</i>	1	
<i>promethazine hcl inj</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>promethazine hcl tabs 12.5mg</i>	1	
<i>promethazine hydrochloride plain</i>	1	
<i>promethazine hydrochloride tabs 25mg, 50mg</i>	1	
<i>scopolamine</i>	1	
Emetogenic Therapy Adjuncts		
<i>aprepitant caps 0, 40mg, 80mg</i>	1	PA BvD
<i>aprepitant caps 125mg</i>	1	PA BvD; NEDS
<i>dronabinol</i>	1	PA BvD
<i>granisetron hydrochloride tabs</i>	1	PA BvD
<i>ondansetron hcl soln</i>	1	PA BvD
<i>ondansetron hcl tabs 24mg</i>	1	PA BvD
<i>ondansetron hydrochloride tabs</i>	1	PA BvD
<i>ondansetron odt tbdp 4mg, 8mg</i>	1	PA BvD
Antifungals		
Antifungals		
<i>ABELCET</i>	1	PA
<i>amphotericin b liposome</i>	1	PA; NEDS
<i>amphotericin b inj</i>	1	PA
<i>clotrimazole crea, soln, troc</i>	1	
<i>econazole nitrate crea</i>	1	
<i>fluconazole in sodium chloride</i>	1	
<i>fluconazole susr, tabs</i>	1	
<i>flucytosine caps</i>	1	NEDS
<i>griseofulvin microsize</i>	1	
<i>griseofulvin ultramicrosize tabs 125mg, 250mg</i>	1	
<i>itraconazole caps</i>	1	
<i>ketoconazole sham, tabs</i>	1	
<i>ketoconazole crea</i>	1	QL(120 GM per 30 days)
<i>klayesta</i>	1	
<i>micafungin</i>	1	
<i>miconazole 3 supp</i>	1	
<i>naftifine hcl</i>	1	
<i>naftifine hydrochloride crea</i>	1	
<i>nyamyc</i>	1	
<i>nystatin crea, oint, powd, susp, tabs</i>	1	
<i>nystop</i>	1	
<i>posaconazole dr</i>	1	NEDS
<i>posaconazole susp</i>	1	NEDS
<i>terbinafine hcl tabs</i>	1	QL(42 EA per 42 days)
<i>terconazole</i>	1	
<i>voriconazole tabs</i>	1	
<i>voriconazole susr</i>	1	NEDS

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

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Drug Name	Drug Tier	Requirements/Limits
SIRTURO	1	PA; NEDS
TRECTOR	1	
Antineoplastics		
<i>Alkylating Agents</i>		
<i>cyclophosphamide caps, tabs</i>	1	PA BvD
GLEOSTINE CAPS 100MG, 10MG, 40MG	1	
LEUKERAN	1	NEDS
MATULANE	1	NEDS
VALCHLOR	1	NEDS
<i>Antiandrogens</i>		
<i>abiraterone acetate</i>	1	PA NSO; NEDS
<i>bicalutamide</i>	1	
ERLEADA	1	PA NSO; NEDS
<i>flutamide</i>	1	
<i>nilutamide</i>	1	NEDS
NUBEQA	1	PA NSO; NEDS
XTANDI	1	PA NSO; NEDS
<i>Antiangiogenic Agents</i>		
<i>lenalidomide</i>	1	PA NSO; NEDS
POMALYST	1	PA NSO; NEDS
REVLIMID	1	PA NSO; NEDS
THALOMID	1	NEDS
<i>Antiestrogens/Modifiers</i>		
EMCYT	1	NEDS
ORSERDU	1	PA NSO; NEDS
SOLTAMOX	1	NEDS
<i>tamoxifen citrate tabs</i>	1	
<i>toremifene citrate</i>	1	NEDS
<i>Antimetabolites</i>		
DROXIA	1	
<i>hydroxyurea caps</i>	1	
<i>mercaptopurine tabs</i>	1	
PURIXAN	1	NEDS
TABLOID	1	
<i>Antineoplastics, Other</i>		
AKEEGA	1	PA NSO; NEDS
<i>bortezomib inj 1mg, 2.5mg</i>	1	
<i>bortezomib inj 3.5mg/1.4ml, 3.5mg</i>	1	NEDS
DOCETAXEL INJ 160MG/8ML	1	
<i>docetaxel inj 20mg/ml, 80mg/4ml</i>	1	
IBRANCE TABS 100MG, 125MG, 75MG	1	PA NSO; NEDS
INREBIC	1	PA NSO; NEDS

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IWILFIN	1	PA NSO; NEDS
KISQALI FEMARA 200 DOSE	1	PA NSO; NEDS
KISQALI FEMARA 400 DOSE	1	PA NSO; NEDS
KISQALI FEMARA 600 DOSE	1	PA NSO; NEDS
<i>leucovorin calcium tabs</i>	1	
LONSURF	1	PA NSO; NEDS
LYSODREN	1	NEDS
OGSIVEO	1	PA NSO; NEDS
OJEMDA	1	PA NSO; NEDS
ONUREG	1	PA NSO; NEDS
<i>paclitaxel inj 100mg/16.7ml, 150mg/25ml, 300mg/50ml, 30mg/5ml</i>	1	
SYNRIBO	1	NEDS
TRUSELTIQ	1	PA NSO; NEDS
VONJO	1	PA NSO; NEDS
ZOLINZA	1	PA NSO; NEDS
<i>Aromatase Inhibitors, 3rd Generation</i>		
<i>anastrozole tabs</i>	1	
<i>exemestane</i>	1	
<i>letrozole</i>	1	
<i>Enzyme Inhibitors</i>		
KYPROLIS	1	NEDS
<i>Molecular Target Inhibitors</i>		
ALECENSA	1	PA NSO; NEDS
ALUNBRIG	1	PA NSO; NEDS
AUGTYRO	1	PA NSO; NEDS
AYVAKIT	1	QL(30 EA per 30 days); PA NSO; NEDS
BALVERSA	1	PA NSO; NEDS
BOSULIF CAPS 50MG	1	PA NSO; NEDS
BOSULIF CAPS 100MG	1	QL(120 EA per 30 days); PA NSO; NEDS
BOSULIF TABS 100MG	1	QL(120 EA per 30 days); PA NSO; NEDS
BOSULIF TABS 400MG, 500MG	1	QL(30 EA per 30 days); PA NSO; NEDS
BRAFTOVI CAPS 75MG	1	PA NSO; NEDS
BRUKINSA	1	PA NSO; NEDS
CABOMETYX	1	PA NSO; NEDS
CALQUENCE	1	PA NSO; NEDS
CAPRELSA TABS 300MG	1	QL(30 EA per 30 days); PA NSO; NEDS

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CAPRELSA TABS 100MG	1	QL(60 EA per 30 days); PA NSO; NEDS
COMETRIQ	1	PA NSO; NEDS
COPIKTRA	1	PA NSO; NEDS
COTELLIC	1	PA NSO; NEDS
DAURISMO	1	PA NSO; NEDS
ERIVEDGE	1	PA NSO; NEDS
<i>erlotinib hydrochloride tabs 150mg, 25mg</i>	1	QL(30 EA per 30 days); NEDS
<i>erlotinib hydrochloride tabs 100mg</i>	1	QL(90 EA per 30 days); NEDS
<i>everolimus tabs 10mg, 2.5mg, 5mg, 7.5mg</i>	1	QL(30 EA per 30 days); PA NSO; NEDS
<i>everolimus tbso 2mg, 3mg, 5mg</i>	1	QL(60 EA per 30 days); PA NSO; NEDS
EXKIVITY	1	PA NSO; NEDS
FOTIVDA	1	PA NSO; NEDS
FRUZAQLA	1	PA NSO; NEDS
GAVRETO	1	PA NSO; NEDS
<i>gefitinib</i>	1	PA NSO; NEDS
GILOTRIF	1	PA NSO; NEDS
IBRANCE CAPS 100MG, 125MG, 75MG	1	PA NSO; NEDS
ICLUSIG	1	PA NSO; NEDS
IDHIFA	1	QL(30 EA per 30 days); PA NSO; NEDS
<i>imatinib mesylate</i>	1	NEDS
IMBRUVICA	1	PA NSO; NEDS
INLYTA	1	PA NSO; NEDS
INQOVI	1	PA NSO; NEDS
JAKAFI	1	PA NSO; NEDS
JAYPIRCA	1	PA NSO; NEDS
KISQALI	1	PA NSO; NEDS
KOSELUGO	1	PA NSO; NEDS
KRAZATI	1	PA NSO; NEDS
<i>lapatinib ditosylate</i>	1	QL(180 EA per 30 days); PA NSO; NEDS
LENVIMA 10 MG DAILY DOSE	1	PA NSO; NEDS
LENVIMA 12MG DAILY DOSE	1	PA NSO; NEDS
LENVIMA 14 MG DAILY DOSE	1	PA NSO; NEDS
LENVIMA 18 MG DAILY DOSE	1	PA NSO; NEDS
LENVIMA 20 MG DAILY DOSE	1	PA NSO; NEDS
LENVIMA 24 MG DAILY DOSE	1	PA NSO; NEDS
LENVIMA 4 MG DAILY DOSE	1	PA NSO; NEDS
LENVIMA 8 MG DAILY DOSE	1	PA NSO; NEDS

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LORBRENA	1	PA NSO; NEDS
LUMAKRAS	1	PA NSO; NEDS
LYNPARZA TABS	1	PA NSO; NEDS
LYTGOBI	1	PA NSO; NEDS
MEKINIST	1	PA NSO; NEDS
MEKTOVI	1	PA NSO; NEDS
NERLYNX	1	PA NSO; NEDS
NINLARO	1	PA NSO; NEDS
ODOMZO	1	PA NSO; NEDS
OJJAARA	1	PA NSO; NEDS
<i>pazopanib hydrochloride</i>	1	QL(120 EA per 30 days); PA NSO; NEDS
PEMAZYRE	1	PA NSO; NEDS
PIQRAY 200MG DAILY DOSE	1	PA NSO; NEDS
PIQRAY 250MG DAILY DOSE	1	PA NSO; NEDS
PIQRAY 300MG DAILY DOSE	1	PA NSO; NEDS
QINLOCK	1	PA NSO; NEDS
RETEVMO CAPS	1	PA NSO; NEDS
RETEVMO TABS 120MG, 160MG	1	PA NSO; NEDS
RETEVMO TABS 80MG	1	QL(60 EA per 30 days); PA NSO; NEDS
RETEVMO TABS 40MG	1	QL(90 EA per 30 days); PA NSO; NEDS
REZLIDHIA	1	PA NSO; NEDS
ROZLYTREK	1	PA NSO; NEDS
RUBRACA	1	QL(120 EA per 30 days); PA NSO; NEDS
RYDAPT	1	PA NSO; NEDS
SCEMBLIX TABS 20MG, 40MG	1	PA NSO; NEDS
SCEMBLIX TABS 100MG	1	QL(120 EA per 30 days); PA NSO; NEDS
<i>sorafenib</i>	1	QL(220 EA per 30 days); PA NSO; NEDS
<i>sorafenib tosylate</i>	1	QL(220 EA per 30 days); PA NSO; NEDS
SPRYCEL	1	PA NSO; NEDS
STIVARGA	1	QL(90 EA per 30 days); PA NSO; NEDS
<i>sunitinib malate</i>	1	PA NSO; NEDS
TABRECTA	1	PA NSO; NEDS
TAFINLAR	1	PA NSO; NEDS
TAGRISO	1	PA NSO; NEDS

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TALZENNA	1	PA NSO; NEDS
TASIGNA	1	PA NSO; NEDS
TAZVERIK	1	PA NSO; NEDS
TEPMETKO	1	PA NSO; NEDS
TIBSOVO	1	PA NSO; NEDS
TRUQAP	1	PA NSO; NEDS
TUKYSA	1	PA NSO; NEDS
TURALIO	1	PA NSO; NEDS
VANFLYTA	1	PA NSO; NEDS
VENCLEXTA STARTING PACK	1	PA NSO; NEDS
VENCLEXTA TABS 10MG, 50MG	1	PA NSO
VENCLEXTA TABS 100MG	1	PA NSO; NEDS
VERZENIO	1	PA NSO; NEDS
VITRAKVI	1	PA NSO; NEDS
VIZIMPRO	1	PA NSO; NEDS
XALKORI	1	PA NSO; NEDS
XOSPATA	1	PA NSO; NEDS
XPOVIO	1	PA NSO; NEDS
XPOVIO 60 MG TWICE WEEKLY	1	PA NSO; NEDS
XPOVIO 80 MG TWICE WEEKLY	1	PA NSO; NEDS
ZEJULA	1	PA NSO; NEDS
ZELBORAF	1	PA NSO; NEDS
ZYDELIG	1	PA NSO; NEDS
ZYKADIA TABS	1	PA NSO; NEDS
Monoclonal Antibodies/Antibody-Drug Conjugates		
DARZALEX	1	NEDS
OPDIVO	1	NEDS
YERVOY	1	NEDS
Retinoids		
<i>bexarotene caps</i>	1	NEDS
<i>bexarotene gel</i>	1	PA NSO; NEDS
PANRETIN	1	NEDS
<i>tretinoin caps 10mg</i>	1	NEDS
Treatment Adjuncts		
MESNEX TABS	1	NEDS
Antiparasitics		
Anthelmintics		
<i>albendazole tabs</i>	1	
<i>ivermectin tabs</i>	1	
<i>praziquantel tabs</i>	1	
Antiprotozoals		
<i>atovaquone</i>	1	

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<i>atovaquone/proguanil hcl</i>	1	
<i>chloroquine phosphate tabs</i>	1	
COARTEM	1	QL(24 EA per 3 days)
<i>hydroxychloroquine sulfate tabs 200mg</i>	1	
<i>mefloquine hcl</i>	1	
<i>nitazoxanide</i>	1	
<i>pentamidine isethionate inj</i>	1	
<i>pentamidine isethionate inhalation solr</i>	1	PA BvD
<i>primaquine phosphate tabs</i>	1	
<i>pyrimethamine tabs</i>	1	NEDS
<i>quinine sulfate caps 324mg</i>	1	PA
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate tabs</i>	1	
<i>trihexyphenidyl hcl soln</i>	1	
<i>trihexyphenidyl hydrochloride</i>	1	
Antiparkinson Agents, Other		
<i>carbidopa/levodopa/entacapone</i>	1	
<i>entacapone</i>	1	
Dopamine Agonists		
<i>bromocriptine mesylate caps, tabs</i>	1	
KYNMOBI	1	NEDS
<i>pramipexole dihydrochloride</i>	1	
<i>ropinirole er</i>	1	
<i>ropinirole hcl tabs 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	1	
<i>ropinirole hydrochloride tabs 0.25mg, 3mg</i>	1	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa/levodopa</i>	1	
<i>carbidopa/levodopa er</i>	1	
<i>carbidopa/levodopa odt</i>	1	
<i>carbidopa tabs</i>	1	
Monoamine Oxidase B (MAO-B) Inhibitors		
<i>rasagiline mesylate tabs</i>	1	
<i>selegiline hcl caps, tabs</i>	1	
Antipsychotics		
1st Generation/Typical		
<i>chlorpromazine hcl tabs</i>	1	
<i>chlorpromazine hydrochloride conc, tabs</i>	1	
<i>fluphenazine decanoate inj</i>	1	
<i>fluphenazine hcl conc</i>	1	
<i>fluphenazine hcl tabs 1mg</i>	1	

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<i>fluphenazine hydrochloride elix, inj</i>	1	
<i>fluphenazine hydrochloride tabs 10mg, 2.5mg, 5mg</i>	1	
<i>haloperidol decanoate inj</i>	1	
<i>haloperidol lactate</i>	1	
<i>haloperidol conc, tabs</i>	1	
<i>loxapine</i>	1	
<i>molindone hydrochloride</i>	1	
<i>perphenazine tabs</i>	1	
<i>pimozide</i>	1	
<i>thioridazine hcl tabs 100mg, 10mg, 25mg, 50mg</i>	1	
<i>thiothixene caps 10mg, 1mg, 2mg, 5mg</i>	1	
<i>trifluoperazine hcl tabs 10mg, 2mg, 5mg</i>	1	
<i>trifluoperazine hydrochloride tabs 1mg</i>	1	
2nd Generation/Atypical		
ABILIFY ASIMTUFII	1	NEDS
ABILIFY MAINTENA	1	NEDS
ABILIFY MYCITE MAINTENANCE KIT TBPk 10MG	1	QL(30 EA per 30 days); PA NSO; NEDS
ABILIFY MYCITE STARTER KIT TBPk 15MG, 20MG, 2MG, 30MG, 5MG	1	QL(30 EA per 30 days); PA NSO; NEDS
<i>aripiprazole</i>	1	
<i>aripiprazole odt</i>	1	
ARISTADA	1	NEDS
ARISTADA INITIO	1	NEDS
<i>asenapine maleate sl</i>	1	ST NSO
CAPLYTA	1	QL(30 EA per 30 days); PA NSO; NEDS
FANAPT	1	ST NSO; NEDS
FANAPT TITRATION PACK	1	ST NSO
INVEGA HAFYERA	1	NEDS
INVEGA SUSTENNA INJ 39MG/0.25ML	1	
INVEGA SUSTENNA INJ 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	1	NEDS
INVEGA TRINZA	1	NEDS
<i>lurasidone hydrochloride tabs 120mg, 20mg, 40mg, 60mg</i>	1	QL(30 EA per 30 days)
<i>lurasidone hydrochloride tabs 80mg</i>	1	QL(60 EA per 30 days)
LYBALVI	1	PA NSO; NEDS
NUPLAZID CAPS	1	QL(60 EA per 30 days); PA NSO; NEDS
NUPLAZID TABS 10MG	1	QL(60 EA per 30 days); PA NSO; NEDS
<i>olanzapine</i>	1	

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<i>olanzapine odt</i>	1	
<i>paliperidone er</i>	1	
PERSERIS	1	NEDS
<i>quetiapine fumarate tabs 100mg, 150mg, 200mg, 300mg, 400mg</i>	1	
<i>quetiapine fumarate tabs 25mg, 50mg</i>	1	QL(60 EA per 30 days)
REXULTI	1	NEDS
RISPERDAL CONSTA INJ 12.5MG, 25MG	1	
RISPERDAL CONSTA INJ 37.5MG, 50MG	1	NEDS
<i>risperidone</i>	1	
<i>risperidone er inj 12.5mg, 25mg</i>	1	
<i>risperidone er inj 37.5mg, 50mg</i>	1	NEDS
<i>risperidone odt</i>	1	
SECUADO	1	NEDS
VRAYLAR CPPK	1	
VRAYLAR CAPS	1	NEDS
<i>ziprasidone hcl</i>	1	
<i>ziprasidone mesylate</i>	1	
ZYPREXA RELPREVV INJ 210MG	1	
ZYPREXA RELPREVV INJ 300MG, 405MG	1	NEDS
Treatment-Resistant		
<i>clozapine odt</i>	1	
<i>clozapine tabs 100mg, 200mg, 25mg, 50mg</i>	1	
VERSACLOZ	1	NEDS
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen tabs 10mg, 20mg, 5mg</i>	1	
<i>dantrolene sodium caps</i>	1	
<i>tizanidine hcl tabs 2mg</i>	1	
<i>tizanidine hydrochloride tabs 4mg</i>	1	
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
<i>cidofovir</i>	1	NEDS
LIVTENCITY	1	PA; NEDS
PREVYMIS TABS	1	PA; NEDS
<i>valganciclovir</i>	1	
<i>valganciclovir hydrochloride</i>	1	NEDS
Anti-hepatitis B (HBV) Agents		
<i>adefovir dipivoxil</i>	1	
<i>entecavir</i>	1	
<i>lamivudine tabs 100mg</i>	1	
VEMLIDY	1	NEDS

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Anti-hepatitis C (HCV) Agents		
MAVYRET	1	PA; NEDS
<i>ribavirin caps</i>	1	
<i>ribavirin tabs 200mg</i>	1	
<i>sofosbuvir/velpatasvir</i>	1	PA; NEDS
VOSEVI	1	PA; NEDS
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
BIKTARVY	1	NEDS
DOVATO	1	NEDS
GENVOYA	1	NEDS
ISENTRESS HD	1	QL(60 EA per 30 days); NEDS
ISENTRESS PACK	1	
ISENTRESS TABS	1	QL(120 EA per 30 days); NEDS
ISENTRESS CHEW 100MG	1	QL(180 EA per 30 days); NEDS
ISENTRESS CHEW 25MG	1	QL(720 EA per 30 days)
JULUCA	1	NEDS
STRIBILD	1	NEDS
TIVICAY PD	1	
TIVICAY TABS 10MG	1	
TIVICAY TABS 25MG, 50MG	1	NEDS
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA	1	NEDS
DELSTRIGO	1	NEDS
EDURANT	1	NEDS
<i>efavirenz</i>	1	
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	1	NEDS
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	1	NEDS
<i>etravirine</i>	1	NEDS
INTELENCE TABS 25MG	1	
<i>nevirapine</i>	1	
<i>nevirapine er</i>	1	
PIFELTRO	1	NEDS
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
<i>abacavir</i>	1	
<i>abacavir sulfate/lamivudine</i>	1	
CIMDUO	1	NEDS
DESCOVY	1	NEDS
<i>emtricitabine</i>	1	
<i>emtricitabine/tenofovir disoproxil</i>	1	NEDS

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<i>emtricitabine/tenofovir disoproxil fumarate tabs 200mg; 300mg</i>	1	
<i>emtricitabine/tenofovir disoproxil fumarate tabs 100mg; 150mg, 133mg; 200mg</i>	1	NEDS
EMTRIVA SOLN	1	
<i>lamivudine/zidovudine</i>	1	
<i>lamivudine soln 10mg/ml</i>	1	
<i>lamivudine tabs 150mg, 300mg</i>	1	
ODEFSEY	1	NEDS
<i>tenofovir disoproxil fumarate</i>	1	
TRIUMEQ	1	NEDS
TRIUMEQ PD	1	
TRIZIVIR	1	NEDS
VIREAD POWD	1	NEDS
VIREAD TABS 150MG, 200MG, 250MG	1	NEDS
<i>zidovudine</i>	1	
Anti-HIV Agents, Other		
FUZEON	1	NEDS
<i>maraviroc tabs 300mg</i>	1	QL(120 EA per 30 days); NEDS
<i>maraviroc tabs 150mg</i>	1	QL(60 EA per 30 days); NEDS
RUKOBIA	1	NEDS
SELZENTRY SOLN	1	QL(1800 ML per 30 days)
SELZENTRY TABS 25MG	1	
SELZENTRY TABS 75MG	1	NEDS
SUNLENCA TBPK	1	NEDS
TYBOST	1	
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS CAPS	1	NEDS
<i>atazanavir</i>	1	
<i>atazanavir sulfate caps 300mg</i>	1	
<i>darunavir</i>	1	NEDS
EVOTAZ	1	NEDS
<i>fosamprenavir calcium</i>	1	NEDS
LEXIVA SUSP	1	
<i>lopinavir/ritonavir</i>	1	
NORVIR PACK, SOLN	1	
PREZCOBIX	1	NEDS
PREZISTA SUSP	1	NEDS
PREZISTA TABS 75MG	1	
PREZISTA TABS 150MG	1	NEDS
REYATAZ PACK	1	NEDS
<i>ritonavir</i>	1	

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SYMTUZA	1	NEDS
VIRACEPT TABS 250MG	1	
VIRACEPT TABS 625MG	1	NEDS
Anti-influenza Agents		
<i>amantadine hcl caps, soln, tabs</i>	1	
<i>oseltamivir phosphate caps, susr</i>	1	
RELENZA DISKHALER	1	
<i>rimantadine hydrochloride</i>	1	
XOFLUZA TBPk 40MG, 80MG	1	QL(1 EA per 7 days)
Antiherpetic Agents		
<i>acyclovir sodium inj 50mg/ml</i>	1	PA
<i>acyclovir caps, susp, tabs</i>	1	
<i>famciclovir tabs</i>	1	
<i>valacyclovir hydrochloride</i>	1	
Antiviral, Coronavirus Agents		
LAGEVRIO	1	QL(40 EA per 5 days)
PAXLOVID TBPk 150MG; 100MG	1	QL(20 EA per 5 days)
PAXLOVID TBPk 150MG; 100MG	1	QL(30 EA per 5 days)
Anxiolytics		
Anxiolytics, Other		
<i>bupirone hcl tabs 15mg</i>	1	
<i>bupirone hydrochloride tabs 10mg, 30mg, 5mg, 7.5mg</i>	1	
Benzodiazepines		
<i>alprazolam</i>	1	
<i>alprazolam er</i>	1	
<i>clorazepate dipotassium tabs</i>	1	
<i>diazepam intensol</i>	1	
<i>diazepam soln, tabs</i>	1	
<i>lorazepam intensol</i>	1	
<i>lorazepam tabs</i>	1	
<i>oxazepam</i>	1	
Bipolar Agents		
Mood Stabilizers		
<i>lithium</i>	1	
<i>lithium carbonate er</i>	1	
<i>lithium carbonate caps, tabs</i>	1	
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose tabs</i>	1	
BYDUREON BCISE	1	PA
BYETTA	1	PA
<i>glimepiride</i>	1	

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<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	1	
JANUMET	1	
JANUMET XR	1	
JANUVIA	1	
JENTADUETO	1	
JENTADUETO XR	1	
<i>metformin hydrochloride er tb24 500mg, 750mg</i>	1	
<i>metformin hydrochloride soln</i>	1	
<i>metformin hydrochloride tabs 1000mg, 500mg, 850mg</i>	1	
<i>miglitol</i>	1	
MOUNJARO	1	PA
<i>nateglinide</i>	1	
OZEMPIC	1	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	1	PA
<i>saxagliptin hydrochloride</i>	1	
<i>saxagliptin hydrochloride/metformin hydrochloride er</i>	1	
SYMLINPEN 120	1	NEDS
SYMLINPEN 60	1	NEDS
SYNJARDY	1	
SYNJARDY XR	1	
TRADJENTA	1	
TRULICITY	1	PA
XIGDUO XR	1	
Glycemic Agents		
BAQSIMI ONE PACK	1	
BAQSIMI TWO PACK	1	
<i>diazoxide susp</i>	1	
GLUCAGEN HYPOKIT	1	
GLUCAGON EMERGENCY KIT	1	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	1	

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Drug Name	Drug Tier	Requirements/Limits
GVOKE HYPOPEN 1-PACK	1	
GVOKE HYPOPEN 2-PACK	1	
GVOKE KIT	1	
GVOKE PFS	1	
<i>Insulins</i>		
HUMALOG	1	
HUMALOG JUNIOR KWIKPEN	1	
HUMALOG KWIKPEN	1	
HUMALOG MIX 50/50	1	
HUMALOG MIX 50/50 KWIKPEN	1	
HUMALOG MIX 75/25	1	
HUMALOG MIX 75/25 KWIKPEN	1	
HUMULIN 70/30	1	
HUMULIN 70/30 KWIKPEN	1	
HUMULIN N	1	
HUMULIN N KWIKPEN	1	
HUMULIN R	1	
HUMULIN R U-500 (CONCENTRATED)	1	
HUMULIN R U-500 KWIKPEN	1	
INSULIN LISPRO	1	
LANTUS	1	
LANTUS SOLOSTAR	1	
LEVEMIR FLEXTOUCH	1	
NOVOLIN 70/30	1	
NOVOLIN 70/30 FLEXPEN	1	
NOVOLIN N	1	
NOVOLIN N FLEXPEN	1	
NOVOLIN R	1	
NOVOLIN R FLEXPEN	1	
NOVOLOG	1	
NOVOLOG FLEXPEN	1	
NOVOLOG MIX 70/30	1	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	1	
NOVOLOG PENFILL	1	
TOUJEO MAX SOLOSTAR	1	
TOUJEO SOLOSTAR	1	
TRESIBA	1	
TRESIBA FLEXTOUCH	1	
Blood Products and Modifiers		
<i>Anticoagulants</i>		
<i>dabigatran etexilate</i>	1	
ELIQUIS	1	

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Drug Name	Drug Tier	Requirements/Limits
ELIQUIS STARTER PACK	1	
<i>enoxaparin sodium</i>	1	
<i>fondaparinux sodium inj 2.5mg/0.5ml</i>	1	
<i>fondaparinux sodium inj 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	1	NEDS
FRAGMIN INJ 10000UNIT/4ML, 2500UNIT/0.2ML, 5000UNIT/0.2ML	1	
FRAGMIN INJ 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML	1	NEDS
<i>heparin sodium/d5w inj 5%; 40unit/ml</i>	1	
<i>heparin sodium inj 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml, 5000unit/ml</i>	1	
<i>jantoven</i>	1	
<i>warfarin sodium tabs</i>	1	
XARELTO STARTER PACK	1	
XARELTO TABS	1	
Blood Products and Modifiers, Other		
<i>anagrelide hydrochloride</i>	1	
MOZOBIL	1	NEDS
NEULASTA	1	NEDS
NEULASTA ONPRO KIT	1	NEDS
<i>plerixafor</i>	1	NEDS
PROCRIT INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	1	
PROCRIT INJ 20000UNIT/ML, 40000UNIT/ML	1	NEDS
PROMACTA	1	PA; NEDS
RETACRIT INJ 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	1	
RETACRIT INJ 40000UNIT/ML	1	NEDS
UDENYCA	1	NEDS
UDENYCA ONBODY	1	NEDS
ZARXIO	1	NEDS
Hemostasis Agents		
<i>aminocaproic acid inj, oral soln</i>	1	
<i>aminocaproic acid tabs 500mg</i>	1	
<i>tranexamic acid tabs</i>	1	
Platelet Modifying Agents		
<i>aspirin/dipyridamole er</i>	1	
BRILINTA	1	
CABLIVI	1	NEDS
<i>cilostazol</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>clopidogrel</i>	1	
DOPTELET	1	PA; NEDS
<i>prasugrel hydrochloride</i>	1	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
<i>clonidine</i>	1	
<i>clonidine hydrochloride tabs</i>	1	
<i>droxidopa</i>	1	PA; NEDS
<i>midodrine hcl</i>	1	
Alpha-adrenergic Blocking Agents		
<i>prazosin hydrochloride caps</i>	1	
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil</i>	1	
<i>irbesartan</i>	1	
<i>losartan potassium tabs</i>	1	
<i>olmesartan medoxomil tabs</i>	1	
<i>telmisartan</i>	1	
<i>valsartan tabs</i>	1	
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>benazepril hcl tabs 10mg, 40mg, 5mg</i>	1	
<i>benazepril hydrochloride tabs 20mg</i>	1	
<i>captopril tabs</i>	1	
<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</i>	1	
<i>digitek tabs 0.125mg, 0.25mg</i>	1	
<i>digoxin oral soln</i>	1	
<i>digoxin inj 0.25mg/ml</i>	1	
<i>digoxin tabs 125mcg, 250mcg</i>	1	
DOFETILIDE CAPS 125MCG	1	
<i>dofetilide caps 250mcg, 500mcg</i>	1	
<i>flecainide acetate</i>	1	
<i>mexiletine hcl</i>	1	
MULTAQ	1	
<i>propafenone hcl</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>propafenone hydrochloride er</i>	1	
<i>quinidine gluconate cr</i>	1	
<i>quinidine sulfate tabs</i>	1	
<i>sorine</i>	1	
<i>sotalol hcl</i>	1	
<i>sotalol hydrochloride (af)</i>	1	
Beta-adrenergic Blocking Agents		
<i>acebutolol hydrochloride</i>	1	
<i>atenolol tabs</i>	1	
<i>bisoprolol fumarate</i>	1	
<i>carvedilol</i>	1	
<i>labetalol hydrochloride tabs</i>	1	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate tabs</i>	1	
<i>nadolol tabs 20mg, 40mg, 80mg</i>	1	
<i>nebivolol hydrochloride</i>	1	
<i>pindolol tabs</i>	1	
<i>propranolol hcl er cp24 120mg, 160mg</i>	1	
<i>propranolol hcl soln</i>	1	
<i>propranolol hcl tabs 40mg</i>	1	
<i>propranolol hydrochloride er cp24 60mg, 80mg</i>	1	
<i>propranolol hydrochloride tabs 10mg, 20mg, 60mg, 80mg</i>	1	
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate tabs</i>	1	
<i>felodipine er</i>	1	
<i>nifedipine er</i>	1	
<i>nimodipine caps</i>	1	
Calcium Channel Blocking Agents, Nondihydropyridines		
<i>cartia xt</i>	1	
<i>dilt-xr</i>	1	
<i>diltiazem hcl cd</i>	1	
<i>diltiazem hcl er cp24 120mg, 180mg, 240mg, 420mg</i>	1	
<i>diltiazem hcl er cp12</i>	1	
<i>diltiazem hcl er tb24 300mg, 360mg, 420mg</i>	1	
<i>diltiazem hcl tabs 30mg, 60mg, 90mg</i>	1	
<i>diltiazem hydrochloride er cp24</i>	1	
<i>diltiazem hydrochloride er tb24 120mg, 180mg, 240mg, 300mg, 360mg</i>	1	
<i>diltiazem hydrochloride tabs 120mg</i>	1	
<i>matzim la</i>	1	
<i>taztia xt</i>	1	
<i>tiadylt er</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>verapamil hcl er cp24 100mg, 300mg</i>	1	
<i>verapamil hcl er tbc 120mg, 240mg</i>	1	
<i>verapamil hcl sr cp24</i>	1	
<i>verapamil hcl tabs 40mg, 80mg</i>	1	
<i>verapamil hydrochloride er cp24 200mg</i>	1	
<i>verapamil hydrochloride er tbc 180mg</i>	1	
<i>verapamil hydrochloride tabs 120mg</i>	1	
Cardiovascular Agents, Other		
<i>aliskiren</i>	1	
<i>amiloride/hydrochlorothiazide</i>	1	
<i>amlodipine besylate/atorvastatin calcium</i>	1	
<i>amlodipine besylate/benazepril hydrochloride</i>	1	
<i>amlodipine besylate/valsartan</i>	1	
<i>amlodipine/olmesartan medoxomil</i>	1	
<i>amlodipine/valsartan/hydrochlorothiazide tabs 10mg; 12.5mg; 160mg, 10mg; 25mg; 160mg, 5mg; 12.5mg; 160mg, 5mg; 25mg; 160mg</i>	1	
<i>atenolol/chlorthalidone</i>	1	
<i>benazepril hydrochloride/hydrochlorothiazide</i>	1	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	
<i>candesartan cilexetil/hydrochlorothiazide</i>	1	
CORLANOR	1	
<i>enalapril maleate/hydrochlorothiazide</i>	1	
ENTRESTO	1	
<i>fosinopril sodium/hydrochlorothiazide</i>	1	
<i>irbesartan/hydrochlorothiazide</i>	1	
<i>ivabradine hydrochloride</i>	1	
<i>lisinopril/hydrochlorothiazide</i>	1	
<i>losartan potassium/hydrochlorothiazide</i>	1	
<i>metoprolol/hydrochlorothiazide</i>	1	
<i>metyrosine</i>	1	NEDS
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide</i>	1	
<i>olmesartan medoxomil/hydrochlorothiazide</i>	1	
<i>pentoxifylline er</i>	1	
<i>quinapril/hydrochlorothiazide</i>	1	
<i>ranolazine er</i>	1	
<i>spironolactone/hydrochlorothiazide</i>	1	
TEKTURNA HCT TABS 150MG; 12.5MG, 300MG; 12.5MG, 300MG; 25MG	1	
<i>telmisartan/amlodipine</i>	1	
<i>telmisartan/hydrochlorothiazide</i>	1	
<i>trandolapril/verapamil hcl er</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<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, tabs</i>	1	
<i>ethacrynic acid tabs</i>	1	
<i>furosemide inj, oral soln, tabs</i>	1	
<i>toremide tabs</i>	1	
Diuretics, Potassium-sparing		
<i>amiloride hcl tabs</i>	1	
<i>triamterene caps</i>	1	
Diuretics, Thiazide		
<i>chlorthalidone tabs 25mg, 50mg</i>	1	
<i>hydrochlorothiazide caps, tabs</i>	1	
<i>indapamide tabs</i>	1	
<i>metolazone</i>	1	
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate micronized caps 134mg, 200mg, 67mg</i>	1	
<i>fenofibrate caps 130mg, 150mg, 43mg, 50mg</i>	1	
<i>fenofibrate tabs 145mg, 160mg, 48mg, 54mg</i>	1	
<i>fenofibric acid dr</i>	1	
<i>gemfibrozil tabs</i>	1	
Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium</i>	1	
FLOLIPID	1	
<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</i>	1	
<i>cholestyramine pack, powd</i>	1	
<i>colestipol hcl</i>	1	
<i>ezetimibe</i>	1	
<i>ezetimibe/simvastatin</i>	1	
<i>icosapent ethyl</i>	1	
<i>niacin er</i>	1	
<i>omega-3-acid ethyl esters</i>	1	
PRALUENT	1	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>prevalite</i>	1	
REPATHA	1	PA
REPATHA PUSHTRONEX SYSTEM	1	PA
REPATHA SURECLICK	1	PA
Mineralocorticoid Receptor Antagonists		
<i>eplerenone</i>	1	
KERENDIA	1	PA
<i>spironolactone tabs</i>	1	
Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)		
FARXIGA	1	
JARDIANCE	1	
Vasodilators, Direct-acting Arterial/Venous		
<i>isosorbide dinitrate tabs</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>isosorbide mononitrate er</i>	1	
<i>nitroglycerin transdermal</i>	1	
<i>nitroglycerin soln 0.4mg/spray</i>	1	
<i>nitroglycerin subl 0.3mg, 0.4mg, 0.6mg</i>	1	
VERQUVO	1	
Vasodilators, Direct-acting Arterial		
<i>hydralazine hcl tabs 10mg</i>	1	
<i>hydralazine hydrochloride tabs 100mg, 25mg, 50mg</i>	1	
<i>minoxidil tabs</i>	1	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine/dextroamphetamine</i>	1	
<i>dextroamphetamine sulfate er</i>	1	
<i>dextroamphetamine sulfate tabs 10mg, 15mg, 20mg, 30mg, 5mg</i>	1	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
<i>atomoxetine hydrochloride caps 10mg, 25mg</i>	1	QL(60 EA per 30 days)
<i>atomoxetine caps 100mg, 80mg</i>	1	QL(30 EA per 30 days)
<i>atomoxetine caps 18mg, 40mg, 60mg</i>	1	QL(60 EA per 30 days)
<i>clonidine hydrochloride er</i>	1	
<i>dexmethylphenidate hcl er cp24 20mg, 35mg</i>	1	
<i>dexmethylphenidate hcl tabs 10mg, 5mg</i>	1	
<i>dexmethylphenidate hydrochloride er cp24 10mg, 15mg, 30mg, 40mg, 5mg</i>	1	
<i>dexmethylphenidate hydrochloride cp24</i>	1	
<i>dexmethylphenidate hydrochloride tabs 2.5mg</i>	1	
<i>guanfacine hydrochloride er</i>	1	QL(90 EA per 90 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hydrochloride</i>	1	
<i>methylphenidate hydrochloride cd cpcr 10mg, 20mg, 30mg, 50mg, 60mg</i>	1	
<i>methylphenidate hydrochloride er (la)</i>	1	
<i>methylphenidate hydrochloride er cp24 10mg, 20mg, 30mg, 40mg</i>	1	
<i>methylphenidate hydrochloride er cpcr 40mg</i>	1	
<i>methylphenidate hydrochloride er tb24</i>	1	
<i>methylphenidate hydrochloride er tbcr 10mg, 18mg, 20mg, 27mg, 36mg, 54mg</i>	1	
Central Nervous System, Other		
AUSTEDO	1	PA; NEDS
INGREZZA	1	PA; NEDS
NUEDEXTA	1	PA
RADICAVA ORS	1	PA; NEDS
<i>riluzole</i>	1	
<i>tetrabenazine</i>	1	PA
VEOZAH	1	QL(30 EA per 30 days); PA
Fibromyalgia Agents		
SAVELLA	1	
SAVELLA TITRATION PACK	1	
Multiple Sclerosis Agents		
AVONEX PEN	1	NEDS
AVONEX INJ 30MCG/0.5ML	1	NEDS
BETASERON	1	NEDS
<i>dalfampridine er</i>	1	
<i>dimethyl fumarate</i>	1	
<i>fingolimod hydrochloride</i>	1	NEDS
<i>glatiramer acetate inj 40mg/ml</i>	1	QL(12 ML per 28 days); NEDS
<i>glatiramer acetate inj 20mg/ml</i>	1	QL(30 ML per 30 days); NEDS
KESIMPTA	1	PA; NEDS
MAYZENT	1	NEDS
MAYZENT STARTER PACK TBPk 0.25MG	1	
MAYZENT STARTER PACK TBPk 0.25MG	1	NEDS
PLEGRIDY	1	NEDS
PLEGRIDY STARTER PACK	1	NEDS
REBIF	1	ST; NEDS
REBIF REBIDOSE	1	ST; NEDS
REBIF REBIDOSE TITRATION PACK	1	ST; NEDS
REBIF TITRATION PACK	1	ST; NEDS
<i>teriflunomide</i>	1	
VUMERITY	1	NEDS

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

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Drug Name	Drug Tier	Requirements/Limits
<i>amcinonide crea</i>	1	
<i>ammonium lactate crea, lotn</i>	1	
<i>betamethasone dipropionate augmented</i>	1	
BETAMETHASONE DIPROPIONATE CREA	1	
<i>betamethasone dipropionate lotn, oint</i>	1	
<i>betamethasone valerate crea, lotn, oint</i>	1	
<i>clobetasol propionate e</i>	1	QL(240 GM per 30 days)
CLOBETASOL PROPIONATE SHAM	1	QL(236 ML per 30 days)
<i>clobetasol propionate soln</i>	1	QL(200 ML per 30 days)
<i>clobetasol propionate crea, gel, oint</i>	1	QL(240 GM per 30 days)
<i>clodan</i>	1	QL(236 ML per 30 days)
DESONIDE CREA, OINT	1	
<i>desoximetasone crea</i>	1	
DESRX	1	
<i>fluocinolone acetonide body</i>	1	
<i>fluocinolone acetonide scalp</i>	1	
<i>fluocinolone acetonide topical</i>	1	
<i>fluocinolone acetonide crea 0.01%, 0.025%</i>	1	
<i>fluocinolone acetonide oint 0.025%</i>	1	
<i>fluocinolone acetonide soln 0.01%</i>	1	
<i>fluocinonide emulsified base</i>	1	
FLUOCINONIDE GEL, OINT, SOLN	1	
<i>fluocinonide crea</i>	1	
<i>fluticasone propionate crea 0.05%</i>	1	
<i>fluticasone propionate oint 0.005%</i>	1	
<i>halobetasol propionate crea, oint</i>	1	
HYDROCORTISONE BUTYRATE OINT	1	
HYDROCORTISONE VALERATE CREA	1	
<i>hydrocortisone valerate oint</i>	1	
<i>hydrocortisone crea 1%, 2.5%</i>	1	
<i>hydrocortisone lotn 2.5%</i>	1	
<i>hydrocortisone oint 1%, 2.5%</i>	1	
<i>mometasone furoate crea 0.1%</i>	1	
<i>mometasone furoate oint 0.1%</i>	1	
<i>mometasone furoate soln 0.1%</i>	1	
<i>pimecrolimus</i>	1	
<i>prednicarbate oint</i>	1	
<i>selenium sulfide</i>	1	
<i>tacrolimus oint 0.03%, 0.1%</i>	1	
<i>triamcinolone acetonide crea 0.025%, 0.1%, 0.5%</i>	1	
<i>triamcinolone acetonide lotn 0.025%, 0.1%</i>	1	
<i>triamcinolone acetonide oint 0.025%, 0.1%, 0.5%</i>	1	

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

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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	1	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	1	PA BvD
<i>carglumic acid</i>	1	PA; NEDS
CLINIMIX 6/5	1	PA BvD
CLINIMIX 8/10	1	PA BvD
CLINIMIX E 8/10	1	PA BvD
<i>dextrose 10%</i>	1	
<i>dextrose 10%/sodium chloride 0.2%</i>	1	
<i>dextrose 10%/sodium chloride 0.45%</i>	1	
<i>dextrose 2.5%/sodium chloride 0.45%</i>	1	
<i>dextrose 5%</i>	1	
<i>dextrose 5%/sodium chloride 0.2%</i>	1	
<i>dextrose 5%/sodium chloride 0.3%</i>	1	
<i>dextrose 5%/sodium chloride 0.33%</i>	1	
<i>dextrose 5%/sodium chloride 0.45%</i>	1	
<i>dextrose 5%/sodium chloride 0.9%</i>	1	
<i>dextrose 50%</i>	1	
<i>dextrose 70%</i>	1	
<i>dextrose/sodium chloride</i>	1	
<i>effer-k tbeF 25meq</i>	1	
<i>k-prime</i>	1	
<i>kcl 0.075%/d5w/nacl 0.45% inj 5%; 10meq/l; 0.45%</i>	1	
<i>kcl 0.15%/d5w/nacl 0.2%</i>	1	
<i>kcl 0.15%/d5w/nacl 0.45% inj 5%; 20meq/l; 0.45%</i>	1	
<i>kcl 0.15%/d5w/nacl 0.9% inj 5%; 20meq/l; 0.9%</i>	1	
<i>kcl 0.3%/d5w/nacl 0.45% inj 5%; 40meq/l; 0.45%</i>	1	
<i>kcl 0.3%/d5w/nacl 0.9% inj 5%; 40meq/l; 0.9%</i>	1	
<i>klor-con</i>	1	
<i>klor-con 10</i>	1	
<i>klor-con 8</i>	1	

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<i>klor-con m10</i>	1	
<i>klor-con m15</i>	1	
<i>klor-con m20</i>	1	
<i>klor-con/ef</i>	1	
<i>lactated ringers inj 3meq/l; 109meq/l; 28meq/l; 4meq/l; 130meq/l</i>	1	
<i>magnesium sulfate inj 50%</i>	1	
PLENAMINE	1	PA BvD
<i>potassium chloride er</i>	1	
<i>potassium chloride/dextrose/sodium chloride inj 5%; 10meq/l; 0.45%, 5%; 20meq/l; 0.225%, 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>	1	
<i>potassium chloride pack, oral soln</i>	1	
<i>potassium chloride inj 10meq/50ml, 20meq/50ml, 2meq/ml</i>	1	
<i>potassium citrate er</i>	1	
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	1	PA BvD
PROSOL	1	PA BvD
<i>sodium chloride 0.45% inj</i>	1	
<i>sodium chloride inj 0.9%, 2.5meq/ml, 3%, 4meq/ml, 5%</i>	1	
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	1	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	1	PA BvD
Electrolyte/Mineral/Metal Modifiers		
CHEMET	1	NEDS
<i>deferasirox tabs</i>	1	
<i>deferasirox pack</i>	1	NEDS

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<i>deferasirox tbso 125mg</i>	1	
<i>deferasirox tbso 250mg, 500mg</i>	1	NEDS
<i>penicillamine tabs</i>	1	NEDS
<i>trientine hydrochloride</i>	1	NEDS
Phosphate Binders		
<i>calcium acetate caps</i>	1	
<i>calcium acetate tabs 667mg</i>	1	
<i>sevelamer carbonate</i>	1	
VELPHORO	1	NEDS
Potassium Binders		
LOKELMA	1	QL(90 EA per 30 days)
<i>sodium polystyrene sulfonate powd</i>	1	
<i>sps</i>	1	
Vitamins		
<i>prenatal tabs 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg</i>	1	
Gastrointestinal Agents		
Anti-Constipation Agents		
<i>constulose</i>	1	
<i>enulose</i>	1	
<i>generlac</i>	1	
<i>lactulose soln 10gm/15ml</i>	1	
LINZESS	1	
<i>lubiprostone</i>	1	
MOVANTIK	1	
OSMOPREP	1	
Anti-Diarrheal Agents		
<i>alosetron hydrochloride tabs 0.5mg</i>	1	PA
<i>alosetron hydrochloride tabs 1mg</i>	1	PA; NEDS
<i>loperamide hcl caps</i>	1	
XERMELO	1	PA; NEDS
Antispasmodics, Gastrointestinal		
<i>dicyclomine hcl soln</i>	1	
<i>dicyclomine hydrochloride caps, tabs</i>	1	
<i>glycopyrrolate soln</i>	1	
<i>glycopyrrolate tabs 1mg, 2mg</i>	1	
Gastrointestinal Agents, Other		
CLENPIQ	1	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-n/flavor pack</i>	1	
<i>metoclopramide hcl inj, oral soln</i>	1	

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<i>metoclopramide hcl tabs 5mg</i>	1	
<i>metoclopramide hydrochloride tabs 10mg</i>	1	
<i>nitroglycerin oint 0.4%</i>	1	QL(30 GM per 30 days)
<i>opium</i>	1	
<i>opium tincture tinc 1%</i>	1	
<i>peg-3350/electrolytes</i>	1	
<i>peg-3350/electrolytes/ascorbate</i>	1	
<i>peg-3350/nacl/na bicarbonate/kcl</i>	1	
<i>peg-3350/sodium sulf/naclpotassium cl/na ascorbate/ascorbic</i>	1	
RECTIV	1	QL(30 GM per 30 days)
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	1	
<i>ursodiol caps 300mg</i>	1	
<i>ursodiol tabs</i>	1	
VOWST	1	PA; NEDS
XIFAXAN TABS 550MG	1	PA; NEDS
Histamine2 (H2) Receptor Antagonists		
<i>cimetidine tabs</i>	1	
<i>famotidine tabs 20mg, 40mg</i>	1	
Protectants		
<i>misoprostol</i>	1	
<i>sucralfate susp, tabs</i>	1	
Proton Pump Inhibitors		
DEXLANSOPRAZOLE	1	
<i>esomeprazole magnesium</i>	1	
<i>lansoprazole cpdr</i>	1	
<i>omeprazole dr cpdr 10mg</i>	1	
<i>omeprazole cpdr 20mg, 40mg</i>	1	
<i>pantoprazole sodium tbec</i>	1	
<i>rabeprazole sodium</i>	1	
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
<i>betaine anhydrous</i>	1	NEDS
CHOLBAM	1	PA; NEDS
CREON CPEP 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	1	
<i>cromolyn sodium conc 100mg/5ml</i>	1	
CYSTAGON	1	
<i>dichlorphenamide</i>	1	PA; NEDS

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ENDARI	1	NEDS
<i>l-glutamine</i>	1	NEDS
<i>miglustat</i>	1	PA; NEDS
<i>nitisinone</i>	1	PA; NEDS
PROLASTIN-C	1	PA; NEDS
PYRUKYND	1	PA; NEDS
PYRUKYND TAPER PACK	1	PA; NEDS
REVCOVI	1	NEDS
<i>sapropterin dihydrochloride</i>	1	PA; NEDS
<i>sodium phenylbutyrate powd, tabs</i>	1	NEDS
SUCRAID	1	NEDS
WELIREG	1	PA NSO; NEDS
YARGESA	1	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	1	
Genitourinary Agents		
<i>Antispasmodics, Urinary</i>		
<i>darifenacin hydrobromide er</i>	1	
GEMTESA	1	
<i>mirabegron er</i>	1	
MYRBETRIQ	1	
<i>oxybutynin chloride er</i>	1	
<i>oxybutynin chloride soln, tabs</i>	1	
<i>solifenacin succinate</i>	1	
<i>tolterodine tartrate</i>	1	
<i>tolterodine tartrate er</i>	1	
<i>tropium chloride</i>	1	
<i>Benign Prostatic Hypertrophy Agents</i>		
<i>alfuzosin hcl er</i>	1	
<i>doxazosin mesylate</i>	1	
<i>dutasteride/tamsulosin hydrochloride</i>	1	
<i>dutasteride caps</i>	1	
<i>finasteride tabs</i>	1	
<i>tadalafil tabs 2.5mg, 5mg</i>	1	QL(30 EA per 30 days); PA
<i>tamsulosin hydrochloride</i>	1	
<i>terazosin hcl caps 10mg, 1mg, 5mg</i>	1	
<i>terazosin hydrochloride caps 2mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
Genitourinary Agents, Other		
<i>acetic acid 0.25%</i>	1	
<i>bethanechol chloride tabs</i>	1	
ELMIRON	1	
<i>tiopronin dr</i>	1	NEDS
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
DEPO-MEDROL	1	
<i>dexamethasone intensol</i>	1	
<i>dexamethasone sodium phosphate +rfid</i>	1	
<i>dexamethasone sodium phosphate inj 100mg/10ml, 10mg/ml, 120mg/30ml, 20mg/5ml, 4mg/ml</i>	1	
<i>dexamethasone elix, soln</i>	1	
<i>dexamethasone tabs 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	1	
<i>fludrocortisone acetate tabs</i>	1	
<i>hydrocortisone tabs 10mg, 20mg, 5mg</i>	1	
<i>kenalog-10</i>	1	
<i>methylprednisolone acetate inj 40mg/ml, 50mg/ml, 80mg/ml</i>	1	
<i>methylprednisolone dose pack tbpk</i>	1	
<i>methylprednisolone tabs</i>	1	
<i>prednisolone sodium phosphate oral soln 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml, 5mg/5ml</i>	1	
<i>prednisolone soln, tabs</i>	1	
<i>prednisone soln, tbpk</i>	1	
<i>prednisone tabs 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	1	
SOLU-CORTEF INJ 100MG	1	
<i>triamcinolone acetonide inj 40mg/ml</i>	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>desmopressin acetate tabs</i>	1	
<i>desmopressin acetate soln 0.01%</i>	1	
GENOTROPIN	1	PA; NEDS
GENOTROPIN MINIQUICK INJ 0.2MG	1	PA
GENOTROPIN MINIQUICK INJ 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1MG, 2MG	1	PA; NEDS
<i>genotropin miniquick inj 1.8mg</i>	1	PA; NEDS
INCRELEX	1	PA; NEDS
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		
<i>danazol caps</i>	1	

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<i>testosterone cypionate inj 100mg/ml, 200mg/ml</i>	1	
<i>testosterone enanthate inj</i>	1	
<i>testosterone pump</i>	1	
<i>testosterone gel 20.25mg/1.25gm, 25mg/2.5gm, 40.5mg/2.5gm, 50mg/5gm</i>	1	
Estrogens		
<i>amabelz</i>	1	
<i>amethia</i>	1	
<i>apri</i>	1	
<i>ashlyna</i>	1	
<i>aviane</i>	1	
<i>balziva</i>	1	
<i>briellyn</i>	1	
<i>desogestrel/ethinyl estradiol tabs 0; 0</i>	1	
<i>dotti</i>	1	
<i>drospirenone/ethinyl estradiol tabs 3mg; 0.03mg</i>	1	
<i>eluryng</i>	1	
<i>enilloring</i>	1	
<i>estradiol valerate inj</i>	1	
<i>estradiol/norethindrone acetate</i>	1	
<i>estradiol crea, pttw, ptwk, oral tabs, vaginal tabs</i>	1	
ESTRING	1	
<i>etonogestrel/ethinyl estradiol</i>	1	
<i>falmina</i>	1	
<i>finzala</i>	1	
<i>fyavolv</i>	1	
<i>haloette</i>	1	
<i>iclevia</i>	1	
IMVEXXY MAINTENANCE PACK	1	
IMVEXXY STARTER PACK	1	
<i>introvale</i>	1	
<i>jinteli</i>	1	
<i>joyeaux</i>	1	
<i>junel 1.5/30</i>	1	
<i>junel 1/20</i>	1	
<i>junel fe 1.5/30</i>	1	
<i>junel fe 1/20</i>	1	
<i>junel fe 24</i>	1	
<i>kariva</i>	1	
<i>kelnor 1/35</i>	1	
<i>larin 1.5/30</i>	1	
<i>larin 1/20</i>	1	

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<i>larin fe 1.5/30</i>	1	
<i>larin fe 1/20</i>	1	
<i>lessina</i>	1	
<i>levonest</i>	1	
<i>levonorgestrel and ethinyl estradiol tabs 20mcg; 90mcg</i>	1	
<i>levonorgestrel/ethinyl estradiol</i>	1	
<i>levora 0.15/30-28</i>	1	
<i>marlissa</i>	1	
<i>mibelas 24 fe</i>	1	
<i>microgestin 1.5/30</i>	1	
<i>microgestin 1/20</i>	1	
<i>microgestin fe 1.5/30</i>	1	
<i>microgestin fe 1/20</i>	1	
<i>necon 0.5/35-28</i>	1	
<i>nikki</i>	1	
<i>norelgestromin/ethinyl estradiol</i>	1	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tabs 0; 75mg; 1mg</i>	1	
<i>norethindrone acetate/ethinyl estradiol tabs 2.5mcg; 0.5mg, 5mcg; 1mg</i>	1	
<i>nortrel 0.5/35 (28)</i>	1	
<i>nortrel 1/35</i>	1	
<i>nortrel 7/7/7</i>	1	
<i>portia-28</i>	1	
PREMARIN CREA	1	
PREMARIN TABS 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	1	
PREMPHASE	1	
<i>tarina fe 1/20 eq</i>	1	
<i>taysofy</i>	1	
<i>tri-sprintec</i>	1	
<i>trivora-28</i>	1	
<i>turqoz</i>	1	
<i>velivet</i>	1	
<i>vyfemla</i>	1	
<i>xulane</i>	1	
<i>yuvafem</i>	1	
<i>zafemy</i>	1	
<i>zovia 1/35</i>	1	
Progestins		
<i>camila</i>	1	
<i>deblitane</i>	1	

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DEPO-SUBQ PROVERA 104	1	
<i>errin</i>	1	
<i>heather</i>	1	
LILETTA	1	
<i>medroxyprogesterone acetate inj, tabs</i>	1	
<i>megestrol acetate susp, tabs</i>	1	
NEXPLANON	1	
<i>norethindrone acetate tabs</i>	1	
<i>progesterone caps</i>	1	
<i>sharobel</i>	1	
Selective Estrogen Receptor Modifying Agents		
OSPHENA	1	
<i>raloxifene hydrochloride</i>	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
ADTHYZA TABS 120MG, 15MG, 30MG, 60MG, 90MG	1	
ARMOUR THYROID	1	
<i>euthyrox tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	1	
<i>levo-t</i>	1	
<i>levothyroxine sodium tabs</i>	1	
<i>levoxyl tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	1	
<i>liothyronine sodium tabs</i>	1	
NIVA THYROID	1	
<i>np thyroid 120</i>	1	
<i>np thyroid 15</i>	1	
<i>np thyroid 30</i>	1	
<i>np thyroid 60</i>	1	
<i>np thyroid 90</i>	1	
SYNTHROID TABS	1	
THYROID TABS 120MG, 15MG, 30MG, 60MG, 90MG	1	
<i>unithroid</i>	1	
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
<i>cabergoline</i>	1	
ELIGARD	1	
FIRMAGON INJ 80MG	1	
FIRMAGON INJ 120MG/VIAL	1	NEDS
KORLYM	1	QL(120 EA per 30 days); PA; NEDS
<i>lanreotide acetate</i>	1	NEDS
<i>leuprolide acetate inj 1mg/0.2ml</i>	1	

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

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Drug Name	Drug Tier	Requirements/Limits
COSENTYX UNOREADY	1	PA; NEDS
DUPIXENT	1	PA; NEDS
ORENCIA CLICKJECT	1	QL(4 ML per 28 days); PA; NEDS
ORENCIA INJ 50MG/0.4ML	1	QL(1.6 ML per 28 days); PA; NEDS
ORENCIA INJ 87.5MG/0.7ML	1	QL(2.8 ML per 28 days); PA; NEDS
ORENCIA INJ 125MG/ML	1	QL(4 ML per 28 days); PA; NEDS
OTEZLA TBPK 0	1	QL(110 EA per 365 days); PA; NEDS
RINVOQ	1	QL(30 EA per 30 days); PA; NEDS
RINVOQ LQ	1	QL(360 ML per 30 days); PA; NEDS
SKYRIZI PEN	1	QL(1 ML per 28 days); PA; NEDS
SKYRIZI INJ 600MG/10ML	1	PA; NEDS
SKYRIZI INJ 150MG/ML	1	QL(1 ML per 28 days); PA; NEDS
SKYRIZI INJ 180MG/1.2ML	1	QL(1.2 ML per 28 days); PA; NEDS
SKYRIZI INJ 360MG/2.4ML	1	QL(2.4 ML per 28 days); PA; NEDS
STELARA INJ 45MG/0.5ML, 90MG/ML	1	QL(1 ML per 28 days); PA; NEDS
TAVNEOS	1	PA; NEDS
XELJANZ XR	1	QL(30 EA per 30 days); PA; NEDS
XELJANZ SOLN	1	QL(300 ML per 30 days); PA; NEDS
XELJANZ TABS	1	QL(60 EA per 30 days); PA; NEDS
XOLAIR	1	PA; NEDS
<i>Immunostimulants</i>		
ACTIMMUNE	1	NEDS
BESREMI	1	PA NSO; NEDS
PEGASYS INJ 180MCG/ML	1	QL(4 ML per 28 days); NEDS
<i>Immunosuppressants</i>		
<i>azathioprine tabs</i>	1	PA BvD
<i>cyclosporine modified</i>	1	PA BvD
<i>cyclosporine caps 100mg, 25mg</i>	1	PA BvD
ENBREL MINI	1	QL(8 ML per 28 days); PA; NEDS
ENBREL SURECLICK	1	QL(8 ML per 28 days); PA; NEDS
ENBREL INJ 50MG/ML	1	QL(8 ML per 28 days); PA; NEDS
ENBREL INJ 25MG/0.5ML	1	QL(8.16 ML per 28 days); PA; NEDS
ENVARUSUS XR TB24 0.75MG, 1MG	1	PA BvD
ENVARUSUS XR TB24 4MG	1	PA BvD; NEDS
<i>everolimus tabs 0.25mg, 0.5mg, 0.75mg, 1mg</i>	1	QL(60 EA per 30 days); PA BvD; NEDS
GENGRAF SOLN	1	PA BvD
<i>gengraf caps 100mg, 25mg</i>	1	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 0, 80MG/0.8ML	1	PA; NEDS
HUMIRA PEN-CD/UC/HS STARTER	1	PA; NEDS
HUMIRA PEN-PEDIATRIC UC STARTER PACK	1	PA; NEDS
HUMIRA PEN-PS/UV STARTER	1	PA; NEDS
HUMIRA PEN INJ 80MG/0.8ML	1	QL(4 EA per 28 days); PA; NEDS
HUMIRA PEN INJ 40MG/0.4ML, 40MG/0.8ML	1	QL(6 EA per 28 days); PA; NEDS
HUMIRA INJ 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	1	QL(6 EA per 28 days); PA; NEDS
JYLAMVO	1	NEDS
<i>leflunomide</i>	1	
<i>methotrexate sodium tabs</i>	1	
<i>methotrexate sodium inj 50mg/2ml</i>	1	
<i>methotrexate sodium inj 1gm/40ml, 250mg/10ml</i>	1	PA BvD
<i>methotrexate inj 50mg/2ml</i>	1	
<i>mycophenolate mofetil caps, tabs</i>	1	PA BvD
<i>mycophenolate mofetil susr</i>	1	PA BvD; NEDS
<i>mycophenolic acid dr</i>	1	PA BvD
NULOJIX	1	NEDS
PEGASYS INJ 180MCG/0.5ML	1	QL(4 ML per 28 days); NEDS
PROGRAF PACK	1	PA BvD
REZUROCK	1	PA; NEDS
<i>sirolimus tabs</i>	1	PA BvD
<i>sirolimus soln</i>	1	PA BvD; NEDS
<i>tacrolimus caps 0.5mg, 1mg, 5mg</i>	1	PA BvD
TREXALL	1	
XATMEP	1	
Vaccines		
ABRYSVO	1	
ACTHIB INJ 0	1	
ADACEL	1	
AREXVY	1	
BCG VACCINE INJ 50MG	1	
BEXSERO	1	
BOOSTRIX	1	
DAPTACEL INJ 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	1	
DENGVAXIA	1	
<i>diphtheria/tetanus toxoids adsorbed pediatric</i>	1	
ENGERIX-B	1	PA BvD
GARDASIL 9	1	
HAVRIX INJ 1440ELU/ML, 720ELU/0.5ML	1	
HEPLISAV-B	1	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
HIBERIX	1	
IMOVAX RABIES (H.D.C.V.)	1	
INFANRIX	1	
IPOL INACTIVATED IPV	1	
IXCHIQ	1	
IXIARO	1	
JYNNEOS	1	
KINRIX INJ 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	1	
M-M-R II	1	
MENACTRA	1	
MENQUADFI	1	
MENVEO	1	
MRESVIA	1	
PEDIARIX INJ 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	1	
PEDVAX HIB INJ 7.5MCG/0.5ML	1	
PENBRAYA	1	
PENTACEL	1	
PREHEVBRIO	1	PA BvD
PRIORIX	1	
PROQUAD	1	
QUADRACEL	1	
RABAVERT	1	
RECOMBIVAX HB	1	PA BvD
ROTARIX	1	
ROTATEQ SOLN	1	
SHINGRIX	1	
STAMARIL	1	
<i>tdvax</i>	1	
TENIVAC	1	
TICOVAC	1	
TRUMENBA	1	
TWINRIX	1	
TYPHIM VI	1	
VAQTA	1	
VARIVAX	1	
YF-VAX	1	
Inflammatory Bowel Disease Agents		
<i>Aminosalicylates</i>		
<i>balsalazide disodium</i>	1	
<i>mesalamine dr</i>	1	

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<i>mesalamine er</i>	1	
<i>mesalamine enem, kit, supp</i>	1	
<i>sulfasalazine tabs, tbec</i>	1	
Glucocorticoids		
<i>budesonide er</i>	1	NEDS
<i>budesonide cpep 3mg</i>	1	
<i>budesonide foam 2mg</i>	1	
CORTIFOAM FOAM	1	
<i>hydrocortisone crea 1%, 2.5%</i>	1	
<i>hydrocortisone enem 100mg/60ml</i>	1	
<i>procto-med hc</i>	1	
<i>proctosol hc</i>	1	
<i>proctozone-hc</i>	1	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate sodium soln</i>	1	
<i>alendronate sodium tabs 10mg, 35mg, 70mg</i>	1	
CALCITONIN SALMON INJ	1	
<i>calcitonin-salmon soln</i>	1	
<i>calcitriol caps 0.25mcg, 0.5mcg</i>	1	
<i>calcitriol soln 1mcg/ml</i>	1	
<i>cinacalcet hydrochloride</i>	1	
<i>paricalcitol caps</i>	1	
PROLIA	1	PA
RAYALDEE	1	NEDS
<i>risedronate sodium</i>	1	
<i>risedronate sodium dr</i>	1	
<i>teriparatide</i>	1	PA; NEDS
XGEVA	1	PA; NEDS
<i>zoledronic acid inj 4mg/100ml, 4mg/5ml, 5mg/100ml</i>	1	
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
<i>alcohol prep pads</i>	1	
<i>b-d insulin syringe ultrafine ii/0.3ml/31g x 5/16"</i>	1	
<i>bd insulin syringe safetyglide/1ml/29g x 1/2"</i>	1	
<i>bd insulin syringe ultra-fine/0.5ml/30g x 12.7mm</i>	1	
<i>bd insulin syringe ultra-fine/1ml/31g x 8mm</i>	1	
<i>bd insulin syringe/u-100/1ml/27g x 1/2"</i>	1	
<i>bd insulin syringe/u-500/0.5ml/31g x 6mm</i>	1	
<i>bd pen needle/original/ultra-fine/29g x 12.7mm</i>	1	
<i>curity gauze pads 2"x2" 12 ply</i>	1	
<i>droplet pen needles 29gx10mm</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>gauze pads 2"x2"</i>	1	
<i>gnp insulin syringe/0.3ml/30g x 5/16"</i>	1	
<i>gnp insulin syringe/0.5ml/30g x 5/16"</i>	1	
INTRALIPID INJ 20GM/100ML, 30GM/100ML	1	PA BvD
<i>levocarnitine tabs</i>	1	
NUTRILIPID	1	PA BvD
OMNIPOD 5 G6 INTRO KIT (GEN 5)	1	
OMNIPOD 5 G6 PODS (GEN 5)	1	
OMNIPOD 5 G7 INTRO KIT (GEN 5)	1	
OMNIPOD 5 G7 PODS (GEN 5)	1	
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	1	
OMNIPOD CLASSIC PODS (GEN 3)	1	
OMNIPOD DASH INTRO KIT (GEN 4)	1	
OMNIPOD DASH PDM KIT (GEN 4)	1	
OMNIPOD DASH PODS (GEN 4)	1	
OMNIPOD GO 10 UNITS/DAY	1	
OMNIPOD GO 15 UNITS/DAY	1	
OMNIPOD GO 20 UNITS/DAY	1	
OMNIPOD GO 25 UNITS/DAY	1	
OMNIPOD GO 30 UNITS/DAY	1	
OMNIPOD GO 35 UNITS/DAY	1	
OMNIPOD GO 40 UNITS/DAY	1	
<i>sodium chloride 0.9%</i>	1	
<i>sterile water for irrigation</i>	1	
<i>techlite insulin syringe u-100/0.5ml/30g x 1/2"</i>	1	
<i>trueplus insulin syringe /u-100/1ml/29g x 1/2"</i>	1	
<i>trueplus pen needles 29gx12mm</i>	1	
Ophthalmic Agents		
<i>Ophthalmic Agents, Other</i>		
<i>atropine sulfate soln 1%</i>	1	
<i>bacitracin/polymyxin b</i>	1	
<i>brimonidine tartrate/timolol maleate</i>	1	
<i>cyclopentolate hcl soln 2%</i>	1	
<i>cyclopentolate hydrochloride</i>	1	
<i>cyclosporine emul 0.05%</i>	1	
CYSTARAN	1	NEDS
<i>dorzolamide hcl/timolol maleate</i>	1	
<i>dorzolamide hydrochloride/timolol maleate pf</i>	1	
<i>neo-polycin</i>	1	
<i>neo-polycin hc</i>	1	
<i>neomycin/bacitracin/polymyxin</i>	1	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>neomycin/polymyxin/dexamethasone</i>	1	
<i>neomycin/polymyxin/gramicidin</i>	1	
<i>neomycin/polymyxin/hydrocortisone ophthalmic susp 1%; 3.5mg/ml; 10000unit/ml</i>	1	
<i>polycin</i>	1	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	1	
RESTASIS	1	
RESTASIS MULTIDOSE	1	
ROCKLATAN	1	
SIMBRINZA	1	
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	1	
TOBRADEX ST	1	
<i>tobramycin/dexamethasone</i>	1	
XIIDRA	1	
Ophthalmic Anti-allergy Agents		
ALOCRIAL	1	
<i>azelastine hcl ophthalmic soln 0.05%</i>	1	
<i>bepotastine besilate</i>	1	
<i>cromolyn sodium soln 4%</i>	1	
<i>epinastine hcl</i>	1	
<i>olopatadine hcl</i>	1	
<i>olopatadine hydrochloride soln 0.2%</i>	1	
Ophthalmic Anti-Infectives		
<i>bacitracin</i>	1	
BESIVANCE	1	
<i>ciprofloxacin hydrochloride soln 0.3%</i>	1	
<i>erythromycin oint 5mg/gm</i>	1	
<i>gatifloxacin</i>	1	
<i>gentak oint</i>	1	
<i>gentamicin sulfate ophthalmic soln 0.3%</i>	1	
<i>levofloxacin ophthalmic soln 1.5%</i>	1	
<i>moxifloxacin hydrochloride soln 0.5%</i>	1	
NATACYN	1	
<i>ofloxacin ophthalmic soln 0.3%</i>	1	
<i>sulfacetamide sodium oint 10%</i>	1	
<i>sulfacetamide sodium soln 10%</i>	1	
<i>tobramycin</i>	1	
<i>trifluridine</i>	1	
XDEMVI	1	PA; NEDS
ZIRGAN	1	
Ophthalmic Anti-inflammatories		
<i>bromfenac</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>bromfenac sodium soln 0.07%, 0.075%</i>	1	
BROMSITE	1	
<i>dexamethasone sodium phosphate ophthalmic soln 0.1%</i>	1	
<i>diclofenac sodium ophthalmic soln 0.1%</i>	1	
<i>difluprednate</i>	1	
FLAREX	1	
<i>fluorometholone</i>	1	
<i>flurbiprofen sodium</i>	1	
FML	1	
ILEVRO	1	
<i>ketorolac tromethamine</i>	1	
LOTEMAX OINT	1	
<i>loteprednol etabonate</i>	1	
<i>prednisolone acetate</i>	1	
<i>prednisolone sodium phosphate ophthalmic soln 1%</i>	1	
PROLENSA	1	
Ophthalmic Beta-Adrenergic Blocking Agents		
<i>betaxolol hcl</i>	1	
BETIMOL	1	
<i>carteolol hcl</i>	1	
<i>levobunolol hcl soln 0.5%</i>	1	
<i>timolol maleate ophthalmic gel forming</i>	1	
<i>timolol maleate soln 0.25%, 0.5%</i>	1	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
<i>acetazolamide</i>	1	
<i>acetazolamide er</i>	1	
ALPHAGAN P SOLN 0.1%	1	
<i>apraclonidine</i>	1	
<i>brimonidine tartrate</i>	1	
<i>brinzolamide</i>	1	
<i>dorzolamide hydrochloride</i>	1	
<i>methazolamide tabs</i>	1	
PHOSPHOLINE IODIDE SOLR 0.125%	1	
<i>pilocarpine hcl soln 1%, 2%, 4%</i>	1	
RHOPRESSA	1	
Ophthalmic Prostaglandin and Prostanoid Analogs		
<i>bimatoprost</i>	1	
<i>latanoprost soln</i>	1	
LUMIGAN	1	
<i>tafluprost</i>	1	
<i>travoprost</i>	1	
VYZULTA	1	

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Otic Agents		
<i>Otic Agents</i>		
<i>acetic acid</i>	1	
<i>ciprofloxacin/dexamethasone</i>	1	
<i>ciprofloxacin soln 0.2%</i>	1	
CORTISPORIN-TC	1	
<i>flac</i>	1	
<i>fluocinolone acetonide oil 0.01%</i>	1	
<i>hydrocortisone/acetic acid</i>	1	
<i>neomycin/polymyxin/hc</i>	1	
<i>neomycin/polymyxin/hydrocortisone otic susp 1%; 3.5mg/ml; 10000unit/ml</i>	1	
<i>ofloxacin otic soln 0.3%</i>	1	
Respiratory Tract/Pulmonary Agents		
<i>Anti-inflammatory, Inhaled Corticosteroids</i>		
<i>budesonide susp 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	1	PA BvD
FLOVENT DISKUS AEPB 100MCG/BLIST	1	QL(180 EA per 90 days); ST
FLOVENT DISKUS AEPB 250MCG/BLIST	1	QL(720 EA per 90 days); ST
FLOVENT DISKUS AEPB 50MCG/BLIST	1	ST
<i>flunisolide soln 0.025%</i>	1	QL(150 ML per 90 days)
<i>fluticasone propionate diskus aepb 100mcg/act</i>	1	QL(180 EA per 90 days); ST
<i>fluticasone propionate diskus aepb 250mcg/act</i>	1	QL(720 EA per 90 days); ST
<i>fluticasone propionate diskus aepb 50mcg/act</i>	1	ST
<i>fluticasone propionate hfa aero 44mcg/act</i>	1	QL(63.6 GM per 90 days); ST
<i>fluticasone propionate hfa aero 110mcg/act, 220mcg/act</i>	1	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>	1	QL(102 GM per 90 days)
QVAR REDHALER	1	QL(63.6 GM per 90 days)
<i>Antihistamines</i>		
<i>azelastine hcl nasal soln 0.15%</i>	1	QL(120 ML per 90 days)
<i>azelastine hydrochloride soln 0.1%</i>	1	QL(120 ML per 90 days)
<i>cyproheptadine hcl syrup</i>	1	
<i>cyproheptadine hydrochloride tabs</i>	1	
<i>desloratadine</i>	1	
<i>diphenhydramine hydrochloride inj</i>	1	
<i>hydroxyzine hcl inj 25mg/ml</i>	1	
<i>hydroxyzine hcl tabs 50mg</i>	1	
<i>hydroxyzine hydrochloride syrup</i>	1	
<i>hydroxyzine hydrochloride tabs 10mg, 25mg</i>	1	
<i>hydroxyzine pamoate caps</i>	1	
<i>levocetirizine dihydrochloride tabs</i>	1	
<i>Antileukotrienes</i>		

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<i>montelukast sodium chew, pack, tabs</i>	1	
<i>zafirlukast</i>	1	
Bronchodilators, Anticholinergic		
ATROVENT HFA	1	QL(77.4 GM per 90 days)
INCRUSE ELLIPTA	1	QL(30 EA per 30 days)
<i>ipratropium bromide inhalation soln</i>	1	PA BvD
<i>ipratropium bromide nasal soln 0.03%</i>	1	QL(180 ML per 90 days)
<i>ipratropium bromide nasal soln 0.06%</i>	1	QL(90 ML per 90 days)
LONHALA MAGNAIR REFILL KIT	1	NEDS
LONHALA MAGNAIR STARTER KIT	1	NEDS
SPIRIVA RESPIMAT	1	QL(12 GM per 90 days)
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate hfa aers 108mcg/act</i>	1	QL(108 GM per 90 days)
<i>albuterol sulfate hfa aers 108mcg/act</i>	1	QL(40.2 GM per 90 days)
<i>albuterol sulfate hfa aers 108mcg/act</i>	1	QL(51 GM per 90 days)
<i>albuterol sulfate syrp, tabs</i>	1	
<i>albuterol sulfate nebu</i>	1	PA BvD
<i>arformoterol tartrate</i>	1	PA BvD
<i>epinephrine inj 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	1	QL(2 EA per 1 days)
<i>formoterol fumarate nebu</i>	1	PA BvD
<i>levalbuterol hcl nebu</i>	1	PA BvD
<i>levalbuterol hydrochloride nebu 0.63mg/3ml</i>	1	PA BvD
<i>levalbuterol nebu</i>	1	PA BvD
PROAIR RESPICLICK	1	QL(6 EA per 90 days)
SEREVENT DISKUS	1	QL(180 EA per 90 days)
STRIVERDI RESPIMAT	1	QL(12 GM per 90 days)
Cystic Fibrosis Agents		
CAYSTON	1	PA; NEDS
KALYDECO	1	QL(56 EA per 28 days); PA; NEDS
ORKAMBI TABS	1	QL(112 EA per 28 days); PA; NEDS
ORKAMBI PACK	1	QL(56 EA per 28 days); PA; NEDS
PULMOZYME	1	PA BvD; NEDS
TOBI PODHALER	1	NEDS
Mast Cell Stabilizers		
<i>cromolyn sodium nebu 20mg/2ml</i>	1	PA BvD
Phosphodiesterase Inhibitors, Airways Disease		
<i>elixophyllin</i>	1	
<i>roflumilast</i>	1	
<i>theophylline er tb12, tb24</i>	1	
<i>theophylline elix</i>	1	
Pulmonary Antihypertensives		
ADEMPAS	1	PA; NEDS

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Drug Name	Drug Tier	Requirements/Limits
<i>alyq</i>	1	PA
<i>ambrisentan</i>	1	PA; NEDS
<i>bosentan</i>	1	PA; NEDS
OPSUMIT	1	PA; NEDS
ORENITRAM TITRATION KIT MONTH 1	1	PA; NEDS
ORENITRAM TITRATION KIT MONTH 2	1	PA; NEDS
ORENITRAM TITRATION KIT MONTH 3	1	PA; NEDS
ORENITRAM TBCR 0.125MG, 0.25MG, 1MG, 2.5MG	1	PA
ORENITRAM TBCR 5MG	1	PA; NEDS
<i>sildenafil citrate tabs</i>	1	PA
<i>tadalafil tabs 20mg</i>	1	PA
TRACLEER TBSO	1	PA; NEDS
VENTAVIS	1	PA; NEDS
<i>Pulmonary Fibrosis Agents</i>		
OFEV	1	QL(60 EA per 30 days); PA; NEDS
<i>pirfenidone caps</i>	1	QL(270 EA per 30 days); PA; NEDS
<i>pirfenidone tabs 534mg</i>	1	QL(135 EA per 30 days); PA; NEDS
<i>pirfenidone tabs 267mg</i>	1	QL(270 EA per 30 days); PA; NEDS
<i>pirfenidone tabs 801mg</i>	1	QL(90 EA per 30 days); PA; NEDS
<i>Respiratory Tract Agents, Other</i>		
<i>acetylcysteine soln</i>	1	PA BvD
ANORO ELLIPTA	1	QL(180 EA per 90 days)
BEVESPI AEROSPHERE	1	QL(10.7 GM per 30 days)
BREO ELLIPTA	1	QL(180 EA per 90 days)
BREYNA	1	QL(30.9 GM per 90 days)
BREZTRI AEROSPHERE	1	QL(32.1 GM per 90 days)
BRONCHITOL	1	NEDS
COMBIVENT RESPIMAT	1	QL(24 GM per 90 days)
FASENRA PEN	1	PA; NEDS
FASENRA INJ 10MG/0.5ML	1	PA
FASENRA INJ 30MG/ML	1	PA; NEDS
<i>fluticasone propionate/salmeterol diskus</i>	1	QL(180 EA per 90 days)
<i>fluticasone propionate/salmeterol aepb 500mcg/act; 50mcg/act</i>	1	QL(180 EA per 90 days)
<i>fluticasone propionate/salmeterol aepb 113mcg/act; 14mcg/act, 232mcg/act; 14mcg/act, 55mcg/act; 14mcg/act</i>	1	QL(3 EA per 90 days)
<i>ipratropium bromide/albuterol sulfate</i>	1	PA BvD
STIOLTO RESPIMAT	1	QL(12 GM per 90 days)
TRELEGY ELLIPTA	1	QL(180 EA per 90 days)
<i>wixela inhub</i>	1	QL(180 EA per 90 days)
Skeletal Muscle Relaxants		
<i>Skeletal Muscle Relaxants</i>		

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Drug Name	Drug Tier	Requirements/Limits
<i>cyclobenzaprine hydrochloride tabs</i>	1	
Sleep Disorder Agents		
<i>Sleep Promoting Agents</i>		
BELSOMRA	1	
<i>eszopiclone</i>	1	
<i>flurazepam hcl</i>	1	
<i>flurazepam hydrochloride</i>	1	
<i>ramelteon</i>	1	QL(30 EA per 30 days)
<i>tasimelteon</i>	1	PA; NEDS
<i>temazepam caps 15mg, 30mg, 7.5mg</i>	1	
<i>triazolam</i>	1	
<i>zaleplon</i>	1	
<i>zolpidem tartrate tabs</i>	1	
<i>Wakefulness Promoting Agents</i>		
<i>armodafinil</i>	1	PA
<i>modafinil tabs</i>	1	PA
SODIUM OXYBATE	1	PA; NEDS

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Drug Name	Page #
<i>abacavir</i>	23
<i>abacavir sulfate/lamivudine</i>	23
ABELCET	13
ABILIFY ASIMTUFII	21
ABILIFY MAINTENA	21
ABILIFY MYCITE MAINTENANCE KIT	21
ABILIFY MYCITE STARTER KIT	21
<i>abiraterone acetate</i>	15
ABRYSVO	49
<i>acamprosate calcium dr</i>	5
<i>acarbose</i>	25
<i>accutane</i>	35
<i>acebutolol hydrochloride</i>	30
<i>acetaminophen/codeine</i>	4
<i>acetazolamide</i>	54
<i>acetazolamide er</i>	54
<i>acetic acid</i>	55
<i>acetic acid 0.25%</i>	43
<i>acetylcysteine</i>	57
<i>acitretin</i>	35
ACTHIB	49
ACTIMMUNE	48
<i>acyclovir</i>	25
<i>acyclovir sodium</i>	25
ADACEL	49
<i>adapalene</i>	35
<i>adefovir dipivoxil</i>	22
ADEMPAS	56
ADTHYZA	46
AIMOVIG	14
AKEEGA	15
<i>albendazole</i>	19
<i>albuterol sulfate</i>	56
<i>albuterol sulfate hfa</i>	56
<i>alcohol prep pads</i>	51
ALECENSA	16
<i>alendronate sodium</i>	51
<i>alfuzosin hcl er</i>	42
<i>aliskiren</i>	31
<i>allopurinol</i>	14

Drug Name	Page #
ALOCRIIL	53
<i>alosectron hydrochloride</i>	40
ALPHAGAN P	54
<i>alprazolam</i>	25
<i>alprazolam er</i>	25
ALUNBRIG	16
<i>alyq</i>	57
<i>amabelz</i>	44
<i>amantadine hcl</i>	25
<i>ambrisentan</i>	57
<i>amcinonide</i>	36
<i>amethia</i>	44
<i>amikacin sulfate</i>	5
<i>amiloride hcl</i>	32
<i>amiloride/hydrochlorothiazide</i>	31
<i>aminocaproic acid</i>	28
AMINOSYN II	38
AMINOSYN-PF 7%	38
<i>amiodarone hydrochloride</i>	29
<i>amitriptyline hcl</i>	12
<i>amitriptyline hydrochloride</i>	12
<i>amlodipine besylate</i>	30
<i>amlodipine besylate/atorvastatin calcium</i>	31
<i>amlodipine besylate/benazepril hydrochloride</i>	31
<i>amlodipine besylate/valsartan</i>	31
<i>amlodipine/olmesartan medoxomil</i>	31
<i>amlodipine/valsartan/hydrochlorothiazide</i>	31
<i>ammonium lactate</i>	36
<i>amnesteem</i>	35
<i>amoxapine</i>	12
<i>amoxicillin</i>	7
<i>amoxicillin/clavulanate potassium</i>	7
<i>amoxicillin/clavulanate potassium er</i>	7
<i>amphetamine/dextroamphetamine</i>	33
<i>amphotericin b</i>	13
<i>amphotericin b liposome</i>	13
<i>ampicillin</i>	7
<i>ampicillin sodium</i>	7
<i>ampicillin/sulbactam</i>	7
<i>ampicillin-sulbactam</i>	7
<i>anagrelide hydrochloride</i>	28
<i>anastrozole</i>	16
ANORO ELLIPTA	57

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<i>apraclonidine</i>	54	<i>bacitracin</i>	53
<i>aprepitant</i>	13	<i>bacitracin/polymyxin b</i>	52
<i>apri</i>	44	<i>baclofen</i>	22
APTIOM	10	<i>balsalazide disodium</i>	50
APTIVUS	24	BALVERSA	16
ARCALYST	47	<i>balziva</i>	44
AREXVY	49	BAQSIMI ONE PACK	26
<i>arformoterol tartrate</i>	56	BAQSIMI TWO PACK	26
ARIKAYCE	5	BCG VACCINE	49
<i>aripiprazole</i>	21	<i>bd insulin syringe safetyglide/1ml/29g x</i>	51
<i>aripiprazole odt</i>	21	<i>1/2"</i>	
ARISTADA	21	<i>b-d insulin syringe ultrafine ii/0.3ml/31g x</i>	51
ARISTADA INITIO	21	<i>5/16"</i>	
<i>armodafinil</i>	58	<i>bd insulin syringe ultra-fine/0.5ml/30g x</i>	51
ARMOUR THYROID	46	<i>12.7mm</i>	
<i>asenapine maleate sl</i>	21	<i>bd insulin syringe ultra-fine/1ml/31g x 8mm</i>	51
<i>ashlyna</i>	44	<i>bd insulin syringe/u-100/1ml/27g x 1/2"</i>	51
<i>aspirin/dipyridamole er</i>	28	<i>bd insulin syringe/u-500/0.5ml/31g x 6mm</i>	51
<i>atazanavir</i>	24	<i>bd pen needle/original/ultra-fine/29g x</i>	51
<i>atazanavir sulfate</i>	24	<i>12.7mm</i>	
<i>atenolol</i>	30	BELSOMRA	58
<i>atenolol/chlorthalidone</i>	31	<i>benazepril hcl</i>	29
<i>atomoxetine</i>	33	<i>benazepril hydrochloride</i>	29
<i>atomoxetine hydrochloride</i>	33	<i>benazepril</i>	31
<i>atorvastatin calcium</i>	32	<i>hydrochloride/hydrochlorothiazide</i>	
<i>atovaquone</i>	19	BENLYSTA	47
<i>atovaquone/proguanil hcl</i>	20	<i>benztropine mesylate</i>	20
<i>atropine sulfate</i>	52	<i>bepotastine besilate</i>	53
ATROVENT HFA	56	BERINERT	47
AUGTYRO	16	BESIVANCE	53
AUSTEDO	34	BESREMI	48
AUVELITY	11	<i>betaine anhydrous</i>	41
<i>aviane</i>	44	BETAMETHASONE DIPROPIONATE	36
<i>avita</i>	35	<i>betamethasone dipropionate augmented</i>	36
AVONEX	34	<i>betamethasone valerate</i>	36
AVONEX PEN	34	BETASERON	34
AYVAKIT	16	<i>betaxolol hcl</i>	54
<i>azathioprine</i>	48	<i>bethanechol chloride</i>	43
<i>azelaic acid</i>	35	BETIMOL	54
<i>azelastine hcl</i>	53	BEVESPI AEROSPHERE	57
<i>azelastine hcl</i>	55	<i>bexarotene</i>	19
<i>azelastine hydrochloride</i>	55	BEXSERO	49
<i>azithromycin</i>	8	<i>bicalutamide</i>	15
<i>aztreonam</i>	6	BICILLIN L-A	7

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BIKTARVY	23	<i>cabergoline</i>	46
<i>bimatoprost</i>	54	CABLIVI	28
<i>bisoprolol fumarate</i>	30	CABOMETYX	16
<i>bisoprolol fumarate/hydrochlorothiazide</i>	31	<i>calcipotriene</i>	37
BIVIGAM	47	CALCITONIN SALMON	51
BOOSTRIX	49	<i>calcitonin-salmon</i>	51
<i>bortezomib</i>	15	<i>calcitriol</i>	37
<i>bosentan</i>	57	<i>calcitriol</i>	51
BOSULIF	16	<i>calcium acetate</i>	40
BRAFTOVI	16	CALQUENCE	16
BREO ELLIPTA	57	<i>camila</i>	45
BREYNA	57	<i>candesartan cilexetil</i>	29
BREZTRI AEROSPHERE	57	<i>candesartan cilexetil/hydrochlorothiazide</i>	31
<i>briellyn</i>	44	CAPLYTA	21
BRILINTA	28	CAPRELSA	16
<i>brimonidine tartrate</i>	54	<i>captopril</i>	29
<i>brimonidine tartrate/timolol maleate</i>	52	<i>carbamazepine</i>	10
<i>brinzolamide</i>	54	<i>carbamazepine er</i>	10
BRIVIACT	9	<i>carbidopa</i>	20
<i>bromfenac</i>	53	<i>carbidopa/levodopa</i>	20
<i>bromfenac sodium</i>	54	<i>carbidopa/levodopa er</i>	20
<i>bromocriptine mesylate</i>	20	<i>carbidopa/levodopa odt</i>	20
BROMSITE	54	<i>carbidopa/levodopa/entacapone</i>	20
BRONCHITOL	57	<i>carglumic acid</i>	38
BRUKINSA	16	<i>carteolol hcl</i>	54
<i>budesonide</i>	51	<i>cartia xt</i>	30
<i>budesonide</i>	55	<i>carvedilol</i>	30
<i>budesonide er</i>	51	CAYSTON	56
<i>bumetanide</i>	32	<i>cefaclor</i>	6
<i>buprenorphine</i>	3	<i>cefadroxil</i>	6
<i>buprenorphine hcl</i>	5	<i>cefazolin</i>	7
<i>buprenorphine hcl/naloxone hcl</i>	5	<i>cefazolin sodium</i>	7
<i>buprenorphine hydrochloride/naloxone</i>	5	<i>cefazolin sodium/dextrose</i>	6
<i>hydrochloride</i>		<i>cefdinir</i>	7
<i>bupropion hcl</i>	11	<i>cefepime</i>	7
<i>bupropion hydrochloride</i>	11	<i>cefepime hydrochloride</i>	7
<i>bupropion hydrochloride er (sr)</i>	5	<i>cefepime/dextrose</i>	7
<i>bupropion hydrochloride er (sr)</i>	11	<i>cefixime</i>	7
<i>bupropion hydrochloride er (xl)</i>	11	<i>cefotetan</i>	7
<i>buspironone hcl</i>	25	<i>cefoxitin sodium</i>	7
<i>buspironone hydrochloride</i>	25	<i>cefpodoxime proxetil</i>	7
<i>butorphanol tartrate</i>	4	<i>cefprozil</i>	7
BYDUREON BCISE	25	<i>ceftazidime</i>	7
BYETTA	25	<i>ceftriaxone in iso-osmotic dextrose</i>	7

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<i>ceftriaxone sodium</i>	7	CLINIMIX 6/5	38
<i>ceftriaxone/dextrose</i>	7	CLINIMIX 8/10	38
<i>cefuroxime axetil</i>	7	CLINIMIX E 8/10	38
<i>cefuroxime sodium</i>	7	<i>clobazam</i>	9
<i>celecoxib</i>	3	CLOBETASOL PROPIONATE	36
<i>cephalexin</i>	7	<i>clobetasol propionate e</i>	36
<i>cevimeline hydrochloride</i>	35	<i>clodan</i>	36
CHEMET	39	<i>clomipramine hydrochloride</i>	12
<i>chlorhexidine gluconate</i>	35	<i>clonazepam</i>	9
<i>chloroquine phosphate</i>	20	<i>clonazepam odt</i>	9
<i>chlorpromazine hcl</i>	20	<i>clonidine</i>	29
<i>chlorpromazine hydrochloride</i>	20	<i>clonidine hydrochloride</i>	29
<i>chlorthalidone</i>	32	<i>clonidine hydrochloride er</i>	33
CHOLBAM	41	<i>clopidogrel</i>	29
<i>cholestyramine</i>	32	<i>clorazepate dipotassium</i>	25
<i>cholestyramine light</i>	32	<i>clotrimazole</i>	13
CICLOPIROX	37	<i>clotrimazole/betamethasone dipropionate</i>	37
<i>ciclopirox nail lacquer</i>	37	<i>clozapine</i>	22
<i>ciclopirox olamine</i>	37	<i>clozapine odt</i>	22
<i>cidofovir</i>	22	COARTEM	20
<i>cilostazol</i>	28	<i>codeine sulfate</i>	4
CIMDUO	23	<i>colchicine</i>	14
<i>cimetidine</i>	41	<i>colestipol hcl</i>	32
<i>cinacalcet hydrochloride</i>	51	<i>colistimethate sodium</i>	6
<i>ciprofloxacin</i>	8	COMBIVENT RESPIMAT	57
<i>ciprofloxacin</i>	55	COMETRIQ	17
<i>ciprofloxacin hcl</i>	8	COMPLERA	23
<i>ciprofloxacin hydrochloride</i>	8	<i>constulose</i>	40
<i>ciprofloxacin hydrochloride</i>	53	COPIKTRA	17
<i>ciprofloxacin i.v.-in d5w</i>	8	CORLANOR	31
<i>ciprofloxacin/dexamethasone</i>	55	CORTIFOAM	51
<i>citalopram hydrobromide</i>	11	CORTISPORIN-TC	55
<i>claravis</i>	35	COSENTYX	47
<i>clarithromycin</i>	8	COSENTYX SENSOREADY PEN	47
<i>clarithromycin er</i>	8	COSENTYX UNOREADY	48
CLENPIQ	40	COTELIC	17
<i>clindacin-p</i>	6	CREON	41
<i>clindamycin hcl</i>	6	<i>cromolyn sodium</i>	41
<i>clindamycin hydrochloride</i>	6	<i>cromolyn sodium</i>	53
<i>clindamycin palmitate hydrochloride</i>	6	<i>cromolyn sodium</i>	56
<i>clindamycin phosphate</i>	6	<i>curity gauze pads 2"x2" 12 ply</i>	51
<i>clindamycin phosphate</i>	37	CUVITRU	47
<i>clindamycin phosphate/benzoyl peroxide</i>	35	<i>cyclobenzaprine hydrochloride</i>	58
<i>clindamycin/benzoyl peroxide</i>	35	<i>cyclopentolate hcl</i>	52

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<i>cyclophosphamide</i>	15	<i>dexmethylphenidate hydrochloride er</i>	33
<i>cyclosporine</i>	48	<i>dextroamphetamine sulfate</i>	33
<i>cyclosporine</i>	52	<i>dextroamphetamine sulfate er</i>	33
<i>cyclosporine modified</i>	48	<i>dextrose 10%</i>	38
<i>cyproheptadine hcl</i>	55	<i>dextrose 10%/sodium chloride 0.2%</i>	38
<i>cyproheptadine hydrochloride</i>	55	<i>dextrose 10%/sodium chloride 0.45%</i>	38
CYSTAGON	41	<i>dextrose 2.5%/sodium chloride 0.45%</i>	38
CYSTARAN	52	<i>dextrose 5%</i>	38
<i>dabigatran etexilate</i>	27	<i>dextrose 5%/sodium chloride 0.2%</i>	38
<i>dalfampridine er</i>	34	<i>dextrose 5%/sodium chloride 0.3%</i>	38
<i>danazol</i>	43	<i>dextrose 5%/sodium chloride 0.33%</i>	38
<i>dantrolene sodium</i>	22	<i>dextrose 5%/sodium chloride 0.45%</i>	38
DAPSONE	14	<i>dextrose 5%/sodium chloride 0.9%</i>	38
DAPTACEL	49	<i>dextrose 50%</i>	38
<i>daptomycin</i>	6	<i>dextrose 70%</i>	38
<i>daptomycin/sodium chloride</i>	6	<i>dextrose/sodium chloride</i>	38
<i>darifenacin hydrobromide er</i>	42	DIACOMIT	9
<i>darunavir</i>	24	<i>diazepam</i>	25
DARZALEX	19	<i>diazepam intensol</i>	25
DAURISMO	17	<i>diazepam rectal gel</i>	9
<i>deblitane</i>	45	<i>diazoxide</i>	26
<i>deferasirox</i>	39	<i>dichlorphenamide</i>	41
DELSTRIGO	23	<i>diclofenac epolamine</i>	3
DENGVAXIA	49	<i>diclofenac potassium</i>	3
DEPO-MEDROL	43	<i>diclofenac sodium</i>	3
DEPO-SUBQ PROVERA 104	46	<i>diclofenac sodium</i>	37
DESCOVY	23	<i>diclofenac sodium</i>	54
<i>desipramine hydrochloride</i>	12	<i>diclofenac sodium dr</i>	3
<i>desloratadine</i>	55	<i>diclofenac sodium er</i>	3
<i>desmopressin acetate</i>	43	<i>dicloxacillin sodium</i>	7
<i>desogestrel/ethinyl estradiol</i>	44	<i>dicyclomine hcl</i>	40
DESONIDE	36	<i>dicyclomine hydrochloride</i>	40
<i>desoximetasone</i>	36	DIFICID	8
DESRX	36	<i>diflunisal</i>	3
<i>desvenlafaxine er</i>	11	<i>difluprednate</i>	54
<i>dexamethasone</i>	43	<i>digitek</i>	29
<i>dexamethasone intensol</i>	43	<i>digoxin</i>	29
<i>dexamethasone sodium phosphate</i>	43	<i>dihydroergotamine mesylate</i>	14
<i>dexamethasone sodium phosphate</i>	54	<i>diltiazem hcl</i>	30
<i>dexamethasone sodium phosphate + rfid</i>	43	<i>diltiazem hcl cd</i>	30
DEXLANSOPRAZOLE	41	<i>diltiazem hcl er</i>	30
<i>dexmethylphenidate hcl</i>	33	<i>diltiazem hydrochloride</i>	30
<i>dexmethylphenidate hcl er</i>	33	<i>diltiazem hydrochloride er</i>	30

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<i>dilt-xr</i>	30	<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	23
<i>dimethyl fumarate</i>	34	<i>effe-k</i>	38
<i>diphenhydramine hydrochloride</i>	55	ELIGARD	46
<i>diphtheria/tetanus toxoids adsorbed</i>	49	ELIQUIS	27
<i>pediatric disulfiram</i>	5	ELIQUIS STARTER PACK	28
<i>divalproex sodium</i>	9	<i>elixophyllin</i>	56
<i>divalproex sodium dr</i>	9	ELMIRON	43
<i>divalproex sodium er</i>	9	<i>eluryng</i>	44
DOCETAXEL	15	EMCYT	15
DOFETILIDE	29	EMGALITY	14
<i>donepezil hcl</i>	11	EMSAM	11
<i>donepezil hydrochloride</i>	11	<i>emtricitabine</i>	23
DOPTELET	29	<i>emtricitabine/tenofovir disoproxil fumarate</i>	23
<i>dorzolamide hcl/timolol maleate</i>	52	<i>emtricitabine/tenofovir disoproxil fumarate</i>	24
<i>dorzolamide hydrochloride</i>	54	EMTRIVA	24
<i>dorzolamide hydrochloride/timolol maleate</i>	52	<i>enalapril maleate</i>	29
<i>pf</i>		<i>enalapril maleate/hydrochlorothiazide</i>	31
<i>dotti</i>	44	ENBREL	48
DOVATO	23	ENBREL MINI	48
<i>doxazosin mesylate</i>	42	ENBREL SURECLICK	48
<i>doxepin hcl</i>	12	ENDARI	42
<i>doxepin hydrochloride</i>	12	<i>endocet</i>	4
DOXY 100	8	ENGERIX-B	49
<i>doxycycline</i>	8	<i>enilloring</i>	44
<i>doxycycline hyclate</i>	8	<i>enoxaparin sodium</i>	28
<i>doxycycline monohydrate</i>	8	<i>entacapone</i>	20
DRIZALMA SPRINKLE	11	<i>entecavir</i>	22
<i>dronabinol</i>	13	ENTRESTO	31
<i>droplet pen needles 29gx10mm</i>	51	<i>enulose</i>	40
<i>drospirenone/ethinyl estradiol</i>	44	ENVARUSUS XR	48
DROXIA	15	EPIDIOLEX	9
<i>droxidopa</i>	29	<i>epinastine hcl</i>	53
<i>duloxetine hcl</i>	11	<i>epinephrine</i>	56
<i>duloxetine hydrochloride</i>	11	<i>epitol</i>	10
DUPIXENT	48	<i>eplerenone</i>	33
<i>dutasteride</i>	42	EPRONTIA	9
<i>dutasteride/tamsulosin hydrochloride</i>	42	<i>ergotamine tartrate/caffeine</i>	14
<i>ec-naproxen</i>	3	ERIVEDGE	17
<i>econazole nitrate</i>	13	ERLEADA	15
EDURANT	23	<i>erlotinib hydrochloride</i>	17
<i>efavirenz</i>	23	<i>errin</i>	46
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	23	<i>ertapenem</i>	8
		<i>ertapenem sodium</i>	8

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<i>ery</i>	37	FETZIMA TITRATION PACK	12
<i>erythromycin</i>	8	<i>finasteride</i>	42
<i>erythromycin</i>	37	<i>fingolimod hydrochloride</i>	34
<i>erythromycin</i>	53	FINTEPLA	9
<i>erythromycin dr</i>	8	<i>finzala</i>	44
<i>erythromycin ethylsuccinate</i>	8	FIRMAGON	46
<i>escitalopram oxalate</i>	11	<i>flac</i>	55
<i>esomeprazole magnesium</i>	41	FLAREX	54
<i>estradiol</i>	44	FLEBOGAMMA DIF	47
<i>estradiol valerate</i>	44	<i>flecainide acetate</i>	29
<i>estradiol/norethindrone acetate</i>	44	FLOLIPID	32
ESTRING	44	FLOVENT DISKUS	55
<i>eszopiclone</i>	58	<i>fluconazole</i>	13
<i>ethacrynic acid</i>	32	<i>fluconazole in sodium chloride</i>	13
<i>ethambutol hydrochloride</i>	14	<i>flucytosine</i>	13
<i>ethosuximide</i>	9	<i>fludrocortisone acetate</i>	43
<i>etodolac</i>	3	<i>flunisolide</i>	55
<i>etodolac er</i>	3	<i>fluocinolone acetonide</i>	36
<i>etonogestrel/ethinyl estradiol</i>	44	<i>fluocinolone acetonide</i>	55
<i>etravirine</i>	23	<i>fluocinolone acetonide body</i>	36
<i>euthyrox</i>	46	<i>fluocinolone acetonide scalp</i>	36
<i>everolimus</i>	17	<i>fluocinolone acetonide topical</i>	36
<i>everolimus</i>	48	FLUOCINONIDE	36
EVOTAZ	24	<i>fluocinonide emulsified base</i>	36
<i>exemestane</i>	16	<i>fluorometholone</i>	54
EXKIVITY	17	<i>fluorouracil</i>	37
<i>ezetimibe</i>	32	<i>fluoxetine dr</i>	12
<i>ezetimibe/simvastatin</i>	32	<i>fluoxetine hydrochloride</i>	12
<i>falmina</i>	44	<i>fluphenazine decanoate</i>	20
<i>famciclovir</i>	25	<i>fluphenazine hcl</i>	20
<i>famotidine</i>	41	<i>fluphenazine hydrochloride</i>	21
FANAPT	21	<i>flurazepam hcl</i>	58
FANAPT TITRATION PACK	21	<i>flurazepam hydrochloride</i>	58
FARXIGA	33	<i>flurbiprofen</i>	3
FASENRA	57	<i>flurbiprofen sodium</i>	54
FASENRA PEN	57	<i>flutamide</i>	15
<i>felbamate</i>	9	<i>fluticasone propionate</i>	36
<i>felodipine er</i>	30	<i>fluticasone propionate</i>	55
<i>fenofibrate</i>	32	<i>fluticasone propionate diskus</i>	55
<i>fenofibrate micronized</i>	32	<i>fluticasone propionate hfa</i>	55
<i>fenofibric acid dr</i>	32	<i>fluticasone propionate/salmeterol</i>	57
<i>fentanyl</i>	3	<i>fluticasone propionate/salmeterol diskus</i>	57
<i>fentanyl citrate oral transmucosal</i>	4	<i>fluvastatin</i>	32
FETZIMA	11	<i>fluvastatin sodium er</i>	32

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<i>fluvoxamine maleate</i>	12	<i>glipizide/metformin hydrochloride</i>	26
FML	54	GLOPERBA	14
<i>fondaparinux sodium</i>	28	GLUCAGEN HYPOKIT	26
<i>formoterol fumarate</i>	56	GLUCAGON EMERGENCY KIT	26
<i>fosamprenavir calcium</i>	24	GLUCAGON EMERGENCY KIT FOR	26
<i>fosinopril sodium</i>	29	LOW BLOOD SUGAR	
<i>fosinopril sodium/hydrochlorothiazide</i>	31	<i>glyburide</i>	26
FOTIVDA	17	<i>glyburide micronized</i>	26
FRAGMIN	28	<i>glyburide/metformin hydrochloride</i>	26
FRUZAQLA	17	<i>glycopyrrolate</i>	40
<i>furosemide</i>	32	<i>glydo</i>	4
FUZEON	24	GLYXAMBI	26
<i>fyavolv</i>	44	<i>gnp insulin syringe/0.3ml/30g x 5/16"</i>	52
FYCOMPA	9	<i>gnp insulin syringe/0.5ml/30g x 5/16"</i>	52
<i>gabapentin</i>	9	<i>granisetron hydrochloride</i>	13
<i>galantamine hydrobromide</i>	11	<i>griseofulvin microsize</i>	13
<i>galantamine hydrobromide er</i>	11	<i>griseofulvin ultramicrosize</i>	13
GAMMAGARD LIQUID	47	<i>guanfacine hydrochloride er</i>	33
GAMMAPLEX	47	GVOKE HYPOPEN 1-PACK	27
GARDASIL 9	49	GVOKE HYPOPEN 2-PACK	27
<i>gatifloxacin</i>	53	GVOKE KIT	27
<i>gauze pads 2"x2"</i>	52	GVOKE PFS	27
<i>gavilyte-c</i>	40	HAEGARDA	47
<i>gavilyte-g</i>	40	<i>halobetasol propionate</i>	36
<i>gavilyte-n/flavor pack</i>	40	<i>haloette</i>	44
GAVRETO	17	<i>haloperidol</i>	21
<i>gefitinib</i>	17	<i>haloperidol decanoate</i>	21
<i>gemfibrozil</i>	32	<i>haloperidol lactate</i>	21
GEMTESA	42	HAVRIX	49
<i>generlac</i>	40	<i>heather</i>	46
GENGRAF	48	<i>heparin sodium</i>	28
GENOTROPIN	43	<i>heparin sodium/d5w</i>	28
GENOTROPIN MINIQUICK	43	HEPLISAV-B	49
<i>gentak</i>	53	HIBERIX	50
<i>gentamicin sulfate</i>	5	HIZENTRA	47
<i>gentamicin sulfate</i>	53	HUMALOG	27
<i>gentamicin sulfate/0.9% sodium chloride</i>	5	HUMALOG JUNIOR KWIKPEN	27
GENVOYA	23	HUMALOG KWIKPEN	27
GILOTRIF	17	HUMALOG MIX 50/50	27
<i>glatiramer acetate</i>	34	HUMALOG MIX 50/50 KWIKPEN	27
GLEOSTINE	15	HUMALOG MIX 75/25	27
<i>glimepiride</i>	25	HUMALOG MIX 75/25 KWIKPEN	27
<i>glipizide</i>	26	HUMIRA	49
<i>glipizide er</i>	26		

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HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	49	<i>imipenem/cilastatin</i>	8
HUMIRA PEN	49	<i>imipramine hcl</i>	12
HUMIRA PEN-CD/UC/HS STARTER	49	<i>imipramine hydrochloride</i>	12
HUMIRA PEN-PEDIATRIC UC STARTER PACK	49	<i>imiquimod</i>	37
HUMIRA PEN-PS/UV STARTER	49	IMOVAX RABIES (H.D.C.V.)	50
HUMULIN 70/30	27	IMPAVIDO	6
HUMULIN 70/30 KWIKPEN	27	IMVEXXY MAINTENANCE PACK	44
HUMULIN N	27	IMVEXXY STARTER PACK	44
HUMULIN N KWIKPEN	27	INCRELEX	43
HUMULIN R	27	INCRUSE ELLIPTA	56
HUMULIN R U-500 (CONCENTRATED)	27	<i>indapamide</i>	32
HUMULIN R U-500 KWIKPEN	27	<i>indomethacin</i>	3
<i>hydralazine hcl</i>	33	INFANRIX	50
<i>hydralazine hydrochloride</i>	33	INGREZZA	34
<i>hydrochlorothiazide</i>	32	INLYTA	17
<i>hydrocodone bitartrate/acetaminophen</i>	4	INQOVI	17
<i>hydrocodone/acetaminophen</i>	4	INREBIC	15
<i>hydrocortisone</i>	36	INSULIN LISPRO	27
<i>hydrocortisone</i>	43	INTELENCE	23
<i>hydrocortisone</i>	51	INTRALIPID	52
HYDROCORTISONE BUTYRATE	36	<i>introvale</i>	44
HYDROCORTISONE VALERATE	36	INVEGA HAFYERA	21
<i>hydrocortisone/acetic acid</i>	55	INVEGA SUSTENNA	21
<i>hydromorphone hcl</i>	4	INVEGA TRINZA	21
<i>hydromorphone hcl er</i>	3	IPOL INACTIVATED IPV	50
<i>hydroxychloroquine sulfate</i>	20	<i>ipratropium bromide</i>	56
<i>hydroxyurea</i>	15	<i>ipratropium bromide/albuterol sulfate</i>	57
<i>hydroxyzine hcl</i>	55	<i>irbesartan</i>	29
<i>hydroxyzine hydrochloride</i>	55	<i>irbesartan/hydrochlorothiazide</i>	31
<i>hydroxyzine pamoate</i>	55	ISENTRESS	23
IBRANCE	15	ISENTRESS HD	23
IBRANCE	17	<i>isoniazid</i>	14
<i>ibu</i>	3	<i>isosorbide dinitrate</i>	33
<i>ibuprofen</i>	3	<i>isosorbide mononitrate</i>	33
<i>icatibant acetate</i>	47	<i>isosorbide mononitrate er</i>	33
<i>iclevia</i>	44	<i>isotonic gentamicin</i>	5
ICLUSIG	17	<i>isotretinoin</i>	35
<i>icosapent ethyl</i>	32	<i>itraconazole</i>	13
IDHIFA	17	<i>ivabradine hydrochloride</i>	31
ILEVRO	54	<i>ivermectin</i>	19
<i>imatinib mesylate</i>	17	IWILFIN	16
IMBRUVICA	17	IXCHIQ	50
		IXIARO	50
		JAKAFI	17

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<i>jantoven</i>	28	<i>klor-con/ef</i>	39
JANUMET	26	KORLYM	46
JANUMET XR	26	KOSELUGO	17
JANUVIA	26	<i>kourzeq</i>	35
JARDIANCE	33	<i>k-prime</i>	38
JAYPIRCA	17	KRAZATI	17
JENTADUETO	26	KYNMOBI	20
JENTADUETO XR	26	KYPROLIS	16
<i>jinteli</i>	44	<i>labetalol hydrochloride</i>	30
<i>joyeaux</i>	44	<i>lacosamide</i>	10
JULUCA	23	<i>lactated ringers</i>	39
<i>junel 1.5/30</i>	44	<i>lactulose</i>	40
<i>junel 1/20</i>	44	LAGEVRIO	25
<i>junel fe 1.5/30</i>	44	<i>lamivudine</i>	22
<i>junel fe 1/20</i>	44	<i>lamivudine</i>	24
<i>junel fe 24</i>	44	<i>lamivudine/zidovudine</i>	24
JYLAMVO	49	<i>lamotrigine</i>	9
JYNNEOS	50	<i>lamotrigine er</i>	9
KALYDECO	56	<i>lamotrigine odt</i>	9
<i>kariva</i>	44	<i>lamotrigine starter kit/blue</i>	9
<i>kcl 0.075%/d5w/nacl 0.45%</i>	38	<i>lamotrigine starter kit/green</i>	9
<i>kcl 0.15%/d5w/nacl 0.2%</i>	38	<i>lamotrigine starter kit/orange</i>	9
<i>kcl 0.15%/d5w/nacl 0.45%</i>	38	<i>lanreotide acetate</i>	46
<i>kcl 0.15%/d5w/nacl 0.9%</i>	38	<i>lansoprazole</i>	41
<i>kcl 0.3%/d5w/nacl 0.45%</i>	38	LANTUS	27
<i>kcl 0.3%/d5w/nacl 0.9%</i>	38	LANTUS SOLOSTAR	27
<i>kelnor 1/35</i>	44	<i>lapatinib ditosylate</i>	17
<i>kenalog-10</i>	43	<i>larin 1.5/30</i>	44
KERENDIA	33	<i>larin 1/20</i>	44
KESIMPTA	34	<i>larin fe 1.5/30</i>	45
<i>ketoconazole</i>	13	<i>larin fe 1/20</i>	45
<i>ketorolac tromethamine</i>	54	<i>latanoprost</i>	54
KINRIX	50	<i>leflunomide</i>	49
KISQALI	17	<i>lenalidomide</i>	15
KISQALI FEMARA 200 DOSE	16	LENVIMA 10 MG DAILY DOSE	17
KISQALI FEMARA 400 DOSE	16	LENVIMA 12MG DAILY DOSE	17
KISQALI FEMARA 600 DOSE	16	LENVIMA 14 MG DAILY DOSE	17
<i>klayesta</i>	13	LENVIMA 18 MG DAILY DOSE	17
<i>klor-con</i>	38	LENVIMA 20 MG DAILY DOSE	17
<i>klor-con 10</i>	38	LENVIMA 24 MG DAILY DOSE	17
<i>klor-con 8</i>	38	LENVIMA 4 MG DAILY DOSE	17
<i>klor-con m10</i>	39	LENVIMA 8 MG DAILY DOSE	17
<i>klor-con m15</i>	39	<i>lessina</i>	45
<i>klor-con m20</i>	39	<i>letrozole</i>	16

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<i>leucovorin calcium</i>	16	LONHALA MAGNAIR STARTER KIT	56
LEUKERAN	15	LONSURF	16
<i>leuprolide acetate</i>	46	<i>loperamide hcl</i>	40
<i>levabuterol</i>	56	<i>lopinavir/ritonavir</i>	24
<i>levabuterol hcl</i>	56	<i>lorazepam</i>	25
<i>levabuterol hydrochloride</i>	56	<i>lorazepam intensol</i>	25
LEVEMIR FLEXTOUCH	27	LORBRENA	18
<i>levetiracetam</i>	9	<i>losartan potassium</i>	29
<i>levetiracetam er</i>	9	<i>losartan potassium/hydrochlorothiazide</i>	31
<i>levobunolol hcl</i>	54	LOTEMAX	54
<i>levocarnitine</i>	52	<i>loteprednol etabonate</i>	54
<i>levocetirizine dihydrochloride</i>	55	<i>lovastatin</i>	32
<i>levofloxacin</i>	8	<i>loxapine</i>	21
<i>levofloxacin</i>	53	<i>lubiprostone</i>	40
<i>levofloxacin in d5w</i>	8	LUMAKRAS	18
<i>levonest</i>	45	LUMIGAN	54
<i>levonorgestrel and ethinyl estradiol</i>	45	LUPRON DEPOT (1-MONTH)	47
<i>levonorgestrel/ethinyl estradiol</i>	45	LUPRON DEPOT (3-MONTH)	47
<i>levora 0.15/30-28</i>	45	LUPRON DEPOT (4-MONTH)	47
<i>levo-t</i>	46	LUPRON DEPOT (6-MONTH)	47
<i>levothyroxine sodium</i>	46	<i>lurasidone hydrochloride</i>	21
<i>levoxyl</i>	46	LYBALVI	21
LEXIVA	24	LYNPARZA	18
<i>l-glutamine</i>	42	LYSODREN	16
LIBERVANT	9	LYTGOBI	18
<i>lidocaine</i>	4	<i>magnesium sulfate</i>	39
<i>lidocaine hcl</i>	4	<i>malathion</i>	37
<i>lidocaine hcl jelly</i>	4	<i>maraviroc</i>	24
<i>lidocaine hydrochloride</i>	4	<i>marlissa</i>	45
<i>lidocaine hydrochloride viscous</i>	35	MARPLAN	11
<i>lidocaine viscous</i>	35	MATULANE	15
<i>lidocaine/prilocaine</i>	4	<i>matzim la</i>	30
LILETTA	46	MAVYRET	23
<i>linezolid</i>	6	MAYZENT	34
LINZESS	40	MAYZENT STARTER PACK	34
<i>liothyronine sodium</i>	46	<i>meclizine hcl</i>	12
<i>lisinopril</i>	29	<i>medroxyprogesterone acetate</i>	46
<i>lisinopril/hydrochlorothiazide</i>	31	<i>mefloquine hcl</i>	20
<i>lithium</i>	25	<i>megestrol acetate</i>	46
<i>lithium carbonate</i>	25	MEKINIST	18
<i>lithium carbonate er</i>	25	MEKTOVI	18
LIVTENCITY	22	<i>meloxicam</i>	3
LOKELMA	40	<i>memantine hcl titration pak</i>	11
LONHALA MAGNAIR REFILL KIT	56	<i>memantine hydrochloride</i>	11

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<i>memantine hydrochloride er</i>	11	<i>microgestin fe 1.5/30</i>	45
MENACTRA	50	<i>microgestin fe 1/20</i>	45
MENQUADFI	50	<i>midodrine hcl</i>	29
MENTAX	37	<i>mifepristone</i>	47
MENVEO	50	<i>miglitol</i>	26
<i>mercaptopurine</i>	15	<i>miglustat</i>	42
<i>meropenem</i>	8	<i>minocycline hcl</i>	8
<i>mesalamine</i>	51	<i>minocycline hydrochloride</i>	8
<i>mesalamine dr</i>	50	<i>minoxidil</i>	33
<i>mesalamine er</i>	51	<i>mirabegron er</i>	42
MESNEX	19	<i>mirtazapine</i>	11
<i>metformin hydrochloride</i>	26	<i>mirtazapine odt</i>	11
<i>metformin hydrochloride er</i>	26	<i>misoprostol</i>	41
<i>methadone hcl</i>	3	M-M-R II	50
<i>methazolamide</i>	54	<i>modafinil</i>	58
<i>methenamine hippurate</i>	6	<i>moexipril hcl</i>	29
<i>methenamine mandelate</i>	6	<i>molindone hydrochloride</i>	21
<i>methimazole</i>	47	<i>mometasone furoate</i>	36
<i>methotrexate</i>	49	<i>mometasone furoate</i>	55
<i>methotrexate sodium</i>	49	<i>mondoxyne nl</i>	8
<i>methsuximide</i>	9	<i>montelukast sodium</i>	56
<i>methylphenidate hydrochloride</i>	34	<i>morphine sulfate</i>	4
<i>methylphenidate hydrochloride cd</i>	34	<i>morphine sulfate er</i>	3
<i>methylphenidate hydrochloride er</i>	34	MOUNJARO	26
<i>methylphenidate hydrochloride er (la)</i>	34	MOVANTIK	40
<i>methylprednisolone</i>	43	<i>moxifloxacin hydrochloride/sodium</i>	8
<i>methylprednisolone acetate</i>	43	<i>hydrochloride</i>	
<i>methylprednisolone dose pack</i>	43	<i>moxifloxacin hydrochloride</i>	8
<i>metoclopramide hcl</i>	40	<i>moxifloxacin hydrochloride</i>	53
<i>metoclopramide hydrochloride</i>	41	MOZOBIL	28
<i>metolazone</i>	32	MRESVIA	50
<i>metoprolol succinate er</i>	30	MULTAQ	29
<i>metoprolol tartrate</i>	30	<i>mupirocin</i>	37
<i>metoprolol/hydrochlorothiazide</i>	31	<i>mycophenolate mofetil</i>	49
<i>metronidazole</i>	6	<i>mycophenolic acid dr</i>	49
<i>metronidazole</i>	35	MYORISAN	35
<i>metronidazole vaginal</i>	6	MYRBETRIQ	42
<i>metyrosine</i>	31	<i>nabumetone</i>	3
<i>mexiletine hcl</i>	29	<i>nadolol</i>	30
<i>mibelas 24 fe</i>	45	<i>nafacillin sodium</i>	7
<i>micafungin</i>	13	<i>naftifine hcl</i>	13
<i>miconazole 3</i>	13	<i>naftifine hydrochloride</i>	13
<i>microgestin 1.5/30</i>	45	<i>naloxone hcl</i>	5
<i>microgestin 1/20</i>	45	<i>naloxone hydrochloride</i>	5

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Drug Name	Page #	Drug Name	Page #
<i>naltrexone hcl</i>	5	<i>nitroglycerin</i>	41
NAMZARIC	11	<i>nitroglycerin transdermal</i>	33
<i>naproxen</i>	3	NIVA THYROID	46
<i>naproxen dr</i>	3	<i>norelgestromin/ethinyl estradiol</i>	45
<i>naproxen sodium</i>	3	<i>norethindrone acetate</i>	46
<i>naproxen sodium cr</i>	3	<i>norethindrone acetate/ethinyl estradiol</i>	45
<i>naratriptan hcl</i>	14	<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	45
NATACYN	53	<i>nortrel 0.5/35 (28)</i>	45
<i>nateglinide</i>	26	<i>nortrel 1/35</i>	45
NAYZILAM	9	<i>nortrel 7/7/7</i>	45
<i>nebivolol hydrochloride</i>	30	<i>nortriptyline hcl</i>	12
<i>necon 0.5/35-28</i>	45	<i>nortriptyline hydrochloride</i>	12
<i>nefazodone hydrochloride</i>	12	NORVIR	24
<i>neomycin sulfate</i>	5	NOVOLIN 70/30	27
<i>neomycin/bacitracin/polymyxin</i>	52	NOVOLIN 70/30 FLEXPEN	27
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	52	NOVOLIN N	27
<i>neomycin/polymyxin/dexamethasone</i>	53	NOVOLIN N FLEXPEN	27
<i>neomycin/polymyxin/gramicidin</i>	53	NOVOLIN R	27
<i>neomycin/polymyxin/hc</i>	55	NOVOLIN R FLEXPEN	27
<i>neomycin/polymyxin/hydrocortisone</i>	53	NOVOLOG	27
<i>neomycin/polymyxin/hydrocortisone</i>	55	NOVOLOG FLEXPEN	27
<i>neo-polycin</i>	52	NOVOLOG MIX 70/30	27
<i>neo-polycin hc</i>	52	NOVOLOG MIX 70/30 PREFILLED FLEXPEN	27
NERLYNX	18	NOVOLOG PENFILL	27
NEUAC	35	<i>np thyroid 120</i>	46
NEULASTA	28	<i>np thyroid 15</i>	46
NEULASTA ONPRO KIT	28	<i>np thyroid 30</i>	46
<i>nevirapine</i>	23	<i>np thyroid 60</i>	46
<i>nevirapine er</i>	23	<i>np thyroid 90</i>	46
NEXPLANON	46	NUBEQA	15
<i>niacin er</i>	32	NUEDEXTA	34
NICOTROL INHALER	5	NULOJIX	49
NICOTROL NS	5	NUPLAZID	21
<i>nifedipine er</i>	30	NURTEC	14
<i>nikki</i>	45	NUTRILIPID	52
<i>nilutamide</i>	15	NUVESSA	6
<i>nimodipine</i>	30	<i>nyamyc</i>	13
NINLARO	18	<i>nystatin</i>	13
<i>nitazoxanide</i>	20	<i>nystatin/triamcinolone</i>	37
<i>nitisinone</i>	42	<i>nystatin/triamcinolone acetate</i>	37
<i>nitrofurantoin macrocrystals</i>	6	<i>nystop</i>	13
<i>nitrofurantoin monohydrate/macrocrystals</i>	6	OCTAGAM	47
<i>nitroglycerin</i>	33		

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<i>octreotide acetate</i>	47	OPSUMIT	57
ODEFSEY	24	OPVEE	5
ODOMZO	18	<i>oralone dental paste</i>	35
OFEV	57	ORENCIA	48
<i>ofloxacin</i>	53	ORENCIA CLICKJECT	48
<i>ofloxacin</i>	55	ORENITRAM	57
OGSIVEO	16	ORENITRAM TITRATION KIT MONTH	57
OJEMDA	16	1	
OJJAARA	18	ORENITRAM TITRATION KIT MONTH	57
<i>olanzapine</i>	21	2	
<i>olanzapine odt</i>	22	ORENITRAM TITRATION KIT MONTH	57
<i>olmesartan medoxomil</i>	29	3	
<i>olmesartan</i>	31	ORGOVYX	47
<i>medoxomil/amlodipine/hydrochlorothiazide</i>		ORKAMBI	56
<i>olmesartan medoxomil/hydrochlorothiazide</i>	31	ORSERDU	15
<i>olopatadine hcl</i>	53	<i>oseltamivir phosphate</i>	25
<i>olopatadine hydrochloride</i>	53	OSMOPREP	40
<i>omega-3-acid ethyl esters</i>	32	OSPHENA	46
<i>omeprazole</i>	41	OTEZLA	37
<i>omeprazole dr</i>	41	OTEZLA	48
OMNIPOD 5 G6 INTRO KIT (GEN 5)	52	<i>oxacillin sodium</i>	7
OMNIPOD 5 G6 PODS (GEN 5)	52	<i>oxaprozin</i>	3
OMNIPOD 5 G7 INTRO KIT (GEN 5)	52	<i>oxazepam</i>	25
OMNIPOD 5 G7 PODS (GEN 5)	52	<i>oxcarbazepine</i>	10
OMNIPOD CLASSIC PDM STARTER	52	<i>oxybutynin chloride</i>	42
KIT (GEN 3)		<i>oxybutynin chloride er</i>	42
OMNIPOD CLASSIC PODS (GEN 3)	52	<i>oxycodone hydrochloride</i>	4
OMNIPOD DASH INTRO KIT (GEN 4)	52	<i>oxycodone/acetaminophen</i>	4
OMNIPOD DASH PDM KIT (GEN 4)	52	OZEMPIC	26
OMNIPOD DASH PODS (GEN 4)	52	<i>paclitaxel</i>	16
OMNIPOD GO 10 UNITS/DAY	52	<i>paliperidone er</i>	22
OMNIPOD GO 15 UNITS/DAY	52	PANRETIN	19
OMNIPOD GO 20 UNITS/DAY	52	<i>pantoprazole sodium</i>	41
OMNIPOD GO 25 UNITS/DAY	52	<i>paricalcitol</i>	51
OMNIPOD GO 30 UNITS/DAY	52	<i>paroxetine hcl</i>	12
OMNIPOD GO 35 UNITS/DAY	52	<i>paroxetine hydrochloride</i>	12
OMNIPOD GO 40 UNITS/DAY	52	PAXLOVID	25
<i>ondansetron hcl</i>	13	<i>pazopanib hydrochloride</i>	18
<i>ondansetron hydrochloride</i>	13	PEDIARIX	50
<i>ondansetron odt</i>	13	PEDVAX HIB	50
ONUREG	16	<i>peg-3350/electrolytes</i>	41
OPDIVO	19	<i>peg-3350/electrolytes/ascorbate</i>	41
<i>opium</i>	41	<i>peg-3350/nacl/na bicarbonate/kcl</i>	41
<i>opium tincture</i>	41		

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<i>peg-3350/sodium sulf/naclpotassium cl/na</i>	41	PLEGRIDY STARTER PACK	34
<i>ascorbate/ascorbic</i>		PLENAMINE	39
PEGASYS	48	<i>plerixafor</i>	28
PEGASYS	49	<i>podofilox</i>	37
PEMAZYRE	18	<i>polycin</i>	53
PENBRAYA	50	<i>polymyxin b sulfate/trimethoprim sulfate</i>	53
<i>penicillamine</i>	40	POMALYST	15
<i>penicillin g potassium</i>	7	<i>portia-28</i>	45
<i>penicillin g potassium in iso-osmotic</i>	7	<i>posaconazole</i>	13
<i>dextrose</i>		<i>posaconazole dr</i>	13
PENICILLIN G SODIUM	7	<i>potassium chloride</i>	39
<i>penicillin v potassium</i>	7	<i>potassium chloride er</i>	39
PENTACEL	50	<i>potassium chloride/dextrose/sodium</i>	39
<i>pentamidine isethionate</i>	20	<i>chloride</i>	
<i>pentoxifylline er</i>	31	<i>potassium citrate er</i>	39
<i>perindopril erbumine</i>	29	PRALUENT	32
<i>periogard</i>	35	<i>pramipexole dihydrochloride</i>	20
<i>permethrin</i>	37	<i>prasugrel hydrochloride</i>	29
<i>perphenazine</i>	21	<i>pravastatin sodium</i>	32
PERSERIS	22	<i>praziquantel</i>	19
<i>phenelzine sulfate</i>	11	<i>prazosin hydrochloride</i>	29
<i>phenobarbital</i>	10	<i>prednicarbate</i>	36
<i>phenytek</i>	10	<i>prednisolone</i>	43
<i>phenytoin</i>	10	<i>prednisolone acetate</i>	54
<i>phenytoin sodium extended</i>	10	<i>prednisolone sodium phosphate</i>	43
PHOSPHOLINE IODIDE	54	<i>prednisolone sodium phosphate</i>	54
PIFELTRO	23	<i>prednisone</i>	43
<i>pilocarpine hcl</i>	54	<i>pregabalin</i>	10
<i>pilocarpine hydrochloride</i>	35	PREHEVBRIO	50
<i>pimecrolimus</i>	36	PREMARIN	45
<i>pimozide</i>	21	PREMASOL	39
<i>pindolol</i>	30	<i>premium lidocaine</i>	5
<i>pioglitazone hcl</i>	26	PREMPHASE	45
<i>pioglitazone hcl/metformin hcl</i>	26	<i>prenatal</i>	40
<i>pioglitazone hcl-glimepiride</i>	26	<i>prevalite</i>	33
<i>pioglitazone hydrochloride</i>	26	PREVYMIS	22
<i>piperacillin sodium/tazobactam sodium</i>	7	PREZCOBIX	24
PIQRAY 200MG DAILY DOSE	18	PREZISTA	24
PIQRAY 250MG DAILY DOSE	18	PRIFTIN	14
PIQRAY 300MG DAILY DOSE	18	<i>primaquine phosphate</i>	20
<i>pirfenidone</i>	57	<i>primidone</i>	10
<i>piroxicam</i>	3	PRIORIX	50
<i>pitavastatin calcium</i>	32	PRIVIGEN	47
PLEGRIDY	34	PROAIR RESPICLICK	56

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<i>probenecid</i>	14	<i>quinine sulfate</i>	20
<i>probenecid/colchicine</i>	14	QVAR REDHALER	55
<i>prochlorperazine</i>	12	RABAVERT	50
<i>prochlorperazine edisylate</i>	12	<i>rabeprazole sodium</i>	41
<i>prochlorperazine maleate</i>	12	RADICAVA ORS	34
PROCRIT	28	<i>raloxifene hydrochloride</i>	46
PROCTOFOAM HC	37	<i>ramelteon</i>	58
<i>procto-med hc</i>	51	<i>ramipril</i>	29
<i>proctosol hc</i>	51	<i>ranolazine er</i>	31
<i>proctozone-hc</i>	51	<i>rasagiline mesylate</i>	20
<i>progesterone</i>	46	RAYALDEE	51
PROGRAF	49	REBIF	34
PROLASTIN-C	42	REBIF REBIDOSE	34
PROLENSA	54	REBIF REBIDOSE TITRATION PACK	34
PROLIA	51	REBIF TITRATION PACK	34
PROMACTA	28	RECOMBIVAX HB	50
<i>promethazine hcl</i>	12	RECTIV	41
<i>promethazine hydrochloride</i>	13	RELENZA DISKHALER	25
<i>promethazine hydrochloride plain</i>	13	<i>repaglinide</i>	26
<i>propafenone hcl</i>	29	REPATHA	33
<i>propafenone hydrochloride er</i>	30	REPATHA PUSHTRONEX SYSTEM	33
<i>propranolol hcl</i>	30	REPATHA SURECLICK	33
<i>propranolol hcl er</i>	30	RESTASIS	53
<i>propranolol hydrochloride</i>	30	RESTASIS MULTIDOSE	53
<i>propranolol hydrochloride er</i>	30	RETACRIT	28
<i>propylthiouracil</i>	47	RETEVMO	18
PROQUAD	50	REVCOVI	42
PROSOL	39	REVLIMID	15
<i>protriptyline hcl</i>	12	REXULTI	22
PULMOZYME	56	REYATAZ	24
PURIXAN	15	REZLIDHIA	18
<i>pyrazinamide</i>	14	REZUROCK	49
<i>pyridostigmine bromide</i>	14	RHOPRESSA	54
<i>pyridostigmine bromide er</i>	14	<i>ribavirin</i>	23
<i>pyrimethamine</i>	20	<i>rifabutin</i>	14
PYRUKYND	42	<i>rifampin</i>	14
PYRUKYND TAPER PACK	42	<i>riluzole</i>	34
QINLOCK	18	<i>rimantadine hydrochloride</i>	25
QUADRACEL	50	RINVOQ	48
<i>quetiapine fumarate</i>	22	RINVOQ LQ	48
<i>quinapril hydrochloride</i>	29	<i>risedronate sodium</i>	51
<i>quinapril/hydrochlorothiazide</i>	31	<i>risedronate sodium dr</i>	51
<i>quinidine gluconate cr</i>	30	RISPERDAL CONSTA	22
<i>quinidine sulfate</i>	30	<i>risperidone</i>	22

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<i>risperidone er</i>	22	SIGNIFOR	47
<i>risperidone odt</i>	22	<i>sildenafil citrate</i>	57
<i>ritonavir</i>	24	<i>silver sulfadiazine</i>	37
<i>rivastigmine tartrate</i>	11	SIMBRINZA	53
<i>rivastigmine transdermal system</i>	11	<i>simvastatin</i>	32
<i>rizatriptan benzoate</i>	14	<i>sirolimus</i>	49
<i>rizatriptan benzoate odt</i>	14	SIRTURO	15
ROCKLATAN	53	SKYRIZI	48
<i>roflumilast</i>	56	SKYRIZI PEN	48
<i>ropinirole er</i>	20	<i>sodium chloride</i>	39
<i>ropinirole hcl</i>	20	<i>sodium chloride 0.45%</i>	39
<i>ropinirole hydrochloride</i>	20	<i>sodium chloride 0.9%</i>	52
<i>rosadan</i>	35	<i>sodium fluoride 1.1</i>	35
<i>rosuvastatin calcium</i>	32	<i>sodium fluoride 5000 plus</i>	35
ROTARIX	50	<i>sodium fluoride 5000 ppm</i>	35
ROTATEQ	50	SODIUM OXYBATE	58
<i>roweepa</i>	9	<i>sodium phenylbutyrate</i>	42
ROZLYTREK	18	<i>sodium polystyrene sulfonate</i>	40
RUBRACA	18	<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	41
<i>rufinamide</i>	10	<i>sofosbuvir/velpatasvir</i>	23
RUKOBIA	24	<i>solifenacin succinate</i>	42
RYBELSUS	26	SOLTAMOX	15
RYDAPT	18	SOLU-CORTEF	43
<i>salsalate</i>	3	SOMATULINE DEPOT	47
SANTYL	37	SOMAVERT	47
<i>sapropterin dihydrochloride</i>	42	<i>sorafenib</i>	18
SAVELLA	34	<i>sorafenib tosylate</i>	18
SAVELLA TITRATION PACK	34	<i>sorine</i>	30
<i>saxagliptin hydrochloride</i>	26	<i>sotalol hcl</i>	30
<i>saxagliptin hydrochloride/metformin hydrochloride er</i>	26	<i>sotalol hydrochloride (af)</i>	30
SCSEMBLIX	18	SPIRIVA RESPIMAT	56
<i>scopolamine</i>	13	<i>spironolactone</i>	33
SECUADO	22	<i>spironolactone/hydrochlorothiazide</i>	31
<i>selegiline hcl</i>	20	SPRITAM	9
<i>selenium sulfide</i>	36	SPRYCEL	18
SELZENTRY	24	<i>sps</i>	40
SEREVENT DISKUS	56	<i>ssd</i>	37
<i>sertraline hcl</i>	12	STAMARIL	50
<i>sertraline hydrochloride</i>	12	STELARA	48
<i>sevelamer carbonate</i>	40	<i>sterile water for irrigation</i>	52
<i>sf 5000 plus</i>	35	STIOLTO RESPIMAT	57
<i>sharobel</i>	46	STIVARGA	18
SHINGRIX	50	<i>streptomycin sulfate</i>	5

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STRIBILD	23	<i>tarina fe 1/20 eq</i>	45
STRIVERDI RESPIMAT	56	TASIGNA	19
<i>subvenite</i>	9	<i>tasimelteon</i>	58
<i>subvenite starter kit/blue</i>	9	TAVNEOS	48
<i>subvenite starter kit/green</i>	9	<i>taysofy</i>	45
<i>subvenite starter kit/orange</i>	9	<i>tazarotene</i>	35
SUCRAID	42	<i>tazicef</i>	7
<i>sucralfate</i>	41	<i>taztia xt</i>	30
<i>sulfacetamide sodium</i>	8	TAZVERIK	19
<i>sulfacetamide sodium</i>	53	<i>tdvax</i>	50
<i>sulfacetamide sodium/prednisolone sodium</i>	53	<i>techlite insulin syringe u-100/0.5ml/30g x</i>	52
<i>phosphate</i>		<i>1/2"</i>	
<i>sulfadiazine</i>	8	TEFLARO	7
<i>sulfamethoxazole/trimethoprim</i>	8	TEKTURNA HCT	31
<i>sulfamethoxazole/trimethoprim ds</i>	8	<i>telmisartan</i>	29
SULFAMYLON	37	<i>telmisartan/amlodipine</i>	31
<i>sulfasalazine</i>	51	<i>telmisartan/hydrochlorothiazide</i>	31
<i>sulindac</i>	3	<i>temazepam</i>	58
<i>sumatriptan</i>	14	TENIVAC	50
<i>sumatriptan succinate</i>	14	<i>tenofovir disoproxil fumarate</i>	24
<i>sumatriptan succinate refill</i>	14	TEPMETKO	19
<i>sunitinib malate</i>	18	<i>terazosin hcl</i>	42
SUNLENCA	24	<i>terazosin hydrochloride</i>	42
SYMLINPEN 120	26	<i>terbinafine hcl</i>	13
SYMLINPEN 60	26	<i>terconazole</i>	13
SYMPAZAN	10	<i>teriflunomide</i>	34
SYMTUZA	25	<i>teriparatide</i>	51
SYNAREL	47	<i>testosterone</i>	44
SYNJARDY	26	<i>testosterone cypionate</i>	44
SYNJARDY XR	26	<i>testosterone enanthate</i>	44
SYNRIBO	16	<i>testosterone pump</i>	44
SYNTHROID	46	<i>tetrabenazine</i>	34
TABLOID	15	<i>tetracycline hydrochloride</i>	8
TABRECTA	18	THALOMID	15
<i>tacrolimus</i>	36	<i>theophylline</i>	56
<i>tacrolimus</i>	49	<i>theophylline er</i>	56
<i>tadalafil</i>	42	<i>thioridazine hcl</i>	21
<i>tadalafil</i>	57	<i>thiothixene</i>	21
TAFINLAR	18	THYROID	46
<i>tafluprost</i>	54	<i>tiadylt er</i>	30
TAGRISSO	18	<i>tiagabine hydrochloride</i>	10
TALZENNA	19	TIBSOVO	19
<i>tamoxifen citrate</i>	15	TICOVAC	50
<i>tamsulosin hydrochloride</i>	42	<i>tigecycline</i>	6

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<i>timolol maleate</i>	14	<i>triamterene</i>	32
<i>timolol maleate</i>	54	<i>triamterene/hydrochlorothiazide</i>	32
<i>timolol maleate ophthalmic gel forming</i>	54	<i>triazolam</i>	58
<i>tinidazole</i>	6	<i>trientine hydrochloride</i>	40
<i>tiopronin dr</i>	43	<i>trifluoperazine hcl</i>	21
TIVICAY	23	<i>trifluoperazine hydrochloride</i>	21
TIVICAY PD	23	<i>trifluridine</i>	53
<i>tizanidine hcl</i>	22	<i>trihexyphenidyl hcl</i>	20
<i>tizanidine hydrochloride</i>	22	<i>trihexyphenidyl hydrochloride</i>	20
TOBI PODHALER	56	<i>trimethoprim</i>	6
TOBRADEX ST	53	<i>trimipramine maleate</i>	12
<i>tobramycin</i>	53	TRINTELLIX	12
<i>tobramycin sulfate</i>	6	<i>tri-sprintec</i>	45
<i>tobramycin/dexamethasone</i>	53	TRITOCIN	37
<i>tolterodine tartrate</i>	42	TRIUMEQ	24
<i>tolterodine tartrate er</i>	42	TRIUMEQ PD	24
<i>topiramate</i>	9	<i>trivora-28</i>	45
<i>toremifene citrate</i>	15	TRIZIVIR	24
<i>torseamide</i>	32	TROPHAMINE	39
TOUJEO MAX SOLOSTAR	27	<i>trospium chloride</i>	42
TOUJEO SOLOSTAR	27	<i>trueplus insulin syringe /u-100/1ml/29g x</i>	52
TRACLEER	57	<i>1/2"</i>	
TRADJENTA	26	<i>trueplus pen needles 29gx12mm</i>	52
<i>tramadol hydrochloride</i>	4	TRULICITY	26
<i>tramadol hydrochloride er</i>	3	TRUMENBA	50
<i>tramadol hydrochloride/acetaminophen</i>	4	TRUQAP	19
<i>trandolapril</i>	29	TRUSELTIQ	16
<i>trandolapril/verapamil hcl er</i>	31	TUKYSA	19
<i>tranexamic acid</i>	28	TURALIO	19
<i>tranylcypramine sulfate</i>	11	<i>turqoz</i>	45
TRAVASOL	39	TWINRIX	50
<i>travoprost</i>	54	TYBOST	24
<i>trazodone hydrochloride</i>	12	TYPHIM VI	50
TRECTOR	15	TYRVAYA	5
TRELEGY ELLIPTA	57	UBRELVY	14
TRESIBA	27	UDENYCA	28
TRESIBA FLEXTOUCH	27	UDENYCA ONBODY	28
<i>tretinoin</i>	19	<i>unithroid</i>	46
<i>tretinoin</i>	35	<i>ursodiol</i>	41
<i>tretinoin microsphere</i>	35	<i>valacyclovir hydrochloride</i>	25
TREXALL	49	VALCHLOR	15
<i>triamcinolone acetonide</i>	36	<i>valganciclovir</i>	22
<i>triamcinolone acetonide</i>	43	<i>valganciclovir hydrochloride</i>	22
<i>triamcinolone acetonide dental paste</i>	35	<i>valproic acid</i>	9

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Drug Name	Page #	Drug Name	Page #
<i>valsartan</i>	29	<i>voriconazole</i>	13
<i>valsartan/hydrochlorothiazide</i>	32	VOSEVI	23
VALTOCO 10 MG DOSE	10	VOWST	41
VALTOCO 15 MG DOSE	10	VRAYLAR	22
VALTOCO 20 MG DOSE	10	VUMERITY	34
VALTOCO 5 MG DOSE	10	<i>vyfemla</i>	45
<i>vancomycin</i>	6	VYZULTA	54
<i>vancomycin hcl</i>	6	<i>warfarin sodium</i>	28
<i>vancomycin hydrochloride</i>	6	WELIREG	42
VANFLYTA	19	<i>wixela inhub</i>	57
VAQTA	50	XALKORI	19
<i>varenicline starting month box</i>	5	XARELTO	28
<i>varenicline tartrate</i>	5	XARELTO STARTER PACK	28
VARIVAX	50	XATMEP	49
<i>velivet</i>	45	XCOPRI	10
VELPHORO	40	XDEMVI	53
VEMLIDY	22	XELJANZ	48
VENCLEXTA	19	XELJANZ XR	48
VENCLEXTA STARTING PACK	19	XERMELO	40
<i>venlafaxine hcl er</i>	12	XGEVA	51
<i>venlafaxine hydrochloride</i>	12	XIFAXAN	41
<i>venlafaxine hydrochloride er</i>	12	XIGDUO XR	26
VENTAVIS	57	XIIDRA	53
VEOZAH	34	XOFLUZA	25
<i>verapamil hcl</i>	31	XOLAIR	48
<i>verapamil hcl er</i>	31	XOSPATA	19
<i>verapamil hcl sr</i>	31	XPOVIO	19
<i>verapamil hydrochloride</i>	31	XPOVIO 60 MG TWICE WEEKLY	19
<i>verapamil hydrochloride er</i>	31	XPOVIO 80 MG TWICE WEEKLY	19
VERQUVO	33	XTANDI	15
VERSACLOZ	22	<i>xulane</i>	45
VERZENIO	19	YARGESA	42
VIBRAMYCIN	8	YERVOY	19
<i>vigabatrin</i>	10	YF-VAX	50
<i>vigadrone</i>	10	<i>yuvafem</i>	45
<i>vigpoder</i>	10	<i>zafemy</i>	45
VIIBRYD STARTER PACK	12	<i>zafirlukast</i>	56
<i>vilazodone hydrochloride</i>	12	<i>zaleplon</i>	58
VIRACEPT	25	ZARXIO	28
VIREAD	24	ZEJULA	19
VITRAKVI	19	ZELBORAF	19
VIVITROL	5	ZENATANE	35
VIZIMPRO	19	ZENPEP	42
VONJO	16	ZEPOSIA	35

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Drug Name	Page #
ZEPOSIA 7-DAY STARTER PACK	35
ZEPOSIA STARTER KIT	35
<i>zidovudine</i>	24
<i>ziprasidone hcl</i>	22
<i>ziprasidone mesylate</i>	22
ZIRGAN	53
<i>zoledronic acid</i>	51
ZOLINZA	16
<i>zolpidem tartrate</i>	58
ZONISADE	10
<i>zonisamide</i>	10
ZOSYN	7
<i>zovia 1/35</i>	45
ZTALMY	10
ZURZUVAE	11
ZYDELIG	19
ZYKADIA	19
ZYPREXA RELPREVV	22

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This formulary was updated on 08/19/2024.

For more recent information or other questions, please contact Tufts Health Plan Senior Care Options Member Services at **1-855-670-5934** (TTY users should call 711), 8 a.m.–8 p.m., 7 days a week (Mon.–Fri. from Apr. 1–Sept. 30), or visit www.thpmp.org/sco-member.



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