

2025

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# Medicare Plus Blue<sup>SM</sup> Group PPO Essential

## Core Comprehensive Formulary

(List of Covered Drugs or “Drug List”)

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

This formulary was updated on September 18, 2024. For more recent information or other questions, please contact us, Medicare Plus Blue Group PPO Customer Service, at 1-866-684-8216 (TTY users should call 711), Monday through Friday, 8:30 a.m. to 5 p.m. Eastern time. From October 1 through March 31, hours are from 8 a.m. to 9 p.m. Eastern time, seven days a week, or visit [www.bcbsm.com/medicare](http://www.bcbsm.com/medicare).

When visiting your doctor(s), please bring your personal drug list and this 2025 Blue Cross Drug List with you.

Updated: 09/18/2024  
Formulary 25351

[www.bcbsm.com/medicare](http://www.bcbsm.com/medicare)

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

When this Drug List (Formulary) refers to "we," "us," or "our," it means Blue Cross Blue Shield of Michigan. When it refers to "plan" or "our plan," it means Medicare Plus Blue Group PPO.

This document includes a Drug List (formulary) for our plan which is current as of September 18, 2024. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

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

## What is the Medicare Plus Blue Group PPO formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by Medicare Plus Blue Group PPO in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Medicare Plus Blue Group PPO will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Medicare Plus Blue Group PPO network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*. For a complete listing of all prescription drugs covered by Medicare Plus Blue Group PPO, please visit our website or call us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

## Can the formulary change?

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

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

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

We can make these immediate changes only if we are adding a new generic version of a

brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

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

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled "How do I request an exception to the Medicare Plus Blue Group PPO Formulary?"

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

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both.

We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may

receive a 31-day supply of the drug and notice of the change.

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

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

The enclosed formulary is current as of September 18, 2024. To get updated information about the drugs covered by Medicare Plus Blue Group PPO, please contact us. Our contact information appears on the front and back cover pages. In the event of any CMS approved, mid-year non-maintenance formulary changes, you will be notified.

## How do I use the Formulary?

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

### Medical Condition

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

on page 1. Then look under the category name for your drug.

### Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 57. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

## What are generic drugs?

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

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

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

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

## Are there any restrictions on my coverage?

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

- **Prior Authorization:** Medicare Plus Blue Group PPO requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from Medicare Plus Blue Group PPO before you fill your prescriptions. If you don’t get approval, Medicare Plus Blue Group PPO may not cover the drug.
- **Quantity Limits:** For certain drugs, Medicare Plus Blue Group PPO limits the amount of the drug that Medicare Plus Blue Group PPO will cover. For example, Medicare Plus Blue Group PPO provides 31 tablets per prescription for pioglitazone. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Medicare Plus Blue Group PPO requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Medicare Plus Blue Group PPO may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Medicare Plus Blue Group PPO will then cover Drug B.

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

You can ask Medicare Plus Blue Group PPO to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat

your health condition. See the section, “How do I request an exception to the Medicare Plus Blue Group PPO Formulary?” on page iii for information about how to request an exception.

## What if my drug is not on the Formulary?

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

If you learn that Medicare Plus Blue Group PPO does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by Medicare Plus Blue Group PPO. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by Medicare Plus Blue Group PPO.
- You can ask Medicare Plus Blue Group PPO to make an exception and cover your drug. See below for information about how to request an exception.

## How do I request an exception to the Medicare Plus Blue Group PPO Formulary?

You can ask Medicare Plus Blue Group PPO to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level (Tier 4) and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, Medicare Plus Blue Group PPO limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.
- You can ask us to cover a formulary drug at a lower cost-sharing level. If approved, this would lower the amount you must pay for your drug.

Generally, Medicare Plus Blue Group PPO will only approve your request for an exception if the

alternative drugs included on the plan's formulary, the lower cost-sharing drug, or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should contact us to ask for a formulary exception, including an exception to a coverage restriction. **When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

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

As a new or continuing member in our plan, you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first 108 days you are a member of our plan.

If you are a new member in the plan, for each of your drugs that is not on our formulary or has coverage restrictions, we will cover a temporary 31-day supply. If you were in the plan last year and your drug is no longer on our formulary or is now restricted in some way, we will cover a temporary 31-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 31-day supply of medication. If coverage is not approved, after your first 31-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 108 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 108 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

If you move into (or out of) a long-term care facility, a skilled nursing facility or if you are discharged from a hospital, you will continue to have access to your medications during the transition. If needed, limits on early prescription refills will be waived to assure that your medications are available through a new pharmacy provider when you are moving to or from a long-term care facility. Contact Customer Service if you require assistance in your transition. For more detailed information about our Transition Policy, refer to Chapter 5, Section 5.2 of your *Evidence of Coverage* or visit our website at [www.bcbsm.com/medicare/help/using-your-plan/rx-restrictions-no-coverage](http://www.bcbsm.com/medicare/help/using-your-plan/rx-restrictions-no-coverage).

We will send you a letter within 3 business days of your filling a temporary transition supply, notifying you that this was a temporary supply and explaining your options.

### **For more information**

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

If you have questions about Medicare Plus Blue Group PPO, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048. Or, visit [www.medicare.gov](http://www.medicare.gov).

## **Medicare Plus Blue Group PPO Formulary**

The formulary that begins on the next page provides coverage information about the drugs covered by Medicare Plus Blue Group PPO. If you have trouble finding your drug in the list, turn to the Index that begins on page 57.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g.,

ENTRESTO®) and generic drugs are listed in lower-case italics (e.g., *pioglitazone*).

The information in the Requirements/Limits column tells you if Medicare Plus Blue Group PPO have any special requirements for coverage of your drug.

**Medicare Plus Blue Group PPO  
Drug Tier Costs  
(Up to a 31-day supply)**

Tier	Drug Description	Standard retail and standard mail-order cost sharing (in-network)	Preferred retail and preferred mail-order cost sharing (in-network)	Long-term care (LTC) cost sharing	Out-of-network cost sharing
<b>Tier 1</b>	Preferred Generic	See your <i>Evidence of Coverage</i> Chart for member cost-share details.			
<b>Tier 2</b>	Generic				
<b>Tier 3</b>	Preferred Brand				
<b>Tier 4</b>	Non-Preferred Drug				
<b>Tier 5</b>	Specialty Tier	See your Medical or Prescription Benefits Chart for member cost-share details.			

**Medicare Plus Blue Group PPO  
Drug Tier Costs  
(32- to 90-day supply\*)**

Tier	Drug Description	Standard retail cost sharing (in-network)	Preferred retail cost sharing (in-network)	Standard mail-order cost sharing (in-network)	Preferred mail-order cost sharing (in-network)
<b>Tier 1</b>	Preferred Generic	See your <i>Evidence of Coverage</i> Chart for member cost-share details.			
<b>Tier 2</b>	Generic				
<b>Tier 3</b>	Preferred Brand				
<b>Tier 4</b>	Non-Preferred Drug				
<b>Tier 5</b>	Specialty Tier	90-day supply is not available.			

Out-of-network pharmacy coverage is limited to certain situations. Consult your *Evidence of Coverage* for details.

\*Most pharmacies will fill a 90-day supply of most medications available on Tier 1 through Tier 4. Check with your pharmacist. Medications on Tier 5 are available for a maximum of 31 days' supply per fill.



## Drug Notes Code Definitions

Symbol	Definition
<b>B/D</b>	This prescription drug may be covered under Medicare Part B or D depending on the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
<b>NDS</b>	Most opioid analgesics are available for up to a 31-day supply and benzodiazepines are available for up to a 30-day supply through retail and mail.
<b>PA</b>	Prior Authorization. The plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescription. If you don't get approval, we may not cover the drug.
<b>QL</b>	Quantity Limit. For certain drugs, the plan limits the amount of the drug that we will cover.
<b>ST</b>	Step Therapy. In some cases, the plan requires you to first try a certain drug to treat your condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

Drug Name	Drug Tier	Requirements/Limits
<b>Analgesics</b>		
<b>Nonsteroidal Anti-inflammatory Drugs</b>		
<i>celecoxib capsule 200mg, 400mg</i>	3	QL(180 EA per 90 days)
<i>celecoxib capsule 100mg</i>	3	QL(270 EA per 90 days)
<i>celecoxib capsule 50mg</i>	3	QL(540 EA per 90 days)
<i>diclofenac potassium tablet 50mg</i>	3	
<i>diclofenac sodium dr</i>	2	
<i>diclofenac sodium er</i>	3	
<i>diclofenac sodium 1% gel</i>	3	QL(1000 GM per 31 days)
<i>diclofenac sodium solution 1.5%</i>	4	QL(600 ML per 30 days)
<i>diflunisal tablet 500mg</i>	3	
<i>ec-naproxen tablet delayed release 500mg</i>	2	
<i>flurbiprofen tablet 100mg</i>	2	
<i>ibu</i>	2	
<i>ibuprofen suspension</i>	2	
<i>ibuprofen tablet 400mg, 600mg, 800mg</i>	2	
<i>meloxicam tablet</i>	2	
<i>nabumetone tablet</i>	2	
<i>naproxen dr</i>	2	
<i>naproxen tablet delayed release 500mg</i>	2	
<i>naproxen tablet 250mg, 375mg, 500mg</i>	2	
<i>salsalate tablet 750mg</i>	2	
<i>sulindac tablet</i>	2	
<b>Opioid Analgesics, Long-acting</b>		
<i>fentanyl patch 72 hour 100mcg/hr, 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr</i>	4	QL(15 EA per 30 days); NDS
METHADONE HCL SOLUTION 10MG/5ML	3	QL(1860 ML per 31 days); NDS
METHADONE HCL SOLUTION 5MG/5ML	3	QL(3720 ML per 31 days); NDS
<i>methadone hcl tablet 10mg</i>	3	QL(372 EA per 31 days); NDS
<i>methadone hcl tablet 5mg</i>	3	QL(496 EA per 31 days); NDS
<i>morphine sulfate er tablet extended release 15mg</i>	3	QL(93 EA per 31 days); NDS
<i>morphine sulfate er tablet extended release 200mg</i>	4	QL(31 EA per 31 days); NDS
<i>morphine sulfate er tablet extended release 100mg, 30mg, 60mg</i>	4	QL(93 EA per 31 days); NDS
TRAMADOL HCL ER TABLET EXTENDED RELEASE 24 HOUR	4	QL(31 EA per 31 days); NDS
<i>tramadol hydrochloride er</i>	3	QL(31 EA per 31 days); NDS
<b>Opioid Analgesics, Short-acting</b>		
ACETAMINOPHEN/CODEINE SOLUTION	3	QL(5167 ML per 31 days); NDS
<i>acetaminophen/codeine tablet 300mg; 60mg</i>	3	QL(186 EA per 31 days); NDS
<i>acetaminophen/codeine tablet 300mg; 15mg, 300mg; 30mg</i>	3	QL(372 EA per 31 days); NDS
<i>endocet tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	3	QL(372 EA per 31 days); NDS

Formulary ID: 25351, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/18/2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl citrate oral transmucosal lozenge on a handle 200mcg</i>	4	QL(124 EA per 31 days); PA; NDS
<i>fentanyl citrate oral transmucosal lozenge on a handle 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	5	QL(124 EA per 31 days); PA; NDS
<i>hydrocodone bitartrate/acetaminophen tablet 325mg; 10mg, 325mg; 5mg</i>	3	QL(372 EA per 31 days); NDS
<i>hydrocodone/acetaminophen tablet 325mg; 7.5mg</i>	3	QL(372 EA per 31 days); NDS
<i>hydrocodone/ibuprofen tablet 7.5mg; 200mg</i>	3	QL(155 EA per 31 days); NDS
<b>HYDROMORPHONE HCL INJECTION 4MG/ML</b>	4	NDS
<i>hydromorphone hcl injection 10mg/ml, 1mg/ml</i>	4	NDS
<i>hydromorphone hcl tablet 8mg</i>	3	QL(248 EA per 31 days); NDS
<i>hydromorphone hcl tablet 2mg, 4mg</i>	3	QL(372 EA per 31 days); NDS
<i>hydromorphone hydrochloride injection 2mg/ml, 50mg/5ml</i>	4	NDS
<i>morphine sulfate tablet</i>	3	QL(186 EA per 31 days); NDS
<b>MORPHINE SULFATE SOLUTION 20MG/5ML</b>	3	QL(1550 ML per 31 days); NDS
<i>morphine sulfate solution 10mg/5ml</i>	3	QL(3100 ML per 31 days); NDS
<i>morphine sulfate solution 100mg/5ml</i>	3	QL(930 ML per 31 days); NDS
<i>oxycodone hydrochloride tablet</i>	3	QL(372 EA per 31 days); NDS
<i>oxycodone hydrochloride solution</i>	4	QL(1860 ML per 31 days); NDS
<i>oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	3	QL(372 EA per 31 days); NDS
<i>tramadol hydrochloride tablet 50mg</i>	2	QL(248 EA per 31 days); NDS
<b>Anesthetics</b>		
<i>Local Anesthetics</i>		
<i>lidocaine/prilocaine cream</i>	4	PA
<i>lidocaine patch 5%</i>	3	QL(270 EA per 90 days); PA
<b>Anti-Addiction/Substance Abuse Treatment Agents</b>		
<i>Alcohol Deterrents/Anti-craving</i>		
<i>acamprosate calcium dr</i>	4	
<i>disulfiram tablet</i>	4	
<i>naltrexone hcl tablet</i>	3	
<i>Opioid Dependence</i>		
<i>buprenorphine hcl/naloxone hcl</i>	2	QL(270 EA per 90 days)
<i>buprenorphine hcl tablet sublingual</i>	3	QL(270 EA per 90 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg</i>	4	QL(180 EA per 90 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 4mg; 1mg, 8mg; 2mg</i>	4	QL(270 EA per 90 days)
<i>Opioid Reversal Agents</i>		
<b>KLOXXADO</b>	3	QL(12 EA per 90 days)
<i>naloxone hcl injection 4mg/10ml</i>	2	
<i>naloxone hydrochloride liquid</i>	3	
<b>NALOXONE HYDROCHLORIDE INJECTION 0.4MG/ML</b>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>naloxone hydrochloride injection 0.4mg/ml, 2mg/2ml, 4mg/10ml</i>	2	
OPVEE	3	QL(12 EA per 90 days)
REXTOVY	3	
<b>Smoking Cessation Agents</b>		
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg</i>	3	QL(180 EA per 90 days)
NICOTROL INHALER	4	
NICOTROL NS	4	
TYRVAYA	4	QL(8.4 ML per 30 days)
<i>varenicline starting month</i>	4	
<i>varenicline tartrate</i>	4	
<b>Antibacterials</b>		
<b>Aminoglycosides</b>		
<i>amikacin sulfate injection 500mg/2ml</i>	4	
ARIKAYCE	5	PA
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE INJECTION 1.6MG/ML; 0.9%, 1MG/ML; 0.9%	4	
<i>gentamicin sulfate/0.9% sodium chloride injection 1.2mg/ml; 0.9%</i>	4	
<i>gentamicin sulfate cream 0.1%</i>	3	
<i>gentamicin sulfate injection 40mg/ml</i>	4	
<i>gentamicin sulfate ointment 0.1%</i>	3	
ISOTONIC GENTAMICIN INJECTION 0.8MG/ML; 0.9%	4	
<i>neomycin sulfate</i>	2	
STREPTOMYCIN SULFATE INJECTION 1GM	5	
TOBRAMYCIN SULFATE INJECTION 10MG/ML, 40MG/ML	4	
<i>tobramycin sulfate injection 1.2gm/30ml, 1.2gm, 80mg/2ml</i>	4	
<b>Antibacterials, Other</b>		
<i>aztreonam injection 1gm</i>	4	
<i>clindamycin hcl capsule 300mg</i>	2	
<i>clindamycin hydrochloride capsule 150mg, 75mg</i>	2	
<i>clindamycin palmitate hydrochloride</i>	4	
<i>clindamycin phosphate/dextrose</i>	4	
<i>clindamycin phosphate cream 2%</i>	3	
<i>clindamycin phosphate injection 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	2	
<i>clindamycin phosphate swab 1%</i>	3	
CLINDAMYCIN/SODIUM CHLORIDE	4	
<i>colistimethate sodium</i>	4	
<i>daptomycin injection 500mg</i>	5	
IMPAVIDO	5	QL(84 EA per 28 days)
<i>linezolid tablet</i>	4	QL(56 EA per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>linezolid suspension reconstituted</i>	5	QL(1680 ML per 28 days)
LINEZOLID INJECTION 600MG/300ML; 0.9%	4	
<i>linezolid injection 600mg/300ml</i>	4	
<i>methenamine hippurate</i>	4	
<i>metronidazole vaginal</i>	4	
<i>metronidazole injection 500mg/100ml</i>	4	
<i>metronidazole tablet 250mg, 500mg</i>	2	
<i>nitrofurantoin macrocrystals capsule 100mg, 50mg</i>	3	
<i>nitrofurantoin monohydrate/macrocrystals</i>	3	
<i>tigecycline</i>	5	
<i>tinidazole</i>	4	
<i>trimethoprim tablet</i>	2	
<i>vancomycin hcl injection 10gm</i>	4	
<i>vancomycin hydrochloride capsule 125mg</i>	4	QL(360 EA per 90 days)
<i>vancomycin hydrochloride capsule 250mg</i>	4	QL(720 EA per 90 days)
<i>vancomycin hydrochloride injection 1gm, 500mg, 5gm, 750mg</i>	4	
<i>vancomycin hydrochloride oral solution reconstituted 250mg/5ml</i>	4	
<b>Beta-lactam, Cephalosporins</b>		
CEFACLOR CAPSULE	3	
<i>cefadroxil capsule, suspension reconstituted</i>	2	
CEFAZOLIN SODIUM/DEXTROSE INJECTION 1GM; 4%	4	
CEFAZOLIN SODIUM INJECTION 1GM/50ML; 4%, 1GM	4	
<i>cefazolin sodium injection 10gm, 1gm, 500mg</i>	4	
<i>cefdinir capsule</i>	2	
<i>cefdinir suspension reconstituted</i>	3	
CEFEPIME/DEXTROSE INJECTION 1GM/50ML; 5%	4	
CEFEPIME INJECTION 1GM/50ML	4	
<i>cefepime injection 1gm</i>	4	
<i>cefixime capsule</i>	4	
CEFOXITIN SODIUM INJECTION 1GM; 4%, 2GM; 2.2%	4	
<i>cefoxitin sodium injection 10gm, 1gm, 2gm</i>	4	
<i>cefpodoxime proxetil tablet</i>	4	
<i>ceftazidime injection 1gm, 2gm, 6gm</i>	4	
CEFTRIAZONE IN ISO-OSMOTIC DEXTROSE	4	
CEFTRIAZONE SODIUM INJECTION 100GM	4	
<i>ceftriazone sodium injection 10gm, 1gm, 250mg, 2gm, 500mg</i>	4	
CEFTRIAZONE/DEXTROSE	4	
<i>cefuroxime axetil tablet</i>	3	
<i>cefuroxime sodium injection 1.5gm, 750mg</i>	4	
<i>cephalexin capsule 250mg, 500mg</i>	2	
<i>cephalexin suspension reconstituted</i>	2	
TAZICEF INJECTION 1GM	4	
<i>tazicef injection 1gm, 2gm</i>	4	

Formulary ID: 25351, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/18/2024

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

Drug Name	Drug Tier	Requirements/Limits
TEFLARO	5	
<b>Beta-lactam, Penicillins</b>		
AMOXICILLIN/CLAVULANATE POTASSIUM TABLET CHEWABLE	2	
<i>amoxicillin/clavulanate potassium tablet</i>	2	
<i>amoxicillin/clavulanate potassium suspension reconstituted</i>	3	
<i>amoxicillin capsule, suspension reconstituted, tablet</i>	2	
AMOXICILLIN TABLET CHEWABLE 125MG, 250MG	2	
AMPICILLIN SODIUM INJECTION 125MG, 1GM, 2GM	4	
<i>ampicillin sodium injection 1gm, 250mg, 500mg</i>	4	
AMPICILLIN-SULBACTAM INJECTION 1GM; 0.5GM, 2GM; 1GM	4	
<i>ampicillin-sulbactam injection 10gm; 5gm, 1gm; 0.5gm</i>	4	
<i>ampicillin/sulbactam injection 2gm; 1gm</i>	4	
<i>ampicillin capsule 500mg</i>	2	
BICILLIN L-A INJECTION 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	4	
<i>dicloxacillin sodium</i>	3	
<i>nafcillin sodium injection 10gm, 1gm</i>	4	
NAFCILLIN INJECTION 5%; 1GM/50ML	4	
<i>penicillin g potassium injection 20000000unit, 5000000unit</i>	4	
PENICILLIN G SODIUM	5	
PENICILLIN V POTASSIUM SOLUTION RECONSTITUTED	2	
<i>penicillin v potassium tablet</i>	2	
<i>piperacillin sodium/tazobactam sodium</i>	4	
<b>Carbapenems</b>		
<i>ertapenem</i>	4	
<i>ertapenem sodium</i>	4	
IMIPENEM/CILASTATIN INJECTION 250MG; 250MG	4	
<i>imipenem/cilastatin injection 500mg; 500mg</i>	4	
MEROPENEM/SODIUM CHLORIDE	3	
MEROPENEM INJECTION 2GM	3	
<i>meropenem injection 1gm, 500mg</i>	3	
<b>Macrolides</b>		
AZITHROMYCIN PACKET	3	
<i>azithromycin tablet</i>	2	
<i>azithromycin injection 500mg</i>	4	
<i>azithromycin suspension reconstituted 200mg/5ml</i>	3	
<i>clarithromycin er</i>	3	
CLARITHROMYCIN SUSPENSION RECONSTITUTED	4	
<i>clarithromycin tablet</i>	3	
DIFICID SUSPENSION RECONSTITUTED	5	QL(136 ML per 10 days)
DIFICID TABLET	5	QL(20 EA per 10 days)

Formulary ID: 25351, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/18/2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>ery-tab tablet delayed release 250mg, 333mg</i>	4	
<i>erythromycin base tablet</i>	4	
ERYTHROMYCIN DR CAPSULE DELAYED RELEASE PARTICLES	4	
<i>erythromycin dr tablet delayed release 250mg, 333mg</i>	4	
<b>Quinolones</b>		
<i>ciprofloxacin hcl tablet 750mg</i>	2	
<i>ciprofloxacin hydrochloride tablet 250mg, 500mg</i>	2	
<i>ciprofloxacin i.v.-in d5w injection 200mg/100ml; 5%</i>	4	
<i>levofloxacin in d5w injection 5%; 500mg/100ml, 5%; 750mg/150ml</i>	4	
<i>levofloxacin tablet</i>	2	
<i>levofloxacin injection, oral solution</i>	4	
MOXIFLOXACIN HYDROCHLORIDE/SODIUM HYDROCHLORIDE	4	
<i>moxifloxacin hydrochloride tablet 400mg</i>	2	
<b>Sulfonamides</b>		
<i>sulfacetamide sodium lotion 10%</i>	4	
<i>sulfadiazine tablet</i>	4	
<i>sulfamethoxazole/trimethoprim ds</i>	2	
<i>sulfamethoxazole/trimethoprim suspension, tablet</i>	2	
<b>Tetracyclines</b>		
<i>doxy 100</i>	4	
<i>doxycycline hyclate capsule 100mg, 50mg</i>	3	
<i>doxycycline hyclate tablet 100mg</i>	3	
<i>doxycycline monohydrate capsule 100mg, 50mg</i>	2	
<i>doxycycline monohydrate tablet 100mg, 50mg</i>	3	
<i>minocycline hcl capsule 75mg</i>	2	
<i>minocycline hydrochloride capsule 100mg, 50mg</i>	2	
<i>tetracycline hydrochloride capsule</i>	4	
<b>Anticonvulsants</b>		
<b>Anticonvulsants, Other</b>		
BRIVIACT TABLET	5	QL(62 EA per 31 days); PA
BRIVIACT SOLUTION	5	QL(620 ML per 31 days); PA
EPIDIOLEX	5	QL(600 ML per 30 days); PA
EPRONTIA	4	PA
<i>felbamate</i>	4	
FINTEPLA	5	QL(360 ML per 30 days); PA
FYCOMPA SUSPENSION	5	QL(720 ML per 30 days); PA
FYCOMPA TABLET 2MG	4	QL(540 EA per 90 days); PA
FYCOMPA TABLET 10MG, 12MG, 4MG, 8MG	5	QL(30 EA per 30 days); PA
FYCOMPA TABLET 6MG	5	QL(60 EA per 30 days); PA
<i>lamotrigine odt</i>	4	
<i>lamotrigine tablet</i>	2	

Formulary ID: 25351, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/18/2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine tablet chewable</i>	3	
<i>levetiracetam er</i>	3	
<i>levetiracetam solution, tablet</i>	3	
NAYZILAM	4	QL(10 EA per 30 days); PA; NDS
<i>roweepra tablet 500mg</i>	2	
SPRITAM TABLET DISINTEGRATING SOLUBLE 250MG	4	QL(1080 EA per 90 days); PA
SPRITAM TABLET DISINTEGRATING SOLUBLE 1000MG	4	QL(270 EA per 90 days); PA
SPRITAM TABLET DISINTEGRATING SOLUBLE 750MG	4	QL(360 EA per 90 days); PA
SPRITAM TABLET DISINTEGRATING SOLUBLE 500MG	4	QL(540 EA per 90 days); PA
<i>subvenite</i>	2	
<i>topiramate tablet</i>	2	
<i>topiramate capsule sprinkle</i>	3	
<i>valproic acid</i>	3	
<b>Calcium Channel Modifying Agents</b>		
<i>ethosuximide</i>	4	
<i>methsuximide</i>	3	
<b>Gamma-aminobutyric Acid (GABA) Modulating Agents</b>		
<i>clobazam suspension</i>	4	QL(480 ML per 30 days); PA; NDS
<i>clobazam tablet</i>	4	QL(60 EA per 30 days); PA; NDS
<i>clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg</i>	3	QL(120 EA per 30 days); NDS
<i>clonazepam odt tablet disintegrating 2mg</i>	3	QL(300 EA per 30 days); NDS
<i>clonazepam tablet 0.5mg, 1mg</i>	2	QL(120 EA per 30 days); NDS
<i>clonazepam tablet 2mg</i>	2	QL(300 EA per 30 days); NDS
DIACOMIT CAPSULE 500MG	5	QL(186 EA per 31 days); PA
DIACOMIT CAPSULE 250MG	5	QL(372 EA per 31 days); PA
DIACOMIT PACKET 500MG	5	QL(186 EA per 31 days); PA
DIACOMIT PACKET 250MG	5	QL(372 EA per 31 days); PA
DIAZEPAM RECTAL GEL GEL 2.5MG	4	QL(5 EA per 30 days); NDS
<i>diazepam rectal gel gel 10mg, 20mg</i>	4	QL(5 EA per 30 days); NDS
<i>divalproex sodium dr tablet delayed release</i>	3	
<i>divalproex sodium er</i>	4	
<i>divalproex sodium capsule delayed release sprinkle</i>	4	
<i>gabapentin capsule</i>	2	QL(810 EA per 90 days)
<i>gabapentin solution</i>	3	QL(6480 ML per 90 days)
<i>gabapentin tablet 800mg</i>	2	QL(360 EA per 90 days)
<i>gabapentin tablet 600mg</i>	2	QL(540 EA per 90 days)
LIBERVANT	4	QL(10 EA per 30 days); PA; NDS
<i>phenobarbital elixir 20mg/5ml</i>	3	QL(4500 ML per 90 days); PA

Formulary ID: 25351, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/18/2024

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



Drug Name	Drug Tier	Requirements/Limits
<i>phenobarbital tablet 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	3	QL(360 EA per 90 days); PA
PRIMIDONE TABLET 125MG	2	
<i>primidone tablet 250mg, 50mg</i>	2	
SYMPAZAN FILM 5MG	4	QL(60 EA per 30 days); PA; NDS
SYMPAZAN FILM 10MG, 20MG	5	QL(60 EA per 30 days); PA; NDS
<i>tiagabine hydrochloride</i>	4	
VALTOCO 10 MG DOSE	5	QL(10 EA per 30 days); PA; NDS
VALTOCO 15 MG DOSE	5	QL(10 EA per 30 days); PA; NDS
VALTOCO 20 MG DOSE	5	QL(10 EA per 30 days); PA; NDS
VALTOCO 5 MG DOSE	5	QL(10 EA per 30 days); PA; NDS
<i>vigabatrin</i>	5	QL(186 EA per 31 days); PA
ZTALMY	5	QL(1116 ML per 31 days); PA
<b>Sodium Channel Agents</b>		
APTIOM	5	QL(62 EA per 31 days); PA
<i>carbamazepine er</i>	4	
<i>carbamazepine tablet chewable, suspension, tablet</i>	4	
CEREBYX INJECTION 500MG PE/10ML	2	
DILANTIN CAPSULE 30MG	4	
<i>epitol</i>	4	
<i>fosphenytoin sodium injection 500mg pe/10ml</i>	2	
<i>lacosamide solution</i>	4	QL(3600 ML per 90 days)
<i>lacosamide tablet 100mg, 150mg, 200mg</i>	4	QL(180 EA per 90 days)
<i>lacosamide tablet 50mg</i>	4	QL(360 EA per 90 days)
MOTPOLY XR CAPSULE EXTENDED RELEASE 24 HOUR 100MG	3	QL(124 EA per 31 days); PA
MOTPOLY XR CAPSULE EXTENDED RELEASE 24 HOUR 150MG, 200MG	5	QL(62 EA per 31 days); PA
<i>oxcarbazepine</i>	4	
<i>phenytek</i>	2	
<i>phenytoin sodium extended</i>	2	
<i>phenytoin suspension</i>	2	
<i>phenytoin tablet chewable</i>	3	
<i>rufinamide suspension</i>	5	PA
<i>rufinamide tablet 200mg</i>	4	QL(496 EA per 31 days); PA
<i>rufinamide tablet 400mg</i>	5	QL(248 EA per 31 days); PA
XCOPRI TABLET THERAPY PACK 0	4	QL(168 EA per 84 days); PA; 250MG DAILY DOSE
XCOPRI TABLET THERAPY PACK 0	4	QL(84 EA per 84 days); PA; 12.5MG-25MG
XCOPRI TABLET THERAPY PACK 0	5	QL(28 EA per 28 days); PA; 150MG-200MG
XCOPRI TABLET THERAPY PACK 0	5	QL(28 EA per 28 days); PA; 50MG-100MG

Formulary ID: 25351, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/18/2024

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

Drug Name	Drug Tier	Requirements/Limits
XCOPRI TABLET THERAPY PACK 0	5	QL(56 EA per 28 days); PA; 350MG DAILY DOSE
XCOPRI TABLET 100MG, 25MG, 50MG	5	QL(31 EA per 31 days); PA
XCOPRI TABLET 150MG, 200MG	5	QL(62 EA per 31 days); PA
ZONISADE	4	QL(2700 ML per 90 days); PA
<i>zonisamide</i>	3	
<b>Antidementia Agents</b>		
<i>Antidementia Agents, Other</i>		
ERGOLOID MESYLATES TABLET	2	
NAMZARIC	4	
<i>Cholinesterase Inhibitors</i>		
ADLARITY	4	QL(12 EA per 84 days); PA
<i>donepezil hcl tablet disintegrating</i>	3	QL(90 EA per 90 days)
<i>donepezil hcl tablet 10mg</i>	2	QL(90 EA per 90 days)
<i>donepezil hydrochloride tablet 5mg</i>	2	QL(90 EA per 90 days)
<i>galantamine hydrobromide er</i>	3	QL(90 EA per 90 days)
<i>galantamine hydrobromide tablet</i>	3	QL(180 EA per 90 days)
<i>rivastigmine tartrate capsule 4.5mg, 6mg</i>	4	QL(180 EA per 90 days)
<i>rivastigmine tartrate capsule 1.5mg, 3mg</i>	4	QL(270 EA per 90 days)
<i>rivastigmine transdermal system</i>	4	QL(90 EA per 90 days)
<i>N-methyl-D-aspartate (NMDA) Receptor Antagonist</i>		
<i>memantine hcl titration pak</i>	3	QL(49 EA per 28 days); PA
<i>memantine hydrochloride er</i>	4	QL(90 EA per 90 days); PA
<i>memantine hydrochloride tablet</i>	3	QL(180 EA per 90 days); PA
<i>memantine hydrochloride solution</i>	4	QL(1080 ML per 90 days); PA
<b>Antidepressants</b>		
<i>Antidepressants, Other</i>		
AUVELITY	5	QL(62 EA per 31 days); PA
<i>bupropion hcl tablet 100mg</i>	3	QL(540 EA per 90 days)
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg, 150mg, 200mg</i>	3	QL(180 EA per 90 days)
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg</i>	3	QL(270 EA per 90 days)
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 300mg</i>	3	QL(90 EA per 90 days)
<i>bupropion hydrochloride tablet 75mg</i>	3	QL(540 EA per 90 days)
<i>mirtazapine odt tablet disintegrating 15mg, 30mg</i>	3	QL(180 EA per 90 days)
<i>mirtazapine odt tablet disintegrating 45mg</i>	3	QL(90 EA per 90 days)
<i>mirtazapine tablet 15mg, 7.5mg</i>	2	QL(180 EA per 90 days)
<i>mirtazapine tablet 30mg, 45mg</i>	2	QL(90 EA per 90 days)
ZURZUVAE CAPSULE 30MG	5	QL(14 EA per 14 days); PA
ZURZUVAE CAPSULE 20MG, 25MG	5	QL(28 EA per 14 days); PA
<i>Monoamine Oxidase Inhibitors</i>		
EMSAM	5	QL(31 EA per 31 days); PA

Formulary ID: 25351, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/18/2024

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

Drug Name	Drug Tier	Requirements/Limits
MARPLAN	4	QL(540 EA per 90 days)
PHENELZINE SULFATE	3	
<i>tranlycypromine sulfate</i>	4	
<b>SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)</b>		
<i>citalopram hydrobromide solution</i>	3	QL(1800 ML per 90 days)
<i>citalopram hydrobromide tablet 20mg</i>	2	QL(180 EA per 90 days)
<i>citalopram hydrobromide tablet 10mg</i>	2	QL(360 EA per 90 days)
<i>citalopram hydrobromide tablet 40mg</i>	2	QL(90 EA per 90 days)
<i>desvenlafaxine er tablet extended release 24 hour 100mg</i>	4	QL(360 EA per 90 days)
<i>desvenlafaxine er tablet extended release 24 hour 25mg, 50mg</i>	4	QL(90 EA per 90 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 60MG	4	QL(180 EA per 90 days); PA
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 40MG	4	QL(270 EA per 90 days); PA
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 30MG	4	QL(360 EA per 90 days); PA
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG	4	QL(540 EA per 90 days); PA
<i>duloxetine hydrochloride capsule delayed release particles 60mg</i>	3	QL(180 EA per 90 days)
<i>duloxetine hydrochloride capsule delayed release particles 20mg, 30mg</i>	3	QL(270 EA per 90 days)
<i>escitalopram oxalate solution</i>	4	QL(1800 ML per 90 days)
<i>escitalopram oxalate tablet 10mg</i>	2	QL(180 EA per 90 days)
<i>escitalopram oxalate tablet 5mg</i>	2	QL(360 EA per 90 days)
<i>escitalopram oxalate tablet 20mg</i>	2	QL(90 EA per 90 days)
FETZIMA TITRATION PACK	4	QL(28 EA per 28 days); PA
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 20MG, 40MG	4	QL(180 EA per 90 days); PA
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 80MG	4	QL(90 EA per 90 days); PA
<i>fluoxetine hydrochloride capsule 40mg</i>	2	QL(180 EA per 90 days)
<i>fluoxetine hydrochloride capsule 20mg</i>	2	QL(360 EA per 90 days)
<i>fluoxetine hydrochloride capsule 10mg</i>	2	QL(720 EA per 90 days)
<i>fluoxetine hydrochloride solution</i>	4	QL(1800 ML per 90 days)
<i>fluoxetine hydrochloride tablet 20mg</i>	2	QL(360 EA per 90 days)
<i>fluoxetine hydrochloride tablet 10mg</i>	2	QL(720 EA per 90 days)
<i>fluvoxamine maleate</i>	3	
NEFAZODONE HYDROCHLORIDE	4	
<i>paroxetine hcl tablet 30mg, 40mg</i>	2	QL(180 EA per 90 days); PA
<i>paroxetine hydrochloride suspension</i>	4	QL(2700 ML per 90 days); PA
<i>paroxetine hydrochloride tablet 10mg, 20mg</i>	2	QL(270 EA per 90 days); PA
<i>sertraline hcl concentrate</i>	4	

Formulary ID: 25351, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/18/2024

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sertraline hcl tablet 50mg</i>	2	QL(360 EA per 90 days)
<i>sertraline hydrochloride tablet 100mg</i>	2	QL(180 EA per 90 days)
<i>sertraline hydrochloride tablet 25mg</i>	2	QL(720 EA per 90 days)
<i>trazodone hydrochloride tablet 100mg, 150mg, 50mg</i>	2	
<b>TRINTELLIX TABLET 10MG</b>	4	QL(180 EA per 90 days); ST
<b>TRINTELLIX TABLET 5MG</b>	4	QL(360 EA per 90 days); ST
<b>TRINTELLIX TABLET 20MG</b>	4	QL(90 EA per 90 days); ST
<i>venlafaxine hydrochloride</i>	2	
<i>venlafaxine hydrochloride er capsule extended release 24 hour 150mg</i>	2	QL(180 EA per 90 days)
<i>venlafaxine hydrochloride er capsule extended release 24 hour 75mg</i>	2	QL(270 EA per 90 days)
<i>venlafaxine hydrochloride er capsule extended release 24 hour 37.5mg</i>	2	QL(540 EA per 90 days)
<i>vilazodone hydrochloride</i>	4	QL(90 EA per 90 days)
<b>Tricyclics</b>		
<i>amitriptyline hcl tablet 100mg, 150mg, 25mg, 75mg</i>	3	PA
<i>amitriptyline hydrochloride tablet 100mg, 10mg, 50mg</i>	3	PA
<i>amoxapine</i>	3	
<i>clomipramine hydrochloride</i>	4	
<i>desipramine hydrochloride</i>	4	
<i>doxepin hcl capsule 75mg</i>	3	PA
<i>doxepin hcl concentrate</i>	3	PA
<i>doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg</i>	3	PA
<i>imipramine hcl tablet 25mg, 50mg</i>	3	PA
<i>imipramine hydrochloride tablet 10mg</i>	3	PA
<i>nortriptyline hcl capsule 25mg, 75mg</i>	2	PA
<i>nortriptyline hcl solution</i>	4	PA
<i>nortriptyline hydrochloride capsule 10mg, 50mg</i>	2	PA
<i>protriptyline hcl</i>	4	
<i>trimipramine maleate capsule</i>	4	
<b>Antiemetics</b>		
<b>Antiemetics, Other</b>		
<i>compro</i>	4	PA
<i>meclizine hcl 12.5mg, 25mg tablet</i>	2	PA
<i>prochlorperazine maleate tablet</i>	2	PA
<i>prochlorperazine suppository 25mg</i>	4	PA
<i>promethazine hcl tablet 12.5mg</i>	2	PA
<i>promethazine hydrochloride tablet 25mg, 50mg</i>	2	PA
<i>scopolamine</i>	4	QL(30 EA per 90 days)
<b>Emetogenic Therapy Adjuncts</b>		
<i>aprepitant capsule 40mg, 80mg</i>	4	QL(12 EA per 90 days); B/D
<i>aprepitant capsule 0</i>	4	QL(180 EA per 90 days); B/D

Formulary ID: 25351, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/18/2024

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>aprepitant capsule 125mg</i>	4	QL(6 EA per 90 days); B/D
<i>dronabinol capsule 10mg</i>	4	QL(180 EA per 90 days); B/D
<i>dronabinol capsule 5mg</i>	4	QL(360 EA per 90 days); B/D
<i>dronabinol capsule 2.5mg</i>	4	QL(720 EA per 90 days); B/D
<i>granisetron hydrochloride tablet</i>	3	QL(60 EA per 30 days); B/D
<i>ondansetron hcl solution</i>	4	QL(2700 ML per 90 days); B/D
<i>ondansetron hydrochloride tablet</i>	2	B/D
<i>ondansetron odt tablet disintegrating 4mg, 8mg</i>	2	B/D
<b>Antifungals</b>		
<i>Antifungals</i>		
ABELCET	4	B/D
<i>amphotericin b liposome</i>	4	B/D
AMPHOTERICIN B INJECTION	4	B/D
<i>caspofungin acetate</i>	4	
<i>clotrimazole cream, troche</i>	3	
<i>fluconazole in sodium chloride</i>	4	
FLUCONAZOLE/SODIUM CHLORIDE	4	
<i>fluconazole suspension reconstituted</i>	3	
<i>fluconazole tablet 150mg</i>	2	
<i>fluconazole tablet 100mg, 200mg, 50mg</i>	3	
<i>flucytosine capsule</i>	5	
<i>griseofulvin microsize</i>	4	
<i>griseofulvin ultramicrosize tablet 125mg, 250mg</i>	4	
<i>itraconazole capsule</i>	4	
<i>ketoconazole tablet</i>	2	PA
<i>ketoconazole shampoo</i>	2	QL(360 ML per 90 days)
<i>ketoconazole cream</i>	3	QL(270 GM per 90 days)
<i>klayesta</i>	4	QL(180 GM per 90 days)
<i>nyamyc</i>	4	QL(180 GM per 90 days)
<i>nystatin cream, ointment</i>	2	
<i>nystatin suspension</i>	3	
<i>nystatin tablet</i>	4	
<i>nystatin powder</i>	4	QL(180 GM per 90 days)
<i>nystop</i>	4	QL(180 GM per 90 days)
<i>posaconazole dr</i>	5	QL(93 EA per 31 days); PA
<i>terbinafine hcl tablet</i>	2	
<i>terbinafine hydrochloride tablet</i>	2	
<i>terconazole cream</i>	3	
<i>terconazole suppository</i>	4	
<i>voriconazole tablet</i>	4	PA
<i>voriconazole injection, suspension reconstituted</i>	5	PA
<b>Antigout Agents</b>		
<i>Antigout Agents</i>		
<i>allopurinol tablet 100mg, 300mg</i>	1	

Formulary ID: 25351, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/18/2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>colchicine tablet 0.6mg</i>	4	QL(360 EA per 90 days)
<i>febuxostat</i>	3	QL(90 EA per 90 days); ST
<i>probenecid/colchicine</i>	3	
<i>probenecid tablet</i>	3	
<b>Antimigraine Agents</b>		
<b><i>Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists</i></b>		
AIMOVIG INJECTION 140MG/ML	3	QL(3 ML per 84 days); PA
AIMOVIG INJECTION 70MG/ML	3	QL(6 ML per 84 days); PA
EMGALITY INJECTION 120MG/ML	3	QL(5 ML per 84 days); PA
EMGALITY INJECTION 100MG/ML	3	QL(9 ML per 84 days); PA
QULIPTA TABLET 30MG	5	QL(180 EA per 90 days); PA
QULIPTA TABLET 10MG	5	QL(540 EA per 90 days); PA
QULIPTA TABLET 60MG	5	QL(90 EA per 90 days); PA
UBRELVY	5	QL(16 EA per 30 days); PA
<b><i>Ergot Alkaloids</i></b>		
<i>dihydroergotamine mesylate solution</i>	3	QL(24 ML per 90 days); PA
MIGERGOT	5	
<b><i>Serotonin (5-HT) Receptor Agonist</i></b>		
<i>rizatriptan benzoate odt tablet disintegrating 5mg</i>	3	QL(162 EA per 90 days)
<i>rizatriptan benzoate odt tablet disintegrating 10mg</i>	3	QL(81 EA per 90 days)
<i>rizatriptan benzoate tablet 5mg</i>	3	QL(162 EA per 90 days)
<i>rizatriptan benzoate tablet 10mg</i>	3	QL(81 EA per 90 days)
SUMATRIPTAN SUCCINATE REFILL	4	QL(27 ML per 90 days)
<i>sumatriptan succinate injection</i>	4	QL(27 ML per 90 days)
<i>sumatriptan succinate tablet 50mg</i>	2	QL(108 EA per 90 days)
<i>sumatriptan succinate tablet 25mg</i>	2	QL(216 EA per 90 days)
<i>sumatriptan succinate tablet 100mg</i>	2	QL(54 EA per 90 days)
<i>sumatriptan solution</i>	4	QL(36 EA per 90 days)
<b>Antimyasthenic Agents</b>		
<b><i>Parasympathomimetics</i></b>		
<i>pyridostigmine bromide er</i>	4	
<i>pyridostigmine bromide tablet 60mg</i>	3	
<b>Antimycobacterials</b>		
<b><i>Antimycobacterials, Other</i></b>		
<i>dapsone tablet</i>	3	
<i>rifabutin</i>	4	
<b><i>Antituberculars</i></b>		
<i>ethambutol hydrochloride</i>	3	
ISONIAZID TABLET 100MG	2	
<i>isoniazid tablet 300mg</i>	2	
PRIFTIN	4	
<i>pyrazinamide tablet</i>	4	
<i>rifampin capsule</i>	3	
<i>rifampin injection</i>	4	

Formulary ID: 25351, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/18/2024

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

Drug Name	Drug Tier	Requirements/Limits
SIRTURO	5	PA
TRECTOR	4	
<b>Antineoplastics</b>		
<i>Alkylating Agents</i>		
<i>cyclophosphamide capsule</i>	3	B/D
GLEOSTINE CAPSULE 10MG, 40MG	4	
GLEOSTINE CAPSULE 100MG	5	
LEUKERAN	5	
MATULANE	5	
VALCHLOR	5	QL(60 GM per 30 days); PA
ZEPZELCA	5	PA
<i>Antiandrogens</i>		
<i>abiraterone acetate tablet 250mg</i>	4	QL(124 EA per 31 days)
<i>bicalutamide</i>	3	
ERLEADA TABLET 60MG	5	QL(124 EA per 31 days); PA
ERLEADA TABLET 240MG	5	QL(31 EA per 31 days); PA
EULEXIN	5	QL(186 EA per 31 days); PA
<i>nilutamide</i>	5	
NUBEQA	5	QL(124 EA per 31 days); PA
XTANDI CAPSULE	5	QL(124 EA per 31 days); PA
XTANDI TABLET 40MG	5	QL(124 EA per 31 days); PA
XTANDI TABLET 80MG	5	QL(62 EA per 31 days); PA
<i>Antiangiogenic Agents</i>		
<i>lenalidomide</i>	5	QL(31 EA per 31 days); PA
POMALYST	5	QL(31 EA per 31 days); PA
THALOMID CAPSULE 100MG, 50MG	5	QL(31 EA per 31 days); PA
THALOMID CAPSULE 150MG, 200MG	5	QL(62 EA per 31 days); PA
<i>Antiestrogens/Modifiers</i>		
EMCYT	5	
ORSERDU TABLET 345MG	5	QL(31 EA per 31 days); PA
ORSERDU TABLET 86MG	5	QL(93 EA per 31 days); PA
SOLTAMOX	5	
<i>tamoxifen citrate tablet</i>	2	
<i>toremifene citrate</i>	5	
<i>Antimetabolites</i>		
DROXIA	4	
<i>hydroxyurea capsule</i>	2	
<i>mercaptopurine tablet</i>	4	
PURIXAN	5	
TABLOID	5	PA
<i>Antineoplastics, Other</i>		
AKEEGA	5	QL(62 EA per 31 days); PA
INREBIC	5	QL(120 EA per 30 days); PA
IWILFIN	5	QL(248 EA per 31 days); PA

Formulary ID: 25351, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/18/2024

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

Drug Name	Drug Tier	Requirements/Limits
KISQALI FEMARA 200 DOSE	5	PA
KISQALI FEMARA 400 DOSE	5	PA
KISQALI FEMARA 600 DOSE	5	PA
LAZCLUZE TABLET 240MG	5	QL(31 EA per 31 days); PA
LAZCLUZE TABLET 80MG	5	QL(62 EA per 31 days); PA
<i>leucovorin calcium tablet</i>	3	
<i>leucovorin calcium injection 500mg, 50mg</i>	4	
LONSURF	5	PA
LYSODREN	3	
OGSIVEO TABLET 50MG	5	QL(186 EA per 31 days); PA
OGSIVEO TABLET 100MG, 150MG	5	QL(62 EA per 31 days); PA
OJEMDA TABLET	5	QL(24 EA per 28 days); PA
OJEMDA SUSPENSION RECONSTITUTED	5	QL(96 ML per 28 days); PA
ONUREG	5	QL(14 EA per 28 days); PA
RYLAZE	5	PA
TICE BCG	3	
<i>valrubicin</i>	3	
VONJO	5	QL(124 EA per 31 days); PA
ZOLINZA	5	PA
<b><i>Aromatase Inhibitors, 3rd Generation</i></b>		
<i>anastrozole tablet</i>	2	
<i>exemestane</i>	4	
<i>letrozole</i>	2	
<b><i>Molecular Target Inhibitors</i></b>		
ALECENSA	5	QL(248 EA per 31 days); PA
ALUNBRIG TABLET	5	PA
AUGTYRO	5	QL(248 EA per 31 days); PA
AYVAKIT	5	QL(30 EA per 30 days); PA
BALVERSA TABLET 5MG	5	QL(30 EA per 30 days); PA
BALVERSA TABLET 4MG	5	QL(60 EA per 30 days); PA
BALVERSA TABLET 3MG	5	QL(90 EA per 30 days); PA
BOSULIF CAPSULE 100MG	5	QL(150 EA per 25 days); PA
BOSULIF CAPSULE 50MG	5	QL(360 EA per 30 days); PA
BOSULIF TABLET 100MG	5	QL(180 EA per 30 days); PA
BOSULIF TABLET 400MG, 500MG	5	QL(30 EA per 30 days); PA
BRAFTOVI CAPSULE 75MG	5	QL(180 EA per 30 days); PA
BRUKINSA	5	QL(120 EA per 30 days); PA
CABOMETYX TABLET 20MG, 60MG	5	QL(31 EA per 31 days); PA
CABOMETYX TABLET 40MG	5	QL(62 EA per 31 days); PA
CALQUENCE	5	QL(124 EA per 31 days); PA
CAPRELSA	5	PA
COMETRIQ	5	PA
COPIKTRA	5	PA
COTELLIC	5	PA

Formulary ID: 25351, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/18/2024

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



Drug Name	Drug Tier	Requirements/Limits
<i>dasatinib tablet 100mg, 140mg, 70mg</i>	5	QL(31 EA per 31 days); PA
<i>dasatinib tablet 80mg</i>	5	QL(62 EA per 31 days); PA
<i>dasatinib tablet 20mg, 50mg</i>	5	QL(93 EA per 31 days); PA
DAURISMO	5	PA
ERIVEDGE	5	PA
<i>erlotinib hydrochloride tablet 100mg, 150mg</i>	5	QL(31 EA per 31 days); PA
<i>erlotinib hydrochloride tablet 25mg</i>	5	QL(93 EA per 31 days); PA
<i>everolimus tablet soluble 2mg, 3mg, 5mg</i>	5	PA
<i>everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	5	QL(31 EA per 31 days); PA
EXKIVITY	5	QL(124 EA per 31 days); PA
FOTIVDA	5	QL(21 EA per 28 days); PA
FRUZAQLA CAPSULE 5MG	5	QL(21 EA per 28 days); PA
FRUZAQLA CAPSULE 1MG	5	QL(84 EA per 28 days); PA
GAVRETO	5	QL(124 EA per 31 days); PA
<i>gefitinib</i>	5	PA
GILOTRIF	5	QL(31 EA per 31 days); PA
IBRANCE	5	QL(21 EA per 28 days); PA
ICLUSIG	5	PA
IDHIFA	5	QL(31 EA per 31 days); PA
<i>imatinib mesylate tablet 100mg</i>	3	QL(186 EA per 31 days)
<i>imatinib mesylate tablet 400mg</i>	4	QL(62 EA per 31 days)
IMBRUVICA SUSPENSION	5	QL(248 ML per 31 days); PA
IMBRUVICA CAPSULE 140MG	5	QL(124 EA per 31 days); PA
IMBRUVICA CAPSULE 70MG	5	QL(31 EA per 31 days); PA
IMBRUVICA TABLET 420MG	5	QL(31 EA per 31 days); PA
INLYTA TABLET 5MG	5	QL(124 EA per 31 days); PA
INLYTA TABLET 1MG	5	QL(186 EA per 31 days); PA
INQOVI	5	QL(5 EA per 28 days); PA
JAKAFI	5	QL(62 EA per 31 days); PA
JAYPIRCA TABLET 50MG	5	QL(31 EA per 31 days); PA
JAYPIRCA TABLET 100MG	5	QL(62 EA per 31 days); PA
KISQALI	5	PA
KOSELUGO	5	PA
KRAZATI	5	QL(180 EA per 30 days); PA
<i>lapatinib ditosylate</i>	5	PA
LENVIMA 10 MG DAILY DOSE	5	PA
LENVIMA 12MG DAILY DOSE	5	PA
LENVIMA 14 MG DAILY DOSE	5	PA
LENVIMA 18 MG DAILY DOSE	5	PA
LENVIMA 20 MG DAILY DOSE	5	PA
LENVIMA 24 MG DAILY DOSE	5	PA
LENVIMA 4 MG DAILY DOSE	5	PA
LENVIMA 8 MG DAILY DOSE	5	PA
LORBRENA TABLET 100MG	5	QL(31 EA per 31 days); PA

Formulary ID: 25351, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/18/2024

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

Drug Name	Drug Tier	Requirements/Limits
LORBRENA TABLET 25MG	5	QL(93 EA per 30 days); PA
LUMAKRAS TABLET 120MG	5	QL(240 EA per 30 days); PA
LUMAKRAS TABLET 320MG	5	QL(90 EA per 30 days); PA
LYNPARZA TABLET	5	QL(124 EA per 31 days); PA
LYTGOBI TABLET THERAPY PACK 4MG	5	QL(112 EA per 28 days); PA; 16MG
LYTGOBI TABLET THERAPY PACK 4MG	5	QL(140 EA per 28 days); PA; 20MG
LYTGOBI TABLET THERAPY PACK 4MG	5	QL(84 EA per 28 days); PA; 12MG
MEKINIST SOLUTION RECONSTITUTED	5	QL(1200 ML per 30 days); PA
MEKINIST TABLET 0.5MG	5	QL(120 EA per 30 days); PA
MEKINIST TABLET 2MG	5	QL(30 EA per 30 days); PA
MEKTOVI	5	QL(186 EA per 31 days); PA
NERLYNX	5	PA
NINLARO	5	QL(93 EA per 31 days); PA
ODOMZO	5	PA
OJJAARA TABLET 150MG, 200MG	5	QL(31 EA per 31 days); PA
OJJAARA TABLET 100MG	5	QL(62 EA per 31 days); PA
<i>pazopanib hydrochloride</i>	5	QL(124 EA per 31 days); PA
PEMAZYRE	5	QL(14 EA per 21 days); PA
PIQRAY 200MG DAILY DOSE	5	QL(30 EA per 30 days); PA
PIQRAY 250MG DAILY DOSE	5	QL(60 EA per 30 days); PA
PIQRAY 300MG DAILY DOSE	5	QL(60 EA per 30 days); PA
QINLOCK	5	QL(90 EA per 30 days); PA
RETEVMO CAPSULE 80MG	5	QL(124 EA per 31 days); PA
RETEVMO CAPSULE 40MG	5	QL(186 EA per 31 days); PA
RETEVMO TABLET 120MG, 160MG, 80MG	5	QL(62 EA per 31 days); PA
RETEVMO TABLET 40MG	5	QL(93 EA per 31 days); PA
REZLIDHIA	5	QL(60 EA per 30 days); PA
ROZLYTREK PACKET	5	QL(372 EA per 31 days); PA
ROZLYTREK CAPSULE 100MG	5	QL(186 EA per 31 days); PA
ROZLYTREK CAPSULE 200MG	5	QL(90 EA per 30 days); PA
RUBRACA	5	QL(124 EA per 31 days); PA
RYDAPT	5	QL(248 EA per 31 days); PA
SCEMBLIX TABLET 100MG	5	QL(124 EA per 31 days); PA
SCEMBLIX TABLET 40MG	5	QL(310 EA per 31 days); PA
SCEMBLIX TABLET 20MG	5	QL(62 EA per 31 days); PA
<i>sorafenib</i>	5	QL(124 EA per 31 days); PA
<i>sorafenib tosylate</i>	5	QL(124 EA per 31 days); PA
SPRYCEL TABLET 100MG, 140MG, 70MG	5	QL(31 EA per 31 days); PA
SPRYCEL TABLET 80MG	5	QL(62 EA per 31 days); PA
SPRYCEL TABLET 20MG, 50MG	5	QL(93 EA per 31 days); PA
STIVARGA	5	PA
<i>sunitinib malate capsule 12.5mg, 25mg, 50mg</i>	5	QL(31 EA per 31 days); PA
<i>sunitinib malate capsule 37.5mg</i>	5	QL(62 EA per 31 days); PA
TABRECTA	5	QL(112 EA per 28 days); PA

Formulary ID: 25351, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/18/2024

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

Drug Name	Drug Tier	Requirements/Limits
TAFINLAR TABLET SOLUBLE	5	QL(900 EA per 30 days); PA
TAFINLAR CAPSULE 75MG	5	QL(120 EA per 30 days); PA
TAFINLAR CAPSULE 50MG	5	QL(180 EA per 30 days); PA
TAGRISSE	5	QL(31 EA per 31 days); PA
TALZENNA	5	PA
TASIGNA CAPSULE 200MG	5	QL(124 EA per 31 days); PA
TASIGNA CAPSULE 150MG	5	QL(155 EA per 31 days); PA
TASIGNA CAPSULE 50MG	5	QL(434 EA per 31 days); PA
TAZVERIK	5	QL(240 EA per 30 days); PA
TEPMETKO	5	QL(62 EA per 31 days); PA
TIBSOVO	5	PA
<i>torpenz</i>	5	QL(31 EA per 31 days); PA
TRUQAP TABLET	5	QL(64 EA per 28 days); PA
TUKYSA TABLET 150MG	5	QL(120 EA per 30 days); PA
TUKYSA TABLET 50MG	5	QL(300 EA per 30 days); PA
TURALIO CAPSULE 125MG	5	QL(120 EA per 30 days); PA
VANFLYTA	5	QL(62 EA per 31 days); PA
VENCLEXTA STARTING PACK	5	QL(42 EA per 28 days); PA
VENCLEXTA TABLET 10MG, 50MG	4	QL(28 EA per 28 days); PA
VENCLEXTA TABLET 100MG	5	QL(186 EA per 31 days); PA
VERZENIO	5	QL(60 EA per 30 days); PA
VITRAKVI SOLUTION	5	PA
VITRAKVI CAPSULE 25MG	5	QL(186 EA per 31 days); PA
VITRAKVI CAPSULE 100MG	5	QL(82 EA per 31 days); PA
VIZIMPRO	5	PA
XALKORI CAPSULE	5	QL(62 EA per 31 days); PA
XALKORI CAPSULE SPRINKLE 20MG, 50MG	5	QL(124 EA per 31 days); PA
XALKORI CAPSULE SPRINKLE 150MG	5	QL(186 EA per 31 days); PA
XOSPATA	5	PA
XPOVIO 60 MG TWICE WEEKLY	5	QL(24 EA per 30 days); PA
XPOVIO 80 MG TWICE WEEKLY	5	QL(32 EA per 30 days); PA
XPOVIO TABLET THERAPY PACK 40MG, 60MG	5	QL(4 EA per 30 days); PA
XPOVIO TABLET THERAPY PACK 40MG, 50MG	5	QL(8 EA per 30 days); PA
ZEJULA CAPSULE	5	QL(90 EA per 30 days); PA
ZEJULA TABLET 200MG, 300MG	5	QL(30 EA per 30 days); PA
ZEJULA TABLET 100MG	5	QL(90 EA per 30 days); PA
ZELBORAF	5	QL(248 EA per 31 days); PA
ZYDELIG	5	QL(62 EA per 31 days); PA
ZYKADIA TABLET	5	PA
<b>Monoclonal Antibodies/Antibody-Drug Conjugates</b>		
ENHERTU	5	PA
HERCEPTIN HYLECTA	5	
LIBTAYO	5	PA
MARGENZA	5	PA

Formulary ID: 25351, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/18/2024

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

Drug Name	Drug Tier	Requirements/Limits
MONJUVI	5	PA
PADCEV	5	PA
POLIVY	5	PA
RYBREVANT	5	PA
SARCLISA	5	PA
TIVDAK	5	PA
TRODELVY	5	PA
<b>Retinoids</b>		
<i>bexarotene capsule</i>	5	PA
<i>bexarotene gel</i>	5	QL(60 GM per 30 days); PA
PANRETIN	5	QL(60 GM per 30 days); PA
<i>tretinoin capsule 10mg</i>	5	
<b>Treatment Adjuncts</b>		
MESNEX TABLET	3	
VORANIGO TABLET 40MG	5	QL(31 EA per 31 days); PA
VORANIGO TABLET 10MG	5	QL(62 EA per 31 days); PA
<b>Antiparasitics</b>		
<b>Anthelmintics</b>		
<i>albendazole tablet</i>	4	
<i>ivermectin tablet</i>	3	PA
<i>praziquantel tablet</i>	4	
<b>Antiprotozoals</b>		
<i>atovaquone</i>	4	
<i>atovaquone/proguanil hcl</i>	4	
<i>chloroquine phosphate tablet</i>	4	
COARTEM	4	
<i>hydroxychloroquine sulfate tablet 200mg</i>	4	
<i>mefloquine hcl</i>	2	
NITAZOXANIDE	5	
<i>pentamidine isethionate injection</i>	4	
PRIMAQUINE PHOSPHATE TABLET	3	
<i>pyrimethamine tablet</i>	5	
<i>quinine sulfate capsule 324mg</i>	4	PA
<b>Antiparkinson Agents</b>		
<b>Anticholinergics</b>		
<i>benztropine mesylate tablet</i>	3	PA
<i>trihexyphenidyl hydrochloride</i>	3	PA
<b>Antiparkinson Agents, Other</b>		
<i>carbidopa/levodopa/entacapone</i>	4	
<i>entacapone</i>	4	
<b>Dopamine Agonists</b>		
<i>bromocriptine mesylate capsule, tablet</i>	4	
<i>pramipexole dihydrochloride</i>	2	
<i>ropinirole hcl tablet 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	2	

Formulary ID: 25351, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/18/2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>ropinirole hydrochloride tablet 0.25mg, 3mg</i>	2	
<b>Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors</b>		
<i>carbidopa/levodopa</i>	2	
<i>carbidopa/levodopa er</i>	3	
CARBIDOPA/LEVODOPA ODT	4	
<i>carbidopa tablet</i>	4	
RYTARY CAPSULE EXTENDED RELEASE 61.25MG; 245MG	4	QL(300 EA per 30 days); ST
RYTARY CAPSULE EXTENDED RELEASE 23.75MG; 95MG, 36.25MG; 145MG, 48.75MG; 195MG	4	QL(360 EA per 30 days); ST
<b>Monoamine Oxidase B (MAO-B) Inhibitors</b>		
<i>rasagiline mesylate tablet</i>	4	
<i>selegiline hcl capsule, tablet</i>	3	
<b>Antipsychotics</b>		
<b>1st Generation/Typical</b>		
<i>chlorpromazine hcl tablet</i>	4	PA
CHLORPROMAZINE HYDROCHLORIDE CONCENTRATE	4	PA
<i>chlorpromazine hydrochloride tablet</i>	4	PA
<i>fluphenazine decanoate injection</i>	4	
FLUPHENAZINE HCL CONCENTRATE	4	
<i>fluphenazine hcl tablet 1mg</i>	4	
FLUPHENAZINE HYDROCHLORIDE ELIXIR, INJECTION	4	
<i>fluphenazine hydrochloride tablet 10mg, 2.5mg, 5mg</i>	4	
<i>haloperidol decanoate injection</i>	4	
<i>haloperidol lactate</i>	4	
<i>haloperidol concentrate</i>	2	
<i>haloperidol tablet</i>	3	
<i>loxapine</i>	4	
MOLINDONE HYDROCHLORIDE	4	
<i>perphenazine tablet</i>	4	PA
PIMOZIDE	3	
<i>thioridazine hcl tablet 100mg, 10mg, 25mg, 50mg</i>	3	
<i>thiothixene capsule 10mg, 1mg, 2mg, 5mg</i>	4	
<i>trifluoperazine hcl tablet 10mg, 2mg, 5mg</i>	4	
<i>trifluoperazine hydrochloride tablet 1mg</i>	4	
<b>2nd Generation/Atypical</b>		
ABILIFY ASIMTUFII INJECTION 720MG/2.4ML	5	QL(2.4 ML per 56 days); ST
ABILIFY ASIMTUFII INJECTION 960MG/3.2ML	5	QL(3.2 ML per 56 days); ST
ABILIFY MAINTENA	5	QL(1 EA per 28 days); ST
<i>aripiprazole odt tablet disintegrating 15mg</i>	4	QL(180 EA per 90 days)
<i>aripiprazole odt tablet disintegrating 10mg</i>	4	QL(270 EA per 90 days)

Formulary ID: 25351, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/18/2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>aripiprazole solution</i>	4	QL(2700 ML per 90 days)
<i>aripiprazole tablet 20mg</i>	3	QL(135 EA per 90 days)
<i>aripiprazole tablet 10mg, 15mg, 2mg, 5mg</i>	3	QL(180 EA per 90 days)
<i>aripiprazole tablet 30mg</i>	3	QL(90 EA per 90 days)
ARISTADA INITIO	5	QL(2.4 ML per 31 days); ST
ARISTADA INJECTION 441MG/1.6ML	5	QL(1.6 ML per 30 days); ST
ARISTADA INJECTION 662MG/2.4ML	5	QL(2.4 ML per 30 days); ST
ARISTADA INJECTION 882MG/3.2ML	5	QL(3.2 ML per 30 days); ST
ARISTADA INJECTION 1064MG/3.9ML	5	QL(3.9 ML per 56 days); ST
<i>asenapine maleate sl</i>	4	QL(180 EA per 90 days)
CAPLYTA	5	QL(30 EA per 30 days); ST
FANAPT TITRATION PACK	4	QL(8 EA per 31 days); PA
FANAPT TABLET 1MG, 2MG, 4MG	5	QL(180 EA per 90 days); PA
FANAPT TABLET 10MG, 12MG, 6MG, 8MG	5	QL(62 EA per 31 days); PA
INVEGA HAFYERA INJECTION 1092MG/3.5ML	5	QL(3.5 ML per 180 days); ST
INVEGA HAFYERA INJECTION 1560MG/5ML	5	QL(5 ML per 180 days); ST
INVEGA SUSTENNA INJECTION 39MG/0.25ML	4	QL(0.25 ML per 28 days); ST
INVEGA SUSTENNA INJECTION 78MG/0.5ML	5	QL(0.5 ML per 28 days); ST
INVEGA SUSTENNA INJECTION 117MG/0.75ML	5	QL(0.75 ML per 28 days); ST
INVEGA SUSTENNA INJECTION 156MG/ML	5	QL(1 ML per 28 days); ST
INVEGA SUSTENNA INJECTION 234MG/1.5ML	5	QL(1.5 ML per 28 days); ST
INVEGA TRINZA INJECTION 273MG/0.88ML	5	QL(0.88 ML per 90 days); ST
INVEGA TRINZA INJECTION 410MG/1.32ML	5	QL(1.32 ML per 90 days); ST
INVEGA TRINZA INJECTION 546MG/1.75ML	5	QL(1.75 ML per 90 days); ST
INVEGA TRINZA INJECTION 819MG/2.63ML	5	QL(2.63 ML per 90 days); ST
<i>lurasidone hydrochloride tablet 120mg, 20mg, 40mg, 60mg</i>	3	QL(31 EA per 31 days)
<i>lurasidone hydrochloride tablet 80mg</i>	3	QL(62 EA per 31 days)
LYBALVI	5	QL(30 EA per 30 days); PA
NUPLAZID CAPSULE	5	QL(31 EA per 31 days); PA
NUPLAZID TABLET 10MG	5	QL(31 EA per 31 days); PA
<i>olanzapine odt tablet disintegrating 10mg, 5mg</i>	4	QL(180 EA per 90 days); PA
<i>olanzapine odt tablet disintegrating 15mg, 20mg</i>	4	QL(90 EA per 90 days); PA
<i>olanzapine injection</i>	3	
<i>olanzapine tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	3	QL(180 EA per 90 days); PA
<i>olanzapine tablet 15mg, 20mg</i>	3	QL(90 EA per 90 days); PA
<i>paliperidone er tablet extended release 24 hour 6mg</i>	4	QL(180 EA per 90 days)
<i>paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg</i>	4	QL(90 EA per 90 days)
PERSERIS	5	QL(1 EA per 30 days); ST
<i>quetiapine fumarate er tablet extended release 24 hour 300mg, 400mg</i>	3	QL(180 EA per 90 days)
<i>quetiapine fumarate er tablet extended release 24 hour 150mg</i>	3	QL(270 EA per 90 days)
<i>quetiapine fumarate er tablet extended release 24 hour 200mg</i>	3	QL(30 EA per 30 days)
<i>quetiapine fumarate er tablet extended release 24 hour 50mg</i>	3	QL(360 EA per 90 days)

Formulary ID: 25351, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/18/2024

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

Drug Name	Drug Tier	Requirements/Limits
QUETIAPINE FUMARATE TABLET 150MG	3	QL(450 EA per 90 days)
<i>quetiapine fumarate tablet 300mg, 400mg</i>	3	QL(180 EA per 90 days)
<i>quetiapine fumarate tablet 100mg</i>	3	QL(270 EA per 90 days)
<i>quetiapine fumarate tablet 200mg, 25mg, 50mg</i>	3	QL(360 EA per 90 days)
REXULTI TABLET 3MG, 4MG	5	QL(31 EA per 31 days); ST
REXULTI TABLET 0.25MG, 0.5MG, 1MG, 2MG	5	QL(62 EA per 31 days); ST
<i>risperidone er injection 25mg</i>	4	QL(2 EA per 28 days); ST
<i>risperidone er injection 12.5mg</i>	4	QL(6 EA per 84 days); ST
<i>risperidone er injection 37.5mg, 50mg</i>	5	QL(2 EA per 28 days); ST
RISPERIDONE ODT TABLET DISINTEGRATING 0.25MG	4	QL(270 EA per 90 days)
<i>risperidone odt tablet disintegrating 1mg, 2mg, 3mg, 4mg</i>	4	QL(180 EA per 90 days)
<i>risperidone odt tablet disintegrating 0.5mg</i>	4	QL(360 EA per 90 days)
<i>risperidone solution</i>	2	QL(720 ML per 90 days)
<i>risperidone tablet 1mg, 2mg, 3mg, 4mg</i>	2	QL(180 EA per 90 days)
<i>risperidone tablet 0.25mg</i>	2	QL(270 EA per 90 days)
<i>risperidone tablet 0.5mg</i>	2	QL(360 EA per 90 days)
RYKINDO	5	QL(2 EA per 28 days); ST
SECUADO	5	QL(31 EA per 31 days); PA
VRAYLAR CAPSULE THERAPY PACK	4	QL(7 EA per 31 days); ST
VRAYLAR CAPSULE 3MG, 4.5MG, 6MG	5	QL(31 EA per 31 days); ST
VRAYLAR CAPSULE 1.5MG	5	QL(62 EA per 31 days); ST
<i>ziprasidone hcl</i>	4	QL(180 EA per 90 days)
<i>ziprasidone mesylate</i>	4	
ZYPREXA RELPREVV INJECTION 210MG	4	QL(6 EA per 90 days); ST
ZYPREXA RELPREVV INJECTION 405MG	5	QL(1 EA per 30 days); ST
ZYPREXA RELPREVV INJECTION 300MG	5	QL(2 EA per 30 days); ST
<b>Treatment-Resistant</b>		
CLOZAPINE ODT TABLET DISINTEGRATING 12.5MG	4	PA
<i>clozapine odt tablet disintegrating 25mg</i>	4	PA
<i>clozapine odt tablet disintegrating 200mg</i>	4	QL(135 EA per 90 days); PA
<i>clozapine odt tablet disintegrating 150mg</i>	4	QL(540 EA per 90 days); PA
<i>clozapine odt tablet disintegrating 100mg</i>	4	QL(810 EA per 90 days); PA
<i>clozapine tablet 100mg, 200mg, 25mg, 50mg</i>	3	PA
VERSACLOZ	5	QL(540 ML per 30 days); PA
<b>Antispasticity Agents</b>		
<b>Antispasticity Agents</b>		
<i>baclofen tablet 10mg, 20mg, 5mg</i>	3	
<i>dantrolene sodium capsule</i>	4	
SOHONOS CAPSULE 1.5MG, 1MG	5	QL(124 EA per 31 days); PA
SOHONOS CAPSULE 10MG	5	QL(62 EA per 31 days); PA
SOHONOS CAPSULE 2.5MG, 5MG	5	QL(93 EA per 31 days); PA
<i>tizanidine hcl tablet 2mg</i>	2	
<i>tizanidine hydrochloride tablet 4mg</i>	2	
<b>Antivirals</b>		

Formulary ID: 25351, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/18/2024

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

Drug Name	Drug Tier	Requirements/Limits
<b>Anti-cytomegalovirus (CMV) Agents</b>		
LIVTENCITY	5	PA
PREVYMIS TABLET	5	QL(28 EA per 28 days); PA
<i>valganciclovir</i>	3	
<i>valganciclovir hydrochloride</i>	5	
<b>Anti-hepatitis B (HBV) Agents</b>		
<i>adefovir dipivoxil</i>	4	
<i>entecavir tablet 0.5mg</i>	3	QL(90 EA per 90 days)
<i>entecavir tablet 1mg</i>	4	QL(90 EA per 90 days)
<i>lamivudine tablet 100mg</i>	3	
<b>Anti-hepatitis C (HCV) Agents</b>		
EPCLUSA PACKET 150MG; 37.5MG	5	QL(31 EA per 31 days); PA
EPCLUSA PACKET 200MG; 50MG	5	QL(62 EA per 31 days); PA
EPCLUSA TABLET 400MG; 100MG	5	QL(31 EA per 31 days); PA
EPCLUSA TABLET 200MG; 50MG	5	QL(62 EA per 31 days); PA
HARVONI TABLET	5	QL(31 EA per 31 days); PA
HARVONI PACKET 33.75MG; 150MG	5	QL(31 EA per 31 days); PA
HARVONI PACKET 45MG; 200MG	5	QL(62 EA per 31 days); PA
RIBAVIRIN CAPSULE	3	
RIBAVIRIN TABLET 200MG	3	
VOSEVI	5	QL(31 EA per 31 days); PA
<b>Anti-HIV Agents, Integrase Inhibitors (INSTI)</b>		
BIKTARVY	5	QL(31 EA per 31 days)
CABENUVA	5	
DOVATO	5	
GENVOYA	5	QL(31 EA per 31 days)
ISENTRESS HD	5	QL(62 EA per 31 days)
ISENTRESS PACKET	3	QL(62 EA per 31 days)
ISENTRESS TABLET	5	QL(62 EA per 31 days)
ISENTRESS TABLET CHEWABLE 25MG	3	QL(186 EA per 31 days)
ISENTRESS TABLET CHEWABLE 100MG	5	QL(186 EA per 31 days)
JULUCA	5	QL(31 EA per 31 days)
STRIBILD	5	
TIVICAY PD	5	QL(372 EA per 31 days)
TIVICAY TABLET 10MG	4	QL(31 EA per 31 days)
TIVICAY TABLET 25MG	5	QL(31 EA per 31 days)
TIVICAY TABLET 50MG	5	QL(62 EA per 31 days)
<b>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</b>		
COMPLERA	5	
DELSTRIGO	5	
EDURANT	5	
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	4	
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	5	

Formulary ID: 25351, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/18/2024

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



Drug Name	Drug Tier	Requirements/Limits
EFAVIRENZ CAPSULE	4	
<i>efavirenz tablet</i>	4	
<i>etravirine</i>	5	
INTELENCE TABLET 25MG	4	
<i>nevirapine er tablet extended release 24 hour 400mg</i>	4	
NEVIRAPINE SUSPENSION	4	
<i>nevirapine tablet</i>	3	
PIFELTRO	5	
<b>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</b>		
<i>abacavir</i>	4	
<i>abacavir sulfate/lamivudine</i>	4	
CIMDUO	5	
DESCOVY	5	QL(31 EA per 31 days)
<i>emtricitabine</i>	4	
<i>emtricitabine/tenofovir disoproxil</i>	5	QL(31 EA per 31 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 200mg; 300mg</i>	4	QL(31 EA per 31 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg, 133mg; 200mg</i>	5	QL(31 EA per 31 days)
EMTRIVA SOLUTION	4	
<i>lamivudine/zidovudine</i>	3	
<i>lamivudine solution 10mg/ml</i>	3	
<i>lamivudine tablet 150mg, 300mg</i>	4	
ODEFSEY	5	
<i>tenofovir disoproxil fumarate</i>	4	
TRIUMEQ	5	QL(31 EA per 31 days)
TRIUMEQ PD	4	QL(180 EA per 30 days)
TRIZIVIR	5	
VIREAD POWDER	5	
VIREAD TABLET 150MG, 200MG, 250MG	5	
<i>zidovudine tablet</i>	3	
<i>zidovudine capsule, syrup</i>	4	
<b>Anti-HIV Agents, Other</b>		
FUZEON	5	
<i>maraviroc</i>	5	
RUKOBIA	5	QL(62 EA per 31 days)
SELZENTRY SOLUTION	5	
SELZENTRY TABLET 25MG	3	
SELZENTRY TABLET 75MG	5	
SUNLENCA TABLET THERAPY PACK	5	QL(10 EA per 365 days)
TROGARZO	5	
TYBOST	3	
<b>Anti-HIV Agents, Protease Inhibitors (PI)</b>		

Formulary ID: 25351, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/18/2024

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

Drug Name	Drug Tier	Requirements/Limits
APTIVUS CAPSULE	5	
<i>atazanavir</i>	4	
<i>atazanavir sulfate capsule 300mg</i>	4	
<i>darunavir tablet 800mg</i>	5	QL(31 EA per 31 days)
<i>darunavir tablet 600mg</i>	5	QL(62 EA per 31 days)
EVOTAZ	5	
<i>fosamprenavir calcium</i>	5	
LEXIVA SUSPENSION	4	
<i>lopinavir/ritonavir</i>	4	
NORVIR PACKET	4	
PREZCOBIX	5	QL(31 EA per 31 days)
PREZISTA SUSPENSION	4	QL(414 ML per 31 days)
PREZISTA TABLET 75MG	4	QL(1440 EA per 90 days)
PREZISTA TABLET 150MG	5	QL(720 EA per 90 days)
REYATAZ PACKET	5	
<i>ritonavir</i>	3	
SYMTUZA	5	
VIRACEPT	5	
<b>Anti-influenza Agents</b>		
<i>amantadine hcl capsule, solution, tablet</i>	3	
<i>oseltamivir phosphate capsule 30mg</i>	3	QL(168 EA per 180 days)
<i>oseltamivir phosphate capsule 45mg, 75mg</i>	3	QL(84 EA per 180 days)
<i>oseltamivir phosphate suspension reconstituted</i>	3	QL(1050 ML per 180 days)
RELENZA DISKHALER	3	QL(180 EA per 90 days)
RIMANTADINE HYDROCHLORIDE	4	
<b>Antiherpetic Agents</b>		
<i>acyclovir sodium injection 50mg/ml</i>	4	B/D
<i>acyclovir capsule, tablet</i>	2	
<i>famciclovir tablet</i>	3	QL(90 EA per 30 days)
<i>valacyclovir hydrochloride</i>	3	
<b>Antiviral, Coronavirus Agents</b>		
LAGEVRIO	3	QL(40 EA per 30 days)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL(40 EA per 30 days); \$0 Copay
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL(60 EA per 30 days); \$0 Copay
<b>Anxiolytics</b>		
<b>Anxiolytics, Other</b>		
<i>bupirone hcl tablet 15mg</i>	2	
<i>bupirone hydrochloride tablet 10mg, 30mg, 5mg, 7.5mg</i>	2	
<b>Benzodiazepines</b>		
<i>alprazolam</i>	3	QL(150 EA per 30 days); NDS
<i>clorazepate dipotassium tablet 15mg</i>	4	QL(180 EA per 30 days); NDS
<i>clorazepate dipotassium tablet 7.5mg</i>	4	QL(360 EA per 30 days); NDS
<i>clorazepate dipotassium tablet 3.75mg</i>	4	QL(720 EA per 30 days); NDS
<i>diazepam solution</i>	2	QL(1200 ML per 30 days); NDS

Formulary ID: 25351, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/18/2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>diazepam tablet</i>	3	QL(120 EA per 30 days); NDS
<i>lorazepam intensol</i>	3	QL(150 ML per 30 days); NDS
<i>lorazepam tablet</i>	2	QL(150 EA per 30 days); NDS
<b>Bipolar Agents</b>		
<b>Mood Stabilizers</b>		
<i>lithium</i>	4	
<i>lithium carbonate er</i>	2	
LITHIUM CARBONATE CAPSULE 600MG	2	
<i>lithium carbonate capsule 150mg, 300mg</i>	2	
<i>lithium carbonate tablet</i>	2	
<b>Blood Glucose Regulators</b>		
<b>Antidiabetic Agents</b>		
<i>acarbose tablet</i>	3	
BYDUREON BCISE	3	QL(10.2 ML per 84 days); PA
<i>glimepiride tablet 4mg</i>	1	QL(180 EA per 90 days)
<i>glimepiride tablet 2mg</i>	1	QL(360 EA per 90 days)
<i>glimepiride tablet 1mg</i>	1	QL(720 EA per 90 days)
<i>glipizide er tablet extended release 24 hour 10mg</i>	1	QL(180 EA per 90 days)
<i>glipizide er tablet extended release 24 hour 2.5mg, 5mg</i>	1	QL(270 EA per 90 days)
<i>glipizide/metformin hydrochloride tablet 2.5mg; 500mg, 5mg; 500mg</i>	2	QL(360 EA per 90 days)
<i>glipizide/metformin hydrochloride tablet 2.5mg; 250mg</i>	2	QL(720 EA per 90 days)
<i>glipizide tablet 10mg</i>	1	QL(360 EA per 90 days)
<i>glipizide tablet 5mg</i>	1	QL(720 EA per 90 days)
<i>glipizide tablet 2.5mg</i>	2	QL(90 EA per 90 days)
GLYBURIDE MICRONIZED TABLET 6MG	2	QL(180 EA per 90 days)
GLYBURIDE MICRONIZED TABLET 3MG	2	QL(360 EA per 90 days)
GLYBURIDE MICRONIZED TABLET 1.5MG	2	QL(720 EA per 90 days)
<i>glyburide/metformin hydrochloride tablet 2.5mg; 500mg, 5mg; 500mg</i>	1	QL(360 EA per 90 days)
<i>glyburide/metformin hydrochloride tablet 1.25mg; 250mg</i>	1	QL(720 EA per 90 days)
<i>glyburide tablet 1.25mg</i>	1	QL(1440 EA per 90 days)
<i>glyburide tablet 5mg</i>	1	QL(360 EA per 90 days)
<i>glyburide tablet 2.5mg</i>	1	QL(720 EA per 90 days)
GLYXAMBI	3	QL(90 EA per 90 days)
JANUMET	3	QL(180 EA per 90 days)
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 50MG, 500MG; 50MG	3	QL(180 EA per 90 days)
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 100MG	3	QL(90 EA per 90 days)
JANUVIA	3	QL(90 EA per 90 days)
JENTADUETO	3	QL(180 EA per 90 days)
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG	3	QL(180 EA per 90 days)

Formulary ID: 25351, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/18/2024

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

Drug Name	Drug Tier	Requirements/Limits
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 5MG; 1000MG	3	QL(90 EA per 90 days)
<i>metformin hydrochloride er tablet extended release 24 hour 750mg</i>	1	QL(180 EA per 90 days)
<i>metformin hydrochloride er tablet extended release 24 hour 500mg</i>	1	QL(360 EA per 90 days)
<i>metformin hydrochloride tablet 1000mg</i>	1	QL(230 EA per 90 days)
<i>metformin hydrochloride tablet 850mg</i>	1	QL(270 EA per 90 days)
<i>metformin hydrochloride tablet 500mg</i>	1	QL(459 EA per 90 days)
MOUNJARO	3	QL(2 ML per 28 days); PA
<i>nateglinide tablet 120mg</i>	2	QL(270 EA per 90 days)
<i>nateglinide tablet 60mg</i>	2	QL(540 EA per 90 days)
OZEMPIC INJECTION 2MG/1.5ML	3	QL(1.5 ML per 28 days); PA
OZEMPIC INJECTION 2MG/3ML, 4MG/3ML, 8MG/3ML	3	QL(3 ML per 28 days); PA
<i>pioglitazone hcl tablet 45mg</i>	1	QL(90 EA per 90 days)
<i>pioglitazone hydrochloride tablet 15mg, 30mg</i>	1	QL(90 EA per 90 days)
<i>repaglinide tablet 1mg</i>	3	QL(1440 EA per 90 days)
<i>repaglinide tablet 0.5mg</i>	3	QL(2880 EA per 90 days)
<i>repaglinide tablet 2mg</i>	3	QL(720 EA per 90 days)
RYBELSUS TABLET 7MG	3	QL(180 EA per 90 days); PA
RYBELSUS TABLET 3MG	3	QL(420 EA per 90 days); PA
RYBELSUS TABLET 14MG	3	QL(90 EA per 90 days); PA
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 12.5MG; 1000MG, 5MG; 1000MG	3	QL(180 EA per 90 days)
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25MG; 1000MG	3	QL(90 EA per 90 days)
SYNJARDY TABLET 12.5MG; 1000MG, 12.5MG; 500MG, 5MG; 1000MG	3	QL(180 EA per 90 days)
SYNJARDY TABLET 5MG; 500MG	3	QL(360 EA per 90 days)
TRADJENTA	3	QL(90 EA per 90 days)
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5MG; 2.5MG; 1000MG, 5MG; 2.5MG; 1000MG	3	QL(180 EA per 90 days)
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 5MG; 1000MG, 25MG; 5MG; 1000MG	3	QL(90 EA per 90 days)
TRULICITY	3	QL(2 ML per 28 days); PA
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG, 5MG; 1000MG, 5MG; 500MG	3	QL(180 EA per 90 days)
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 10MG; 500MG	3	QL(90 EA per 90 days)
<b>Glycemic Agents</b>		
BAQSIMI ONE PACK	3	
BAQSIMI TWO PACK	3	
<i>diazoxide suspension</i>	5	
GLUCAGEN HYPOKIT	3	

Formulary ID: 25351, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/18/2024

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

Drug Name	Drug Tier	Requirements/Limits
GLUCAGON EMERGENCY KIT	3	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	3	
GVOKE HYPOPEN 1-PACK	3	
GVOKE HYPOPEN 2-PACK	3	
GVOKE KIT	3	
GVOKE PFS	3	
<b>Insulins</b>		
HUMALOG KWIKPEN INJECTION 200UNIT/ML	4	ST
HUMULIN R U-500 (CONCENTRATED)	5	PA
HUMULIN R U-500 KWIKPEN	5	PA
LANTUS	3	
LANTUS SOLOSTAR	3	
NOVOLIN 70/30	3	
NOVOLIN 70/30 FLEXPEN	3	
NOVOLIN 70/30 FLEXPEN RELION	3	
NOVOLIN 70/30 RELION	3	
NOVOLIN N	3	
NOVOLIN N FLEXPEN	3	
NOVOLIN N FLEXPEN RELION	3	
NOVOLIN N RELION	3	
NOVOLIN R	3	
NOVOLIN R FLEXPEN	3	
NOVOLIN R FLEXPEN RELION	3	
NOVOLIN R RELION	3	
NOVOLOG	3	
NOVOLOG FLEXPEN	3	
NOVOLOG FLEXPEN RELION	3	
NOVOLOG MIX 70/30	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION	3	
NOVOLOG MIX 70/30 RELION	3	
NOVOLOG PENFILL	3	
NOVOLOG RELION	3	
TOUJEO MAX SOLOSTAR	3	
TOUJEO SOLOSTAR	3	
<b>Blood Products and Modifiers</b>		
<b>Anticoagulants</b>		
<i>dabigatran etexilate capsule 150mg, 75mg</i>	4	QL(180 EA per 90 days)
ELIQUIS STARTER PACK	3	QL(74 EA per 30 days)
ELIQUIS TABLET 2.5MG	3	QL(180 EA per 90 days)
ELIQUIS TABLET 5MG	3	QL(194 EA per 90 days)
<i>enoxaparin sodium injection 100mg/ml, 120mg/0.8ml, 150mg/ml, 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml</i>	4	

Formulary ID: 25351, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/18/2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>fondaparinux sodium injection 2.5mg/0.5ml</i>	4	
<i>fondaparinux sodium injection 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	5	
<i>heparin sodium injection 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/ml</i>	3	
<i>jantoven</i>	1	
<i>warfarin sodium tablet</i>	1	
XARELTO STARTER PACK	3	QL(51 EA per 30 days)
XARELTO SUSPENSION RECONSTITUTED	3	QL(2700 ML per 90 days)
XARELTO TABLET 15MG, 2.5MG	3	QL(180 EA per 90 days)
XARELTO TABLET 10MG, 20MG	3	QL(90 EA per 90 days)
<b>Blood Products and Modifiers, Other</b>		
<i>anagrelide hydrochloride</i>	3	
PROCRT INJECTION 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA
PROCRT INJECTION 20000UNIT/ML, 40000UNIT/ML	5	PA
PROMACTA TABLET 12.5MG, 25MG	5	QL(31 EA per 31 days); PA
PROMACTA TABLET 50MG, 75MG	5	QL(62 EA per 31 days); PA
VOYDEYA	5	QL(180 EA per 30 days); PA
ZARXIO	5	PA
<b>Hemostasis Agents</b>		
<i>tranexamic acid tablet</i>	3	QL(90 EA per 63 days)
<b>Platelet Modifying Agents</b>		
<i>aspirin/dipyridamole er</i>	4	QL(180 EA per 90 days)
BRILINTA TABLET 60MG	4	QL(180 EA per 90 days)
BRILINTA TABLET 90MG	4	QL(182 EA per 90 days)
CABLIVI	5	PA
<i>cilostazol</i>	2	
<i>clopidogrel tablet 75mg</i>	2	QL(90 EA per 90 days)
<i>prasugrel hydrochloride</i>	3	
<b>Cardiovascular Agents</b>		
<b>Alpha-adrenergic Agonists</b>		
<i>clonidine</i>	4	QL(12 EA per 84 days)
<i>clonidine hydrochloride tablet</i>	2	
<i>droxidopa capsule 200mg, 300mg</i>	5	QL(186 EA per 31 days); PA
<i>droxidopa capsule 100mg</i>	5	QL(93 EA per 31 days); PA
<i>guanfacine hydrochloride</i>	3	
<i>midodrine hcl</i>	3	
<b>Alpha-adrenergic Blocking Agents</b>		
<i>doxazosin mesylate tablet</i>	2	
<i>prazosin hydrochloride capsule</i>	2	
<i>terazosin hcl capsule 10mg, 1mg, 5mg</i>	2	
<i>terazosin hydrochloride capsule 2mg</i>	2	
<b>Angiotensin II Receptor Antagonists</b>		

Formulary ID: 25351, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/18/2024

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>candesartan cilexetil tablet 16mg</i>	1	QL(180 EA per 90 days)
<i>candesartan cilexetil tablet 8mg</i>	1	QL(360 EA per 90 days)
<i>candesartan cilexetil tablet 4mg</i>	1	QL(720 EA per 90 days)
<i>candesartan cilexetil tablet 32mg</i>	1	QL(90 EA per 90 days)
<i>irbesartan tablet 150mg</i>	2	QL(180 EA per 90 days)
<i>irbesartan tablet 75mg</i>	2	QL(360 EA per 90 days)
<i>irbesartan tablet 300mg</i>	2	QL(90 EA per 90 days)
<i>losartan potassium tablet 100mg, 50mg</i>	1	QL(180 EA per 90 days)
<i>losartan potassium tablet 25mg</i>	1	QL(270 EA per 90 days)
<i>olmesartan medoxomil tablet 20mg</i>	3	QL(180 EA per 90 days)
<i>olmesartan medoxomil tablet 5mg</i>	3	QL(720 EA per 90 days)
<i>olmesartan medoxomil tablet 40mg</i>	3	QL(90 EA per 90 days)
VALSARTAN SOLUTION	4	QL(7200 ML per 90 days)
<i>valsartan tablet 160mg</i>	2	QL(180 EA per 90 days)
<i>valsartan tablet 80mg</i>	2	QL(360 EA per 90 days)
<i>valsartan tablet 40mg</i>	2	QL(720 EA per 90 days)
<i>valsartan tablet 320mg</i>	2	QL(90 EA per 90 days)
<b>Angiotensin-converting Enzyme (ACE) Inhibitors</b>		
<i>benazepril hcl tablet 5mg</i>	1	QL(1440 EA per 90 days)
<i>benazepril hcl tablet 40mg</i>	1	QL(180 EA per 90 days)
<i>benazepril hcl tablet 10mg</i>	1	QL(720 EA per 90 days)
<i>benazepril hydrochloride tablet 20mg</i>	1	QL(360 EA per 90 days)
<i>enalapril maleate tablet 2.5mg</i>	1	QL(1440 EA per 90 days)
<i>enalapril maleate tablet 20mg</i>	1	QL(180 EA per 90 days)
<i>enalapril maleate tablet 10mg</i>	1	QL(360 EA per 90 days)
<i>enalapril maleate tablet 5mg</i>	1	QL(720 EA per 90 days)
<i>fosinopril sodium tablet 40mg</i>	2	QL(180 EA per 90 days)
<i>fosinopril sodium tablet 20mg</i>	2	QL(360 EA per 90 days)
<i>fosinopril sodium tablet 10mg</i>	2	QL(720 EA per 90 days)
<i>lisinopril tablet 2.5mg</i>	1	QL(1440 EA per 90 days)
<i>lisinopril tablet 20mg, 30mg, 40mg</i>	1	QL(180 EA per 90 days)
<i>lisinopril tablet 10mg</i>	1	QL(360 EA per 90 days)
<i>lisinopril tablet 5mg</i>	1	QL(720 EA per 90 days)
<i>moexipril hcl tablet 15mg</i>	3	QL(180 EA per 90 days)
<i>moexipril hcl tablet 7.5mg</i>	3	QL(360 EA per 90 days)
PERINDOPRIL ERBUMINE TABLET 8MG	2	QL(180 EA per 90 days)
PERINDOPRIL ERBUMINE TABLET 2MG	2	QL(720 EA per 90 days)
<i>perindopril erbumine tablet 4mg</i>	2	QL(360 EA per 90 days)
<i>quinapril hydrochloride tablet 5mg</i>	2	QL(1440 EA per 90 days)
<i>quinapril hydrochloride tablet 40mg</i>	2	QL(180 EA per 90 days)
<i>quinapril hydrochloride tablet 20mg</i>	2	QL(360 EA per 90 days)
<i>quinapril hydrochloride tablet 10mg</i>	2	QL(720 EA per 90 days)
<i>ramipril capsule 1.25mg</i>	1	QL(1440 EA per 90 days)
<i>ramipril capsule 10mg</i>	1	QL(180 EA per 90 days)

Formulary ID: 25351, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/18/2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>ramipril capsule 5mg</i>	1	QL(360 EA per 90 days)
<i>ramipril capsule 2.5mg</i>	1	QL(720 EA per 90 days)
<i>trandolapril tablet 4mg</i>	2	QL(180 EA per 90 days)
<i>trandolapril tablet 2mg</i>	2	QL(360 EA per 90 days)
<i>trandolapril tablet 1mg</i>	2	QL(720 EA per 90 days)
<b>Antiarrhythmics</b>		
<i>amiodarone hydrochloride tablet 200mg</i>	2	
<i>amiodarone hydrochloride tablet 100mg, 400mg</i>	4	
DIGOXIN SOLUTION	3	
<i>digoxin tablet 125mcg, 250mcg</i>	3	QL(90 EA per 90 days)
<i>dofetilide</i>	4	
<i>flecainide acetate</i>	3	
<i>mexiletine hcl</i>	4	
<i>pacerone tablet 200mg</i>	2	
<i>pacerone tablet 100mg, 400mg</i>	4	
<i>propafenone hcl</i>	4	
<i>propafenone hydrochloride er</i>	4	
<i>propafenone hydrochloride tablet 300mg</i>	4	
QUINIDINE SULFATE TABLET	2	
<i>sorine tablet 120mg, 160mg, 80mg</i>	2	
<i>sotalol hcl</i>	2	
<i>sotalol hydrochloride (af)</i>	4	
<b>Beta-adrenergic Blocking Agents</b>		
<i>acebutolol hydrochloride</i>	2	
<i>atenolol tablet</i>	1	
<i>bisoprolol fumarate</i>	2	
<i>carvedilol</i>	1	
<i>labetalol hydrochloride tablet</i>	2	
<i>metoprolol succinate er tablet extended release 24 hour 100mg, 200mg</i>	2	QL(180 EA per 90 days)
<i>metoprolol succinate er tablet extended release 24 hour 25mg, 50mg</i>	2	QL(270 EA per 90 days)
<i>metoprolol tartrate tablet 100mg, 25mg, 50mg</i>	1	
<i>nebivolol hydrochloride tablet 20mg</i>	4	QL(180 EA per 90 days); ST
<i>nebivolol hydrochloride tablet 10mg</i>	4	QL(360 EA per 90 days); ST
<i>nebivolol hydrochloride tablet 2.5mg, 5mg</i>	4	QL(90 EA per 90 days); ST
<i>pindolol tablet</i>	3	
<i>propranolol hcl er capsule extended release 24 hour 120mg, 160mg</i>	4	
<i>propranolol hcl tablet 40mg</i>	3	
<i>propranolol hydrochloride er capsule extended release 24 hour 60mg, 80mg</i>	3	
<i>propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg</i>	3	
<i>timolol maleate tablet 10mg, 20mg, 5mg</i>	2	

Formulary ID: 25351, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/18/2024

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



Drug Name	Drug Tier	Requirements/Limits
<b>Calcium Channel Blocking Agents, Dihydropyridines</b>		
<i>amlodipine besylate tablet</i>	1	
<i>nicardipine hcl capsule</i>	4	
<i>nifedipine er</i>	3	QL(180 EA per 90 days)
<i>nimodipine capsule</i>	4	
<b>Calcium Channel Blocking Agents, Nondihydropyridines</b>		
<i>cartia xt</i>	3	
<i>dilt-xr</i>	3	
<i>diltiazem hcl cd</i>	3	
<i>diltiazem hcl er capsule extended release 24 hour 120mg, 180mg, 240mg, 420mg</i>	3	
<i>diltiazem hcl er capsule extended release 12 hour</i>	4	
<i>diltiazem hcl tablet 30mg, 60mg, 90mg</i>	2	
<i>diltiazem hydrochloride er capsule extended release 24 hour</i>	3	
<i>diltiazem hydrochloride tablet 120mg</i>	2	
<i>taztia xt</i>	3	
<i>tiadylt er</i>	3	
VERAPAMIL HCL ER CAPSULE EXTENDED RELEASE 24 HOUR 100MG, 300MG	4	
<i>verapamil hcl er tablet extended release 120mg, 240mg</i>	4	
VERAPAMIL HCL SR CAPSULE EXTENDED RELEASE 24 HOUR 360MG	4	
<i>verapamil hcl sr capsule extended release 24 hour 120mg, 180mg, 240mg</i>	4	
<i>verapamil hcl tablet 40mg, 80mg</i>	1	
VERAPAMIL HYDROCHLORIDE ER CAPSULE EXTENDED RELEASE 24 HOUR 200MG	4	
<i>verapamil hydrochloride er tablet extended release 180mg</i>	4	
<i>verapamil hydrochloride tablet 120mg</i>	1	
<b>Cardiovascular Agents, Other</b>		
<i>aliskiren</i>	4	QL(90 EA per 90 days)
AMILORIDE/HYDROCHLOROTHIAZIDE	2	
<i>amlodipine besylate/benazepril hydrochloride capsule 5mg; 10mg, 5mg; 20mg</i>	2	QL(180 EA per 90 days)
<i>amlodipine besylate/benazepril hydrochloride capsule 2.5mg; 10mg</i>	2	QL(360 EA per 90 days)
<i>amlodipine besylate/benazepril hydrochloride capsule 10mg; 20mg, 10mg; 40mg, 5mg; 40mg</i>	2	QL(90 EA per 90 days)
<i>amlodipine besylate/valsartan tablet 5mg; 160mg</i>	2	QL(180 EA per 90 days)
<i>amlodipine besylate/valsartan tablet 10mg; 160mg, 10mg; 320mg, 5mg; 320mg</i>	2	QL(90 EA per 90 days)
<i>amlodipine/olmesartan medoxomil</i>	3	QL(90 EA per 90 days)
<i>atenolol/chlorthalidone</i>	2	

Formulary ID: 25351, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/18/2024

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>benazepril hydrochloride/hydrochlorothiazide tablet 10mg; 12.5mg</i>	2	QL(180 EA per 90 days)
<i>benazepril hydrochloride/hydrochlorothiazide tablet 5mg; 6.25mg</i>	2	QL(360 EA per 90 days)
<i>benazepril hydrochloride/hydrochlorothiazide tablet 20mg; 12.5mg, 20mg; 25mg</i>	2	QL(90 EA per 90 days)
<i>bisoprolol fumarate/hydrochlorothiazide</i>	2	
<b>CORLANOR SOLUTION</b>	4	QL(1350 ML per 90 days)
<b>CORLANOR TABLET</b>	4	QL(180 EA per 90 days)
<i>enalapril maleate/hydrochlorothiazide tablet 10mg; 25mg</i>	2	QL(180 EA per 90 days)
<i>enalapril maleate/hydrochlorothiazide tablet 5mg; 12.5mg</i>	2	QL(360 EA per 90 days)
<b>ENTRESTO TABLET</b>	3	QL(180 EA per 90 days)
<i>fosinopril sodium/hydrochlorothiazide</i>	2	QL(360 EA per 90 days)
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 150mg</i>	2	QL(180 EA per 90 days)
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 300mg</i>	2	QL(90 EA per 90 days)
<i>ivabradine hydrochloride</i>	4	QL(180 EA per 90 days)
<i>lisinopril/hydrochlorothiazide tablet 25mg; 20mg</i>	1	QL(180 EA per 90 days)
<i>lisinopril/hydrochlorothiazide tablet 12.5mg; 10mg, 12.5mg; 20mg</i>	1	QL(360 EA per 90 days)
<i>losartan potassium/hydrochlorothiazide tablet 12.5mg; 50mg</i>	2	QL(180 EA per 90 days)
<i>losartan potassium/hydrochlorothiazide tablet 12.5mg; 100mg, 25mg; 100mg</i>	2	QL(90 EA per 90 days)
<i>metoprolol/hydrochlorothiazide</i>	3	
<i>metyrosine</i>	5	
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide</i>	4	QL(90 EA per 90 days)
<i>olmesartan medoxomil/hydrochlorothiazide tablet 12.5mg; 20mg</i>	3	QL(180 EA per 90 days)
<i>olmesartan medoxomil/hydrochlorothiazide tablet 12.5mg; 40mg, 25mg; 40mg</i>	3	QL(90 EA per 90 days)
<i>pentoxifylline er</i>	2	
<i>quinapril/hydrochlorothiazide tablet 12.5mg; 10mg, 12.5mg; 20mg</i>	2	QL(180 EA per 90 days)
<i>quinapril/hydrochlorothiazide tablet 25mg; 20mg</i>	2	QL(90 EA per 90 days)
<i>ranolazine er</i>	4	
<i>spironolactone/hydrochlorothiazide</i>	2	
<i>triamterene/hydrochlorothiazide capsule 25mg; 37.5mg</i>	2	
<i>triamterene/hydrochlorothiazide tablet</i>	1	
<i>valsartan/hydrochlorothiazide tablet 12.5mg; 160mg, 12.5mg; 80mg</i>	2	QL(180 EA per 90 days)
<i>valsartan/hydrochlorothiazide tablet 12.5mg; 320mg, 25mg; 160mg, 25mg; 320mg</i>	2	QL(90 EA per 90 days)
<b>Diuretics, Loop</b>		
<i>bumetanide tablet</i>	2	
<i>bumetanide injection</i>	4	

Formulary ID: 25351, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/18/2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>furosemide tablet</i>	1	
<i>furosemide injection</i>	4	
FUROSEMIDE ORAL SOLUTION 40MG/5ML	2	
<i>furosemide oral solution 10mg/ml</i>	2	
<i>torseamide tablet</i>	2	
<b>Diuretics, Potassium-sparing</b>		
<i>amiloride hcl tablet</i>	3	
<i>triamterene capsule</i>	4	
<b>Diuretics, Thiazide</b>		
<i>chlorthalidone tablet 25mg, 50mg</i>	2	
<i>hydrochlorothiazide capsule, tablet</i>	1	
<i>indapamide tablet</i>	2	
<i>metolazone</i>	3	
<b>Dyslipidemics, Fibric Acid Derivatives</b>		
<i>fenofibrate micronized capsule 134mg, 200mg, 67mg</i>	3	QL(90 EA per 90 days)
<i>fenofibrate tablet 145mg, 160mg, 48mg, 54mg</i>	3	QL(90 EA per 90 days)
<i>gemfibrozil tablet</i>	2	
<b>Dyslipidemics, HMG CoA Reductase Inhibitors</b>		
<i>atorvastatin calcium tablet 40mg</i>	1	QL(180 EA per 90 days)
<i>atorvastatin calcium tablet 10mg, 20mg</i>	1	QL(360 EA per 90 days)
<i>atorvastatin calcium tablet 80mg</i>	1	QL(90 EA per 90 days)
LIVALO TABLET 2MG	3	QL(180 EA per 90 days)
LIVALO TABLET 1MG	3	QL(360 EA per 90 days)
LIVALO TABLET 4MG	3	QL(90 EA per 90 days)
<i>lovastatin tablet 40mg</i>	1	QL(180 EA per 90 days)
<i>lovastatin tablet 10mg, 20mg</i>	1	QL(360 EA per 90 days)
<i>pravastatin sodium tablet 40mg</i>	1	QL(180 EA per 90 days)
<i>pravastatin sodium tablet 10mg, 20mg</i>	1	QL(360 EA per 90 days)
<i>pravastatin sodium tablet 80mg</i>	1	QL(90 EA per 90 days)
<i>rosuvastatin calcium tablet 20mg</i>	1	QL(180 EA per 90 days)
<i>rosuvastatin calcium tablet 10mg, 5mg</i>	1	QL(360 EA per 90 days)
<i>rosuvastatin calcium tablet 40mg</i>	1	QL(90 EA per 90 days)
<i>simvastatin tablet 40mg</i>	1	QL(180 EA per 90 days)
<i>simvastatin tablet 10mg, 20mg, 5mg</i>	1	QL(360 EA per 90 days)
<i>simvastatin tablet 80mg</i>	1	QL(90 EA per 90 days)
<b>Dyslipidemics, Other</b>		
<i>cholestyramine light</i>	4	
<i>cholestyramine packet, powder</i>	4	
<i>colestipol hcl</i>	4	
<i>ezetimibe</i>	3	QL(90 EA per 90 days)
<i>ezetimibe/simvastatin</i>	4	QL(90 EA per 90 days); ST
<i>icosapent ethyl</i>	4	
<i>niacin er</i>	3	
<i>omega-3-acid ethyl esters</i>	3	QL(360 EA per 90 days)

Formulary ID: 25351, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/18/2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>prevalite</i>	4	
REPATHA	3	QL(3 ML per 28 days); PA
REPATHA PUSHTRONEX SYSTEM	3	QL(3.5 ML per 28 days); PA
REPATHA SURECLICK	3	QL(3 ML per 28 days); PA
<b>Mineralocorticoid Receptor Antagonists</b>		
<i>eplerenone</i>	4	
KERENDIA	4	QL(90 EA per 90 days); PA
<i>spironolactone tablet</i>	2	
<b>Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)</b>		
FARXIGA	3	QL(90 EA per 90 days)
JARDIANCE	3	QL(90 EA per 90 days)
<b>Vasodilators, Direct-acting Arterial/Venous</b>		
<i>isosorbide dinitrate tablet 10mg, 20mg, 30mg, 5mg</i>	3	
<i>isosorbide mononitrate</i>	2	
<i>isosorbide mononitrate er</i>	2	
NITRO-BID	3	
<i>nitroglycerin transdermal</i>	2	
<i>nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg</i>	3	
VERQUVO TABLET 10MG	4	QL(30 EA per 30 days); PA
VERQUVO TABLET 2.5MG, 5MG	4	QL(60 EA per 30 days); PA
<b>Vasodilators, Direct-acting Arterial</b>		
<i>hydralazine hcl tablet 10mg</i>	2	
<i>hydralazine hydrochloride tablet 100mg, 25mg, 50mg</i>	2	
<i>minoxidil tablet</i>	2	
<b>Central Nervous System Agents</b>		
<b>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</b>		
<i>amphetamine/dextroamphetamine tablet 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	3	QL(180 EA per 90 days)
<i>amphetamine/dextroamphetamine tablet 5mg; 5mg; 5mg; 5mg</i>	3	QL(270 EA per 90 days)
<i>amphetamine/dextroamphetamine tablet 1.25mg; 1.25mg; 1.25mg; 1.25mg, 1.875mg; 1.875mg; 1.875mg; 1.875mg, 2.5mg; 2.5mg; 2.5mg; 2.5mg, 3.125mg; 3.125mg; 3.125mg; 3.125mg, 3.75mg; 3.75mg; 3.75mg; 3.75mg</i>	3	QL(360 EA per 90 days)
<i>dextroamphetamine sulfate tablet 10mg, 5mg</i>	3	QL(540 EA per 90 days)
<b>Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines</b>		
<i>atomoxetine hydrochloride capsule 10mg, 25mg</i>	4	QL(180 EA per 90 days)
<i>atomoxetine capsule 18mg, 40mg, 60mg</i>	4	QL(180 EA per 90 days)
<i>atomoxetine capsule 100mg, 80mg</i>	4	QL(90 EA per 90 days)
<i>clonidine hydrochloride er</i>	3	QL(360 EA per 90 days)
<i>dexmethylphenidate hcl er capsule extended release 24 hour 20mg, 35mg</i>	2	QL(30 EA per 30 days)
<i>dexmethylphenidate hcl tablet 10mg, 5mg</i>	2	QL(60 EA per 30 days)

Formulary ID: 25351, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/18/2024

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dexmethylphenidate hydrochloride er capsule extended release 24 hour 10mg, 15mg, 30mg, 40mg, 5mg</i>	2	QL(30 EA per 30 days)
<i>dexmethylphenidate hydrochloride capsule extended release 24 hour</i>	2	QL(30 EA per 30 days)
<i>dexmethylphenidate hydrochloride tablet 2.5mg</i>	2	QL(60 EA per 30 days)
<i>guanfacine hydrochloride er</i>	3	QL(180 EA per 90 days)
<i>methylphenidate hydrochloride tablet</i>	3	QL(270 EA per 90 days)
<i>methylphenidate hydrochloride solution 10mg/5ml</i>	4	QL(2700 ML per 90 days)
<i>methylphenidate hydrochloride solution 5mg/5ml</i>	4	QL(5400 ML per 90 days)
<b>Central Nervous System, Other</b>		
NUEDEXTA	5	QL(180 EA per 90 days); PA
<i>riluzole</i>	3	
<i>tetrabenazine tablet 12.5mg</i>	4	QL(248 EA per 31 days); PA
<i>tetrabenazine tablet 25mg</i>	5	QL(124 EA per 31 days); PA
VEOZAH	4	QL(90 EA per 90 days); PA
<b>Fibromyalgia Agents</b>		
<i>pregabalin capsule 225mg, 300mg</i>	4	QL(180 EA per 90 days)
<i>pregabalin capsule 100mg, 150mg, 200mg, 50mg</i>	4	QL(270 EA per 90 days)
<i>pregabalin capsule 25mg, 75mg</i>	4	QL(360 EA per 90 days)
<i>pregabalin solution</i>	4	QL(2700 ML per 90 days)
SAVELLA	3	QL(180 EA per 90 days); PA
SAVELLA TITRATION PACK	3	QL(165 EA per 84 days); PA
<b>Multiple Sclerosis Agents</b>		
AVONEX PEN	5	QL(4 EA per 28 days); PA
AVONEX INJECTION 30MCG/0.5ML	5	QL(4 EA per 28 days); PA
BETASERON	5	QL(14 EA per 28 days); PA
<i>dalfampridine er</i>	3	QL(62 EA per 31 days); PA
<i>dimethyl fumarate</i>	3	QL(62 EA per 31 days); PA
<i>dimethyl fumarate starterpack</i>	5	QL(62 EA per 31 days); PA
<i>fingolimod hydrochloride</i>	5	QL(31 EA per 31 days); PA
<i>glatiramer acetate injection 40mg/ml</i>	5	QL(12 ML per 28 days); PA
<i>glatiramer acetate injection 20mg/ml</i>	5	QL(31 ML per 31 days); PA
<i>glatopa injection 40mg/ml</i>	5	QL(12 ML per 28 days); PA
<i>glatopa injection 20mg/ml</i>	5	QL(31 ML per 31 days); PA
<i>teriflunomide tablet 14mg</i>	4	QL(31 EA per 31 days); PA
<i>teriflunomide tablet 7mg</i>	4	QL(62 EA per 31 days); PA
<b>Dental and Oral Agents</b>		
<b>Dental and Oral Agents</b>		
<i>chlorhexidine gluconate solution</i>	2	
<i>doxycycline hyclate tablet 20mg</i>	3	
<i>kourzeq</i>	4	
<i>lidocaine hydrochloride viscous</i>	2	
<i>oralone dental paste</i>	4	
<i>periogard</i>	2	

Formulary ID: 25351, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/18/2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>pilocarpine hydrochloride</i>	4	
PREVIDENT 5000 BOOSTER PLUS	4	
PREVIDENT 5000 DRY MOUTH	4	
PREVIDENT 5000 KIDS	4	
<i>triamcinolone acetonide dental paste</i>	4	
<b>Dermatological Agents</b>		
<b>Acne and Rosacea Agents</b>		
<i>acutane</i>	4	PA
<i>acitretin</i>	4	PA
<i>amnestem</i>	4	PA
<i>claravis</i>	4	PA
<i>isotretinoin capsule</i>	4	PA
<i>metronidazole cream 0.75%</i>	3	
<i>metronidazole gel 0.75%</i>	4	
<i>tazarotene cream 0.1%</i>	4	QL(180 GM per 90 days); PA
<i>tazarotene gel 0.05%</i>	4	QL(180 GM per 90 days); PA
<i>tretinoin cream 0.025%, 0.05%, 0.1%</i>	4	QL(45 GM per 30 days); PA
<i>tretinoin gel 0.01%, 0.025%</i>	4	QL(45 GM per 30 days); PA
<i>zenatane</i>	4	PA
<b>Dermatitis and Pruritus Agents</b>		
<i>ala-cort cream 2.5%</i>	2	QL(90 GM per 90 days)
<i>alclometasone dipropionate ointment</i>	3	
<i>ammonium lactate cream, lotion</i>	3	
BETAMETHASONE DIPROPIONATE AUGMENTED GEL	4	
<i>betamethasone dipropionate augmented cream</i>	3	
<i>betamethasone dipropionate augmented ointment</i>	4	
<i>betamethasone dipropionate augmented lotion</i>	4	QL(360 ML per 90 days)
<i>betamethasone dipropionate cream, lotion</i>	3	
<i>betamethasone dipropionate ointment</i>	4	
<i>betamethasone valerate cream, lotion, ointment</i>	3	
<i>clobetasol propionate e</i>	4	QL(180 GM per 90 days)
<i>clobetasol propionate solution</i>	3	QL(150 ML per 90 days)
<i>clobetasol propionate cream</i>	3	QL(180 GM per 90 days)
<i>clobetasol propionate gel, ointment</i>	4	QL(180 GM per 90 days)
<i>clobetasol propionate shampoo</i>	4	QL(354 ML per 90 days)
<i>fluocinolone acetonide solution 0.01%</i>	4	QL(360 ML per 90 days)
<i>fluocinonide emulsified base</i>	3	QL(360 GM per 90 days)
FLUOCINONIDE GEL	4	QL(180 GM per 90 days)
<i>fluocinonide cream 0.05%</i>	3	QL(360 GM per 90 days)
<i>fluocinonide solution</i>	3	QL(180 ML per 90 days)
<i>fluticasone propionate cream 0.05%</i>	3	
<i>fluticasone propionate ointment 0.005%</i>	3	
<i>halobetasol propionate cream, ointment</i>	4	QL(150 GM per 90 days)
<i>hydrocortisone valerate cream</i>	4	QL(180 GM per 90 days)

Formulary ID: 25351, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/18/2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone cream 2.5%</i>	2	QL(90 GM per 90 days)
HYDROCORTISONE LOTION 2.5%	3	QL(354 ML per 90 days)
<i>hydrocortisone ointment 1%, 2.5%</i>	2	QL(90 GM per 90 days)
<i>mometasone furoate</i>	3	
<i>pimecrolimus</i>	4	QL(100 GM per 90 days)
<i>selenium sulfide</i>	2	
SOMATULINE DEPOT INJECTION 60MG/0.2ML	5	PA
<i>tacrolimus ointment 0.03%, 0.1%</i>	4	QL(300 GM per 90 days)
<i>triamcinolone acetonide cream 0.025%, 0.1%, 0.5%</i>	2	
<i>triamcinolone acetonide lotion 0.025%, 0.1%</i>	3	
<i>triamcinolone acetonide ointment 0.025%, 0.1%, 0.5%</i>	2	
<i>triderm cream 0.5%</i>	2	
<b>Dermatological Agents, Other</b>		
CALCIPOTRIENE SOLUTION	3	QL(180 ML per 90 days); PA
<i>calcipotriene cream</i>	3	QL(360 GM per 90 days); PA
<i>clotrimazole/betamethasone dipropionate cream</i>	3	QL(135 GM per 90 days)
<i>fluorouracil cream 5%</i>	4	QL(120 GM per 90 days)
FLUOROURACIL SOLUTION 2%	3	
<i>fluorouracil solution 5%</i>	3	QL(10 ML per 30 days)
<i>imiquimod cream 5%</i>	3	QL(72 EA per 90 days)
METHOXSALEN CAPSULE	5	
OTEZLA TABLET 20MG	5	QL(62 EA per 31 days); PA
PODOFILOX SOLUTION	4	
SANTYL	4	QL(180 GM per 90 days)
<i>silver sulfadiazine</i>	3	
<i>ssd</i>	3	
<b>Pediculicides/Scabicides</b>		
<i>malathion</i>	4	
<i>permethrin cream</i>	3	
<b>Topical Anti-infectives</b>		
<i>ciclopirox nail lacquer</i>	3	QL(19.8 ML per 90 days)
<i>clindamycin phosphate gel 1%</i>	3	QL(225 GM per 90 days)
<i>clindamycin phosphate gel 1%</i>	3	QL(225 ML per 90 days)
<i>clindamycin phosphate lotion 1%</i>	3	QL(180 ML per 90 days)
<i>clindamycin phosphate external solution 1%</i>	3	QL(180 ML per 90 days)
<i>erythromycin solution 2%</i>	3	QL(180 ML per 90 days)
<i>mupirocin ointment</i>	3	QL(90 GM per 90 days)
<b>Electrolytes/Minerals/Metals/Vitamins</b>		
<b>Electrolyte/Mineral Replacement</b>		
CALCIUM GLUCONATE INJECTION 10%	4	
DEXTROSE 10%/SODIUM CHLORIDE 0.45%	4	
DEXTROSE 2.5%/SODIUM CHLORIDE 0.45%	4	
<i>dextrose 5%</i>	4	
<i>dextrose 5%/sodium chloride 0.2%</i>	4	

Formulary ID: 25351, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/18/2024

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

Drug Name	Drug Tier	Requirements/Limits
DEXTROSE 5%/SODIUM CHLORIDE 0.3%	4	
DEXTROSE 5%/SODIUM CHLORIDE 0.33%	4	
<i>dextrose 5%/sodium chloride 0.45%</i>	4	
<i>dextrose 5%/sodium chloride 0.9%</i>	4	
<i>dextrose 50%</i>	4	
<i>dextrose 70%</i>	4	
<i>dextrose/sodium chloride</i>	4	
ISOLYTE-P/DEXTROSE 5%	4	
ISOLYTE-S PH 7.4	4	
ISOLYTE-S INJECTION 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	4	
<i>kcl 0.075%/d5w/nacl 0.45% injection 5%; 10meq/l; 0.45%</i>	4	
<i>kcl 0.15%/d5w/nacl 0.2%</i>	4	
<i>kcl 0.15%/d5w/nacl 0.45% injection 5%; 20meq/l; 0.45%</i>	4	
<i>kcl 0.15%/d5w/nacl 0.9% injection 5%; 20meq/l; 0.9%</i>	4	
<i>kcl 0.3%/d5w/nacl 0.45% injection 5%; 40meq/l; 0.45%</i>	4	
KCL 0.3%/D5W/NACL 0.9% INJECTION 5%; 40MEQ/L; 0.9%	4	
<i>klor-con 10</i>	3	
<i>klor-con 8</i>	3	
<i>klor-con m10</i>	2	
<i>klor-con m15</i>	2	
<i>klor-con m20</i>	2	
<i>magnesium sulfate injection 50%</i>	4	
MULTIPLE ELECTROLYTES INJECTION TYPE 1 INJECTION 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	4	
<i>multiple electrolytes injection type 1 injection 27meq/l; 98meq/l; 23meq/l; 3meq/l; 5meq/l; 140meq/l</i>	4	
NORMOSOL -R	4	
NORMOSOL-R	4	
PLASMA-LYTE A	4	
PLASMA-LYTE-148	4	
<i>potassium chloride er tablet extended release</i>	2	
<i>potassium chloride er capsule extended release</i>	3	
<i>potassium chloride/dextrose/sodium chloride injection 5%; 10meq/l; 0.45%, 5%; 20meq/l; 0.45%, 5%; 20meq/l; 0.9%, 5%; 30meq/l; 0.45%, 5%; 40meq/l; 0.45%, 5%; 40meq/l; 0.9%</i>	4	
<i>potassium chloride/dextrose injection 5%; 20meq/l</i>	4	
<i>potassium chloride/sodium chloride injection 20meq/l; 0.45%, 20meq/l; 0.9%, 40meq/l; 0.9%</i>	4	
<i>potassium chloride oral solution</i>	4	

Formulary ID: 25351, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/18/2024

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



Drug Name	Drug Tier	Requirements/Limits
POTASSIUM CHLORIDE INJECTION 10MEQ/100ML, 10MEQ/50ML, 20MEQ/100ML, 20MEQ/50ML, 40MEQ/100ML	4	
<i>potassium citrate er</i>	4	
PREMASOL INJECTION 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	4	B/D
PROSOL	4	B/D
<i>sodium chloride 0.45% injection</i>	4	
<i>sodium chloride injection 0.9%, 3%, 5%</i>	4	
TRAVASOL INJECTION 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	4	B/D
<b>Electrolyte/Mineral/Metal Modifiers</b>		
CHEMET	5	
<i>deferasirox tablet 180mg, 90mg</i>	3	PA
<i>deferasirox tablet 360mg</i>	4	PA
<i>penicillamine tablet</i>	5	
TRIENTINE HYDROCHLORIDE CAPSULE 500MG	5	PA
<i>trientine hydrochloride capsule 250mg</i>	5	PA
XPHOZAH	5	QL(62 EA per 31 days); PA
<b>Phosphate Binders</b>		
<i>calcium acetate capsule</i>	3	
<i>calcium acetate tablet 667mg</i>	3	
<i>sevelamer carbonate tablet</i>	4	QL(1620 EA per 90 days)
<b>Potassium Binders</b>		
LOKELMA PACKET 5GM	4	QL(270 EA per 90 days)
LOKELMA PACKET 10GM	4	QL(94 EA per 90 days)
<i>sodium polystyrene sulfonate powder</i>	3	
<i>sps</i>	3	
<b>Gastrointestinal Agents</b>		
<b>Anti-Constipation Agents</b>		
<i>constulose</i>	2	
<i>enulose</i>	2	
<i>generlac</i>	2	
<i>lactulose solution 10gm/15ml</i>	2	
LINZESS	3	QL(90 EA per 90 days)
<i>lubiprostone</i>	4	QL(180 EA per 90 days)

Formulary ID: 25351, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/18/2024

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

Drug Name	Drug Tier	Requirements/Limits
MOVANTIK TABLET 12.5MG	4	QL(180 EA per 90 days); PA
MOVANTIK TABLET 25MG	4	QL(90 EA per 90 days); PA
<b>Anti-Diarrheal Agents</b>		
<i>alosetron hydrochloride</i>	4	QL(62 EA per 31 days); PA
<i>diphenoxylate hydrochloride/atropine sulfate</i>	3	PA
DIPHENOXYLATE/ATROPINE LIQUID	4	PA
<i>loperamide hcl capsule</i>	2	
XERMELO	5	QL(90 EA per 30 days); PA
<b>Antispasmodics, Gastrointestinal</b>		
<i>dicyclomine hydrochloride capsule, tablet</i>	3	PA
<i>glycopyrrolate tablet 1mg, 2mg</i>	3	
<b>Gastrointestinal Agents, Other</b>		
GATTEX	5	PA
GAVILYTE-C	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-n/flavor pack</i>	2	
LANSOPRAZOLE/AMOXICILLIN/CLARITHROMYCIN THERAPY PACK	4	
<i>metoclopramide hcl solution</i>	2	
<i>metoclopramide hcl tablet 5mg</i>	2	
<i>metoclopramide hydrochloride tablet 10mg</i>	2	
<i>nitroglycerin ointment 0.4%</i>	4	QL(90 GM per 90 days)
<i>peg-3350/electrolytes</i>	2	
<i>peg-3350/nacl/na bicarbonate/kcl</i>	2	
RECTIV	4	QL(90 GM per 90 days)
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	4	
<i>ursodiol capsule 300mg</i>	3	
<i>ursodiol tablet</i>	4	
VOWST	5	QL(12 EA per 30 days); PA
XIFAXAN TABLET 550MG	5	QL(93 EA per 31 days); PA
<b>Histamine2 (H2) Receptor Antagonists</b>		
<i>famotidine tablet 20mg, 40mg</i>	2	
NIZATIDINE CAPSULE	4	
<b>Protectants</b>		
<i>misoprostol</i>	3	
<i>sucrafate tablet</i>	2	
<b>Proton Pump Inhibitors</b>		
<i>omeprazole dr capsule delayed release 10mg</i>	2	QL(180 EA per 90 days)
<i>omeprazole capsule delayed release 20mg, 40mg</i>	2	QL(180 EA per 90 days)
<i>pantoprazole sodium tablet delayed release</i>	2	QL(180 EA per 90 days)
<b>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</b>		
<b>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</b>		

Formulary ID: 25351, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/18/2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>betaine anhydrous</i>	5	
CERDELGA	5	PA
CREON CAPSULE DELAYED RELEASE PARTICLES 12000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	3	
<i>cromolyn sodium concentrate 100mg/5ml</i>	4	
CYSTAGON	4	
ENDARI	5	QL(180 EA per 30 days); PA
JOENJA	5	QL(60 EA per 30 days); PA
<i>l-glutamine</i>	5	QL(180 EA per 30 days); PA
<i>miglustat</i>	5	PA
<i>nitisinone</i>	5	PA
OPFOLDA	4	QL(24 EA per 90 days); PA
PROLASTIN-C INJECTION 1000MG/20ML	5	PA
<i>sapropterin dihydrochloride</i>	5	PA
<i>sodium phenylbutyrate tablet</i>	5	
WELIREG	5	QL(93 EA per 31 days); PA
<i>yargesa</i>	5	PA
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 252600UNIT; 60000UNIT; 189600UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	3	
<b>Genitourinary Agents</b>		
<i>Antispasmodics, Urinary</i>		
<i>fesoterodine fumarate er</i>	3	QL(90 EA per 90 days)
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR	4	QL(90 EA per 90 days)
<i>oxybutynin chloride er</i>	3	QL(180 EA per 90 days); PA
<i>oxybutynin chloride solution</i>	3	PA
<i>oxybutynin chloride tablet 5mg</i>	3	PA
<i>solifenacin succinate tablet 5mg</i>	3	QL(180 EA per 90 days); PA
<i>solifenacin succinate tablet 10mg</i>	3	QL(90 EA per 90 days); PA
<i>tolterodine tartrate</i>	4	QL(180 EA per 90 days); PA
<i>tolterodine tartrate er</i>	4	QL(90 EA per 90 days); PA
<b>Benign Prostatic Hypertrophy Agents</b>		
<i>alfuzosin hcl er</i>	3	QL(90 EA per 90 days)
<i>dutasteride capsule</i>	3	QL(90 EA per 90 days)
<i>finasteride tablet</i>	2	QL(90 EA per 90 days)
<i>tadalafil tablet 2.5mg</i>	3	QL(180 EA per 90 days); PA
<i>tadalafil tablet 5mg</i>	3	QL(90 EA per 90 days); PA

Formulary ID: 25351, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/18/2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>tamsulosin hydrochloride</i>	2	QL(180 EA per 90 days)
<b>Genitourinary Agents, Other</b>		
<i>bethanechol chloride tablet</i>	3	
ELMIRON	5	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>		
DEXAMETHASONE INTENSOL	3	
DEXAMETHASONE SODIUM PHOSPHATE +RFID	2	
DEXAMETHASONE SODIUM PHOSPHATE INJECTION 4MG/ML	2	
<i>dexamethasone sodium phosphate injection 10mg/ml, 4mg/ml</i>	2	
DEXAMETHASONE SOLUTION	3	
<i>dexamethasone elixir</i>	3	
<i>dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	2	
<i>fludrocortisone acetate tablet</i>	2	
<i>hydrocortisone tablet 10mg, 20mg, 5mg</i>	3	
<i>methylprednisolone acetate injection 40mg/ml, 80mg/ml</i>	4	
<i>methylprednisolone dose pack tablet therapy pack</i>	2	
<i>methylprednisolone sodium succinate</i>	4	
<i>methylprednisolone sodiumsuccinate injection 40mg</i>	4	
<i>methylprednisolone tablet</i>	2	
<i>prednisolone sodium phosphate oral solution 15mg/5ml, 25mg/5ml, 5mg/5ml</i>	2	
<i>prednisolone solution</i>	2	
PREDNISON INTENSOL	2	
PREDNISON SOLUTION	3	
<i>prednisone tablet therapy pack</i>	2	
<i>prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	2	
<i>triamcinolone acetonide injection 40mg/ml</i>	4	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>		
<i>desmopressin acetate tablet</i>	3	
<i>desmopressin acetate injection</i>	4	
DESMOPRESSIN ACETATE NASAL SOLUTION 1.5MG/ML	4	
<i>desmopressin acetate nasal solution 0.01%</i>	4	
GENOTROPIN	5	PA
GENOTROPIN MINIQUICK INJECTION 0.2MG	4	PA
GENOTROPIN MINIQUICK INJECTION 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	5	PA
INCRELEX	5	PA
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)</b>		

Formulary ID: 25351, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/18/2024

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

Drug Name	Drug Tier	Requirements/Limits
<b>Androgens</b>		
<i>danazol capsule</i>	4	
<i>testosterone cypionate injection 100mg/ml, 200mg/ml</i>	3	
TESTOSTERONE ENANTHATE INJECTION	3	
<i>testosterone gel 25mg/2.5gm</i>	4	QL(900 GM per 90 days); PA
<b>Estrogens</b>		
<i>altavera</i>	2	
<i>aviane</i>	2	
<i>drospirenone/ethinyl estradiol tablet 3mg; 0.02mg</i>	2	
<i>eluryng</i>	3	QL(3 EA per 84 days)
<i>enilloring</i>	3	QL(3 EA per 84 days)
<i>estradiol valerate injection 10mg/ml, 20mg/ml</i>	4	
<i>estradiol oral tablet</i>	3	
<i>estradiol cream, vaginal tablet</i>	4	
<i>ethynodiol diacetate/ethinyl estradiol tablet 50mcg; 1mg</i>	4	
<i>etonogestrel/ethinyl estradiol</i>	3	QL(3 EA per 84 days)
<i>fyavolv tablet 2.5mcg; 0.5mg</i>	3	
<i>haloette</i>	3	QL(3 EA per 84 days)
<i>jasmiel</i>	2	
<i>kelnor 1/50</i>	4	
<i>kurvelo</i>	2	
<i>lessina</i>	2	
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 20mcg; 0.1mg</i>	2	
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg</i>	2	QL(91 EA per 91 days)
<i>levora 0.15/30-28</i>	2	
<i>lo-zumandimine</i>	2	
<i>loryna</i>	2	
<i>lutra</i>	2	
<i>nikki</i>	2	
<i>norelgestromin/ethinyl estradiol</i>	3	
<i>norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg</i>	3	
<i>nortrel 1/35</i>	2	
<i>portia-28</i>	2	
<i>sronyx</i>	2	
<i>vestura</i>	2	
<i>vienva</i>	2	
<i>xulane</i>	3	
<i>yuvafem</i>	4	
<i>zafemy</i>	3	
<b>Progestins</b>		
<i>camila</i>	3	
<i>deblitane</i>	3	
DEPO-SUBQ PROVERA 104	3	QL(0.65 ML per 90 days)

Formulary ID: 25351, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/18/2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>errin</i>	3	
<i>heather</i>	3	
<i>incassia</i>	3	
<i>jencycla</i>	3	
LILETTA	3	
<i>lyleq</i>	3	
<i>lyza</i>	3	
<i>medroxyprogesterone acetate tablet</i>	2	
<i>medroxyprogesterone acetate injection</i>	3	
<i>megestrol acetate tablet</i>	3	
MEGESTROL ACETATE SUSPENSION 625MG/5ML	4	
<i>megestrol acetate suspension 40mg/ml</i>	4	
NEXPLANON	3	
<i>nora-be</i>	3	
<i>norethindrone acetate tablet</i>	2	
<i>norethindrone tablet</i>	3	
<i>norlyda</i>	3	
<i>sharobel</i>	3	
<b>Selective Estrogen Receptor Modifying Agents</b>		
CLOMID	2	PA
DUAVEE	4	
<i>raloxifene hydrochloride</i>	3	QL(90 EA per 90 days)
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
<i>euthyrox tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	2	
<i>levo-t</i>	2	
<i>levothyroxine sodium tablet</i>	2	
<i>levoxyl tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	3	
<i>liothyronine sodium tablet</i>	3	
<i>unithroid</i>	3	
<b>Hormonal Agents, Suppressant (Adrenal or Pituitary)</b>		
<b>Hormonal Agents, Suppressant (Adrenal or Pituitary)</b>		
<i>cabergoline</i>	3	
FIRMAGON INJECTION 80MG	4	
FIRMAGON INJECTION 120MG/VIAL	5	
<i>lanreotide acetate</i>	5	PA
<i>leuprolide acetate injection</i>	4	PA
LUPRON DEPOT (1-MONTH)	5	PA
LUPRON DEPOT (3-MONTH)	5	PA
LUPRON DEPOT (4-MONTH)	5	PA
LUPRON DEPOT (6-MONTH)	5	PA
<i>mifepristone tablet 300mg</i>	5	PA

Formulary ID: 25351, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/18/2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>octreotide acetate injection 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	4	PA
<i>octreotide acetate injection 1000mcg/ml, 500mcg/ml</i>	5	PA
ORGOVYX	5	QL(30 EA per 28 days); PA
RECORLEV	5	QL(248 EA per 31 days); PA
SIGNIFOR	5	PA
SOMATULINE DEPOT INJECTION 120MG/0.5ML, 90MG/0.3ML	5	PA
SOMAVERT	5	PA
SYNAREL	5	
TRELSTAR MIXJECT INJECTION 11.25MG, 3.75MG	4	PA
<b>Hormonal Agents, Suppressant (Thyroid)</b>		
<i>Antithyroid Agents</i>		
<i>methimazole tablet 10mg, 5mg</i>	2	
<i>propylthiouracil tablet</i>	3	
<b>Immunological Agents</b>		
<i>Angioedema Agents</i>		
HAEGARDA	5	PA
<i>icatibant acetate</i>	5	QL(27 ML per 30 days); PA
<i>sajazir</i>	5	QL(27 ML per 30 days); PA
<i>Immunoglobulins</i>		
BIVIGAM INJECTION 10%, 5GM/50ML	5	PA
FLEBOGAMMA DIF INJECTION 10GM/100ML, 10GM/200ML, 2.5GM/50ML, 20GM/200ML, 20GM/400ML, 5GM/100ML, 5GM/50ML	5	PA
GAMUNEX-C	5	PA
HYPERHEP B	4	
NABI-HB INJECTION 312UNIT/ML	4	
<i>Immunological Agents, Other</i>		
ARCALYST	5	PA
BENLYSTA	5	PA
COSENTYX SENSOREADY PEN	5	QL(8 ML per 28 days); PA
COSENTYX UNOREADY	5	QL(8 ML per 28 days); PA
COSENTYX INJECTION 75MG/0.5ML	5	QL(4 ML per 28 days); PA
COSENTYX INJECTION 150MG/ML	5	QL(8 ML per 28 days); PA
DUPIXENT INJECTION 100MG/0.67ML	5	QL(1.34 ML per 28 days); PA
DUPIXENT INJECTION 200MG/1.14ML	5	QL(4.56 ML per 28 days); PA
DUPIXENT INJECTION 300MG/2ML	5	QL(8 ML per 28 days); PA
KEVZARA	5	QL(2.28 ML per 28 days); PA
KINERET	5	QL(18.8 ML per 28 days); PA
ORENCIA CLICKJECT	5	QL(4 ML per 28 days); PA
ORENCIA INJECTION 50MG/0.4ML	5	QL(1.6 ML per 28 days); PA
ORENCIA INJECTION 87.5MG/0.7ML	5	QL(2.8 ML per 28 days); PA
ORENCIA INJECTION 125MG/ML	5	QL(4 ML per 28 days); PA
OTEZLA TABLET THERAPY PACK 0	5	QL(110 EA per 365 days); PA

Formulary ID: 25351, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/18/2024

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

Drug Name	Drug Tier	Requirements/Limits
OTEZLA TABLET 30MG	5	QL(62 EA per 31 days); PA
RINVOQ LQ	5	QL(360 ML per 30 days); PA
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 30MG, 45MG	5	QL(31 EA per 31 days); PA
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15MG	5	QL(93 EA per 31 days); PA
SKYRIZI PEN	5	QL(1 ML per 28 days); PA
SKYRIZI INJECTION 150MG/ML	5	QL(1 ML per 28 days); PA
SKYRIZI INJECTION 180MG/1.2ML, 360MG/2.4ML	5	QL(2.4 ML per 56 days); PA
SKYRIZI INJECTION 600MG/10ML	5	QL(20 ML per 28 days); PA
STELARA INJECTION 45MG/0.5ML	5	QL(1 ML per 28 days); PA
STELARA INJECTION 90MG/ML	5	QL(2 ML per 28 days); PA
TAVNEOS	5	QL(180 EA per 30 days); PA
XELJANZ XR	5	QL(30 EA per 30 days); PA
XELJANZ SOLUTION	5	QL(720 ML per 30 days); PA
XELJANZ TABLET 5MG	5	QL(60 EA per 30 days); PA
XELJANZ TABLET 10MG	5	QL(62 EA per 31 days); PA
XOLAIR	5	PA
ZILBRYSQ INJECTION 16.6MG/0.416ML	5	QL(12.48 ML per 30 days); PA
ZILBRYSQ INJECTION 23MG/0.574ML	5	QL(17.22 ML per 30 days); PA
ZILBRYSQ INJECTION 32.4MG/0.81ML	5	QL(24.3 ML per 30 days); PA
<b>Immunostimulants</b>		
ACTIMMUNE	5	PA
BESREMI	5	QL(2 ML per 28 days); PA
<b>Immunosuppressants</b>		
ASTAGRAF XL	4	B/D
<i>azathioprine tablet 100mg, 50mg</i>	2	B/D
<i>cyclosporine modified</i>	3	B/D
<i>cyclosporine capsule</i>	3	B/D
ENBREL MINI	5	QL(8 ML per 28 days); PA
ENBREL SURECLICK	5	QL(8 ML per 28 days); PA
ENBREL INJECTION 25MG	5	QL(16 EA per 28 days); PA
ENBREL INJECTION 25MG/0.5ML	5	QL(16 ML per 28 days); PA
ENBREL INJECTION 25MG/0.5ML, 50MG/ML	5	QL(8 ML per 28 days); PA
<i>everolimus tablet 0.25mg, 0.5mg, 0.75mg, 1mg</i>	5	B/D
<i>gengraf capsule 100mg, 25mg</i>	4	B/D
<i>gengraf solution</i>	4	B/D
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 0	5	QL(2 EA per 28 days); PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 80MG/0.8ML	5	QL(4 EA per 28 days); PA
HUMIRA PEN-CD/UC/HS STARTER INJECTION 80MG/0.8ML	5	QL(4 EA per 28 days); PA

Formulary ID: 25351, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/18/2024

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



Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN-CD/UC/HS STARTER INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK	5	QL(4 EA per 28 days); PA
HUMIRA PEN-PS/UV STARTER INJECTION 0	5	QL(3 EA per 28 days); PA
HUMIRA PEN-PS/UV STARTER INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA PEN INJECTION 80MG/0.8ML	5	QL(4 EA per 28 days); PA; Abbvie labeled products only
HUMIRA PEN INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA PEN INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA; Abbvie labeled products only
HUMIRA INJECTION 10MG/0.1ML, 20MG/0.2ML	5	QL(2 EA per 28 days); PA; Abbvie labeled products only
HUMIRA INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA; Abbvie labeled products only
JYLAMVO	4	PA
<i>leflunomide</i>	3	QL(90 EA per 90 days)
<i>methotrexate sodium tablet</i>	4	
METHOTREXATE SODIUM INJECTION 250MG/10ML	3	
<i>methotrexate sodium injection 1gm/40ml, 250mg/10ml, 50mg/2ml</i>	3	
<i>methotrexate injection 50mg/2ml</i>	3	
<i>mycophenolate mofetil capsule, tablet</i>	4	B/D
<i>mycophenolate mofetil suspension reconstituted</i>	5	B/D
<i>mycophenolic acid dr</i>	4	B/D
PEGASYS	5	QL(4 ML per 28 days)
PROGRAF PACKET	4	B/D
REZUROCK	5	QL(31 EA per 31 days); PA
SANDIMMUNE SOLUTION	4	B/D
<i>sirolimus tablet</i>	4	B/D
<i>sirolimus solution</i>	5	B/D
<i>tacrolimus capsule 0.5mg, 1mg, 5mg</i>	4	B/D
XATMEP	4	PA
<b>Vaccines</b>		
ABRYSVO	3	
ACTHIB INJECTION 0	3	
ADACEL	3	
AREXVY	3	
BCG VACCINE INJECTION 50MG	3	
BEXSERO	3	
BOOSTRIX	3	
DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	3	

Formulary ID: 25351, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/18/2024

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

Drug Name	Drug Tier	Requirements/Limits
DENGVAXIA	3	
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	3	
ENGERIX-B	3	B/D
GARDASIL 9	3	
HAVRIX INJECTION 1440ELU/ML, 720ELU/0.5ML	3	
HEPLISAV-B	3	B/D
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	3	B/D
INFANRIX	3	
IPOL INACTIVATED IPV	3	
IXCHIQ	3	
IXIARO	3	
JYNNEOS	3	
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
M-M-R II	3	
MENACTRA	3	
MENQUADFI	3	
MENVEO	3	
MRESVIA	3	
PEDIARIX INJECTION 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
PEDVAX HIB INJECTION 7.5MCG/0.5ML	3	
PENBRAYA	3	
PENTACEL	3	
PREHEVBRIO	3	B/D
PRIORIX	3	
PROQUAD	3	
QUADRACEL	3	
RABAVERT	3	B/D
RECOMBIVAX HB	3	B/D
ROTARIX	3	
ROTATEQ SOLUTION	3	
SHINGRIX	3	QL(2 EA per 999 days)
STAMARIL	3	
TDVAX	3	
TENIVAC	3	
TICOVAC	3	
TRUMENBA	3	
TWINRIX	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	

Formulary ID: 25351, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/18/2024

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

Drug Name	Drug Tier	Requirements/Limits
VAXCHORA	3	
YF-VAX	3	
<b>Inflammatory Bowel Disease Agents</b>		
<i>Aminosalicylates</i>		
<i>balsalazide disodium</i>	4	
<i>mesalamine dr capsule delayed release</i>	4	QL(1080 EA per 90 days)
<i>mesalamine dr tablet delayed release 1.2gm</i>	4	QL(360 EA per 90 days)
<i>mesalamine dr tablet delayed release 800mg</i>	4	QL(540 EA per 90 days)
<i>mesalamine er capsule extended release 24 hour</i>	4	QL(360 EA per 90 days)
<i>mesalamine kit</i>	4	QL(5400 EA per 90 days)
<i>mesalamine enema</i>	4	QL(5400 ML per 90 days)
<i>mesalamine suppository</i>	4	QL(90 EA per 90 days)
<i>sulfasalazine tablet, tablet delayed release</i>	2	
<i>Glucocorticoids</i>		
<i>budesonide er</i>	5	
<i>budesonide capsule delayed release particles 3mg</i>	4	
<i>hydrocortisone cream 2.5%</i>	2	QL(90 GM per 90 days)
<i>hydrocortisone enema 100mg/60ml</i>	3	
<i>procto-med hc</i>	2	QL(90 GM per 90 days)
<i>proctosol hc</i>	2	QL(90 GM per 90 days)
<i>proctozone-hc</i>	2	QL(90 GM per 90 days)
<b>Metabolic Bone Disease Agents</b>		
<i>Metabolic Bone Disease Agents</i>		
<i>alendronate sodium tablet 35mg, 70mg</i>	2	QL(12 EA per 84 days)
<i>alendronate sodium tablet 10mg</i>	2	QL(90 EA per 90 days)
<i>calcitonin-salmon solution</i>	3	
<i>calcitriol capsule</i>	2	
<i>calcitriol solution</i>	4	
<i>cinacalcet hydrochloride tablet 30mg</i>	3	QL(360 EA per 90 days)
<i>cinacalcet hydrochloride tablet 90mg</i>	4	QL(124 EA per 31 days)
<i>cinacalcet hydrochloride tablet 60mg</i>	4	QL(62 EA per 31 days)
<i>ibandronate sodium tablet</i>	3	QL(3 EA per 84 days)
<i>paricalcitol capsule</i>	4	
PROLIA	4	QL(1 ML per 180 days); PA
TYMLOS	5	PA
XGEVA	5	PA
<b>Miscellaneous Therapeutic Agents</b>		
<i>Miscellaneous Therapeutic Agents</i>		
ALCOHOL PREP PADS	2	ST
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	2	
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	2	
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	2	

Formulary ID: 25351, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/18/2024

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

Drug Name	Drug Tier	Requirements/Limits
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	2	
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	2	
CEQR SIMPLICITY 2U	2	
CURITY GAUZE PADS 2"X2" 12 PLY	2	ST
EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 1/2"	2	
INPEN 100/BLUE/LILLY/HUMALOG	2	
INPEN 100/BLUE/NOVOLOG/FIASP	2	
INPEN 100/GREY/LILLY/HUMALOG	2	
INPEN 100/GREY/NOVOLOG/FIASP	2	
INPEN 100/PINK/LILLY/HUMALOG	2	
INPEN 100/PINK/NOVOLOG/FIASP	2	
INTRALIPID INJECTION 20GM/100ML, 30GM/100ML	4	B/D
<i>levocarnitine tablet</i>	3	
<i>levocarnitine solution</i>	4	
NOVOPEN ECHO	2	
OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5)	3	
OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5)	3	
OMNIPOD 5 G7 INTRO KIT (GEN 5)	3	
OMNIPOD 5 G7 PODS (GEN 5)	3	
OMNIPOD 5 LIBRE2 PLUS G6	3	
OMNIPOD 5 LIBRE2 PLUS G6 PODS	3	
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	3	
OMNIPOD CLASSIC PODS (GEN 3)	3	
OMNIPOD DASH INTRO KIT (GEN 4)	3	
OMNIPOD DASH PDM KIT (GEN 4)	3	
OMNIPOD DASH PODS (GEN 4)	3	
RIVFLOZA INJECTION 128MG/0.8ML	5	QL(0.8 ML per 28 days); PA
RIVFLOZA INJECTION 160MG/ML, 80MG/0.5ML	5	QL(1 ML per 28 days); PA
<i>sodium chloride 0.9%</i>	3	
V-GO 20	3	
V-GO 30	3	
V-GO 40	3	
<b>Ophthalmic Agents</b>		
<i>Ophthalmic Agents, Other</i>		
<i>bacitracin/polymyxin b</i>	2	
<i>brimonidine tartrate/timolol maleate</i>	3	
CYSTARAN	5	PA
<i>dorzolamide hcl/timolol maleate</i>	3	
<i>neo-polycin</i>	3	
<i>neomycin/bacitracin/polymyxin</i>	3	
<i>neomycin/polymyxin/dexamethasone</i>	2	
NEOMYCIN/POLYMYXIN/GRAMICIDIN	3	

Formulary ID: 25351, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/18/2024

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

Drug Name	Drug Tier	Requirements/Limits
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPTHALMIC SUSPENSION 1%; 3.5MG/ML; 10000UNIT/ML	4	
<i>polycin</i>	2	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	2	
RESTASIS	3	QL(180 EA per 90 days)
RESTASIS MULTIDOSE	3	QL(180 ML per 90 days)
ROCKLATAN	3	ST
SIMBRINZA	3	
SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM PHOSPHATE	2	
TOBRADEX ST	4	
TOBRADEX OINTMENT	4	
<i>tobramycin/dexamethasone</i>	4	
<b>Ophthalmic Anti-allergy Agents</b>		
<i>azelastine hcl ophthalmic solution 0.05%</i>	3	
CROMOLYN SODIUM SOLUTION 4%	2	
<b>Ophthalmic Anti-Infectives</b>		
BACITRACIN	4	
<i>ciprofloxacin hydrochloride solution 0.3%</i>	2	
<i>erythromycin ointment 5mg/gm</i>	2	
<i>gentamicin sulfate ophthalmic solution 0.3%</i>	2	
MOXIFLOXACIN HYDROCHLORIDE SOLUTION 0.5%	3	
<i>moxifloxacin hydrochloride solution 0.5%</i>	3	
NATACYN	4	
<i>ofloxacin ophthalmic solution 0.3%</i>	2	
SULFACETAMIDE SODIUM OINTMENT 10%	3	
<i>sulfacetamide sodium solution 10%</i>	2	QL(30 ML per 30 days)
<i>tobramycin solution 0.3%</i>	2	
TRIFLURIDINE	3	
XDEMVIY	5	QL(10 ML per 31 days); PA
ZIRGAN	4	
<b>Ophthalmic Anti-inflammatory</b>		
DEXAMETHASONE SODIUM PHOSPHATE OPTHALMIC SOLUTION 0.1%	2	
<i>fluorometholone</i>	3	
FLURBIPROFEN SODIUM	3	
ILEVRO	4	
<i>ketorolac tromethamine solution 0.5%</i>	3	
<i>loteprednol etabonate suspension 0.5%</i>	4	
<i>prednisolone acetate</i>	3	
PREDNISOLONE SODIUM PHOSPHATE OPTHALMIC SOLUTION 1%	3	
<b>Ophthalmic Beta-Adrenergic Blocking Agents</b>		

Formulary ID: 25351, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/18/2024

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

Drug Name	Drug Tier	Requirements/Limits
BETAXOLOL HCL	3	
CARTEOLOL HCL	2	
LEVOBUNOLOL HCL SOLUTION 0.5%	2	
<i>timolol maleate ophthalmic gel forming</i>	4	
<i>timolol maleate solution 0.25%, 0.5%</i>	2	
<b>Ophthalmic Intraocular Pressure Lowering Agents, Other</b>		
<i>acetazolamide</i>	3	
<i>acetazolamide er</i>	4	
<i>brimonidine tartrate solution 0.2%</i>	2	
<i>brimonidine tartrate solution 0.1%</i>	3	
<i>brinzolamide</i>	4	
<i>dorzolamide hydrochloride</i>	2	
<i>methazolamide tablet</i>	4	
<i>pilocarpine hcl solution 1%, 2%, 4%</i>	3	
RHOPRESSA	3	ST
<b>Ophthalmic Prostaglandin and Prostanoid Analogs</b>		
<i>bimatoprost</i>	4	
<i>latanoprost solution</i>	2	
LUMIGAN	3	
<i>travoprost</i>	4	
<b>Otic Agents</b>		
<b>Otic Agents</b>		
<i>acetic acid</i>	3	
<i>ciprofloxacin/dexamethasone</i>	4	
<i>flac</i>	4	
<i>fluocinolone acetonide oil 0.01%</i>	4	
<i>neomycin/polymyxin/hc</i>	3	
<i>neomycin/polymyxin/hydrocortisone otic suspension 1%; 3.5mg/ml; 10000unit/ml</i>	4	
<i>ofloxacin otic solution 0.3%</i>	3	
<b>Respiratory Tract/Pulmonary Agents</b>		
<b>Anti-inflammatory, Inhaled Corticosteroids</b>		
ARNUITY ELLIPTA	3	
<i>budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	3	B/D
<i>flunisolide solution 0.025%</i>	3	QL(225 ML per 90 days)
FLUTICASONE PROPIONATE DISKUS AEROSOL POWDER BREATH ACTIVATED 50MCG/ACT	3	QL(360 EA per 90 days)
FLUTICASONE PROPIONATE DISKUS AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT, 250MCG/ACT	3	QL(720 EA per 90 days)
FLUTICASONE PROPIONATE HFA AEROSOL 44MCG/ACT	3	QL(64 GM per 90 days)
FLUTICASONE PROPIONATE HFA AEROSOL 110MCG/ACT, 220MCG/ACT	3	QL(72 GM per 90 days)

Formulary ID: 25351, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/18/2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone propionate suspension 50mcg/act</i>	2	QL(48 GM per 90 days)
QVAR REDHALER	3	QL(64 GM per 90 days)
<b>Antihistamines</b>		
<i>azelastine hcl nasal solution 0.15%</i>	3	
<i>azelastine hydrochloride solution 0.1%</i>	3	
<i>cetirizine hydrochloride solution 5mg/5ml</i>	2	QL(900 ML per 90 days)
<i>diphenhydramine hcl injection 50mg/ml</i>	3	
<i>hydroxyzine hcl tablet 50mg</i>	3	PA
<i>hydroxyzine hydrochloride tablet 10mg, 25mg</i>	3	PA
<i>hydroxyzine pamoate capsule 25mg, 50mg</i>	3	PA
<i>levocetirizine dihydrochloride tablet</i>	2	QL(90 EA per 90 days)
<b>Antileukotrienes</b>		
<i>montelukast sodium tablet chewable, tablet</i>	2	QL(90 EA per 90 days)
<i>montelukast sodium packet</i>	3	QL(90 EA per 90 days)
<i>zafirlukast</i>	4	QL(180 EA per 90 days)
<b>Bronchodilators, Anticholinergic</b>		
ATROVENT HFA	4	QL(77.4 GM per 90 days)
INCRUSE ELLIPTA	3	QL(90 EA per 90 days)
<i>ipratropium bromide inhalation solution</i>	2	B/D
<i>ipratropium bromide nasal solution 0.06%</i>	2	QL(135 ML per 90 days)
<i>ipratropium bromide nasal solution 0.03%</i>	2	QL(90 ML per 90 days)
<b>Bronchodilators, Sympathomimetic</b>		
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	3	QL(102 GM per 90 days); 8.5 GM INHALER
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	3	QL(81 GM per 90 days); 6.7 GM INHALER
<i>albuterol sulfate syrup</i>	2	
<i>albuterol sulfate nebulization solution</i>	2	B/D
<i>albuterol sulfate tablet</i>	4	
EPINEPHRINE INJECTION 0.15MG/0.15ML, 0.3MG/0.3ML	3	QL(6 EA per 90 days)
<i>epinephrine injection 0.3mg/0.3ml</i>	3	QL(6 EA per 90 days)
LEVALBUTEROL TARTRATE HFA	3	QL(90 GM per 90 days)
SEREVENT DISKUS	3	QL(180 EA per 90 days)
SYMJEPI	3	
<b>Cystic Fibrosis Agents</b>		
CAYSTON	5	QL(84 ML per 28 days); PA
KALYDECO	5	PA
ORKAMBI	5	PA
PULMOZYME	5	B/D
TOBI PODHALER	5	QL(224 EA per 28 days); PA
<i>tobramycin nebulization solution 300mg/5ml</i>	5	B/D
TRIKAFTA THERAPY PACK	5	QL(62 EA per 31 days); PA
TRIKAFTA TABLET THERAPY PACK	5	QL(84 EA per 28 days); PA

Formulary ID: 25351, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/18/2024

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Drug Name	Drug Tier	Requirements/Limits
<b>Mast Cell Stabilizers</b>		
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	3	B/D
<b>Phosphodiesterase Inhibitors, Airways Disease</b>		
<i>roflumilast</i>	4	PA
<i>theophylline er tablet extended release 24 hour</i>	3	
<i>theophylline er tablet extended release 12 hour 300mg</i>	3	
<b>Pulmonary Antihypertensives</b>		
ADEMPAS	5	QL(93 EA per 31 days); PA
<i>ambrisentan</i>	5	QL(30 EA per 30 days); PA
<i>sildenafil citrate (pulmonary arterial hypertension) oral tablet 20mg</i>	3	QL(270 EA per 90 days); PA
VENTAVIS SOLUTION 10MCG/ML	5	QL(150 ML per 30 days); B/D
VENTAVIS SOLUTION 20MCG/ML	5	QL(90 ML per 30 days); B/D
<b>Pulmonary Fibrosis Agents</b>		
OFEV	5	QL(62 EA per 31 days); PA
<i>pirfenidone capsule</i>	5	QL(279 EA per 31 days); PA
<i>pirfenidone tablet 267mg</i>	5	QL(279 EA per 31 days); PA
<i>pirfenidone tablet 801mg</i>	5	QL(93 EA per 31 days); PA
<b>Respiratory Tract Agents, Other</b>		
<i>acetylcysteine injection</i>	2	
<i>acetylcysteine inhalation solution</i>	4	B/D
ADVAIR HFA	3	QL(36 GM per 90 days)
ANORO ELLIPTA	3	QL(180 EA per 90 days)
BREO ELLIPTA	3	QL(180 EA per 90 days)
BREZTRI AEROSPHERE	3	QL(32.1 GM per 90 days)
BRONCHITOL	5	QL(560 EA per 28 days); PA
COMBIVENT RESPIMAT	4	QL(24 GM per 90 days)
DULERA AEROSOL 5MCG/ACT; 50MCG/ACT	4	QL(39 GM per 90 days); PA
DULERA AEROSOL 5MCG/ACT; 100MCG/ACT, 5MCG/ACT; 200MCG/ACT	4	QL(52.8 GM per 90 days); PA
FASENRA	5	PA
FASENRA PEN	5	PA
<i>fluticasone propionate/salmeterol diskus</i>	3	QL(180 EA per 90 days)
<i>fluticasone propionate/salmeterol aerosol powder breath activated 500mcg/act; 50mcg/act</i>	3	QL(180 EA per 90 days)
<i>ipratropium bromide/albuterol sulfate</i>	2	B/D
NUCALA	5	PA
STIOLTO RESPIMAT	3	QL(12 GM per 90 days)
SYMBICORT	3	QL(30.6 GM per 90 days)
TRELEGY ELLIPTA	3	QL(180 EA per 90 days)
<b>Skeletal Muscle Relaxants</b>		
<b>Skeletal Muscle Relaxants</b>		
<i>cyclobenzaprine hydrochloride tablet 10mg, 5mg</i>	2	PA
<i>methocarbamol tablet 500mg, 750mg</i>	2	

Formulary ID: 25351, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/18/2024

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Drug Name	Drug Tier	Requirements/Limits
<b>Sleep Disorder Agents</b>		
<i>Sleep Promoting Agents</i>		
<i>tasimelteon</i>	5	QL(31 EA per 31 days); PA
<i>temazepam capsule 15mg, 30mg</i>	2	QL(30 EA per 30 days); NDS
<i>zaleplon</i>	3	QL(90 EA per 90 days)
<i>zolpidem tartrate tablet</i>	2	QL(90 EA per 90 days)
<i>Wakefulness Promoting Agents</i>		
<i>armodafinil</i>	3	QL(90 EA per 90 days); PA
<i>modafinil tablet</i>	3	QL(180 EA per 90 days); PA
SODIUM OXYBATE	5	QL(558 ML per 31 days); PA
SUNOSI	4	QL(90 EA per 90 days); PA

Formulary ID: 25351, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/18/2024

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# Index of Drugs

Drug Name	Page #	Drug Name	Page #
		<i>amikacin sulfate</i>	3
		<i>amiloride hcl</i>	34
		AMILORIDE/HYDROCHLOROTHIAZID	32
		E	
<i>abacavir</i>	24	<i>amiodarone hydrochloride</i>	31
<i>abacavir sulfate/lamivudine</i>	24	<i>amitriptyline hcl</i>	11
ABELCET	12	<i>amitriptyline hydrochloride</i>	11
ABILIFY ASIMTUFII	20	<i>amlodipine besylate</i>	32
ABILIFY MAINTENA	20	<i>amlodipine besylate/benazepril</i>	32
<i>abiraterone acetate</i>	14	<i>hydrochloride</i>	
ABRYSVO	48	<i>amlodipine besylate/valsartan</i>	32
<i>acamprosate calcium dr</i>	2	<i>amlodipine/olmesartan medoxomil</i>	32
<i>acarbose</i>	26	<i>ammonium lactate</i>	37
<i>accutane</i>	37	<i>amnestem</i>	37
<i>acebutolol hydrochloride</i>	31	<i>amoxapine</i>	11
ACETAMINOPHEN/CODEINE	1	<i>amoxicillin</i>	5
<i>acetazolamide</i>	53	AMOXICILLIN/CLAVULANATE	5
<i>acetazolamide er</i>	53	POTASSIUM	
<i>acetic acid</i>	53	<i>amphetamine/dextroamphetamine</i>	35
<i>acetylcysteine</i>	55	AMPHOTERICIN B	12
<i>acitretin</i>	37	<i>amphotericin b liposome</i>	12
ACTHIB	48	<i>ampicillin</i>	5
ACTIMMUNE	47	AMPICILLIN SODIUM	5
<i>acyclovir</i>	25	<i>ampicillin/sulbactam</i>	5
<i>acyclovir sodium</i>	25	AMPICILLIN-SULBACTAM	5
ADACEL	48	<i>anagrelide hydrochloride</i>	29
<i>adefovir dipivoxil</i>	23	<i>anastrozole</i>	15
ADEMPAS	55	ANORO ELLIPTA	55
ADLARITY	9	<i>aprepitant</i>	11
ADVAIR HFA	55	APTIOM	8
AIMOVIG	13	APTIVUS	25
AKEEGA	14	ARCALYST	46
<i>ala-cort</i>	37	AREXVY	48
<i>albendazole</i>	19	ARIKAYCE	3
<i>albuterol sulfate</i>	54	<i>aripiprazole</i>	21
<i>albuterol sulfate hfa</i>	54	<i>aripiprazole odt</i>	20
<i>alclometasone dipropionate</i>	37	ARISTADA	21
ALCOHOL PREP PADS	50	ARISTADA INITIO	21
ALECENSA	15	<i>armodafinil</i>	56
<i>alendronate sodium</i>	50	ARNUITY ELLIPTA	53
<i>alfuzosin hcl er</i>	42	<i>asenapine maleate sl</i>	21
<i>aliskiren</i>	32	<i>aspirin/dipyridamole er</i>	29
<i>allopurinol</i>	12	ASTAGRAF XL	47
<i>alose tron hydrochloride</i>	41	<i>atazanavir</i>	25
<i>alprazolam</i>	25	<i>atazanavir sulfate</i>	25
<i>altavera</i>	44	<i>atenolol</i>	31
ALUNBRIG	15	<i>atenolol/chlorthalidone</i>	32
<i>amantadine hcl</i>	25	<i>atomoxetine</i>	35
<i>ambrisentan</i>	55		

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>atomoxetine hydrochloride</i>	35	BETAXOLOL HCL	53
<i>atorvastatin calcium</i>	34	<i>bethanechol chloride</i>	43
<i>atovaquone</i>	19	<i>bexarotene</i>	19
<i>atovaquone/proguanil hcl</i>	19	BEXSERO	48
ATROVENT HFA	54	<i>bicalutamide</i>	14
AUGTYRO	15	BICILLIN L-A	5
AUVELITY	9	BIKTARVY	23
<i>aviane</i>	44	<i>bimatoprost</i>	53
AVONEX	36	<i>bisoprolol fumarate</i>	31
AVONEX PEN	36	<i>bisoprolol fumarate/hydrochlorothiazide</i>	33
AYVAKIT	15	BIVIGAM	46
<i>azathioprine</i>	47	BOOSTRIX	48
<i>azelastine hcl</i>	52	BOSULIF	15
<i>azelastine hcl</i>	54	BRAFTOVI	15
<i>azelastine hydrochloride</i>	54	BREO ELLIPTA	55
AZITHROMYCIN	5	BREZTRI AEROSPHERE	55
<i>aztreonam</i>	3	BRILINTA	29
BACITRACIN	52	<i>brimonidine tartrate</i>	53
<i>bacitracin/polymyxin b</i>	51	<i>brimonidine tartrate/timolol maleate</i>	51
<i>baclofen</i>	22	<i>brinzolamide</i>	53
<i>balsalazide disodium</i>	50	BRIVIACT	6
BALVERSA	15	<i>bromocriptine mesylate</i>	19
BAQSIMI ONE PACK	27	BRONCHITOL	55
BAQSIMI TWO PACK	27	BRUKINSA	15
BCG VACCINE	48	<i>budesonide</i>	50
BD INSULIN SYRINGE	50	<i>budesonide</i>	53
SAFETYGLIDE/1ML/29G X 1/2"		<i>budesonide er</i>	50
B-D INSULIN SYRINGE ULTRAFINE	50	<i>bumetanide</i>	33
II/0.3ML/31G X 5/16"		<i>buprenorphine hcl</i>	2
BD INSULIN SYRINGE ULTRA-	50	<i>buprenorphine hcl/naloxone hcl</i>	2
FINE/0.5ML/30G X 12.7MM		<i>buprenorphine hydrochloride/naloxone</i>	2
BD INSULIN SYRINGE ULTRA-	51	<i>hydrochloride</i>	
FINE/1ML/31G X 8MM		<i>bupropion hcl</i>	9
BD PEN NEEDLE/ORIGINAL/ULTRA-	51	<i>bupropion hydrochloride</i>	9
FINE/29G X 12.7MM		<i>bupropion hydrochloride er (sr)</i>	3
<i>benazepril hcl</i>	30	<i>bupropion hydrochloride er (sr)</i>	9
<i>benazepril hydrochloride</i>	30	<i>bupropion hydrochloride er (xl)</i>	9
<i>benazepril</i>	33	<i>bupirone hcl</i>	25
<i>hydrochloride/hydrochlorothiazide</i>		<i>bupirone hydrochloride</i>	25
BENLYSTA	46	BYDUREON BCISE	26
<i>benztropine mesylate</i>	19	CABENUVA	23
BESREMI	47	<i>cabergoline</i>	45
<i>betaine anhydrous</i>	42	CABLIVI	29
<i>betamethasone dipropionate</i>	37	CABOMETYX	15
BETAMETHASONE DIPROPIONATE	37	CALCIPOTRIENE	38
AUGMENTED		<i>calcitonin-salmon</i>	50
<i>betamethasone valerate</i>	37	<i>calcitriol</i>	50
BETASERON	36	<i>calcium acetate</i>	40

Drug Name	Page #	Drug Name	Page #
CALCIUM GLUCONATE	38	<i>cholestyramine</i>	34
CALQUENCE	15	<i>cholestyramine light</i>	34
<i>camila</i>	44	<i>ciclopirox nail lacquer</i>	38
<i>candesartan cilexetil</i>	30	<i>cilostazol</i>	29
CAPLYTA	21	CIMDUO	24
CAPRELSA	15	<i>cinacalcet hydrochloride</i>	50
<i>carbamazepine</i>	8	<i>ciprofloxacin hcl</i>	6
<i>carbamazepine er</i>	8	<i>ciprofloxacin hydrochloride</i>	6
<i>carbidopa</i>	20	<i>ciprofloxacin hydrochloride</i>	52
<i>carbidopa/levodopa</i>	20	<i>ciprofloxacin i.v.-in d5w</i>	6
<i>carbidopa/levodopa er</i>	20	<i>ciprofloxacin/dexamethasone</i>	53
CARBIDOPA/LEVODOPA ODT	20	<i>citalopram hydrobromide</i>	10
<i>carbidopa/levodopa/entacapone</i>	19	<i>claravis</i>	37
CARTEOLOL HCL	53	CLARITHROMYCIN	5
<i>cartia xt</i>	32	<i>clarithromycin er</i>	5
<i>carvedilol</i>	31	<i>clindamycin hcl</i>	3
<i>casprofungin acetate</i>	12	<i>clindamycin hydrochloride</i>	3
CAYSTON	54	<i>clindamycin palmitate hydrochloride</i>	3
CEFACTOR	4	<i>clindamycin phosphate</i>	3
<i>cefadroxil</i>	4	<i>clindamycin phosphate</i>	38
CEFAZOLIN SODIUM	4	<i>clindamycin phosphate/dextrose</i>	3
CEFAZOLIN SODIUM/DEXTROSE	4	CLINDAMYCIN/SODIUM CHLORIDE	3
<i>cefdinir</i>	4	<i>clobazam</i>	7
CEFEPIME	4	<i>clobetasol propionate</i>	37
CEFEPIME/DEXTROSE	4	<i>clobetasol propionate e</i>	37
<i>cefixime</i>	4	CLOMID	45
CEFOXITIN SODIUM	4	<i>clomipramine hydrochloride</i>	11
<i>cefpodoxime proxetil</i>	4	<i>clonazepam</i>	7
<i>ceftazidime</i>	4	<i>clonazepam odt</i>	7
CEFTRIAZONE IN ISO-OSMOTIC	4	<i>clonidine</i>	29
DEXTROSE		<i>clonidine hydrochloride</i>	29
CEFTRIAZONE SODIUM	4	<i>clonidine hydrochloride er</i>	35
CEFTRIAZONE/DEXTROSE	4	<i>clopidogrel</i>	29
<i>cefuroxime axetil</i>	4	<i>clorazepate dipotassium</i>	25
<i>cefuroxime sodium</i>	4	<i>clotrimazole</i>	12
<i>celecoxib</i>	1	<i>clotrimazole/betamethasone dipropionate</i>	38
<i>cephalexin</i>	4	<i>clozapine</i>	22
CEQR SIMPLICITY 2U	51	CLOZAPINE ODT	22
CERDELGA	42	COARTEM	19
CEREBYX	8	<i>colchicine</i>	13
<i>cetirizine hydrochloride</i>	54	<i>colestipol hcl</i>	34
CHEMET	40	<i>colistimethate sodium</i>	3
<i>chlorhexidine gluconate</i>	36	COMBIVENT RESPIMAT	55
<i>chloroquine phosphate</i>	19	COMETRIQ	15
<i>chlorpromazine hcl</i>	20	COMPLERA	23
CHLORPROMAZINE	20	<i>compro</i>	11
HYDROCHLORIDE		<i>constulose</i>	40
<i>chlorthalidone</i>	34	COPIKTRA	15

Drug Name	Page #	Drug Name	Page #
CORLANOR	33	DEXTROSE 10%/SODIUM CHLORIDE	38
COSENTYX	46	0.45%	
COSENTYX SENSOREADY PEN	46	DEXTROSE 2.5%/SODIUM CHLORIDE	38
COSENTYX UNOREADY	46	0.45%	
COTELLIC	15	<i>dextrose 5%</i>	38
CREON	42	<i>dextrose 5%/sodium chloride 0.2%</i>	38
<i>cromolyn sodium</i>	42	DEXTROSE 5%/SODIUM CHLORIDE	39
CROMOLYN SODIUM	52	0.3%	
<i>cromolyn sodium</i>	55	DEXTROSE 5%/SODIUM CHLORIDE	39
CURITY GAUZE PADS 2"X2" 12 PLY	51	0.33%	
<i>cyclobenzaprine hydrochloride</i>	55	<i>dextrose 5%/sodium chloride 0.45%</i>	39
<i>cyclophosphamide</i>	14	<i>dextrose 5%/sodium chloride 0.9%</i>	39
<i>cyclosporine</i>	47	<i>dextrose 50%</i>	39
<i>cyclosporine modified</i>	47	<i>dextrose 70%</i>	39
CYSTAGON	42	<i>dextrose/sodium chloride</i>	39
CYSTARAN	51	DIACOMIT	7
<i>dabigatran etexilate</i>	28	<i>diazepam</i>	25
<i>dalfampridine er</i>	36	DIAZEPAM RECTAL GEL	7
<i>danazol</i>	44	<i>diazoxide</i>	27
<i>dantrolene sodium</i>	22	<i>diclofenac potassium</i>	1
<i>dapsone</i>	13	<i>diclofenac sodium 1%</i>	1
DAPTACEL	48	<i>diclofenac sodium dr</i>	1
<i>daptomycin</i>	3	<i>diclofenac sodium er</i>	1
<i>darunavir</i>	25	<i>dicloxacillin sodium</i>	5
<i>dasatinib</i>	16	<i>dicyclomine hydrochloride</i>	41
DAURISMO	16	DIFICID	5
<i>deblitane</i>	44	<i>diflunisal</i>	1
<i>deferasirox</i>	40	DIGOXIN	31
DELSTRIGO	23	<i>dihydroergotamine mesylate</i>	13
DENGVAXIA	49	DILANTIN	8
DEPO-SUBQ PROVERA 104	44	<i>diltiazem hcl</i>	32
DESCOVY	24	<i>diltiazem hcl cd</i>	32
<i>desipramine hydrochloride</i>	11	<i>diltiazem hcl er</i>	32
<i>desmopressin acetate</i>	43	<i>diltiazem hydrochloride</i>	32
<i>desvenlafaxine er</i>	10	<i>diltiazem hydrochloride er</i>	32
DEXAMETHASONE	43	<i>dilt-xr</i>	32
DEXAMETHASONE INTENSOL	43	<i>dimethyl fumarate</i>	36
DEXAMETHASONE SODIUM	43	<i>dimethyl fumarate starterpack</i>	36
PHOSPHATE		<i>diphenhydramine hcl</i>	54
DEXAMETHASONE SODIUM	52	<i>diphenoxylate hydrochloride/atropine</i>	41
PHOSPHATE		<i>sulfate</i>	
DEXAMETHASONE SODIUM	43	DIPHENOXYLATE/ATROPINE	41
PHOSPHATE +RFID		DIPHThERIA/TETANUS TOXOIDS	49
<i>dexamethylphenidate hcl</i>	35	ADSORBED PEDIATRIC	
<i>dexamethylphenidate hcl er</i>	35	<i>disulfiram</i>	2
<i>dexamethylphenidate hydrochloride</i>	36	<i>divalproex sodium</i>	7
<i>dexamethylphenidate hydrochloride er</i>	36	<i>divalproex sodium dr</i>	7
<i>dextroamphetamine sulfate</i>	35	<i>divalproex sodium er</i>	7

Drug Name	Page #	Drug Name	Page #
<i>dofetilide</i>	31	ENDARI	42
<i>donepezil hcl</i>	9	<i>endocet</i>	1
<i>donepezil hydrochloride</i>	9	ENGERIX-B	49
<i>dorzolamide hcl/timolol maleate</i>	51	ENHERTU	18
<i>dorzolamide hydrochloride</i>	53	<i>enilloring</i>	44
DOVATO	23	<i>enoxaparin sodium</i>	28
<i>doxazosin mesylate</i>	29	<i>entacapone</i>	19
<i>doxepin hcl</i>	11	<i>entecavir</i>	23
<i>doxepin hydrochloride</i>	11	ENTRESTO	33
<i>doxy 100</i>	6	<i>enulose</i>	40
<i>doxycycline hyclate</i>	6	EPCLUSA	23
<i>doxycycline hyclate</i>	36	EPIDIOLEX	6
<i>doxycycline monohydrate</i>	6	EPINEPHRINE	54
DRIZALMA SPRINKLE	10	<i>epitol</i>	8
<i>dronabinol</i>	12	<i>eplerenone</i>	35
<i>drosiprone/ethinyl estradiol</i>	44	EPRONTIA	6
DROXIA	14	ERGOLOID MESYLATES	9
<i>droxidopa</i>	29	ERIVEDGE	16
DUAVEE	45	ERLEADA	14
DULERA	55	<i>erlotinib hydrochloride</i>	16
<i>duloxetine hydrochloride</i>	10	<i>errin</i>	45
DUPIXENT	46	<i>ertapenem</i>	5
<i>dutasteride</i>	42	<i>ertapenem sodium</i>	5
EASY COMFORT INSULIN	51	<i>ery-tab</i>	6
SYRINGE/0.3ML/31G X 1/2"		<i>erythromycin</i>	38
<i>ec-naproxen</i>	1	<i>erythromycin</i>	52
EDURANT	23	<i>erythromycin base</i>	6
EFAVIRENZ	24	ERYTHROMYCIN DR	6
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	23	<i>escitalopram oxalate</i>	10
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	23	<i>estradiol</i>	44
ELIQUIS	28	<i>estradiol valerate</i>	44
ELIQUIS STARTER PACK	28	<i>ethambutol hydrochloride</i>	13
ELMIRON	43	<i>ethosuximide</i>	7
<i>eluryng</i>	44	<i>ethynodiol diacetate/ethinyl estradiol</i>	44
EMCYT	14	<i>etonogestrel/ethinyl estradiol</i>	44
EMGALITY	13	<i>etravirine</i>	24
EMSAM	9	EULEXIN	14
<i>emtricitabine</i>	24	<i>euthyrox</i>	45
<i>emtricitabine/tenofovir disoproxil fumarate</i>	24	<i>everolimus</i>	16
<i>emtricitabine/tenofovir disoproxil fumarate</i>	24	<i>everolimus</i>	47
EMTRIVA	24	EVOTAZ	25
<i>enalapril maleate</i>	30	<i>exemestane</i>	15
<i>enalapril maleate/hydrochlorothiazide</i>	33	EXKIVITY	16
ENBREL	47	<i>ezetimibe</i>	34
ENBREL MINI	47	<i>ezetimibe/simvastatin</i>	34
ENBREL SURECLICK	47	<i>famciclovir</i>	25
		<i>famotidine</i>	41
		FANAPT	21

Drug Name	Page #	Drug Name	Page #
FANAPT TITRATION PACK	21	<i>fosinopril sodium/hydrochlorothiazide</i>	33
FARXIGA	35	<i>fosphenytoin sodium</i>	8
FASENRA	55	FOTIVDA	16
FASENRA PEN	55	FRUZAQLA	16
<i>febuxostat</i>	13	<i>furosemide</i>	34
<i>felbamate</i>	6	FUZEON	24
<i>fenofibrate</i>	34	<i>fyavolv</i>	44
<i>fenofibrate micronized</i>	34	FYCOMPA	6
<i>fentanyl</i>	1	<i>gabapentin</i>	7
<i>fentanyl citrate oral transmucosal</i>	2	<i>galantamine hydrobromide</i>	9
<i>fesoterodine fumarate er</i>	42	<i>galantamine hydrobromide er</i>	9
FETZIMA	10	GAMUNEX-C	46
FETZIMA TITRATION PACK	10	GARDASIL 9	49
<i>finasteride</i>	42	GATTEX	41
<i>finngolimod hydrochloride</i>	36	GAVILYTE-C	41
FINTEPLA	6	<i>gavilyte-g</i>	41
FIRMAGON	45	<i>gavilyte-n/ flavor pack</i>	41
<i>flac</i>	53	GAVRETO	16
FLEBOGAMMA DIF	46	<i>gefitinib</i>	16
<i>flecainide acetate</i>	31	<i>gemfibrozil</i>	34
<i>fluconazole</i>	12	<i>generlac</i>	40
<i>fluconazole in sodium chloride</i>	12	<i>gengraf</i>	47
FLUCONAZOLE/SODIUM CHLORIDE	12	GENOTROPIN	43
<i>flucytosine</i>	12	GENOTROPIN MINIQUICK	43
<i>fludrocortisone acetate</i>	43	<i>gentamicin sulfate</i>	3
<i>flunisolide</i>	53	<i>gentamicin sulfate</i>	52
<i>fluocinolone acetonide</i>	37	GENTAMICIN SULFATE/0.9% SODIUM	3
<i>fluocinolone acetonide</i>	53	CHLORIDE	
FLUOCINONIDE	37	GENVOYA	23
<i>fluocinonide emulsified base</i>	37	GILOTRIF	16
<i>fluorometholone</i>	52	<i>glatiramer acetate</i>	36
<i>fluorouracil</i>	38	<i>glatopa</i>	36
<i>fluoxetine hydrochloride</i>	10	GLEOSTINE	14
<i>fluphenazine decanoate</i>	20	<i>glimepiride</i>	26
FLUPHENAZINE HCL	20	<i>glipizide</i>	26
FLUPHENAZINE HYDROCHLORIDE	20	<i>glipizide er</i>	26
<i>flurbiprofen</i>	1	<i>glipizide/metformin hydrochloride</i>	26
FLURBIPROFEN SODIUM	52	GLUCAGEN HYPOKIT	27
<i>fluticasone propionate</i>	37	GLUCAGON EMERGENCY KIT	28
<i>fluticasone propionate</i>	54	GLUCAGON EMERGENCY KIT FOR	28
FLUTICASONE PROPIONATE DISKUS	53	LOW BLOOD SUGAR	
FLUTICASONE PROPIONATE HFA	53	<i>glyburide</i>	26
<i>fluticasone propionate/salmeterol</i>	55	GLYBURIDE MICRONIZED	26
<i>fluticasone propionate/salmeterol diskus</i>	55	<i>glyburide/metformin hydrochloride</i>	26
<i>fluvoxamine maleate</i>	10	<i>glycopyrrolate</i>	41
<i>fondaparinux sodium</i>	29	GLYXAMBI	26
<i>fosamprenavir calcium</i>	25	<i>granisetron hydrochloride</i>	12
<i>fosinopril sodium</i>	30	<i>griseofulvin microsize</i>	12

Drug Name	Page #	Drug Name	Page #
<i>griseofulvin ultramicrosize</i>	12	HYPERHEP B	46
<i>guanfacine hydrochloride</i>	29	<i>ibandronate sodium</i>	50
<i>guanfacine hydrochloride er</i>	36	IBRANCE	16
GVOKE HYPOPEN 1-PACK	28	<i>ibu</i>	1
GVOKE HYPOPEN 2-PACK	28	<i>ibuprofen</i>	1
GVOKE KIT	28	<i>icatibant acetate</i>	46
GVOKE PFS	28	ICLUSIG	16
HAEGARDA	46	<i>icosapent ethyl</i>	34
<i>halobetasol propionate</i>	37	IDHIFA	16
<i>haloette</i>	44	ILEVRO	52
<i>haloperidol</i>	20	<i>imatinib mesylate</i>	16
<i>haloperidol decanoate</i>	20	IMBRUVICA	16
<i>haloperidol lactate</i>	20	IMIPENEM/CILASTATIN	5
HARVONI	23	<i>imipramine hcl</i>	11
HAVRIX	49	<i>imipramine hydrochloride</i>	11
<i>heather</i>	45	<i>imiquimod</i>	38
<i>heparin sodium</i>	29	IMOVAX RABIES (H.D.C.V.)	49
HEPLISAV-B	49	IMPAVIDO	3
HERCEPTIN HYLECTA	18	<i>incassia</i>	45
HIBERIX	49	INCRELEX	43
HUMALOG KWIKPEN	28	INCRUSE ELLIPTA	54
HUMIRA	48	<i>indapamide</i>	34
HUMIRA PEDIATRIC CROHNS	47	INFANRIX	49
DISEASE STARTER PACK		INLYTA	16
HUMIRA PEN	48	INPEN 100/BLUE/LILLY/HUMALOG	51
HUMIRA PEN-CD/UC/HS STARTER	47	INPEN 100/BLUE/NOVOLOG/FIASP	51
HUMIRA PEN-PEDIATRIC UC	48	INPEN 100/GREY/LILLY/HUMALOG	51
STARTER PACK		INPEN 100/GREY/NOVOLOG/FIASP	51
HUMIRA PEN-PS/UV STARTER	48	INPEN 100/PINK/LILLY/HUMALOG	51
HUMULIN R U-500 (CONCENTRATED)	28	INPEN 100/PINK/NOVOLOG/FIASP	51
HUMULIN R U-500 KWIKPEN	28	INQOVI	16
<i>hydralazine hcl</i>	35	INREBIC	14
<i>hydralazine hydrochloride</i>	35	INTELENCE	24
<i>hydrochlorothiazide</i>	34	INTRALIPID	51
<i>hydrocodone bitartrate/acetaminophen</i>	2	INVEGA HAFYERA	21
<i>hydrocodone/acetaminophen</i>	2	INVEGA SUSTENNA	21
<i>hydrocodone/ibuprofen</i>	2	INVEGA TRINZA	21
<i>hydrocortisone</i>	38	IPOL INACTIVATED IPV	49
<i>hydrocortisone</i>	43	<i>ipratropium bromide</i>	54
<i>hydrocortisone</i>	50	<i>ipratropium bromide/albuterol sulfate</i>	55
<i>hydrocortisone valerate</i>	37	<i>irbesartan</i>	30
HYDROMORPHONE HCL	2	<i>irbesartan/hydrochlorothiazide</i>	33
<i>hydromorphone hydrochloride</i>	2	ISENTRESS	23
<i>hydroxychloroquine sulfate</i>	19	ISENTRESS HD	23
<i>hydroxyurea</i>	14	ISOLYTE-P/DEXTROSE 5%	39
<i>hydroxyzine hcl</i>	54	ISOLYTE-S	39
<i>hydroxyzine hydrochloride</i>	54	ISOLYTE-S PH 7.4	39
<i>hydroxyzine pamoate</i>	54	ISONIAZID	13



Drug Name	Page #	Drug Name	Page #
<i>isosorbide dinitrate</i>	35	<i>klor-con m15</i>	39
<i>isosorbide mononitrate</i>	35	<i>klor-con m20</i>	39
<i>isosorbide mononitrate er</i>	35	KLOXXADO	2
ISOTONIC GENTAMICIN	3	KOSELUGO	16
<i>isotretinoin</i>	37	<i>kourzeq</i>	36
<i>itraconazole</i>	12	KRAZATI	16
<i>ivabradine hydrochloride</i>	33	<i>kurvelo</i>	44
<i>ivermectin</i>	19	<i>labetalol hydrochloride</i>	31
IWILFIN	14	<i>lacosamide</i>	8
IXCHIQ	49	<i>lactulose</i>	40
IXIARO	49	LAGEVRIO	25
JAKAFI	16	<i>lamivudine</i>	23
<i>jantoven</i>	29	<i>lamivudine</i>	24
JANUMET	26	<i>lamivudine/zidovudine</i>	24
JANUMET XR	26	<i>lamotrigine</i>	6
JANUVIA	26	<i>lamotrigine odt</i>	6
JARDIANCE	35	<i>lanreotide acetate</i>	45
<i>jasmiel</i>	44	LANSOPRAZOLE/AMOXICILLIN/CLAR	41
JAYPIRCA	16	ITHROMYCIN	
<i>jencycla</i>	45	LANTUS	28
JENTADUETO	26	LANTUS SOLOSTAR	28
JENTADUETO XR	26	<i>lapatinib ditosylate</i>	16
JOENJA	42	<i>latanoprost</i>	53
JULUCA	23	LAZCLUZE	15
JYLAMVO	48	<i>leflunomide</i>	48
JYNNEOS	49	<i>lenalidomide</i>	14
KALYDECO	54	LENVIMA 10 MG DAILY DOSE	16
<i>kcl 0.075%/d5w/nacl 0.45%</i>	39	LENVIMA 12MG DAILY DOSE	16
<i>kcl 0.15%/d5w/nacl 0.2%</i>	39	LENVIMA 14 MG DAILY DOSE	16
<i>kcl 0.15%/d5w/nacl 0.45%</i>	39	LENVIMA 18 MG DAILY DOSE	16
<i>kcl 0.15%/d5w/nacl 0.9%</i>	39	LENVIMA 20 MG DAILY DOSE	16
<i>kcl 0.3%/d5w/nacl 0.45%</i>	39	LENVIMA 24 MG DAILY DOSE	16
KCL 0.3%/D5W/NAACL 0.9%	39	LENVIMA 4 MG DAILY DOSE	16
<i>kelnor 1/50</i>	44	LENVIMA 8 MG DAILY DOSE	16
KERENDIA	35	<i>lessina</i>	44
<i>ketoconazole</i>	12	<i>letrozole</i>	15
<i>ketorolac tromethamine</i>	52	<i>leucovorin calcium</i>	15
KEVZARA	46	LEUKERAN	14
KINERET	46	<i>leuprolide acetate</i>	45
KINRIX	49	LEVALBUTEROL TARTRATE HFA	54
KISQALI	16	<i>levetiracetam</i>	7
KISQALI FEMARA 200 DOSE	15	<i>levetiracetam er</i>	7
KISQALI FEMARA 400 DOSE	15	LEVOBUNOLOL HCL	53
KISQALI FEMARA 600 DOSE	15	<i>levocarnitine</i>	51
<i>klayesta</i>	12	<i>levocetirizine dihydrochloride</i>	54
<i>klor-con 10</i>	39	<i>levofloxacin</i>	6
<i>klor-con 8</i>	39	<i>levofloxacin in d5w</i>	6
<i>klor-con m10</i>	39	<i>levonorgestrel/ethinyl estradiol</i>	44

Drug Name	Page #	Drug Name	Page #
<i>levora 0.15/30-28</i>	44	LYSODREN	15
<i>levo-t</i>	45	LYTGOBI	17
<i>levothyroxine sodium</i>	45	<i>lyza</i>	45
<i>levoxyl</i>	45	<i>magnesium sulfate</i>	39
LEXIVA	25	<i>malathion</i>	38
<i>l-glutamine</i>	42	<i>maraviroc</i>	24
LIBERVANT	7	MARGENZA	18
LIBTAYO	18	MARPLAN	10
<i>lidocaine</i>	2	MATULANE	14
<i>lidocaine hydrochloride viscous</i>	36	<i>meclizine hcl 12.5mg, 25mg</i>	11
<i>lidocaine/prilocaine</i>	2	<i>medroxyprogesterone acetate</i>	45
LILETTA	45	<i>mefloquine hcl</i>	19
<i>linezolid</i>	3	<i>megestrol acetate</i>	45
LINZESS	40	MEKINIST	17
<i>liothyronine sodium</i>	45	MEKTOVI	17
<i>lisinopril</i>	30	<i>meloxicam</i>	1
<i>lisinopril/hydrochlorothiazide</i>	33	<i>memantine hcl titration pak</i>	9
<i>lithium</i>	26	<i>memantine hydrochloride</i>	9
LITHIUM CARBONATE	26	<i>memantine hydrochloride er</i>	9
<i>lithium carbonate er</i>	26	MENACTRA	49
LIVALO	34	MENQUADFI	49
LIVTENCITY	23	MENVEO	49
LOKELMA	40	<i>mercaptopurine</i>	14
LONSURF	15	MEROPENEM	5
<i>loperamide hcl</i>	41	MEROPENEM/SODIUM CHLORIDE	5
<i>lopinavir/ritonavir</i>	25	<i>mesalamine</i>	50
<i>lorazepam</i>	26	<i>mesalamine dr</i>	50
<i>lorazepam intensol</i>	26	<i>mesalamine er</i>	50
LORBRENA	16	MESNEX	19
<i>loryna</i>	44	<i>metformin hydrochloride</i>	27
<i>losartan potassium</i>	30	<i>metformin hydrochloride er</i>	27
<i>losartan potassium/hydrochlorothiazide</i>	33	METHADONE HCL	1
<i>loteprednol etabonate</i>	52	<i>methazolamide</i>	53
<i>lovastatin</i>	34	<i>methenamine hippurate</i>	4
<i>loxapine</i>	20	<i>methimazole</i>	46
<i>lo-zumandimine</i>	44	<i>methocarbamol</i>	55
<i>lubiprostone</i>	40	<i>methotrexate</i>	48
LUMAKRAS	17	<i>methotrexate sodium</i>	48
LUMIGAN	53	METHOXSALLEN	38
LUPRON DEPOT (1-MONTH)	45	<i>methsuximide</i>	7
LUPRON DEPOT (3-MONTH)	45	<i>methylphenidate hydrochloride</i>	36
LUPRON DEPOT (4-MONTH)	45	<i>methylprednisolone</i>	43
LUPRON DEPOT (6-MONTH)	45	<i>methylprednisolone acetate</i>	43
<i>lurasidone hydrochloride</i>	21	<i>methylprednisolone dose pack</i>	43
<i>lutra</i>	44	<i>methylprednisolone sodium succinate</i>	43
LYBALVI	21	<i>methylprednisolone sodiumsuccinate</i>	43
<i>lyleq</i>	45	<i>metoclopramide hcl</i>	41
LYNPARZA	17	<i>metoclopramide hydrochloride</i>	41

Drug Name	Page #	Drug Name	Page #
<i>metolazone</i>	34	<i>naloxone hydrochloride</i>	2
<i>metoprolol succinate er</i>	31	<i>naltrexone hcl</i>	2
<i>metoprolol tartrate</i>	31	NAMZARIC	9
<i>metoprolol/hydrochlorothiazide</i>	33	<i>naproxen</i>	1
<i>metronidazole</i>	4	<i>naproxen dr</i>	1
<i>metronidazole</i>	37	NATACYN	52
<i>metronidazole vaginal</i>	4	<i>nateglinide</i>	27
<i>metyrosine</i>	33	NAYZILAM	7
<i>mexiletine hcl</i>	31	<i>nebivolol hydrochloride</i>	31
<i>midodrine hcl</i>	29	NEFAZODONE HYDROCHLORIDE	10
<i>mifepristone</i>	45	<i>neomycin sulfate</i>	3
MIGERGOT	13	<i>neomycin/bacitracin/polymyxin</i>	51
<i>miglustat</i>	42	<i>neomycin/polymyxin/dexamethasone</i>	51
<i>minocycline hcl</i>	6	NEOMYCIN/POLYMYXIN/GRAMICIDI	51
<i>minocycline hydrochloride</i>	6	N	
<i>minoxidil</i>	35	<i>neomycin/polymyxin/hc</i>	53
<i>mirtazapine</i>	9	NEOMYCIN/POLYMYXIN/HYDROCOR	52
<i>mirtazapine odt</i>	9	TISONE	
<i>misoprostol</i>	41	<i>neomycin/polymyxin/hydrocortisone</i>	53
M-M-R II	49	<i>neo-polycin</i>	51
<i>modafinil</i>	56	NERLYNX	17
<i>moexipril hcl</i>	30	NEVIRAPINE	24
MOLINDONE HYDROCHLORIDE	20	<i>nevirapine er</i>	24
<i>момetasone furoate</i>	38	NEXPLANON	45
MONJUVI	19	<i>niacin er</i>	34
<i>montelukast sodium</i>	54	<i>nicardipine hcl</i>	32
<i>morphine sulfate</i>	2	NICOTROL INHALER	3
<i>morphine sulfate er</i>	1	NICOTROL NS	3
MOTPOLY XR	8	<i>nifedipine er</i>	32
MOUNJARO	27	<i>nikki</i>	44
MOVANTIK	41	<i>nilutamide</i>	14
MOXIFLOXACIN	6	<i>nimodipine</i>	32
HYDROCHLORIDE/SODIUM		NINLARO	17
HYDROCHLORIDE		NITAZOXANIDE	19
<i>moxifloxacin hydrochloride</i>	6	<i>nitisinone</i>	42
MOXIFLOXACIN HYDROCHLORIDE	52	NITRO-BID	35
MRESVIA	49	<i>nitrofurantoin macrocrystals</i>	4
MULTIPLE ELECTROLYTES	39	<i>nitrofurantoin monohydrate/macrocrystals</i>	4
INJECTION TYPE 1		<i>nitroglycerin</i>	35
<i>mupirocin</i>	38	<i>nitroglycerin</i>	41
<i>mycophenolate mofetil</i>	48	<i>nitroglycerin transdermal</i>	35
<i>mycophenolic acid dr</i>	48	NIZATIDINE	41
MYRBETRIQ	42	<i>nora-be</i>	45
NABI-HB	46	<i>norelgestromin/ethinyl estradiol</i>	44
<i>nabumetone</i>	1	<i>norethindrone</i>	45
NAFCILLIN	5	<i>norethindrone acetate</i>	45
<i>nafcillin sodium</i>	5	<i>norethindrone acetate/ethinyl estradiol</i>	44
<i>naloxone hcl</i>	2	<i>norlyda</i>	45

Drug Name	Page #	Drug Name	Page #
NORMOSOL -R	39	<i>olmesartan medoxomil</i>	30
NORMOSOL-R	39	<i>olmesartan</i>	33
<i>nortrel 1/35</i>	44	<i>medoxomil/amlodipine/hydrochlorothiazide</i>	
<i>nortriptyline hcl</i>	11	<i>olmesartan medoxomil/hydrochlorothiazide</i>	33
<i>nortriptyline hydrochloride</i>	11	<i>omega-3-acid ethyl esters</i>	34
NORVIR	25	<i>omeprazole</i>	41
NOVOLIN 70/30	28	<i>omeprazole dr</i>	41
NOVOLIN 70/30 FLEXPEN	28	OMNIPOD 5 DEXCOM G7G6 INTRO KIT	51
NOVOLIN 70/30 FLEXPEN RELION	28	(GEN 5)	
NOVOLIN 70/30 RELION	28	OMNIPOD 5 DEXCOM G7G6 PODS	51
NOVOLIN N	28	(GEN 5)	
NOVOLIN N FLEXPEN	28	OMNIPOD 5 G7 INTRO KIT (GEN 5)	51
NOVOLIN N FLEXPEN RELION	28	OMNIPOD 5 G7 PODS (GEN 5)	51
NOVOLIN N RELION	28	OMNIPOD 5 LIBRE2 PLUS G6	51
NOVOLIN R	28	OMNIPOD 5 LIBRE2 PLUS G6 PODS	51
NOVOLIN R FLEXPEN	28	OMNIPOD CLASSIC PDM STARTER	51
NOVOLIN R FLEXPEN RELION	28	KIT (GEN 3)	
NOVOLIN R RELION	28	OMNIPOD CLASSIC PODS (GEN 3)	51
NOVOLOG	28	OMNIPOD DASH INTRO KIT (GEN 4)	51
NOVOLOG FLEXPEN	28	OMNIPOD DASH PDM KIT (GEN 4)	51
NOVOLOG FLEXPEN RELION	28	OMNIPOD DASH PODS (GEN 4)	51
NOVOLOG MIX 70/30	28	<i>ondansetron hcl</i>	12
NOVOLOG MIX 70/30 PREFILLED	28	<i>ondansetron hydrochloride</i>	12
FLEXPEN		<i>ondansetron odt</i>	12
NOVOLOG MIX 70/30 PREFILLED	28	ONUREG	15
FLEXPEN RELION		OPFOLDA	42
NOVOLOG MIX 70/30 RELION	28	OPVEE	3
NOVOLOG PENFILL	28	<i>oralone dental paste</i>	36
NOVOLOG RELION	28	ORENCIA	46
NOVOPEN ECHO	51	ORENCIA CLICKJECT	46
NUBEQA	14	ORGOVYX	46
NUCALA	55	ORKAMBI	54
NUEDEXTA	36	ORSERDU	14
NUPLAZID	21	<i>oseltamivir phosphate</i>	25
<i>nyamyc</i>	12	OTEZLA	38
<i>nystatin</i>	12	OTEZLA	46
<i>nystop</i>	12	<i>oxcarbazepine</i>	8
<i>octreotide acetate</i>	46	<i>oxybutynin chloride</i>	42
ODEFSEY	24	<i>oxybutynin chloride er</i>	42
ODOMZO	17	<i>oxycodone hydrochloride</i>	2
OFEV	55	<i>oxycodone/acetaminophen</i>	2
<i>ofloxacin</i>	52	OZEMPIC	27
<i>ofloxacin</i>	53	<i>pacerone</i>	31
OGSIVEO	15	PADCEV	19
OJEMDA	15	<i>paliperidone er</i>	21
OJJAARA	17	PANRETIN	19
<i>olanzapine</i>	21	<i>pantoprazole sodium</i>	41
<i>olanzapine odt</i>	21	<i>paricalcitol</i>	50

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>paroxetine hcl</i>	10	<i>portia-28</i>	44
<i>paroxetine hydrochloride</i>	10	<i>posaconazole dr</i>	12
PAXLOVID	25	<i>potassium chloride</i>	39
<i>pazopanib hydrochloride</i>	17	<i>potassium chloride er</i>	39
PEDIARIX	49	<i>potassium chloride/dextrose</i>	39
PEDVAX HIB	49	<i>potassium chloride/dextrose/sodium chloride</i>	39
<i>peg-3350/electrolytes</i>	41	<i>potassium chloride/sodium chloride</i>	39
<i>peg-3350/nacl/na bicarbonate/kcl</i>	41	<i>potassium citrate er</i>	40
PEGASYS	48	<i>pramipexole dihydrochloride</i>	19
PEMAZYRE	17	<i>prasugrel hydrochloride</i>	29
PENBRAYA	49	<i>pravastatin sodium</i>	34
<i>penicillamine</i>	40	<i>praziquantel</i>	19
<i>penicillin g potassium</i>	5	<i>prazosin hydrochloride</i>	29
PENICILLIN G SODIUM	5	<i>prednisolone</i>	43
PENICILLIN V POTASSIUM	5	<i>prednisolone acetate</i>	52
PENTACEL	49	<i>prednisolone sodium phosphate</i>	43
<i>pentamidine isethionate</i>	19	PREDNISOLONE SODIUM PHOSPHATE	52
<i>pentoxifylline er</i>	33	PREDNISONE	43
PERINDOPRIL ERBUMINE	30	PREDNISONE INTENSOL	43
<i>periogard</i>	36	<i>pregabalin</i>	36
<i>permethrin</i>	38	PREHEVBRIO	49
<i>perphenazine</i>	20	PREMASOL	40
PERSERIS	21	<i>prevalite</i>	35
PHENELZINE SULFATE	10	PREVIDENT 5000 BOOSTER PLUS	37
<i>phenobarbital</i>	7	PREVIDENT 5000 DRY MOUTH	37
<i>phenytek</i>	8	PREVIDENT 5000 KIDS	37
<i>phenytoin</i>	8	PREVYMIS	23
<i>phenytoin sodium extended</i>	8	PREZCOBIX	25
PIFELTRO	24	PREZISTA	25
<i>pilocarpine hcl</i>	53	PRIFTIN	13
<i>pilocarpine hydrochloride</i>	37	PRIMAQUINE PHOSPHATE	19
<i>pimecrolimus</i>	38	PRIMIDONE	8
PIMOZIDE	20	PRIORIX	49
<i>pindolol</i>	31	<i>probenecid</i>	13
<i>pioglitazone hcl</i>	27	<i>probenecid/colchicine</i>	13
<i>pioglitazone hydrochloride</i>	27	<i>prochlorperazine</i>	11
<i>piperacillin sodium/tazobactam sodium</i>	5	<i>prochlorperazine maleate</i>	11
PIQRAY 200MG DAILY DOSE	17	PROCRIT	29
PIQRAY 250MG DAILY DOSE	17	<i>procto-med hc</i>	50
PIQRAY 300MG DAILY DOSE	17	<i>proctosol hc</i>	50
<i>pirfenidone</i>	55	<i>proctozone-hc</i>	50
PLASMA-LYTE A	39	PROGRAF	48
PLASMA-LYTE-148	39	PROLASTIN-C	42
PODOFILOX	38	PROLIA	50
POLIVY	19	PROMACTA	29
<i>polycin</i>	52	<i>promethazine hcl</i>	11
<i>polymyxin b sulfate/trimethoprim sulfate</i>	52	<i>promethazine hydrochloride</i>	11
POMALYST	14		

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>propafenone hcl</i>	31	RHOPRESSA	53
<i>propafenone hydrochloride</i>	31	RIBAVIRIN	23
<i>propafenone hydrochloride er</i>	31	<i>rifabutin</i>	13
<i>propranolol hcl</i>	31	<i>rifampin</i>	13
<i>propranolol hcl er</i>	31	<i>riluzole</i>	36
<i>propranolol hydrochloride</i>	31	RIMANTADINE HYDROCHLORIDE	25
<i>propranolol hydrochloride er</i>	31	RINVOQ	47
<i>propylthiouracil</i>	46	RINVOQ LQ	47
PROQUAD	49	<i>risperidone</i>	22
PROSOL	40	<i>risperidone er</i>	22
<i>protriptyline hcl</i>	11	RISPERIDONE ODT	22
PULMOZYME	54	<i>ritonavir</i>	25
PURIXAN	14	<i>rivastigmine tartrate</i>	9
<i>pyrazinamide</i>	13	<i>rivastigmine transdermal system</i>	9
<i>pyridostigmine bromide</i>	13	RIVFLOZA	51
<i>pyridostigmine bromide er</i>	13	<i>rizatriptan benzoate</i>	13
<i>pyrimethamine</i>	19	<i>rizatriptan benzoate odt</i>	13
QINLOCK	17	ROCKLATAN	52
QUADRACEL	49	<i>roflumilast</i>	55
QUETIAPINE FUMARATE	22	<i>ropinirole hcl</i>	19
<i>quetiapine fumarate er</i>	21	<i>ropinirole hydrochloride</i>	20
<i>quinapril hydrochloride</i>	30	<i>rosuvastatin calcium</i>	34
<i>quinapril/hydrochlorothiazide</i>	33	ROTARIX	49
QUINIDINE SULFATE	31	ROTATEQ	49
<i>quinine sulfate</i>	19	<i>roweepra</i>	7
QULIPTA	13	ROZLYTREK	17
QVAR REDIHALER	54	RUBRACA	17
RABAVERT	49	<i>rufinamide</i>	8
<i>raloxifene hydrochloride</i>	45	RUKOBIA	24
<i>ramipril</i>	30	RYBELSUS	27
<i>ranolazine er</i>	33	RYBREVANT	19
<i>rasagiline mesylate</i>	20	RYDAPT	17
RECOMBIVAX HB	49	RYKINDO	22
RECORLEV	46	RYLAZE	15
RECTIV	41	RYTARY	20
RELENZA DISKHALER	25	<i>sajazir</i>	46
<i>repaglinide</i>	27	<i>salsalate</i>	1
REPATHA	35	SANDIMMUNE	48
REPATHA PUSHTRONEX SYSTEM	35	SANTYL	38
REPATHA SURECLICK	35	<i>sapropterin dihydrochloride</i>	42
RESTASIS	52	SARCLISA	19
RESTASIS MULTIDOSE	52	SAVELLA	36
RETEVMO	17	SAVELLA TITRATION PACK	36
REXTOVY	3	SCEMBLIX	17
REXULTI	22	<i>scopolamine</i>	11
REYATAZ	25	SECUADO	22
REZLIDHIA	17	<i>selegiline hcl</i>	20
REZUROCK	48	<i>selenium sulfide</i>	38

Drug Name	Page #	Drug Name	Page #
SELZENTRY	24	STRIBILD	23
SEREVENT DISKUS	54	<i>subvenite</i>	7
<i>sertraline hcl</i>	10	<i>sucrafate</i>	41
<i>sertraline hydrochloride</i>	11	<i>sulfacetamide sodium</i>	6
<i>sevelamer carbonate</i>	40	SULFACETAMIDE SODIUM	52
<i>sharobel</i>	45	SULFACETAMIDE	52
SHINGRIX	49	SODIUM/PREDNISOLONE SODIUM	
SIGNIFOR	46	PHOSPHATE	
<i>sildenafil citrate (pulmonary arterial hypertension) oral tablet</i>	55	<i>sulfadiazine</i>	6
<i>silver sulfadiazine</i>	38	<i>sulfamethoxazole/trimethoprim</i>	6
SIMBRINZA	52	<i>sulfamethoxazole/trimethoprim ds</i>	6
<i>simvastatin</i>	34	<i>sulfasalazine</i>	50
<i>sirolimus</i>	48	<i>sulindac</i>	1
SIRTURO	14	<i>sumatriptan</i>	13
SKYRIZI	47	<i>sumatriptan succinate</i>	13
SKYRIZI PEN	47	SUMATRIPTAN SUCCINATE REFILL	13
<i>sodium chloride</i>	40	<i>sunitinib malate</i>	17
<i>sodium chloride 0.45%</i>	40	SUNLENCA	24
<i>sodium chloride 0.9%</i>	51	SUNOSI	56
SODIUM OXYBATE	56	SYMBICORT	55
<i>sodium phenylbutyrate</i>	42	SYMJEPI	54
<i>sodium polystyrene sulfonate</i>	40	SYMPAZAN	8
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	41	SYMTUZA	25
SOHONOS	22	SYNAREL	46
<i>solifenacin succinate</i>	42	SYNJARDY	27
SOLTAMOX	14	SYNJARDY XR	27
SOMATULINE DEPOT	38	TABLOID	14
SOMATULINE DEPOT	46	TABRECTA	17
SOMAVERT	46	<i>tacrolimus</i>	38
<i>sorafenib</i>	17	<i>tacrolimus</i>	48
<i>sorafenib tosylate</i>	17	<i>taladafil</i>	42
<i>sorine</i>	31	TAFINLAR	18
<i>sotalol hcl</i>	31	TAGRISSE	18
<i>sotalol hydrochloride (af)</i>	31	TALZENNA	18
<i>spironolactone</i>	35	<i>tamoxifen citrate</i>	14
<i>spironolactone/hydrochlorothiazide</i>	33	<i>tamsulosin hydrochloride</i>	43
SPRITAM	7	TASIGNA	18
SPRYCEL	17	<i>tasimelteon</i>	56
<i>sps</i>	40	TAVNEOS	47
<i>sronyx</i>	44	<i>tazarotene</i>	37
<i>ssd</i>	38	TAZICEF	4
STAMARIL	49	<i>taztia xt</i>	32
STELARA	47	TAZVERIK	18
STIOLTO RESPIMAT	55	TDVAX	49
STIVARGA	17	TEFLARO	5
STREPTOMYCIN SULFATE	3	<i>temazepam</i>	56
		TENIVAC	49
		<i>tenofovir disoproxil fumarate</i>	24

Drug Name	Page #	Drug Name	Page #
TEPMETKO	18	<i>tramadol hydrochloride</i>	2
<i>terazosin hcl</i>	29	<i>tramadol hydrochloride er</i>	1
<i>terazosin hydrochloride</i>	29	<i>trandolapril</i>	31
<i>terbinafine hcl</i>	12	<i>tranexamic acid</i>	29
<i>terbinafine hydrochloride</i>	12	<i>tranylcypramine sulfate</i>	10
<i>terconazole</i>	12	TRAVASOL	40
<i>teriflunomide</i>	36	<i>travoprost</i>	53
<i>testosterone</i>	44	<i>trazodone hydrochloride</i>	11
<i>testosterone cypionate</i>	44	TRECATOR	14
TESTOSTERONE ENANTHATE	44	TRELEGY ELLIPTA	55
<i>tetrabenazine</i>	36	TRELSTAR MIXJECT	46
<i>tetracycline hydrochloride</i>	6	<i>tretinoin</i>	19
THALOMID	14	<i>tretinoin</i>	37
<i>theophylline er</i>	55	<i>triamcinolone acetonide</i>	38
<i>thioridazine hcl</i>	20	<i>triamcinolone acetonide</i>	43
<i>thiothixene</i>	20	<i>triamcinolone acetonide dental paste</i>	37
<i>tiadylt er</i>	32	<i>triamterene</i>	34
<i>tiagabine hydrochloride</i>	8	<i>triamterene/hydrochlorothiazide</i>	33
TIBSOVO	18	<i>triderm</i>	38
TICE BCG	15	TRIENTINE HYDROCHLORIDE	40
TICOVAC	49	<i>trifluoperazine hcl</i>	20
<i>tigecycline</i>	4	<i>trifluoperazine hydrochloride</i>	20
<i>timolol maleate</i>	31	TRIFLURIDINE	52
<i>timolol maleate</i>	53	<i>trihexyphenidyl hydrochloride</i>	19
<i>timolol maleate ophthalmic gel forming</i>	53	TRIJARDY XR	27
<i>tinidazole</i>	4	TRIKAFTA	54
TIVDAK	19	<i>trimethoprim</i>	4
TIVICAY	23	<i>trimipramine maleate</i>	11
TIVICAY PD	23	TRINTELLIX	11
<i>tizanidine hcl</i>	22	TRIUMEQ	24
<i>tizanidine hydrochloride</i>	22	TRIUMEQ PD	24
TOBI PODHALER	54	TRIZIVIR	24
TOBRADEX	52	TRODELVY	19
TOBRADEX ST	52	TROGARZO	24
<i>tobramycin</i>	52	TRULICITY	27
<i>tobramycin</i>	54	TRUMENBA	49
TOBRAMYCIN SULFATE	3	TRUQAP	18
<i>tobramycin/dexamethasone</i>	52	TUKYSA	18
<i>tolterodine tartrate</i>	42	TURALIO	18
<i>tolterodine tartrate er</i>	42	TWINRIX	49
<i>topiramate</i>	7	TYBOST	24
<i>toremifene citrate</i>	14	TYMLOS	50
<i>torpenz</i>	18	TYPHIM VI	49
<i>torseamide</i>	34	TYRVAYA	3
TOUJEO MAX SOLOSTAR	28	UBRELVY	13
TOUJEO SOLOSTAR	28	<i>unithroid</i>	45
TRADJENTA	27	<i>ursodiol</i>	41
TRAMADOL HCL ER	1	<i>valacyclovir hydrochloride</i>	25



<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
VALCHLOR	14	VOWST	41
<i>valganciclovir</i>	23	VOYDEYA	29
<i>valganciclovir hydrochloride</i>	23	VRAYLAR	22
<i>valproic acid</i>	7	<i>warfarin sodium</i>	29
<i>valrubicin</i>	15	WELIREG	42
VALSARTAN	30	XALKORI	18
<i>valsartan/hydrochlorothiazide</i>	33	XARELTO	29
VALTOCO 10 MG DOSE	8	XARELTO STARTER PACK	29
VALTOCO 15 MG DOSE	8	XATMEP	48
VALTOCO 20 MG DOSE	8	XCOPRI	8
VALTOCO 5 MG DOSE	8	XDEMVI	52
<i>vancomycin hcl</i>	4	XELJANZ	47
<i>vancomycin hydrochloride</i>	4	XELJANZ XR	47
VANFLYTA	18	XERMELO	41
VAQTA	49	XGEVA	50
<i>varenicline starting month</i>	3	XIFAXAN	41
<i>varenicline tartrate</i>	3	XIGDUO XR	27
VARIVAX	49	XOLAIR	47
VAXCHORA	50	XOSPATA	18
VENCLEXTA	18	XPHOZAH	40
VENCLEXTA STARTING PACK	18	XPOVIO	18
<i>venlafaxine hydrochloride</i>	11	XPOVIO 60 MG TWICE WEEKLY	18
<i>venlafaxine hydrochloride er</i>	11	XPOVIO 80 MG TWICE WEEKLY	18
VENTAVIS	55	XTANDI	14
VEOZAH	36	<i>xulane</i>	44
<i>verapamil hcl</i>	32	<i>yargesa</i>	42
VERAPAMIL HCL ER	32	YF-VAX	50
VERAPAMIL HCL SR	32	<i>yuvafem</i>	44
<i>verapamil hydrochloride</i>	32	<i>zafemy</i>	44
VERAPAMIL HYDROCHLORIDE ER	32	<i>zafirlukast</i>	54
VERQUVO	35	<i>zaleplon</i>	56
VERSACLOZ	22	ZARXIO	29
VERZENIO	18	ZEJULA	18
<i>vestura</i>	44	ZELBORAF	18
V-GO 20	51	<i>zenatane</i>	37
V-GO 30	51	ZENPEP	42
V-GO 40	51	ZEPZELCA	14
<i>vienna</i>	44	<i>zidovudine</i>	24
<i>vigabatrin</i>	8	ZILBRYSQ	47
<i>vilazodone hydrochloride</i>	11	<i>ziprasidone hcl</i>	22
VIRACEPT	25	<i>ziprasidone mesylate</i>	22
VIREAD	24	ZIRGAN	52
VITRAKVI	18	ZOLINZA	15
VIZIMPRO	18	<i>zolpidem tartrate</i>	56
VONJO	15	ZONISADE	9
VORANIGO	19	<i>zonisamide</i>	9
<i>voriconazole</i>	12	ZTALMY	8
VOSEVI	23	ZURZUVAE	9

<b>Drug Name</b>	<b>Page #</b>
ZYDELIG	18
ZYKADIA	18
ZYPREXA RELPREVV	22

This formulary was updated on September 18, 2024. For more recent information or other questions, please contact us, Medicare Plus Blue Group PPO Customer Service, at 1-866-684-8216 (TTY users should call 711), Monday through Friday, 8:30 a.m. to 5 p.m. Eastern time. From October 1 through March 31, hours are from 8 a.m. to 9 p.m. Eastern time, seven days a week, or visit [www.bcbsm.com/medicare](http://www.bcbsm.com/medicare).

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## Medicare PLUS Blue<sup>SM</sup> Group PPO



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## Prescription Blue<sup>SM</sup> Group PDP



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