



A Medicare Advantage Plan from Hometown Health.

# Senior Care Plus

## 2026 Formulary

### (List of Covered Drugs)

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

HPMS Approved Formulary File Submission ID: 26210 Version Number: 12

This formulary was updated on 04/01/2026. For more recent information or other questions, please contact Senior Care Plus at 775-982-3112 or toll-free 888-775-7003 (TTY users should call the State Relay Service at 711). (We are not open 7 days a week all year round) Hours are 8:00 a.m. to 8:00 p.m., 7 days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. You may also visit [www.SeniorCarePlus.com](http://www.SeniorCarePlus.com).

Senior Care Plus is a Medicare Advantage Plan with a Medicare contract. Enrollment in Senior Care Plus depends on contract renewal.

**ATTENTION:** If you speak Spanish, language assistance services are available to you, free of charge. Call 775-982-3112 or toll-free at 888-775-7003 (TTY users should call the State Relay Service at 711). (We are not open 7 days a week all year round) Hours are 8:00 a.m. to 8:00 p.m., 7 days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.

**ATENCIÓN:** Si habla español, servicios de asistencia lingüística están disponible para usted sin cargo alguno. Llame al 775-982-3112 o al número gratuito al 888-775-7003 (Los usuarios de TTY deben llamar al Servicio de Retransmisión del Estado al 711). (No estamos abiertos los 7 días de la semana durante todo el año) El horario es de 8:00 a.m. a 8:00 p.m., los 7 días de la semana (excepto Acción de Gracias y Navidad) del 1 de octubre al 31 de marzo, y de lunes a viernes (excepto festivos) del 1 de abril al 30 de septiembre.

**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.

**Important Message About What You Pay for Vaccines** - Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.

**Important Message About What You Pay for Insulin** - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

When this drug list (formulary) refers to "we," "us", or "our," it means Senior Care Plus. When it refers to "plan" or "our plan," it means Senior Care Plus.

# Senior Care Plus

*A Medicare Advantage Plan from Hometown Health.*

This document includes a list of the drugs (formulary) for our plan which is current as of 05/01/2026. For an updated formulary, please contact us. Our contact information, along with the date we last updated the 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 Senior Care Plus Formulary?**

A formulary is a list of covered drugs selected by Senior Care Plus 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. Senior Care Plus will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Senior Care Plus network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

## **Can the Formulary (drug list) change?**

Most changes in drug coverage happen on January 1, but Senior Care Plus may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes.

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

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that 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 the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the Senior Care Plus Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier. Or 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

# Senior Care Plus

*A Medicare Advantage Plan from Hometown Health.*

affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

- If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. 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 Senior Care Plus Formulary.”

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2026 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 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 Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 05/01/2026. To get updated information about the drugs covered by Senior Care Plus, please contact us. Our contact information appears on the front and back cover pages.

## **How do I use the Formulary?**

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

### **Medical Condition**

The formulary begins on page 8. 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 8. 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 77. 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?**

Senior Care Plus 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 cost less than brand name drugs.

## **Are there any restrictions on my coverage?**

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

# Senior Care Plus

*A Medicare Advantage Plan from Hometown Health.*

- **Prior Authorization:** Senior Care Plus requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Senior Care Plus before you fill your prescriptions. If you don't get approval, Senior Care Plus may not cover the drug.
- **Quantity Limits:** For certain drugs, Senior Care Plus limits the amount of the drug that Senior Care Plus covers. For example, Senior Care Plus provides 30 tablets per prescription for simvastatin. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Senior Care Plus 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, Senior Care Plus may not cover Drug B unless you try Drug A first. If Drug A does not work for you Senior Care Plus 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 8. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted online documents that explain our prior authorization restriction 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 Senior Care Plus 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 Senior Care Plus formulary?" on page 4 for information about how to request an exception.

## **What are over-the-counter (OTC) drugs?**

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan.

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

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

If you learn that Senior Care Plus does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Senior Care Plus. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Senior Care Plus.
- You can ask Senior Care Plus to make an exception to cover your drug. See below for information about how to request an exception.

## **How do I request an exception to the Senior Care Plus Formulary?**

You can ask Senior Care Plus to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.

# Senior Care Plus

*A Medicare Advantage Plan from Hometown Health.*

- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Senior Care Plus 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.

Generally, Senior Care Plus will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary or utilization restriction exception. **When you request a formulary or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

## **What do I do before I can talk to my doctor about changing my drugs or requesting an exception?**

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 your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90-days you are a member of our plan.

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

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

Transition fills include the transition of new Enrollees into a Medicare Part D Plan following the annual coordinated election period; the transition of newly eligible Enrollees into a Medicare Part D Plan from other coverage; the transition of enrollees from one plan to another after the start of a plan year (i.e. after January 1); Enrollees residing in a Long-Term- Care (LTC) Facility; and current Enrollees in a Medicare Part D Plan affected by Formulary changes from one plan year to the next.

The transition period is the first 90 days of coverage under a Medicare Part D Plan following a transition, coverage will be extended across contract years if an Enrollee has an effective enrollment date of either November 1 or December 1 to allow for the full 90 days of coverage. During this time, Medicare Part D Plans must provide temporary fill of a Non-Formulary Drug to an Enrollee.

# Senior Care Plus

A Medicare Advantage Plan from Hometown Health.

For Enrollees who are residents of Long-Term Care Facilities and obtain their prescriptions from a Long-Term Care Network Pharmacy or who experience a transition characterized as a level of care change from one treatment setting to another, Senior Care Plus will provide up to a 31-day supply of Non-Formulary Drug. An override for up to a 31-day supply is entered to allow the Non-Formulary Drug claim to process.

## For more information

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

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

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

## Senior Care Plus Formulary

The formulary that begins on page 8 provides coverage information about the drugs covered by Senior Care Plus. If you have trouble finding your drug in the list, turn to the Index that begins on page 77.

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

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

### NOTES KEY

The symbol **B/D** next to a drug name indicates that the drug is Part D vs Part B with prior authorization only.

The symbol **PA or PA NSO** next to a drug name indicates that prior authorization may apply. PA NSO means the Prior Authorization only applies to drugs that are newly prescribed, **NSO** = New Starts Only.

The symbol **QL** next to a drug name indicates that quantities dispensed may be limited.

The symbol **ST or ST NSO** next to a drug name indicates that Step Therapy may apply. ST NSO means the Step Therapy only applies to drugs that are newly prescribed, **NSO** = New Starts Only.

The symbol **NDS** next to a drug name indicates that Non-Extended Day Supply may apply.

You will be notified when a generic is available throughout the year for certain brand name drugs. Certain prescription drugs related to Home Infusion Therapy that are normally covered under our outpatient prescription drug benefit may instead be covered under our medical benefit.

For more information, please call Customer Service at 888-775-7003. TTY users should call the State Relay Service at 711. (We are not open 7 days a week all year round) Hours are 8:00 a.m. to 8:00 p.m., 7 days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. You may also visit [www.SeniorCarePlus.com](http://www.SeniorCarePlus.com).

# Senior Care Plus

A Medicare Advantage Plan from Hometown Health.

<b>TIER KEY</b>						
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	
<b>Preferred Generic</b>	<b>Non-Preferred Generic</b>	<b>Preferred Brand</b>	<b>Non-Preferred Drug</b>	<b>Specialty</b>	<b>Select Care Drugs</b>	
<b>HMO PLANS</b>						
<b>Essential 012</b>	\$5	\$12	\$47 Select Insulins: \$35	50% coinsurance	33% coinsurance	\$0
<b>Select 018</b>	\$0	\$0	\$47 Select Insulins: \$35	50% coinsurance	33% coinsurance	\$0
<b>Complete 019</b>	\$2	\$8	\$47 Select Insulins: \$35	47% coinsurance	33% coinsurance	\$0
<b>Renown Preferred 023</b>	\$5	\$12	\$47 Select Insulins: \$35	50% coinsurance	33% coinsurance	\$0
<b>Extensive Duals (D-SNP) 024</b>	\$0 to \$5.10	\$0 to \$5.10	\$0 to \$12.65	\$0 to \$12.65	33% coinsurance	\$0
<b>Enriched Duals (D-SNP) 026</b>	\$0 to \$5.10	\$0 to \$5.10	\$0 to \$12.65	\$0 to \$12.65	33% coinsurance	\$0
<b>Washoe County EGWP (803)</b>	\$2	\$8	\$41 Select Insulins: \$35	\$94	33% coinsurance	\$0

Drug Name	Drug Tier	Requirements/Limits
<b>Analgesics</b>		
<i>Analgesics</i>		
JOURNAVX TABLET 50MG	4	QL(30 EA per 90 days)
<b>Nonsteroidal Anti-inflammatory Drugs</b>		
<i>celecoxib capsule 100mg, 200mg, 400mg, 50mg</i>	2	QL(60 EA per 30 days)
<i>diclofenac potassium tablet 50mg</i>	3	
<i>diclofenac sodium dr tablet delayed release 25mg, 50mg, 75mg</i>	2	
<i>diclofenac sodium er tablet extended release 24 hour 100mg</i>	3	
<i>diclofenac sodium gel 1%</i>	2	QL(1000 GM per 30 days)
<i>diclofenac sodium external solution 1.5%</i>	4	PA
<i>diflunisal tablet 500mg</i>	3	
<i>ec-naproxen tablet delayed release 500mg</i>	4	
<i>etodolac capsule 200mg, 300mg</i>	3	
<i>etodolac tablet 400mg, 500mg</i>	3	
<i>flurbiprofen tablet 100mg, 50mg</i>	2	
<i>ibuprofen suspension 100mg/5ml</i>	2	
<i>ibuprofen tablet 400mg, 600mg, 800mg</i>	1	
<i>ibu tablet 400mg, 600mg, 800mg</i>	1	
<i>indomethacin er capsule extended release 75mg</i>	3	
<i>indomethacin capsule 25mg, 50mg</i>	2	
<i>ketorolac tromethamine +rfid injection 30mg/ml</i>	4	
<i>ketorolac tromethamine injection 15mg/ml, 30mg/ml, 60mg/2ml</i>	4	
<i>ketorolac tromethamine tablet 10mg</i>	4	QL(20 EA per 30 days)
<i>meloxicam tablet 15mg, 7.5mg</i>	1	
<i>nabumetone tablet 500mg, 750mg</i>	2	
<i>naproxen dr tablet delayed release 375mg</i>	2	
<i>naproxen dr tablet delayed release 500mg</i>	4	
<i>naproxen sodium tablet 275mg, 550mg</i>	3	
<i>naproxen tablet delayed release 500mg</i>	4	
<i>naproxen tablet 250mg, 375mg, 500mg</i>	1	
<i>oxaprozin tablet 600mg</i>	3	
<i>piroxicam capsule 10mg, 20mg</i>	3	
<i>sulindac tablet 150mg, 200mg</i>	2	
<b>Opioid Analgesics, Long-acting</b>		
<i>buprenorphine patch weekly 10mcg/hr, 15mcg/hr, 20mcg/hr, 5mcg/hr, 7.5mcg/hr</i>	4	QL(4 EA per 28 days); NDS
<i>fentanyl patch 72 hour 100mcg/hr, 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr</i>	4	NDS
<i>methadone hcl solution 5mg/5ml</i>	3	NDS
<i>methadone hcl tablet 10mg, 5mg</i>	2	NDS
<i>methadone hydrochloride intensol concentrate 10mg/ml</i>	3	NDS
<i>methadone hydrochloride concentrate 10mg/ml</i>	3	NDS

Formulary ID: 26210, Version: 12, Effective Date: 05/01/2026

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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>methadone hydrochloride solution 10mg/5ml</i>	3	NDS
<i>morphine sulfate er tablet extended release 100mg, 15mg, 200mg, 30mg, 60mg</i>	3	NDS
XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5MG, 18MG, 27MG, 36MG, 9MG	3	NDS
<b>Opioid Analgesics, Short-acting</b>		
<i>acetaminophen/codeine phosphate tablet 300mg; 60mg</i>	2	NDS
<i>acetaminophen/codeine solution 120mg/5ml; 12mg/5ml</i>	3	NDS
<i>acetaminophen/codeine tablet 300mg; 15mg, 300mg; 30mg, 300mg; 60mg</i>	2	NDS
<i>endocet tablet 325mg; 5mg</i>	2	NDS
<i>endocet tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 7.5mg</i>	3	NDS
<i>fentanyl citrate oral transmucosal lozenge on a handle 200mcg</i>	4	PA; NDS
<i>fentanyl citrate oral transmucosal lozenge on a handle 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	5	PA; NDS
<i>hydrocodone bitartrate/acetaminophen solution 325mg/15ml; 7.5mg/15ml</i>	3	NDS
<i>hydrocodone bitartrate/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg</i>	2	NDS
<i>hydrocodone/acetaminophen tablet 325mg; 7.5mg</i>	2	NDS
<i>hydromorphone hcl injection 10mg/ml, 4mg/ml</i>	4	NDS
<i>hydromorphone hcl tablet 2mg, 4mg</i>	2	NDS
<i>hydromorphone hcl tablet 8mg</i>	4	NDS
<i>hydromorphone hydrochloride injection 1mg/ml, 2mg/ml, 4mg/ml, 50mg/5ml</i>	4	NDS
<i>morphine sulfate injection 10mg/ml, 4mg/ml</i>	2	NDS
<i>morphine sulfate oral solution 100mg/5ml, 10mg/5ml, 20mg/5ml</i>	3	NDS
<i>morphine sulfate tablet 15mg, 30mg</i>	3	NDS
<i>oxycodone hydrochloride solution 5mg/5ml</i>	3	NDS
<i>oxycodone hydrochloride tablet 10mg, 15mg, 5mg</i>	2	NDS
<i>oxycodone hydrochloride tablet 20mg, 30mg</i>	3	NDS
<i>oxycodone/acetaminophen tablet 325mg; 5mg</i>	2	NDS
<i>oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 7.5mg</i>	3	NDS
<i>tramadol hydrochloride/acetaminophen tablet 325mg; 37.5mg</i>	2	NDS
<i>tramadol hydrochloride tablet 50mg</i>	1	NDS
<b>Anesthetics</b>		
<b>Local Anesthetics</b>		
<i>lidocaine/prilocaine cream 2.5%; 2.5%</i>	2	QL(30 GM per 30 days); PA
<i>lidocaine ointment 5%</i>	3	QL(150 GM per 30 days); PA
<i>lidocaine patch 5%</i>	4	PA
<i>premium lidocaine ointment 5%</i>	3	QL(150 GM per 30 days); PA

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Drug Name	Drug Tier	Requirements/Limits
<b>Anti-Addiction/Substance Abuse Treatment Agents</b>		
<b>Alcohol Deterrents/Anti-craving</b>		
<i>acamprosate calcium dr tablet delayed release 333mg</i>	4	
<i>disulfiram tablet 250mg, 500mg</i>	3	
<i>naltrexone hydrochloride tablet 50mg</i>	2	
VIVITROL INJECTION 380MG	5	
<b>Opioid Dependence</b>		
<i>buprenorphine hcl/naloxone hcl tablet sublingual 2mg; 0.5mg, 8mg; 2mg</i>	2	
<i>buprenorphine hcl tablet sublingual 2mg, 8mg</i>	2	
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 2mg; 0.5mg, 4mg; 1mg, 8mg; 2mg</i>	3	
<b>Opioid Reversal Agents</b>		
KLOXXADO LIQUID 8MG/0.1ML	4	
<i>naloxone hcl injection 4mg/10ml</i>	2	
<i>naloxone hydrochloride injection 0.4mg/ml</i>	2	
<i>naloxone hydrochloride injection 2mg/2ml</i>	3	
<i>naloxone hydrochloride liquid 4mg/0.1ml</i>	3	
OPVEE SOLUTION 2.7MG/0.1ML	3	
<b>Smoking Cessation Agents</b>		
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg</i>	2	QL(60 EA per 30 days)
NICOTROL NS SOLUTION 10MG/ML	4	QL(360 ML per 365 days)
TYRVAYA SOLUTION 0.03MG/ACT	4	QL(8.4 ML per 30 days)
<i>varenicline starting month tablet therapy pack 0</i>	4	QL(504 EA per 365 days)
<i>varenicline tartrate tablet 0.5mg, 1mg</i>	4	QL(504 EA per 365 days)
<b>Antibacterials</b>		
<b>Aminoglycosides</b>		
<i>amikacin sulfate injection 1gm/4ml, 500mg/2ml</i>	4	
ARIKAYCE SUSPENSION 590MG/8.4ML	5	PA
<i>gentamicin sulfate pediatric injection 10mg/ml</i>	3	
<i>gentamicin sulfate cream 0.1%</i>	3	
<i>gentamicin sulfate injection 40mg/ml</i>	3	
<i>gentamicin sulfate ointment 0.1%</i>	3	
HUMATIN CAPSULE 250MG	5	
<i>neomycin sulfate tablet 500mg</i>	2	
<i>streptomycin sulfate injection 1gm</i>	5	
<i>tobramycin sulfate injection 1.2gm/30ml, 1.2gm, 10mg/ml, 40mg/ml, 80mg/2ml</i>	4	
<b>Antibacterials, Other</b>		
<i>aztreonam injection 1gm, 2gm</i>	4	
<i>clindacin etz pledgets swab 1%</i>	3	
<i>clindamycin hcl capsule 300mg</i>	2	
<i>clindamycin hydrochloride capsule 150mg, 75mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin palmitate hydrochloride solution reconstituted 75mg/5ml</i>	4	
<i>clindamycin phosphate cream 2%</i>	4	
<i>clindamycin phosphate injection 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	3	
<i>clindamycin phosphate swab 1%</i>	3	
<i>colistimethate sodium injection 150mg</i>	4	
DAPTOMYCIN/SODIUM CHLORIDE INJECTION 1000MG/100ML; 0.9%, 350MG/50ML; 0.9%, 500MG/50ML; 0.9%, 700MG/100ML; 0.9%	4	
<i>daptomycin injection 350mg, 500mg</i>	4	
<i>fosfomicin tromethamine packet 3gm</i>	4	
IMPAVIDO CAPSULE 50MG	5	
<i>linezolid injection 600mg/300ml</i>	4	
<i>linezolid suspension reconstituted 100mg/5ml</i>	5	QL(1800 ML per 28 days)
<i>linezolid tablet 600mg</i>	4	QL(56 EA per 28 days)
<i>methenamine hippurate tablet 1gm</i>	4	
<i>metronidazole vaginal gel 0.75%</i>	3	
<i>metronidazole injection 500mg/100ml</i>	2	
<i>metronidazole tablet 250mg, 500mg</i>	1	
<i>nitrofurantoin macrocrystals capsule 100mg, 50mg</i>	3	
<i>nitrofurantoin monohydrate/macrocrystals capsule 100mg</i>	2	
<i>nitrofurantoin monohydrate capsule 100mg</i>	2	
<i>tigecycline injection 50mg</i>	4	
<i>tinidazole tablet 250mg, 500mg</i>	4	
<i>trimethoprim tablet 100mg</i>	2	
<i>vancomycin hcl injection 10gm</i>	3	
<i>vancomycin hydrochloride capsule 125mg</i>	4	QL(120 EA per 30 days)
<i>vancomycin hydrochloride capsule 250mg</i>	4	QL(240 EA per 30 days)
VANCOMYCIN HYDROCHLORIDE INJECTION 1.75GM, 2GM	3	
<i>vancomycin hydrochloride injection 1gm, 500mg, 750mg</i>	3	
VOQUEZNA DUAL PAK THERAPY PACK 500MG; 20MG	4	PA
VOQUEZNA TRIPLE PAK THERAPY PACK 500MG; 500MG; 20MG	4	PA
<b>Beta-lactam, Cephalosporins</b>		
<i>cefaclor capsule 250mg, 500mg</i>	2	
<i>cefaclor suspension reconstituted 250mg/5ml</i>	4	
<i>cefadroxil capsule 500mg</i>	2	
<i>cefadroxil suspension reconstituted 250mg/5ml, 500mg/5ml</i>	2	
<i>cefazolin sodium injection 10gm, 1gm, 500mg</i>	4	
CEFAZOLIN INJECTION 2GM, 3GM	4	
<i>cefdinir capsule 300mg</i>	2	
<i>cefdinir suspension reconstituted 125mg/5ml, 250mg/5ml</i>	2	

Formulary ID: 26210, Version: 12, Effective Date: 05/01/2026

Last Updated: 04/01/2026

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>cefepime hydrochloride injection 100gm, 2gm</i>	4	
CEFEPIME/DEXTROSE INJECTION 2GM/50ML; 5%	4	
<i>cefepime injection 1gm/50ml, 1gm, 2gm/100ml, 2gm</i>	4	
<i>cefixime capsule 400mg</i>	4	
<i>cefotaxime sodium injection 1gm, 2gm</i>	2	
<i>cefotetan injection 1gm, 2gm</i>	4	
<i>cefoxitin sodium injection 10gm, 1gm, 2gm</i>	3	
<i>cefpodoxime proxetil suspension reconstituted 100mg/5ml, 50mg/5ml</i>	3	
<i>cefpodoxime proxetil tablet 100mg, 200mg</i>	4	
<i>cefprozil suspension reconstituted 125mg/5ml, 250mg/5ml</i>	3	
<i>cefprozil tablet 250mg, 500mg</i>	2	
<i>ceftaroline fosamil injection 400mg, 600mg</i>	5	
<i>ceftazidime injection 1gm, 2gm, 6gm</i>	3	
<i>ceftriaxone sodium injection 10gm, 1gm, 250mg, 2gm, 500mg</i>	3	
<i>cefuroxime axetil tablet 250mg, 500mg</i>	2	
<i>cefuroxime sodium injection 1.5gm, 750mg</i>	3	
<i>cephalexin capsule 250mg, 500mg</i>	2	
<i>cephalexin suspension reconstituted 125mg/5ml, 250mg/5ml</i>	2	
TAZICEF INJECTION 6GM	3	
<i>tazicef injection 1gm, 2gm</i>	3	
TEFLARO INJECTION 400MG, 600MG	5	
<b>Beta-lactam, Penicillins</b>		
<i>amoxicillin/clavulanate potassium er tablet extended release 12 hour 1000mg; 62.5mg</i>	4	
<i>amoxicillin/clavulanate potassium suspension reconstituted 200mg/5ml; 28.5mg/5ml, 400mg/5ml; 57mg/5ml, 600mg/5ml; 42.9mg/5ml</i>	2	
<i>amoxicillin/clavulanate potassium suspension reconstituted 250mg/5ml; 62.5mg/5ml</i>	4	
<i>amoxicillin/clavulanate potassium tablet chewable 200mg; 28.5mg, 400mg; 57mg</i>	2	
<i>amoxicillin/clavulanate potassium tablet 500mg; 125mg, 875mg; 125mg</i>	2	
<i>amoxicillin/clavulanate potassium tablet 250mg; 125mg</i>	4	
<i>amoxicillin capsule 250mg, 500mg</i>	1	
<i>amoxicillin suspension reconstituted 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml</i>	1	
<i>amoxicillin tablet chewable 125mg, 250mg</i>	2	
<i>amoxicillin tablet 500mg, 875mg</i>	1	
<i>ampicillin sodium injection 10gm, 125mg, 1gm, 2gm</i>	3	
<i>ampicillin-sulbactam injection 10gm; 5gm, 1gm; 0.5gm, 2gm; 1gm</i>	3	
<i>ampicillin/sulbactam injection 2gm; 1gm</i>	3	

Formulary ID: 26210, Version: 12, Effective Date: 05/01/2026

Last Updated: 04/01/2026

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

Drug Name	Drug Tier	Requirements/Limits
<i>ampicillin capsule 500mg</i>	2	
AUGMENTIN SUSPENSION RECONSTITUTED 125MG/5ML; 31.25MG/5ML	4	
BICILLIN L-A INJECTION 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	4	
<i>dicloxacillin sodium capsule 250mg, 500mg</i>	2	
<i>nafticillin sodium injection 10gm, 1gm, 2gm</i>	4	
<i>oxacillin sodium injection 10gm, 1gm, 2gm</i>	4	
<i>penicillin g sodium injection 5000000unit</i>	5	
<i>penicillin v potassium solution reconstituted 125mg/5ml, 250mg/5ml</i>	2	
<i>penicillin v potassium tablet 250mg, 500mg</i>	2	
<i>piperacillin sodium/tazobactam sodium injection 2gm; 0.25gm, 36gm; 4.5gm, 3gm; 0.375gm, 4gm; 0.5gm</i>	4	
<b>Carbapenems</b>		
<i>ertapenem sodium injection 1gm</i>	4	
<i>imipenem/cilastatin injection 250mg; 250mg, 500mg; 500mg</i>	3	
<i>meropenem injection 1gm, 2gm, 500mg</i>	3	
<b>Macrolides</b>		
<i>azithromycin injection 500mg</i>	3	
<i>azithromycin packet 1gm</i>	2	
<i>azithromycin suspension reconstituted 100mg/5ml, 200mg/5ml</i>	2	
<i>azithromycin tablet 250mg, 500mg, 600mg</i>	1	
<i>clarithromycin er tablet extended release 24 hour 500mg</i>	4	
<i>clarithromycin suspension reconstituted 125mg/5ml, 250mg/5ml</i>	4	
<i>clarithromycin tablet 250mg, 500mg</i>	2	
DIFICID TABLET 200MG	5	
<i>erythromycin dr tablet delayed release 250mg, 333mg, 500mg</i>	4	
<i>fidaxomicin tablet 200mg</i>	5	
<b>Quinolones</b>		
<i>ciprofloxacin hcl tablet 750mg</i>	1	
<i>ciprofloxacin hydrochloride tablet 250mg, 500mg</i>	1	
<i>ciprofloxacin i.v.-in d5w injection 200mg/100ml; 5%, 400mg/200ml; 5%</i>	3	
<i>levofloxacin in d5w injection 5%; 250mg/50ml, 5%; 500mg/100ml, 5%; 750mg/150ml</i>	4	
<i>levofloxacin injection 25mg/ml</i>	4	
<i>levofloxacin oral solution 25mg/ml</i>	4	
<i>levofloxacin tablet 250mg, 500mg, 750mg</i>	2	
<i>moxifloxacin hydrochloride/sodium hydrochloride injection 400mg/250ml; 0.8%</i>	4	
<i>moxifloxacin hydrochloride tablet 400mg</i>	3	
<b>Sulfonamides</b>		

Formulary ID: 26210, Version: 12, Effective Date: 05/01/2026  
Last Updated: 04/01/2026

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>sulfadiazine tablet 500mg</i>	5	
<i>sulfamethoxazole/trimethoprim ds tablet 800mg; 160mg</i>	1	
<i>sulfamethoxazole/trimethoprim suspension 200mg/5ml; 40mg/5ml</i>	3	
<i>sulfamethoxazole/trimethoprim tablet 400mg; 80mg</i>	1	
<b>Tetracyclines</b>		
<i>demeclocycline hcl tablet 150mg, 300mg</i>	4	
<i>doxycycline hyclate capsule 100mg, 50mg</i>	2	
<i>doxycycline hyclate injection 100mg</i>	4	
<i>doxycycline hyclate tablet 100mg</i>	2	
<i>doxycycline monohydrate capsule 100mg, 50mg</i>	2	
<i>doxycycline monohydrate tablet 100mg, 50mg</i>	2	
<i>doxycycline monohydrate tablet 150mg, 75mg</i>	3	
<i>doxycycline suspension reconstituted 25mg/5ml</i>	3	
<i>minocycline hcl capsule 75mg</i>	3	
<i>minocycline hydrochloride capsule 100mg, 50mg</i>	3	
<i>tetracycline hydrochloride capsule 250mg, 500mg</i>	3	
<b>Anticonvulsants</b>		
<b>Anticonvulsants, Other</b>		
BRIVIACT SOLUTION 10MG/ML	5	PA NSO
BRIVIACT TABLET 100MG, 10MG, 25MG, 50MG, 75MG	5	PA NSO
EPIDIOLEX SOLUTION 100MG/ML	5	PA NSO
EPRONTIA SOLUTION 25MG/ML	4	
<i>felbamate suspension 600mg/5ml</i>	4	
<i>felbamate tablet 400mg, 600mg</i>	4	
FINTEPLA SOLUTION 2.2MG/ML	5	PA NSO
FYCOMPA SUSPENSION 0.5MG/ML	5	
FYCOMPA TABLET 2MG	4	
FYCOMPA TABLET 10MG, 12MG, 4MG, 6MG, 8MG	5	
<i>lamotrigine er tablet extended release 24 hour 100mg, 200mg, 250mg, 25mg, 300mg, 50mg</i>	4	
<i>lamotrigine odt tablet disintegrating 200mg</i>	4	
<i>lamotrigine starter kit/blue kit 25mg</i>	4	
<i>lamotrigine starter kit/green kit 0</i>	4	
<i>lamotrigine starter kit/orange kit 0</i>	4	
<i>lamotrigine tablet chewable 25mg, 5mg</i>	2	
<i>lamotrigine tablet 100mg, 150mg, 200mg, 25mg</i>	1	
<i>levetiracetam er tablet extended release 24 hour 500mg, 750mg</i>	3	
<i>levetiracetam solution 100mg/ml</i>	2	
<i>levetiracetam tablet disintegrating soluble 250mg, 500mg</i>	4	
<i>levetiracetam tablet 1000mg, 250mg, 500mg, 750mg</i>	2	
NAYZILAM SOLUTION 5MG/0.1ML	4	QL(10 EA per 30 days)
<i>perampanel suspension 0.5mg/ml</i>	5	

Formulary ID: 26210, Version: 12, Effective Date: 05/01/2026

Last Updated: 04/01/2026

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>perampanel tablet 2mg</i>	4	
<i>perampanel tablet 10mg, 12mg, 4mg, 6mg, 8mg</i>	5	
<i>roweepra tablet 500mg</i>	2	
SPRITAM TABLET DISINTEGRATING SOLUBLE 1000MG, 250MG, 500MG, 750MG	4	
<i>subvenite starter kit/blue kit 25mg</i>	4	
<i>subvenite starter kit/green kit 0</i>	4	
<i>subvenite starter kit/orange kit 0</i>	4	
SUBVENITE SUSPENSION 10MG/ML	4	
<i>subvenite tablet 100mg, 150mg, 200mg, 25mg</i>	1	
<i>topiramate capsule sprinkle 15mg, 25mg, 50mg</i>	3	
<i>topiramate solution 25mg/ml</i>	4	
<i>topiramate tablet 100mg, 200mg, 25mg, 50mg</i>	1	
<i>valproic acid capsule 250mg</i>	2	
<i>valproic acid solution 250mg/5ml</i>	2	
<b>Calcium Channel Modifying Agents</b>		
<i>ethosuximide capsule 250mg</i>	3	
<i>ethosuximide solution 250mg/5ml</i>	3	
<i>methsuximide capsule 300mg</i>	4	
<b>Gamma-aminobutyric Acid (GABA) Modulating Agents</b>		
<i>clobazam suspension 2.5mg/ml</i>	4	
<i>clobazam tablet 10mg, 20mg</i>	4	
<i>clonazepam odt tablet disintegrating 2mg</i>	4	QL(300 EA per 30 days)
<i>clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg</i>	4	QL(90 EA per 30 days)
<i>clonazepam tablet 2mg</i>	1	QL(300 EA per 30 days)
<i>clonazepam tablet 0.5mg, 1mg</i>	1	QL(90 EA per 30 days)
DIACOMIT CAPSULE 250MG, 500MG	5	PA NSO
DIACOMIT PACKET 250MG, 500MG	5	PA NSO
<i>diazepam gel 10mg, 2.5mg, 20mg</i>	4	
<i>divalproex sodium dr capsule delayed release sprinkle 125mg</i>	2	
<i>divalproex sodium dr tablet delayed release 125mg, 250mg, 500mg</i>	2	
<i>divalproex sodium er tablet extended release 24 hour 250mg, 500mg</i>	2	
<i>gabapentin capsule 400mg</i>	1	QL(270 EA per 30 days)
<i>gabapentin capsule 100mg, 300mg</i>	1	QL(360 EA per 30 days)
<i>gabapentin solution 250mg/5ml</i>	4	QL(2160 ML per 30 days)
<i>gabapentin tablet 800mg</i>	2	QL(150 EA per 30 days)
<i>gabapentin tablet 600mg</i>	2	QL(180 EA per 30 days)
LIBERVANT FILM 10MG, 12.5MG, 15MG, 5MG, 7.5MG	4	QL(10 EA per 30 days)
<i>phenobarbital elixir 20mg/5ml</i>	4	
<i>phenobarbital tablet 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	4	

Formulary ID: 26210, Version: 12, Effective Date: 05/01/2026

Last Updated: 04/01/2026

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>pregabalin capsule 300mg</i>	2	QL(60 EA per 30 days)
<i>pregabalin capsule 100mg, 150mg, 200mg, 225mg, 25mg, 50mg, 75mg</i>	2	QL(90 EA per 30 days)
<i>pregabalin solution 20mg/ml</i>	4	QL(900 ML per 30 days)
<i>primidone tablet 125mg, 250mg, 50mg</i>	2	
SYMPAZAN FILM 10MG, 5MG	4	
SYMPAZAN FILM 20MG	5	
<i>tiagabine hydrochloride tablet 12mg, 16mg, 2mg, 4mg</i>	4	
VALTOCO 10 MG DOSE LIQUID 10MG/0.1ML	5	QL(10 EA per 30 days)
VALTOCO 15 MG DOSE LIQUID THERAPY PACK 7.5MG/0.1ML	5	QL(10 EA per 30 days)
VALTOCO 20 MG DOSE LIQUID THERAPY PACK 10MG/0.1ML	5	QL(10 EA per 30 days)
VALTOCO 5 MG DOSE LIQUID 5MG/0.1ML	5	QL(10 EA per 30 days)
<i>vigabatrin packet 500mg</i>	5	PA NSO
<i>vigabatrin tablet 500mg</i>	5	PA NSO
<i>vigadrone packet 500mg</i>	5	PA NSO
<i>vigadrone tablet 500mg</i>	5	PA NSO
VIGAFYDE SOLUTION 100MG/ML	5	PA NSO
<i>vigpoder packet 500mg</i>	5	PA NSO
ZTALMY SUSPENSION 50MG/ML	5	PA NSO
<b>Sodium Channel Agents</b>		
<i>carbamazepine er capsule extended release 12 hour 100mg, 200mg, 300mg</i>	4	
<i>carbamazepine er tablet extended release 12 hour 100mg, 200mg, 400mg</i>	3	
<i>carbamazepine suspension 100mg/5ml</i>	3	
<i>carbamazepine tablet chewable 100mg, 200mg</i>	2	
<i>carbamazepine tablet 200mg</i>	3	
DILANTIN CAPSULE 30MG	4	
<i>epitol tablet 200mg</i>	3	
<i>eslicarbazepine acetate tablet 200mg, 400mg, 600mg, 800mg</i>	4	
<i>lacosamide solution 10mg/ml</i>	4	
<i>lacosamide tablet 100mg, 150mg, 200mg, 50mg</i>	4	
<i>oxcarbazepine suspension 300mg/5ml</i>	4	
<i>oxcarbazepine tablet 150mg, 300mg, 600mg</i>	2	
PHENYTEK CAPSULE 200MG, 300MG	2	
<i>phenytoin infatabs tablet chewable 50mg</i>	2	
<i>phenytoin sodium extended capsule 100mg, 200mg, 300mg</i>	2	
<i>phenytoin suspension 125mg/5ml</i>	2	
<i>phenytoin tablet chewable 50mg</i>	2	
<i>rufinamide suspension 40mg/ml</i>	5	
<i>rufinamide tablet 200mg</i>	4	
<i>rufinamide tablet 400mg</i>	5	

Formulary ID: 26210, Version: 12, Effective Date: 05/01/2026

Last Updated: 04/01/2026

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	4	PA NSO; (14 X 12.5 MG & 14 X 25 MG)
XCOPRI TABLET THERAPY PACK 0	5	PA NSO; (14 X 150 MG & 14 X 200 MG)
XCOPRI TABLET THERAPY PACK 0	5	PA NSO; (14 X 50 MG & 14 X 100 MG)
XCOPRI TABLET THERAPY PACK 0	5	PA NSO; 100 MG & 150 MG TABS (250 MG DAILY DOSE)
XCOPRI TABLET THERAPY PACK 0	5	PA NSO; 150 MG & 200 MG TABS (350 MG DAILY DOSE)
XCOPRI TABLET 100MG, 150MG, 200MG, 25MG, 50MG	5	PA NSO
ZONISADE SUSPENSION 100MG/5ML	4	ST NSO
<i>zonisamide capsule 100mg, 25mg, 50mg</i>	2	
<b>Antidementia Agents</b>		
<b><i>Antidementia Agents, Other</i></b>		
<i>ergoloid mesylates tablet 1mg</i>	4	
<i>memantine/donepezil hydrochloride er capsule extended release 24 hour 10mg; 14mg, 10mg; 21mg, 10mg; 28mg</i>	3	QL(30 EA per 30 days)
<b><i>Cholinesterase Inhibitors</i></b>		
<i>donepezil hcl tablet disintegrating 10mg, 5mg</i>	2	
<i>donepezil hcl tablet 10mg</i>	1	
<i>donepezil hcl tablet 23mg</i>	4	
<i>donepezil hydrochloride tablet 10mg, 5mg</i>	1	
<i>galantamine hydrobromide er capsule extended release 24 hour 16mg, 24mg, 8mg</i>	4	
<i>galantamine hydrobromide solution 4mg/ml</i>	4	
<i>galantamine hydrobromide tablet 12mg, 4mg, 8mg</i>	4	
<i>rivastigmine tartrate capsule 1.5mg, 3mg, 4.5mg, 6mg</i>	2	
<i>rivastigmine transdermal system patch 24 hour 13.3mg/24hr, 4.6mg/24hr, 9.5mg/24hr</i>	4	
<b><i>N-methyl-D-aspartate (NMDA) Receptor Antagonist</i></b>		
<i>memantine hcl titration pak tablet 0</i>	2	
<i>memantine hydrochloride er capsule extended release 24 hour 14mg, 21mg, 28mg, 7mg</i>	4	QL(30 EA per 30 days)
<i>memantine hydrochloride tablet 10mg, 5mg</i>	2	
<b>Antidepressants</b>		
<b><i>Antidepressants, Other</i></b>		
AUVELITY TABLET EXTENDED RELEASE 105MG; 45MG	4	QL(60 EA per 30 days); ST NSO
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg, 200mg</i>	2	QL(60 EA per 30 days)
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg</i>	2	QL(90 EA per 30 days)

Formulary ID: 26210, Version: 12, Effective Date: 05/01/2026  
Last Updated: 04/01/2026

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>bupropion hydrochloride er (xl) tablet extended release 24 hour 300mg</i>	2	QL(30 EA per 30 days)
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg</i>	2	QL(90 EA per 30 days)
<i>bupropion hydrochloride tablet 100mg, 75mg</i>	2	
EXXUA TITRATION PACK TABLET EXTENDED RELEASE 24 HOUR 18.2MG	5	ST NSO
EXXUA TABLET EXTENDED RELEASE 24 HOUR 36.3MG, 54.5MG, 72.6MG	5	QL(30 EA per 30 days); ST NSO
EXXUA TABLET EXTENDED RELEASE 24 HOUR 18.2MG	5	ST NSO
<i>mirtazapine odt tablet disintegrating 15mg, 30mg, 45mg</i>	3	
<i>mirtazapine tablet 15mg, 30mg, 45mg, 7.5mg</i>	2	
SPRAVATO 56MG DOSE SOLUTION THERAPY PACK 0	5	PA NSO
SPRAVATO 84MG DOSE SOLUTION THERAPY PACK 0	5	PA NSO
ZURZUVAE CAPSULE 30MG	5	QL(14 EA per 14 days); PA NSO
ZURZUVAE CAPSULE 20MG, 25MG	5	QL(28 EA per 14 days); PA NSO
<b><i>Monoamine Oxidase Inhibitors</i></b>		
EMSAM PATCH 24 HOUR 12MG/24HR, 6MG/24HR, 9MG/24HR	5	QL(30 EA per 30 days); ST NSO
MARPLAN TABLET 10MG	4	
<i>phenelzine sulfate tablet 15mg</i>	3	
<i>tranylcypromine sulfate tablet 10mg</i>	4	
<b><i>SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)</i></b>		
<i>citalopram hydrobromide solution 10mg/5ml</i>	4	
<i>citalopram hydrobromide tablet 10mg, 20mg, 40mg</i>	1	
<i>desvenlafaxine er tablet extended release 24 hour 100mg</i>	2	QL(120 EA per 30 days)
<i>desvenlafaxine er tablet extended release 24 hour 25mg, 50mg</i>	2	QL(30 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG, 60MG	4	QL(60 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 30MG, 40MG	4	QL(90 EA per 30 days)
<i>duloxetine hydrochloride dr capsule delayed release particles 20mg, 60mg</i>	2	QL(60 EA per 30 days)
<i>duloxetine hydrochloride dr capsule delayed release particles 30mg</i>	2	QL(90 EA per 30 days)
<i>escitalopram oxalate solution 5mg/5ml</i>	3	
<i>escitalopram oxalate tablet 10mg, 20mg, 5mg</i>	1	
FETZIMA TITRATION PACK CAPSULE ER 24 HOUR THERAPY PACK 0	4	QL(56 EA per 365 days); ST NSO
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 20MG, 40MG, 80MG	4	QL(30 EA per 30 days); ST NSO
<i>fluoxetine hydrochloride capsule 10mg, 20mg, 40mg</i>	1	

Formulary ID: 26210, Version: 12, Effective Date: 05/01/2026  
Last Updated: 04/01/2026

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>fluoxetine hydrochloride solution 20mg/5ml</i>	4	
<i>fluvoxamine maleate tablet 100mg, 25mg, 50mg</i>	2	
<i>nefazodone hydrochloride tablet 100mg, 150mg, 200mg, 250mg, 50mg</i>	4	
<i>paroxetine hcl tablet 30mg, 40mg</i>	2	
<i>paroxetine hydrochloride suspension 10mg/5ml</i>	4	
<i>paroxetine hydrochloride tablet 10mg, 20mg</i>	2	
RALDESY SOLUTION 10MG/ML	5	
<i>sertraline hcl concentrate 20mg/ml</i>	3	
<i>sertraline hcl tablet 50mg</i>	1	
<i>sertraline hydrochloride tablet 100mg, 25mg</i>	1	
<i>trazodone hydrochloride tablet 100mg, 150mg, 50mg</i>	1	
TRINTELLIX TABLET 10MG, 20MG, 5MG	4	QL(30 EA per 30 days)
<i>venlafaxine hydrochloride er capsule extended release 24 hour 150mg, 37.5mg, 75mg</i>	2	
<i>venlafaxine hydrochloride tablet 100mg, 25mg, 37.5mg, 50mg, 75mg</i>	2	
<i>vilazodone hydrochloride tablet 10mg, 20mg, 40mg</i>	4	QL(30 EA per 30 days)
<b>Tricyclics</b>		
<i>amitriptyline hcl tablet 100mg, 150mg, 25mg, 75mg</i>	3	
<i>amitriptyline hydrochloride tablet 100mg, 10mg, 25mg, 50mg, 75mg</i>	3	
<i>amoxapine tablet 100mg, 150mg, 25mg, 50mg</i>	4	
<i>clomipramine hydrochloride capsule 25mg, 50mg, 75mg</i>	4	
<i>desipramine hydrochloride tablet 100mg, 10mg, 150mg, 25mg, 50mg, 75mg</i>	4	
<i>doxepin hcl capsule 75mg</i>	3	
<i>doxepin hcl concentrate 10mg/ml</i>	4	
<i>doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg</i>	3	
<i>imipramine hcl tablet 25mg, 50mg</i>	4	
<i>imipramine hydrochloride tablet 10mg</i>	4	
<i>nortriptyline hcl capsule 25mg, 75mg</i>	2	
<i>nortriptyline hcl solution 10mg/5ml</i>	4	
<i>nortriptyline hydrochloride capsule 10mg, 50mg</i>	2	
<i>protriptyline hcl tablet 10mg, 5mg</i>	4	
<i>trimipramine maleate capsule 100mg, 25mg, 50mg</i>	4	
<b>Antiemetics</b>		
<b>Antiemetics, Other</b>		
<i>compro suppository 25mg</i>	4	
<i>meclizine hcl tablet 12.5mg, 25mg</i>	4	
<i>meclizine hydrochloride tablet 25mg</i>	4	
<i>prochlorperazine maleate tablet 10mg, 5mg</i>	2	
<i>prochlorperazine suppository 25mg</i>	4	

Formulary ID: 26210, Version: 12, Effective Date: 05/01/2026

Last Updated: 04/01/2026

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

Drug Name	Drug Tier	Requirements/Limits
<i>promethazine hcl suppository 12.5mg</i>	4	
<i>promethazine hydrochloride plain solution 6.25mg/5ml</i>	3	
<i>promethazine hydrochloride solution 6.25mg/5ml</i>	3	
<i>promethazine hydrochloride suppository 25mg</i>	4	
<i>promethazine hydrochloride tablet 12.5mg, 25mg, 50mg</i>	2	
<i>promethegan suppository 12.5mg, 25mg</i>	4	
<i>scopolamine patch 72 hour 1mg/3days</i>	4	
<b>Emetogenic Therapy Adjuncts</b>		
<i>aprepitant capsule therapy pack 0</i>	4	QL(6 EA per 30 days); B/D; (THERAPY PACK 80 & 125 MG)
<i>aprepitant capsule 40mg</i>	4	QL(1 EA per 30 days); B/D
<i>aprepitant capsule 80mg</i>	4	QL(8 EA per 30 days); B/D
<i>aprepitant capsule 125mg</i>	5	QL(2 EA per 30 days); B/D
<i>dronabinol capsule 10mg, 2.5mg, 5mg</i>	4	QL(60 EA per 30 days); PA
<i>ondansetron hcl solution 4mg/5ml</i>	4	QL(450 ML per 30 days); B/D
<i>ondansetron hydrochloride tablet 4mg, 8mg</i>	1	B/D
<i>ondansetron odt tablet disintegrating 4mg, 8mg</i>	2	B/D
<b>Antifungals</b>		
<b>Antifungals</b>		
ABELCET INJECTION 5MG/ML	4	B/D
<i>amphotericin b liposome injection 50mg</i>	5	B/D
<i>amphotericin b injection 50mg</i>	4	B/D
<i>casposfungin acetate injection 50mg, 70mg</i>	4	
<i>clotrimazole cream 1%</i>	2	QL(90 GM per 30 days)
<i>clotrimazole solution 1%</i>	2	QL(60 ML per 30 days)
<i>clotrimazole troche 10mg</i>	3	
CRESEMBA CAPSULE 186MG, 74.5MG	5	PA
<i>econazole nitrate cream 1%</i>	2	
<i>fluconazole in sodium chloride injection 200mg/100ml; 0.9%, 400mg/200ml; 0.9%</i>	3	
<i>fluconazole suspension reconstituted 10mg/ml, 40mg/ml</i>	3	
<i>fluconazole tablet 100mg, 150mg, 200mg, 50mg</i>	2	
<i>flucytosine capsule 250mg, 500mg</i>	5	
<i>griseofulvin microsize suspension 125mg/5ml</i>	4	
<i>griseofulvin microsize tablet 500mg</i>	4	
<i>griseofulvin ultramicrosize tablet 125mg, 250mg</i>	4	
<i>itraconazole capsule 100mg</i>	4	PA
JUBLIA SOLUTION 10%	5	
<i>ketoconazole cream 2%</i>	2	QL(90 GM per 30 days)
<i>ketoconazole shampoo 2%</i>	2	
<i>ketoconazole tablet 200mg</i>	2	
<i>klayesta powder 100000unit/gm</i>	2	QL(120 GM per 30 days)
<i>micafungin injection 100mg, 50mg</i>	4	
<i>nyamyc powder 100000unit/gm</i>	2	QL(120 GM per 30 days)

Formulary ID: 26210, Version: 12, Effective Date: 05/01/2026

Last Updated: 04/01/2026

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>nystatin cream 100000unit/gm</i>	2	
<i>nystatin ointment 100000unit/gm</i>	2	
<i>nystatin powder 100000unit/gm</i>	2	QL(120 GM per 30 days)
<i>nystatin suspension 100000unit/ml</i>	2	
<i>nystatin tablet 500000unit</i>	3	
<i>nystop powder 100000unit/gm</i>	2	QL(120 GM per 30 days)
<i>posaconazole dr tablet delayed release 100mg</i>	5	PA
<i>posaconazole suspension 40mg/ml</i>	5	PA
<i>terbinafine hcl tablet 250mg</i>	2	QL(84 EA per 180 days)
<i>terconazole cream 0.4%, 0.8%</i>	3	
<i>voriconazole injection 200mg</i>	5	PA
<i>voriconazole suspension reconstituted 40mg/ml</i>	5	
<i>voriconazole tablet 200mg, 50mg</i>	4	
<b>Antigout Agents</b>		
<b>Antigout Agents</b>		
<i>allopurinol tablet 100mg, 300mg</i>	1	
<i>colchicine tablet 0.6mg</i>	3	
<i>febuxostat tablet 40mg, 80mg</i>	4	
<i>probenecid/colchicine tablet 0.5mg; 500mg</i>	2	
<i>probenecid tablet 500mg</i>	2	
<b>Antimigraine Agents</b>		
<b>Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists</b>		
AIMOVIG INJECTION 140MG/ML	3	QL(1 ML per 28 days); PA
AIMOVIG INJECTION 70MG/ML	3	QL(2 ML per 28 days); PA
EMGALITY INJECTION 120MG/ML	3	QL(2 ML per 28 days); PA
EMGALITY INJECTION 100MG/ML	5	QL(3 ML per 28 days); PA
NURTEC TABLET DISINTEGRATING 75MG	5	QL(18 EA per 30 days); PA
QULIPTA TABLET 10MG, 30MG, 60MG	5	QL(30 EA per 30 days); PA
UBRELVY TABLET 100MG, 50MG	5	QL(16 EA per 30 days); PA
<b>Ergot Alkaloids</b>		
<i>dihydroergotamine mesylate solution 4mg/ml</i>	4	QL(8 ML per 30 days); PA
<i>ergotamine tartrate/caffeine tablet 100mg; 1mg</i>	3	QL(24 EA per 28 days)
<b>Prophylactic</b>		
<i>timolol maleate tablet 10mg, 20mg, 5mg</i>	3	
<b>Serotonin (5-HT) Receptor Agonist</b>		
<i>naratriptan hcl tablet 1mg, 2.5mg</i>	3	QL(9 EA per 30 days)
<i>rizatriptan benzoate odt tablet disintegrating 10mg, 5mg</i>	3	QL(18 EA per 30 days)
<i>rizatriptan benzoate tablet 10mg, 5mg</i>	2	QL(18 EA per 30 days)
<i>sumatriptan succinate injection 6mg/0.5ml</i>	4	QL(5 ML per 30 days)
<i>sumatriptan succinate tablet 100mg, 25mg, 50mg</i>	2	QL(9 EA per 30 days)
<i>sumatriptan solution 20mg/act, 5mg/act</i>	4	QL(12 EA per 30 days)
<i>zolmitriptan tablet 2.5mg, 5mg</i>	3	QL(12 EA per 30 days)
<b>Antimyasthenic Agents</b>		
<b>Parasympathomimetics</b>		

Formulary ID: 26210, Version: 12, Effective Date: 05/01/2026

Last Updated: 04/01/2026

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>pyridostigmine bromide tablet 60mg</i>	2	
VYVGART HYTRULO INJECTION 180MG/ML; 2000UNIT/ML	5	PA
<b>Antimycobacterials</b>		
<b><i>Antimycobacterials, Other</i></b>		
<i>dapsone tablet 100mg, 25mg</i>	3	
<i>rifabutin capsule 150mg</i>	4	
<b><i>Antituberculars</i></b>		
<i>cycloserine capsule 250mg</i>	5	
<i>ethambutol hydrochloride tablet 100mg, 400mg</i>	2	
ISONIAZID INJECTION 100MG/ML	4	
<i>isoniazid syrup 50mg/5ml</i>	4	
<i>isoniazid tablet 100mg, 300mg</i>	1	
PRIFTIN TABLET 150MG	4	
<i>pyrazinamide tablet 500mg</i>	3	
<i>rifampin capsule 150mg, 300mg</i>	3	
<i>rifampin injection 600mg</i>	4	
SIRTURO TABLET 100MG, 20MG	5	
TRECTOR TABLET 250MG	4	
<b>Antineoplastics</b>		
<b><i>Alkylating Agents</i></b>		
<i>cisplatin injection 100mg/100ml</i>	4	
<i>cyclophosphamide capsule 25mg, 50mg</i>	3	B/D
GLEOSTINE CAPSULE 10MG, 40MG	4	
GLEOSTINE CAPSULE 100MG	5	
LEUKERAN TABLET 2MG	5	
<i>lomustine capsule 10mg, 40mg</i>	4	
<i>lomustine capsule 100mg</i>	5	
MATULANE CAPSULE 50MG	5	
VALCHLOR GEL 0.016%	5	PA NSO
<b><i>Antiandrogens</i></b>		
<i>abiraterone acetate tablet 250mg</i>	4	PA NSO
<i>abiraterone acetate tablet 500mg</i>	5	PA NSO
<i>abirtega tablet 250mg</i>	4	PA NSO
<i>bicalutamide tablet 50mg</i>	2	
ERLEADA TABLET 240MG, 60MG	5	PA NSO
EULEXIN CAPSULE 125MG	4	
<i>nilutamide tablet 150mg</i>	5	
NUBEQA TABLET 300MG	5	PA NSO
XTANDI CAPSULE 40MG	5	PA NSO
XTANDI TABLET 40MG, 80MG	5	PA NSO
YONSA TABLET 125MG	5	PA NSO
<b><i>Antiangiogenic Agents</i></b>		
<i>lenalidomide capsule 10mg, 15mg, 2.5mg, 20mg, 25mg, 5mg</i>	5	PA NSO

Formulary ID: 26210, Version: 12, Effective Date: 05/01/2026

Last Updated: 04/01/2026

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
POMALYST CAPSULE 3MG, 4MG	5	PA NSO
POMALYST CAPSULE 1MG, 2MG	5	QL(30 EA per 30 days); PA NSO
THALOMID CAPSULE 100MG, 150MG, 200MG, 50MG	5	PA NSO
<b>Antiestrogens/Modifiers</b>		
EMCYT CAPSULE 140MG	5	
INLURIYO TABLET 200MG	5	PA NSO
ORSERDU TABLET 345MG, 86MG	5	PA NSO
SOLTAMOX SOLUTION 10MG/5ML	5	
<i>tamoxifen citrate tablet 10mg, 20mg</i>	2	
<i>toremifene citrate tablet 60mg</i>	4	
<b>Antimetabolites</b>		
DROXIA CAPSULE 200MG, 300MG, 400MG	3	
<i>hydroxyurea capsule 500mg</i>	2	
<i>mercaptopurine suspension 2000mg/100ml</i>	5	
<i>mercaptopurine tablet 50mg</i>	3	
TABLOID TABLET 40MG	5	
<b>Antineoplastics, Other</b>		
AKEEGA TABLET 500MG; 100MG, 500MG; 50MG	5	PA NSO
IBRANCE TABLET 100MG, 125MG, 75MG	5	PA NSO
INREBIC CAPSULE 100MG	5	PA NSO
ITOVEBI TABLET 9MG	5	PA NSO
ITOVEBI TABLET 3MG	5	QL(60 EA per 30 days); PA NSO
IWILFIN TABLET 192MG	5	PA NSO
KISQALI FEMARA 200 DOSE TABLET THERAPY PACK 2.5MG; 200MG	5	PA NSO
KISQALI FEMARA 400 DOSE TABLET THERAPY PACK 2.5MG; 200MG	5	PA NSO
KISQALI FEMARA 600 DOSE TABLET THERAPY PACK 2.5MG; 200MG	5	PA NSO
KOMZIFTI CAPSULE 200MG	5	PA NSO
LAZCLUZE TABLET 240MG	5	PA NSO
LAZCLUZE TABLET 80MG	5	QL(60 EA per 30 days); PA NSO
<i>leucovorin calcium tablet 10mg, 15mg, 25mg, 5mg</i>	3	
LONSURF TABLET 6.14MG; 15MG, 8.19MG; 20MG	5	PA NSO
LYSODREN TABLET 500MG	5	
MODEYSO CAPSULE 125MG	5	PA NSO
OGSIVEO TABLET 100MG, 150MG, 50MG	5	PA NSO
OJEMDA SUSPENSION RECONSTITUTED 25MG/ML	5	PA NSO
OJEMDA TABLET 100MG	5	PA NSO
ONUREG TABLET 200MG, 300MG	5	PA NSO
PHESGO INJECTION 2000UNIT/ML; 60MG/ML; 60MG/ML, 2000UNIT/ML; 80MG/ML; 40MG/ML	5	PA NSO
REVUFORJ TABLET 110MG, 160MG, 25MG	5	PA NSO
VONJO CAPSULE 100MG	5	PA NSO

Formulary ID: 26210, Version: 12, Effective Date: 05/01/2026

Last Updated: 04/01/2026

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
ZOLINZA CAPSULE 100MG	5	PA NSO
<b>Aromatase Inhibitors, 3rd Generation</b>		
<i>anastrozole tablet 1mg</i>	1	
<i>exemestane tablet 25mg</i>	4	
<i>letrozole tablet 2.5mg</i>	2	
<b>Enzyme Inhibitors</b>		
AVMAPKI FAKZYNJA CO-PACK THERAPY PACK 0.8MG; 200MG	5	PA NSO
<i>topotecan hcl injection 4mg</i>	5	
<i>topotecan hydrochloride injection 4mg/4ml</i>	5	
<b>Molecular Target Inhibitors</b>		
ALECENSA CAPSULE 150MG	5	PA NSO
ALUNBRIG TABLET THERAPY PACK 0	5	QL(60 EA per 365 days); PA NSO
ALUNBRIG TABLET 30MG	5	QL(120 EA per 30 days); PA NSO
ALUNBRIG TABLET 180MG, 90MG	5	QL(30 EA per 30 days); PA NSO
AUGTYRO CAPSULE 160MG, 40MG	5	PA NSO
AYVAKIT TABLET 100MG, 200MG, 25MG, 300MG, 50MG	5	QL(30 EA per 30 days); PA NSO
BALVERSA TABLET 3MG, 4MG, 5MG	5	PA NSO
BOSULIF CAPSULE 100MG, 50MG	5	PA NSO
BOSULIF TABLET 100MG, 400MG, 500MG	5	PA NSO
BRAFTOVI CAPSULE 75MG	5	PA NSO
BRUKINSA CAPSULE 80MG	5	PA NSO
BRUKINSA TABLET 160MG	5	PA NSO
CABOMETYX TABLET 40MG, 60MG	5	PA NSO
CABOMETYX TABLET 20MG	5	QL(30 EA per 30 days); PA NSO
CALQUENCE CAPSULE 100MG	5	PA NSO
CALQUENCE TABLET 100MG	5	PA NSO
CAPRELSA TABLET 300MG	5	PA NSO
CAPRELSA TABLET 100MG	5	QL(60 EA per 30 days); PA NSO
COMETRIQ KIT 0, 20MG	5	PA NSO
COPIKTRA CAPSULE 15MG, 25MG	5	PA NSO
COTELLIC TABLET 20MG	5	PA NSO
DANZITEN TABLET 71MG, 95MG	5	PA NSO
<i>dasatinib tablet 100mg, 140mg, 20mg, 50mg, 70mg, 80mg</i>	5	PA NSO
DAURISMO TABLET 100MG, 25MG	5	PA NSO
ENSACOVE CAPSULE 100MG, 25MG	5	PA NSO
ERIVEDGE CAPSULE 150MG	5	PA NSO
<i>erlotinib hydrochloride tablet 100mg, 150mg, 25mg</i>	4	PA NSO
<i>everolimus tablet soluble 2mg, 3mg, 5mg</i>	5	PA NSO
<i>everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	5	QL(30 EA per 30 days); PA NSO
EXKIVITY CAPSULE 40MG	5	
FOTIVDA CAPSULE 0.89MG, 1.34MG	5	PA NSO
FRUZAQLA CAPSULE 1MG, 5MG	5	PA NSO

Formulary ID: 26210, Version: 12, Effective Date: 05/01/2026

Last Updated: 04/01/2026

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
GAVRETO CAPSULE 100MG	5	PA NSO
<i>gefitinib tablet 250mg</i>	5	PA NSO
GILOTRIF TABLET 20MG, 30MG, 40MG	5	QL(30 EA per 30 days); PA NSO
GOMEKLI CAPSULE 1MG, 2MG	5	PA NSO
GOMEKLI TABLET SOLUBLE 1MG	5	PA NSO
HERNEXEOS TABLET 60MG	5	PA NSO
HYRNUO TABLET 10MG	5	PA NSO
IBRANCE CAPSULE 100MG, 125MG, 75MG	5	PA NSO
IBTROZI CAPSULE 200MG	5	PA NSO
ICLUSIG TABLET 30MG, 45MG	5	PA NSO
ICLUSIG TABLET 10MG, 15MG	5	QL(30 EA per 30 days); PA NSO
IDHIFA TABLET 100MG, 50MG	5	QL(30 EA per 30 days); PA NSO
<i>imatinib mesylate tablet 100mg</i>	3	PA NSO
<i>imatinib mesylate tablet 400mg</i>	4	PA NSO
IMBRUVICA CAPSULE 140MG	5	QL(120 EA per 30 days); PA NSO
IMBRUVICA CAPSULE 70MG	5	QL(28 EA per 28 days); PA NSO
IMBRUVICA SUSPENSION 70MG/ML	5	PA NSO
IMBRUVICA TABLET 420MG	5	PA NSO
IMBRUVICA TABLET 140MG, 280MG	5	QL(28 EA per 28 days); PA NSO
IMKELDI SOLUTION 80MG/ML	5	PA NSO
INLYTA TABLET 1MG, 5MG	5	PA NSO
INQOVI TABLET 100MG; 35MG	5	PA NSO
JAKAFI TABLET 15MG, 20MG, 25MG, 5MG	5	PA NSO
JAKAFI TABLET 10MG	5	QL(60 EA per 30 days); PA NSO
JAYPIRCA TABLET 100MG	5	PA NSO
JAYPIRCA TABLET 50MG	5	QL(30 EA per 30 days); PA NSO
KISQALI TABLET THERAPY PACK 200MG	5	PA NSO
KOSELUGO CAPSULE SPRINKLE 5MG, 7.5MG	5	PA NSO
KOSELUGO CAPSULE 10MG, 25MG	5	PA NSO
KRAZATI TABLET 200MG	5	PA NSO
<i>lapatinib ditosylate tablet 250mg</i>	5	PA NSO
LENVIMA 10 MG DAILY DOSE CAPSULE THERAPY PACK 10MG	5	PA NSO
LENVIMA 12MG DAILY DOSE CAPSULE THERAPY PACK 4MG	5	PA NSO
LENVIMA 14 MG DAILY DOSE CAPSULE THERAPY PACK 0	5	PA NSO
LENVIMA 18 MG DAILY DOSE CAPSULE THERAPY PACK 0	5	PA NSO
LENVIMA 20 MG DAILY DOSE CAPSULE THERAPY PACK 10MG	5	PA NSO
LENVIMA 24 MG DAILY DOSE CAPSULE THERAPY PACK 0	5	PA NSO

Formulary ID: 26210, Version: 12, Effective Date: 05/01/2026  
Last Updated: 04/01/2026

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

Drug Name	Drug Tier	Requirements/Limits
LENVIMA 4 MG DAILY DOSE CAPSULE THERAPY PACK 4MG	5	PA NSO
LENVIMA 8 MG DAILY DOSE CAPSULE THERAPY PACK 4MG	5	PA NSO
LIFYORLI CAPSULE THERAPY PACK 0	5	PA NSO
LORBRENA TABLET 100MG, 25MG	5	PA NSO
LUMAKRAS TABLET 120MG, 240MG, 320MG	5	PA NSO
LYNPARZA TABLET 100MG, 150MG	5	PA NSO
LYTGOBI TABLET THERAPY PACK 4MG	5	PA NSO; 12 MG DAILY DOSE
LYTGOBI TABLET THERAPY PACK 4MG	5	PA NSO; 16 MG DAILY DOSE
LYTGOBI TABLET THERAPY PACK 4MG	5	PA NSO; 20 MG DAILY DOSE
MEKINIST SOLUTION RECONSTITUTED 0.05MG/ML	5	PA NSO
MEKINIST TABLET 0.5MG, 2MG	5	PA NSO
MEKTOVI TABLET 15MG	5	PA NSO
NERLYNX TABLET 40MG	5	QL(180 EA per 30 days); PA NSO
NILOTINIB D-TARTRATE CAPSULE 150MG, 200MG, 50MG	5	PA NSO
<i>nilotinib hydrochloride capsule 150mg, 200mg, 50mg</i>	5	PA NSO
NINLARO CAPSULE 2.3MG, 3MG, 4MG	5	PA NSO
ODOMZO CAPSULE 200MG	5	PA NSO
OJJAARA TABLET 100MG, 200MG	5	PA NSO
OJJAARA TABLET 150MG	5	QL(30 EA per 30 days); PA NSO
<i>pazopanib hydrochloride tablet 200mg, 400mg</i>	5	PA NSO
PEMAZYRE TABLET 13.5MG, 4.5MG, 9MG	5	QL(30 EA per 30 days); PA NSO
PIQRAY 200MG DAILY DOSE TABLET THERAPY PACK 200MG	5	PA NSO
PIQRAY 250MG DAILY DOSE TABLET THERAPY PACK 0	5	PA NSO
PIQRAY 300MG DAILY DOSE TABLET THERAPY PACK 150MG	5	PA NSO
QINLOCK TABLET 50MG	5	PA NSO
RETEVMO CAPSULE 40MG, 80MG	5	PA NSO
RETEVMO TABLET 120MG, 160MG	5	PA NSO
RETEVMO TABLET 80MG	5	QL(60 EA per 30 days); PA NSO
RETEVMO TABLET 40MG	5	QL(90 EA per 30 days); PA NSO
REZLIDHIA CAPSULE 150MG	5	PA NSO
ROMVIMZA CAPSULE 14MG, 20MG, 30MG	5	PA NSO
ROZLYTREK CAPSULE 100MG, 200MG	5	PA NSO
ROZLYTREK PACKET 50MG	5	PA NSO
RUBRACA TABLET 250MG, 300MG	5	PA NSO
RUBRACA TABLET 200MG	5	QL(120 EA per 30 days); PA NSO
RYDAPT CAPSULE 25MG	5	PA NSO
SCSEMBLIX TABLET 100MG	5	QL(120 EA per 30 days); PA NSO
SCSEMBLIX TABLET 40MG	5	QL(240 EA per 30 days); PA NSO

Formulary ID: 26210, Version: 12, Effective Date: 05/01/2026

Last Updated: 04/01/2026

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
SCSEMBLIX TABLET 20MG	5	QL(60 EA per 30 days); PA NSO
<i>sorafenib tosylate tablet 200mg</i>	5	PA NSO
<i>sorafenib tablet 200mg</i>	5	PA NSO
STIVARGA TABLET 40MG	5	PA NSO
<i>sunitinib malate capsule 12.5mg, 25mg, 37.5mg, 50mg</i>	5	PA NSO
TABRECTA TABLET 150MG, 200MG	5	QL(120 EA per 30 days); PA NSO
TAFINLAR CAPSULE 50MG, 75MG	5	PA NSO
TAFINLAR TABLET SOLUBLE 10MG	5	PA NSO
TAGRISSE TABLET 80MG	5	PA NSO
TAGRISSE TABLET 40MG	5	QL(30 EA per 30 days); PA NSO
TALZENNA CAPSULE 0.1MG, 0.25MG, 0.35MG, 0.5MG, 0.75MG, 1MG	5	PA NSO
TAZVERIK TABLET 200MG	5	PA NSO
TEPMETKO TABLET 225MG	5	PA NSO
TIBSOVO TABLET 250MG	5	PA NSO
<i>torpenz tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	5	QL(30 EA per 30 days); PA NSO
TRUQAP TABLET THERAPY PACK 160MG, 200MG	5	PA NSO
TRUQAP TABLET 160MG, 200MG	5	PA NSO
TUKYSA TABLET 150MG, 50MG	5	PA NSO
TURALIO CAPSULE 125MG	5	PA NSO
VANFLYTA TABLET 17.7MG, 26.5MG	5	PA NSO
VENCLEXTA STARTING PACK TABLET THERAPY PACK 0	5	PA NSO
VENCLEXTA TABLET 10MG	4	PA NSO
VENCLEXTA TABLET 100MG, 50MG	5	PA NSO
VERZENIO TABLET 100MG, 150MG, 200MG, 50MG	5	PA NSO
VITRAKVI CAPSULE 100MG, 25MG	5	PA NSO
VITRAKVI SOLUTION 20MG/ML	5	PA NSO
VIZIMPRO TABLET 15MG, 30MG, 45MG	5	PA NSO
XALKORI CAPSULE SPRINKLE 150MG, 20MG, 50MG	5	PA NSO
XALKORI CAPSULE 200MG, 250MG	5	PA NSO
XOSPATA TABLET 40MG	5	PA NSO
XPOVIO 60 MG TWICE WEEKLY TABLET THERAPY PACK 20MG	5	PA NSO
XPOVIO 80 MG TWICE WEEKLY TABLET THERAPY PACK 20MG	5	PA NSO
XPOVIO TABLET THERAPY PACK 10MG, 40MG, 50MG, 60MG, 80MG	5	PA NSO
ZEJULA TABLET 200MG, 300MG	5	PA NSO
ZEJULA TABLET 100MG	5	QL(30 EA per 30 days); PA NSO
ZELBORAF TABLET 240MG	5	PA NSO
ZYDELIG TABLET 100MG, 150MG	5	PA NSO
ZYKADIA TABLET 150MG	5	PA NSO
<b>Monoclonal Antibodies/Antibody-Drug Conjugates</b>		

Formulary ID: 26210, Version: 12, Effective Date: 05/01/2026

Last Updated: 04/01/2026

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
TEVIMBRA INJECTION 100MG/10ML	5	PA NSO
<b>Retinoids</b>		
<i>bexarotene capsule 75mg</i>	5	PA NSO
<i>bexarotene gel 1%</i>	5	PA NSO
PANRETIN GEL 0.1%	5	
<i>tretinoin capsule 10mg</i>	5	
<b>Treatment Adjuncts</b>		
MESNA TABLET 400MG	5	
VORANIGO TABLET 40MG	5	PA NSO
VORANIGO TABLET 10MG	5	QL(60 EA per 30 days); PA NSO
<b>Antiparasitics</b>		
<b>Anthelmintics</b>		
<i>albendazole tablet 200mg</i>	4	
<i>ivermectin tablet 3mg, 6mg</i>	2	PA
<i>praziquantel tablet 600mg</i>	4	
<b>Antiprotozoals</b>		
ALINIA SUSPENSION RECONSTITUTED 100MG/5ML	5	
<i>atovaquone/proguanil hcl tablet 62.5mg; 25mg</i>	3	
<i>atovaquone/proguanil hydrochloride tablet 250mg; 100mg</i>	3	
<i>atovaquone suspension 750mg/5ml</i>	4	
<i>benznidazole tablet 100mg, 12.5mg</i>	3	
<i>chloroquine phosphate tablet 250mg, 500mg</i>	3	
COARTEM TABLET 20MG; 120MG	4	
<i>hydroxychloroquine sulfate tablet 100mg, 200mg</i>	2	
<i>mefloquine hydrochloride tablet 250mg</i>	2	
<i>nitazoxanide tablet 500mg</i>	5	
<i>pentamidine isethionate injection 300mg</i>	3	
<i>pentamidine isethionate inhalation solution reconstituted 300mg</i>	3	B/D
<i>primaquine phosphate tablet 26.3mg</i>	3	
<i>pyrimethamine tablet 25mg</i>	5	PA
<i>quinine sulfate capsule 324mg</i>	3	PA
<b>Antiparkinson Agents</b>		
<b>Anticholinergics</b>		
<i>benztropine mesylate tablet 0.5mg, 1mg, 2mg</i>	2	
<i>trihexyphenidyl hydrochloride tablet 2mg, 5mg</i>	4	
<b>Antiparkinson Agents, Other</b>		
<i>entacapone tablet 200mg</i>	3	
<b>Dopamine Agonists</b>		
<i>bromocriptine mesylate capsule 5mg</i>	4	
<i>bromocriptine mesylate tablet 2.5mg</i>	4	
<i>pramipexole dihydrochloride tablet 0.125mg, 0.25mg, 0.5mg, 0.75mg, 1.5mg, 1mg</i>	2	

Formulary ID: 26210, Version: 12, Effective Date: 05/01/2026  
Last Updated: 04/01/2026

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 er tablet extended release 24 hour 12mg, 2mg, 4mg, 6mg, 8mg</i>	4	
<i>ropinirole hcl tablet 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	2	
<i>ropinirole hydrochloride tablet 0.25mg, 3mg</i>	2	
<b>Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors</b>		
<i>carbidopa/levodopa er tablet extended release 25mg; 100mg, 50mg; 200mg</i>	3	
<i>carbidopa/levodopa odt tablet disintegrating 10mg; 100mg, 25mg; 100mg, 25mg; 250mg</i>	4	
<i>carbidopa/levodopa tablet 10mg; 100mg, 25mg; 100mg, 25mg; 250mg</i>	2	
<i>carbidopa tablet 25mg</i>	4	
INBRIJA CAPSULE 42MG	5	PA
RYTARY CAPSULE EXTENDED RELEASE 23.75MG; 95MG, 36.25MG; 145MG, 48.75MG; 195MG, 61.25MG; 245MG	4	ST
<b>Monoamine Oxidase B (MAO-B) Inhibitors</b>		
<i>rasagiline mesylate tablet 0.5mg, 1mg</i>	4	
<i>selegiline hcl capsule 5mg</i>	3	
<i>selegiline hcl tablet 5mg</i>	3	
<b>Antipsychotics</b>		
<b>1st Generation/Typical</b>		
<i>chlorpromazine hydrochloride concentrate 100mg/ml, 30mg/ml</i>	4	
<i>chlorpromazine hydrochloride tablet 100mg, 10mg, 200mg, 25mg, 50mg</i>	4	
<i>fluphenazine decanoate injection 25mg/ml</i>	4	
<i>fluphenazine hcl concentrate 5mg/ml</i>	4	
<i>fluphenazine hydrochloride elixir 2.5mg/5ml</i>	4	
<i>fluphenazine hydrochloride injection 2.5mg/ml</i>	4	
<i>fluphenazine hydrochloride tablet 10mg, 1mg, 2.5mg, 5mg</i>	4	
<i>haloperidol decanoate injection 100mg/ml, 50mg/ml</i>	3	
<i>haloperidol lactate injection 5mg/ml</i>	2	
<i>haloperidol concentrate 2mg/ml</i>	2	
<i>haloperidol tablet 0.5mg, 10mg, 1mg, 2mg, 5mg</i>	2	
<i>haloperidol tablet 20mg</i>	3	
<i>loxapine capsule 10mg, 25mg, 50mg, 5mg</i>	2	
<i>molindone hydrochloride tablet 10mg, 25mg, 5mg</i>	4	
<i>perphenazine tablet 16mg, 2mg, 4mg, 8mg</i>	3	
<i>pimozide tablet 1mg, 2mg</i>	4	
<i>thioridazine hydrochloride tablet 100mg, 10mg, 25mg, 50mg</i>	3	
<i>thiothixene capsule 10mg, 1mg, 2mg, 5mg</i>	4	
<i>trifluoperazine hcl tablet 10mg, 2mg, 5mg</i>	3	

Formulary ID: 26210, Version: 12, Effective Date: 05/01/2026

Last Updated: 04/01/2026

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>trifluoperazine hydrochloride tablet 1mg</i>	3	
<b>2nd Generation/Atypical</b>		
ABILIFY MAINTENA INJECTION 300MG, 400MG	5	
<i>aripiprazole odt tablet disintegrating 10mg, 15mg</i>	4	QL(60 EA per 30 days)
<i>aripiprazole solution 1mg/ml</i>	4	QL(750 ML per 30 days)
<i>aripiprazole tablet 10mg, 15mg, 20mg, 2mg, 30mg, 5mg</i>	2	QL(30 EA per 30 days)
ARISTADA INITIO INJECTION 675MG/2.4ML	5	
ARISTADA INJECTION 1064MG/3.9ML, 441MG/1.6ML, 662MG/2.4ML, 882MG/3.2ML	5	
<i>asenapine maleate sl tablet sublingual 10mg, 2.5mg, 5mg</i>	4	QL(60 EA per 30 days)
CAPLYTA CAPSULE 10.5MG, 21MG, 42MG	5	QL(30 EA per 30 days); PA NSO
FANAPT TITRATION PACK A TABLET 0	4	QL(16 EA per 365 days); ST NSO
FANAPT TITRATION PACK B TABLET 0	4	QL(24 EA per 365 days); ST NSO
FANAPT TITRATION PACK C TABLET 0	4	QL(16 EA per 365 days); ST NSO
FANAPT TABLET 10MG, 12MG, 1MG, 2MG, 4MG, 6MG, 8MG	5	QL(60 EA per 30 days); ST NSO
INVEGA HAFYERA INJECTION 1092MG/3.5ML, 1560MG/5ML	5	ST NSO
INVEGA SUSTENNA INJECTION 39MG/0.25ML	4	
INVEGA SUSTENNA INJECTION 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	5	
INVEGA TRINZA INJECTION 273MG/0.88ML, 410MG/1.32ML, 546MG/1.75ML, 819MG/2.63ML	5	
<i>lurasidone hydrochloride tablet 120mg, 20mg, 40mg, 60mg</i>	4	QL(30 EA per 30 days)
<i>lurasidone hydrochloride tablet 80mg</i>	4	QL(60 EA per 30 days)
LYBALVI TABLET 10MG; 10MG, 15MG; 10MG, 20MG; 10MG, 5MG; 10MG	5	QL(30 EA per 30 days); ST NSO
NUPLAZID CAPSULE 34MG	5	PA NSO
NUPLAZID TABLET 10MG	5	PA NSO
<i>olanzapine odt tablet disintegrating 10mg, 15mg, 20mg, 5mg</i>	3	QL(30 EA per 30 days)
<i>olanzapine injection 10mg</i>	4	
<i>olanzapine tablet 10mg, 15mg, 2.5mg, 20mg, 5mg, 7.5mg</i>	2	QL(30 EA per 30 days)
OPIPZA FILM 2MG	5	QL(30 EA per 30 days); PA NSO
OPIPZA FILM 10MG, 5MG	5	QL(90 EA per 30 days); PA NSO
<i>paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg</i>	4	QL(30 EA per 30 days)
<i>paliperidone er tablet extended release 24 hour 6mg</i>	4	QL(60 EA per 30 days)
PERSERIS INJECTION 120MG, 90MG	5	
<i>quetiapine fumarate er tablet extended release 24 hour 150mg, 300mg, 400mg, 50mg</i>	2	QL(60 EA per 30 days)
<i>quetiapine fumarate er tablet extended release 24 hour 200mg</i>	2	QL(90 EA per 30 days)
<i>quetiapine fumarate tablet 300mg, 400mg</i>	2	QL(60 EA per 30 days)
<i>quetiapine fumarate tablet 100mg, 150mg, 200mg, 25mg, 50mg</i>	2	QL(90 EA per 30 days)

Formulary ID: 26210, Version: 12, Effective Date: 05/01/2026

Last Updated: 04/01/2026

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
REXULTI TABLET 0.25MG, 0.5MG, 1MG, 2MG, 3MG, 4MG	5	QL(30 EA per 30 days)
<i>risperidone er injection 12.5mg, 25mg</i>	4	
<i>risperidone er injection 37.5mg, 50mg</i>	5	
<i>risperidone odt tablet disintegrating 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg</i>	4	QL(60 EA per 30 days)
<i>risperidone solution 1mg/ml</i>	2	QL(240 ML per 30 days)
<i>risperidone tablet 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg</i>	1	QL(60 EA per 30 days)
SECUADO PATCH 24 HOUR 3.8MG/24HR, 5.7MG/24HR, 7.6MG/24HR	5	QL(30 EA per 30 days); ST NSO
VRAYLAR CAPSULE 0.5MG, 0.75MG, 1.5MG, 3MG, 4.5MG, 6MG	5	QL(30 EA per 30 days)
<i>ziprasidone hcl capsule 20mg, 40mg, 60mg, 80mg</i>	3	QL(60 EA per 30 days)
<i>ziprasidone mesylate injection 20mg</i>	4	QL(60 EA per 30 days)
ZYPREXA RELPREVV INJECTION 210MG	4	
ZYPREXA RELPREVV INJECTION 300MG, 405MG	5	
<b>Treatment-Resistant</b>		
<i>clozapine odt tablet disintegrating 200mg</i>	4	QL(120 EA per 30 days)
<i>clozapine odt tablet disintegrating 150mg</i>	4	QL(180 EA per 30 days)
<i>clozapine odt tablet disintegrating 100mg, 25mg</i>	4	QL(270 EA per 30 days)
<i>clozapine odt tablet disintegrating 12.5mg</i>	4	QL(90 EA per 30 days)
<i>clozapine tablet 50mg</i>	3	QL(180 EA per 30 days)
<i>clozapine tablet 25mg</i>	3	QL(270 EA per 30 days)
<i>clozapine tablet 200mg</i>	4	QL(120 EA per 30 days)
<i>clozapine tablet 100mg</i>	4	QL(270 EA per 30 days)
VERSACLOZ SUSPENSION 50MG/ML	5	QL(540 ML per 30 days)
<b>Antispasticity Agents</b>		
<b>Antispasticity Agents</b>		
<i>baclofen tablet 10mg, 20mg</i>	2	
<i>baclofen tablet 5mg</i>	3	
<i>dantrolene sodium capsule 100mg, 25mg, 50mg</i>	4	
<i>tizanidine hcl tablet 2mg</i>	2	
<i>tizanidine hydrochloride tablet 4mg</i>	2	
<b>Antivirals</b>		
<b>Anti-cytomegalovirus (CMV) Agents</b>		
<i>ganciclovir injection 500mg/10ml, 500mg</i>	2	B/D
LIVTENCITY TABLET 200MG	5	
PREVYMIS PACKET 120MG, 20MG	5	
PREVYMIS TABLET 240MG, 480MG	5	
<i>valganciclovir hydrochloride solution reconstituted 50mg/ml</i>	5	
<i>valganciclovir tablet 450mg</i>	3	
<b>Anti-hepatitis B (HBV) Agents</b>		
<i>adefovir dipivoxil tablet 10mg</i>	4	
BARACLUDE SOLUTION 0.05MG/ML	5	QL(600 ML per 30 days)

Formulary ID: 26210, Version: 12, Effective Date: 05/01/2026

Last Updated: 04/01/2026

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>entecavir tablet 0.5mg, 1mg</i>	4	QL(30 EA per 30 days)
<i>lamivudine tablet 100mg</i>	3	
<b>Anti-hepatitis C (HCV) Agents</b>		
MAVYRET PACKET 50MG; 20MG	5	QL(560 EA per 365 days); PA
MAVYRET TABLET 100MG; 40MG	5	QL(336 EA per 365 days); PA
<i>ribavirin tablet 200mg</i>	3	
<i>sofosbuvir/velpatasvir tablet 400mg; 100mg</i>	5	QL(84 EA per 365 days); PA
VOSEVI TABLET 400MG; 100MG; 100MG	5	QL(84 EA per 365 days); PA
<b>Anti-HIV Agents, Integrase Inhibitors (INSTI)</b>		
BIKTARVY TABLET 30MG; 120MG; 15MG, 50MG; 200MG; 25MG	5	QL(30 EA per 30 days)
CABENUVA INJECTION 400MG/2ML; 600MG/2ML, 600MG/3ML; 900MG/3ML	5	
DOVATO TABLET 50MG; 300MG	5	QL(30 EA per 30 days)
GENVOYA TABLET 150MG; 150MG; 200MG; 10MG	5	QL(30 EA per 30 days)
ISENTRESS HD TABLET 600MG	5	QL(60 EA per 30 days)
ISENTRESS PACKET 100MG	5	QL(60 EA per 30 days)
ISENTRESS TABLET CHEWABLE 25MG	3	QL(180 EA per 30 days)
ISENTRESS TABLET CHEWABLE 100MG	5	QL(180 EA per 30 days)
ISENTRESS TABLET 400MG	5	QL(60 EA per 30 days)
JULUCA TABLET 50MG; 25MG	5	QL(30 EA per 30 days)
STRIBILD TABLET 150MG; 150MG; 200MG; 300MG	5	QL(30 EA per 30 days)
TIVICAY PD TABLET SOLUBLE 5MG	4	QL(180 EA per 30 days)
TIVICAY TABLET 10MG	4	QL(30 EA per 30 days)
TIVICAY TABLET 25MG	5	QL(30 EA per 30 days)
TIVICAY TABLET 50MG	5	QL(60 EA per 30 days)
VOCABRIA TABLET 30MG	5	
<b>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</b>		
DELSTRIGO TABLET 100MG; 300MG; 300MG	5	QL(30 EA per 30 days)
EDURANT PED TABLET SOLUBLE 2.5MG	5	QL(180 EA per 30 days)
EDURANT TABLET 25MG	5	QL(30 EA per 30 days)
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate tablet 600mg; 200mg; 300mg</i>	3	QL(30 EA per 30 days)
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate tablet 400mg; 300mg; 300mg, 600mg; 300mg; 300mg</i>	5	QL(30 EA per 30 days)
<i>efavirenz capsule 200mg, 50mg</i>	4	QL(90 EA per 30 days)
<i>efavirenz tablet 600mg</i>	4	QL(30 EA per 30 days)
<i>emtricitabine/rilpivirine/tenofovir disoproxil fumarate tablet 200mg; 25mg; 300mg</i>	5	QL(30 EA per 30 days)
<i>etravirine tablet 100mg</i>	4	QL(60 EA per 30 days)
<i>etravirine tablet 200mg</i>	5	QL(60 EA per 30 days)
INTELENCE TABLET 25MG	4	QL(120 EA per 30 days)
<i>nevirapine er tablet extended release 24 hour 400mg</i>	4	QL(30 EA per 30 days)

Formulary ID: 26210, Version: 12, Effective Date: 05/01/2026

Last Updated: 04/01/2026

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>nevirapine suspension 50mg/5ml</i>	3	QL(1200 ML per 30 days)
<i>nevirapine tablet 200mg</i>	2	QL(60 EA per 30 days)
PIFELTRO TABLET 100MG	5	QL(30 EA per 30 days)
<i>rilpivirine hydrochloride tablet 25mg</i>	5	QL(30 EA per 30 days)
<b>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</b>		
<i>abacavir sulfate/lamivudine tablet 600mg; 300mg</i>	4	QL(30 EA per 30 days)
<i>abacavir solution 20mg/ml</i>	4	QL(960 ML per 30 days)
<i>abacavir tablet 300mg</i>	3	QL(60 EA per 30 days)
CIMDUO TABLET 300MG; 300MG	5	QL(30 EA per 30 days)
DESCOVY TABLET 120MG; 15MG, 200MG; 25MG	5	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 200mg; 300mg</i>	2	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg</i>	4	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 133mg; 200mg</i>	5	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil tablet 167mg; 250mg</i>	4	QL(30 EA per 30 days)
<i>emtricitabine capsule 200mg</i>	4	QL(30 EA per 30 days)
EMTRIVA SOLUTION 10MG/ML	4	QL(850 ML per 30 days)
<i>lamivudine/zidovudine tablet 150mg; 300mg</i>	3	QL(60 EA per 30 days)
<i>lamivudine solution 10mg/ml</i>	3	QL(960 ML per 30 days)
<i>lamivudine tablet 150mg</i>	2	QL(60 EA per 30 days)
<i>lamivudine tablet 300mg</i>	3	QL(30 EA per 30 days)
ODEFSEY TABLET 200MG; 25MG; 25MG	5	QL(30 EA per 30 days)
<i>tenofovir disoproxil fumarate tablet 300mg</i>	4	QL(30 EA per 30 days)
TRIUMEQ PD TABLET SOLUBLE 60MG; 5MG; 30MG	4	QL(180 EA per 30 days)
TRIUMEQ TABLET 600MG; 50MG; 300MG	5	QL(30 EA per 30 days)
VIREAD POWDER 40MG/GM	5	QL(240 GM per 30 days)
VIREAD TABLET 150MG, 200MG, 250MG	5	QL(30 EA per 30 days)
<i>zidovudine capsule 100mg</i>	3	QL(180 EA per 30 days)
<i>zidovudine syrup 50mg/5ml</i>	3	QL(1920 ML per 30 days)
<i>zidovudine tablet 300mg</i>	3	QL(60 EA per 30 days)
<b>Anti-HIV Agents, Other</b>		
FUZEON INJECTION 90MG	5	
<i>maraviroc tablet 300mg</i>	5	QL(120 EA per 30 days)
<i>maraviroc tablet 150mg</i>	5	QL(60 EA per 30 days)
RUKOBIA TABLET EXTENDED RELEASE 12 HOUR 600MG	5	QL(60 EA per 30 days)
SELZENTRY SOLUTION 20MG/ML	5	
SELZENTRY TABLET 25MG	4	QL(480 EA per 30 days)
SELZENTRY TABLET 75MG	5	QL(60 EA per 30 days)
SUNLENCA INJECTION 463.5MG/1.5ML	5	

Formulary ID: 26210, Version: 12, Effective Date: 05/01/2026  
Last Updated: 04/01/2026

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
SUNLENCA TABLET THERAPY PACK 300MG	5	QL(10 EA per 365 days); (5 X 300 MG Pack)
SUNLENCA TABLET THERAPY PACK 300MG	5	QL(8 EA per 365 days); (4 X 300 MG Pack)
SUNLENCA TABLET 300MG	5	QL(24 EA per 168 days)
TYBOST TABLET 150MG	3	QL(30 EA per 30 days)
<b>Anti-HIV Agents, Protease Inhibitors (PI)</b>		
APTIVUS CAPSULE 250MG	5	QL(120 EA per 30 days)
<i>atazanavir sulfate capsule 300mg</i>	4	QL(30 EA per 30 days)
<i>atazanavir capsule 150mg</i>	4	
<i>atazanavir capsule 200mg</i>	4	QL(60 EA per 30 days)
<i>darunavir tablet 800mg</i>	4	QL(30 EA per 30 days)
<i>darunavir tablet 600mg</i>	4	QL(60 EA per 30 days)
EVOTAZ TABLET 300MG; 150MG	5	QL(30 EA per 30 days)
<i>fosamprenavir calcium tablet 700mg</i>	5	QL(120 EA per 30 days)
KALETRA SOLUTION 400MG/5ML; 100MG/5ML	4	
LEXIVA SUSPENSION 50MG/ML	4	QL(1800 ML per 30 days)
<i>lopinavir/ritonavir solution 400mg/5ml; 100mg/5ml</i>	4	
<i>lopinavir/ritonavir tablet 100mg; 25mg, 200mg; 50mg</i>	4	
NORVIR PACKET 100MG	4	QL(360 EA per 30 days)
PREZCOBIX TABLET 150MG; 675MG, 150MG; 800MG	5	QL(30 EA per 30 days)
PREZISTA SUSPENSION 100MG/ML	5	QL(400 ML per 30 days)
PREZISTA TABLET 75MG	4	QL(300 EA per 30 days)
PREZISTA TABLET 150MG	5	QL(180 EA per 30 days)
REYATAZ PACKET 50MG	5	QL(180 EA per 30 days)
<i>ritonavir tablet 100mg</i>	3	QL(360 EA per 30 days)
SYMTUZA TABLET 150MG; 800MG; 200MG; 10MG	5	QL(30 EA per 30 days)
VIRACEPT TABLET 625MG	5	QL(120 EA per 30 days)
VIRACEPT TABLET 250MG	5	QL(300 EA per 30 days)
<b>Anti-influenza Agents</b>		
<i>amantadine hcl capsule 100mg</i>	2	
<i>amantadine hcl solution 50mg/5ml</i>	2	
<i>oseltamivir phosphate capsule 75mg</i>	2	QL(110 EA per 365 days)
<i>oseltamivir phosphate capsule 30mg</i>	2	QL(168 EA per 365 days)
<i>oseltamivir phosphate capsule 45mg</i>	2	QL(84 EA per 365 days)
<i>oseltamivir phosphate suspension reconstituted 6mg/ml</i>	3	QL(1080 ML per 365 days)
RELENZA DISKHALER AEROSOL POWDER BREATH ACTIVATED 5MG/BLISTER	4	QL(240 EA per 365 days)
XOFLUZA TABLET THERAPY PACK 40MG, 80MG	3	
<b>Antiherpetic Agents</b>		
<i>acyclovir sodium injection 50mg/ml</i>	4	B/D
<i>acyclovir capsule 200mg</i>	2	
<i>acyclovir suspension 200mg/5ml</i>	4	
<i>acyclovir tablet 400mg, 800mg</i>	2	

Formulary ID: 26210, Version: 12, Effective Date: 05/01/2026

Last Updated: 04/01/2026

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>famciclovir tablet 125mg, 250mg, 500mg</i>	3	
<i>valacyclovir hydrochloride tablet 1gm, 500mg</i>	3	QL(120 EA per 30 days)
VYJUVEK GEL 0	5	PA
<b>Antiviral, Coronavirus Agents</b>		
LAGEVRIO CAPSULE 200MG	3	QL(40 EA per 5 days)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL(11 EA per 5 days); (300mg-100mg Day 1; 150mg-100mg Days 2-5 Pak)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL(20 EA per 5 days); (150mg-100mg Pak)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL(30 EA per 5 days); (300mg-100mg Pak)
<b>Anxiolytics</b>		
<b>Anxiolytics, Other</b>		
<i>bupirone hcl tablet 15mg</i>	1	
<i>bupirone hydrochloride tablet 10mg, 30mg, 5mg, 7.5mg</i>	1	
<b>Benzodiazepines</b>		
<i>alprazolam tablet 0.25mg, 0.5mg, 1mg</i>	2	QL(120 EA per 30 days)
<i>alprazolam tablet 2mg</i>	2	QL(150 EA per 30 days)
<i>clorazepate dipotassium tablet 15mg</i>	4	QL(180 EA per 30 days)
<i>clorazepate dipotassium tablet 7.5mg</i>	4	QL(360 EA per 30 days)
<i>clorazepate dipotassium tablet 3.75mg</i>	4	QL(720 EA per 30 days)
<i>diazepam intensol concentrate 5mg/ml</i>	2	
<i>diazepam concentrate 5mg/ml</i>	2	
<i>diazepam solution 5mg/5ml</i>	2	
<i>diazepam tablet 10mg</i>	2	QL(120 EA per 30 days)
<i>diazepam tablet 5mg</i>	2	QL(240 EA per 30 days)
<i>diazepam tablet 2mg</i>	2	QL(300 EA per 30 days)
<i>lorazepam intensol concentrate 2mg/ml</i>	3	
<i>lorazepam tablet 2mg</i>	2	QL(150 EA per 30 days)
<i>lorazepam tablet 0.5mg, 1mg</i>	2	QL(90 EA per 30 days)
<b>Bipolar Agents</b>		
<b>Bipolar Agents, Other</b>		
IGALMI FILM 120MCG, 180MCG	4	PA NSO
<b>Mood Stabilizers</b>		
<i>lithium carbonate er tablet extended release 300mg, 450mg</i>	2	
<i>lithium carbonate capsule 150mg, 300mg, 600mg</i>	1	
<i>lithium carbonate tablet 300mg</i>	1	
<i>lithium solution 8meq/5ml</i>	2	
<b>Blood Glucose Regulators</b>		
<b>Antidiabetic Agents</b>		
<i>acarbose tablet 100mg, 25mg, 50mg</i>	2	
<i>glimepiride tablet 1mg, 2mg, 4mg</i>	6	
<i>glipizide er tablet extended release 24 hour 10mg, 2.5mg, 5mg</i>	6	

Formulary ID: 26210, Version: 12, Effective Date: 05/01/2026

Last Updated: 04/01/2026

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>glipizide xl tablet extended release 24 hour 10mg, 2.5mg, 5mg</i>	6	
<i>glipizide/metformin hydrochloride tablet 2.5mg; 250mg, 2.5mg; 500mg, 5mg; 500mg</i>	6	
<i>glipizide tablet 10mg, 2.5mg, 5mg</i>	6	
<i>glyburide micronized tablet 1.5mg, 3mg, 6mg</i>	1	
<i>glyburide/metformin hydrochloride tablet 1.25mg; 250mg, 2.5mg; 500mg, 5mg; 500mg</i>	6	
<i>glyburide tablet 1.25mg, 2.5mg, 5mg</i>	6	
GLYXAMBI TABLET 10MG; 5MG, 25MG; 5MG	3	
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 100MG, 1000MG; 50MG, 500MG; 50MG	3	
JANUMET TABLET 1000MG; 50MG, 500MG; 50MG	3	
JANUVIA TABLET 100MG, 25MG, 50MG	3	QL(30 EA per 30 days)
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG, 5MG; 1000MG	3	
JENTADUETO TABLET 2.5MG; 1000MG, 2.5MG; 500MG, 2.5MG; 850MG	3	
<i>metformin hydrochloride er tablet extended release 24 hour 1000mg, 500mg</i>	2	
<i>metformin hydrochloride er tablet extended release 24 hour 500mg, 750mg</i>	6	
<i>metformin hydrochloride solution 500mg/5ml</i>	1	
<i>metformin hydrochloride tablet 1000mg, 500mg, 850mg</i>	6	
MOUNJARO INJECTION 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML, 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML	3	QL(2 ML per 28 days); PA
<i>nateglinide tablet 120mg, 60mg</i>	6	
OZEMPIC INJECTION 2MG/3ML, 4MG/3ML, 8MG/3ML	3	QL(3 ML per 28 days); PA
<i>pioglitazone hcl/metformin hcl tablet 500mg; 15mg, 850mg; 15mg</i>	6	
<i>pioglitazone hcl tablet 45mg</i>	6	
<i>pioglitazone hydrochloride tablet 15mg, 30mg</i>	6	
<i>repaglinide tablet 0.5mg, 1mg, 2mg</i>	6	
RYBELSUS TABLET 14MG, 7MG	3	QL(30 EA per 30 days); PA
RYBELSUS TABLET 3MG	3	QL(60 EA per 365 days); PA
SOLIQUA 100/33 INJECTION 100UNIT/ML; 33MCG/ML	3	
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 12.5MG; 1000MG, 25MG; 1000MG, 5MG; 1000MG	3	
SYNJARDY TABLET 12.5MG; 1000MG, 12.5MG; 500MG, 5MG; 1000MG, 5MG; 500MG	3	
TRADJENTA TABLET 5MG	3	QL(30 EA per 30 days)
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 5MG; 1000MG, 12.5MG; 2.5MG; 1000MG, 25MG; 5MG; 1000MG, 5MG; 2.5MG; 1000MG	3	

Formulary ID: 26210, Version: 12, Effective Date: 05/01/2026

Last Updated: 04/01/2026

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
TRULICITY INJECTION 0.75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML	3	QL(2 ML per 28 days); PA
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 10MG; 500MG, 2.5MG; 1000MG, 5MG; 1000MG, 5MG; 500MG	3	
<b>Glycemic Agents</b>		
BAQSIMI ONE PACK POWDER 3MG/DOSE	3	
BAQSIMI TWO PACK POWDER 3MG/DOSE	3	
<i>diazoxide suspension 50mg/ml</i>	5	
<i>glucagon emergency kit for low blood sugar injection 1mg</i>	3	
<i>glucagon emergency kit injection 1mg</i>	3	
GVOKE HYOPEN 1-PACK INJECTION 0.5MG/0.1ML, 1MG/0.2ML	3	
GVOKE HYOPEN 2-PACK INJECTION 0.5MG/0.1ML, 1MG/0.2ML	3	
GVOKE KIT INJECTION 1MG/0.2ML	3	
GVOKE PFS INJECTION 0.5MG/0.1ML, 1MG/0.2ML	3	
<b>Insulins</b>		
FIASP FLEXTOUCH INJECTION 100UNIT/ML	3	
FIASP PENFILL INJECTION 100UNIT/ML	3	
FIASP INJECTION 100UNIT/ML	3	
HUMALOG JUNIOR KWIKPEN INJECTION 100UNIT/ML	3	
HUMALOG KWIKPEN INJECTION 100UNIT/ML, 200UNIT/ML	3	
HUMALOG MIX 50/50 KWIKPEN INJECTION 50UNIT/ML; 50UNIT/ML	3	
HUMALOG MIX 50/50 INJECTION 50UNIT/ML; 50UNIT/ML	3	
HUMALOG MIX 75/25 KWIKPEN INJECTION 25UNIT/ML; 75UNIT/ML	3	
HUMALOG MIX 75/25 INJECTION 25UNIT/ML; 75UNIT/ML	3	
HUMALOG INJECTION 100UNIT/ML	3	
HUMULIN 70/30 KWIKPEN INJECTION 30UNIT/ML; 70UNIT/ML	3	
HUMULIN 70/30 INJECTION 30UNIT/ML; 70UNIT/ML	3	
HUMULIN N KWIKPEN INJECTION 100UNIT/ML	3	
HUMULIN N INJECTION 100UNIT/ML	3	
HUMULIN R U-500 (CONCENTRATED) INJECTION 500UNIT/ML	3	
HUMULIN R U-500 KWIKPEN INJECTION 500UNIT/ML	3	
HUMULIN R INJECTION 100UNIT/ML	3	
INSULIN ASPART FLEXPEN INJECTION 100UNIT/ML	3	
INSULIN ASPART PENFILL INJECTION 100UNIT/ML	3	

Formulary ID: 26210, Version: 12, Effective Date: 05/01/2026

Last Updated: 04/01/2026

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
INSULIN ASPART INJECTION 100UNIT/ML	3	
<i>insulin lispro injection 100unit/ml</i>	3	
LANTUS SOLOSTAR INJECTION 100UNIT/ML	3	
LANTUS INJECTION 100UNIT/ML	3	
LYUMJEV KWIKPEN INJECTION 100UNIT/ML, 200UNIT/ML	3	
LYUMJEV INJECTION 100UNIT/ML	3	
NOVOLIN 70/30 FLEXPEN RELION INJECTION 30UNIT/ML; 70UNIT/ML	3	
NOVOLIN 70/30 FLEXPEN INJECTION 30UNIT/ML; 70UNIT/ML	3	
NOVOLIN 70/30 RELION INJECTION 30UNIT/ML; 70UNIT/ML	3	
NOVOLIN 70/30 INJECTION 30UNIT/ML; 70UNIT/ML	3	
NOVOLIN N FLEXPEN RELION INJECTION 100UNIT/ML	3	
NOVOLIN N FLEXPEN INJECTION 100UNIT/ML	3	
NOVOLIN N RELION INJECTION 100UNIT/ML	3	
NOVOLIN N INJECTION 100UNIT/ML	3	
NOVOLIN R FLEXPEN RELION INJECTION 100UNIT/ML	3	
NOVOLIN R FLEXPEN INJECTION 100UNIT/ML	3	
NOVOLIN R RELION INJECTION 100UNIT/ML	3	
NOVOLIN R INJECTION 100UNIT/ML	3	
NOVOLOG FLEXPEN RELION INJECTION 100UNIT/ML	3	
NOVOLOG FLEXPEN INJECTION 100UNIT/ML	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION INJECTION 30UNIT/ML; 70UNIT/ML	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN INJECTION 30UNIT/ML; 70UNIT/ML	3	
NOVOLOG MIX 70/30 RELION INJECTION 30UNIT/ML; 70UNIT/ML	3	
NOVOLOG MIX 70/30 INJECTION 30UNIT/ML; 70UNIT/ML	3	
NOVOLOG PENFILL INJECTION 100UNIT/ML	3	
NOVOLOG RELION INJECTION 100UNIT/ML	3	
NOVOLOG INJECTION 100UNIT/ML	3	
TOUJEO MAX SOLOSTAR INJECTION 300UNIT/ML	3	
TOUJEO SOLOSTAR INJECTION 300UNIT/ML	3	
TRESIBA FLEXTOUCH INJECTION 100UNIT/ML, 200UNIT/ML	3	
TRESIBA INJECTION 100UNIT/ML	3	
<b>Blood Products and Modifiers</b>		
<i>Anticoagulants</i>		

Formulary ID: 26210, Version: 12, Effective Date: 05/01/2026  
Last Updated: 04/01/2026

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>dabigatran etexilate capsule 110mg, 150mg, 75mg</i>	4	QL(60 EA per 30 days)
ELIQUIS STARTER PACK TABLET THERAPY PACK 5MG	3	QL(148 EA per 365 days)
ELIQUIS CAPSULE SPRINKLE 0.15MG	3	QL(84 EA per 28 days)
ELIQUIS TABLET SOLUBLE 0.5MG	3	QL(140 EA per 28 days)
ELIQUIS TABLET SOLUBLE 0.5MG	3	QL(420 EA per 28 days); PACK 3 X 0.5 MG (1.5 MG)
ELIQUIS TABLET SOLUBLE 0.5MG	3	QL(560 EA per 28 days); PACK 4 X 0.5 MG (2 MG)
ELIQUIS TABLET 2.5MG	3	QL(60 EA per 30 days)
ELIQUIS TABLET 5MG	3	QL(90 EA per 30 days)
<i>enoxaparin sodium injection 100mg/ml, 120mg/0.8ml, 150mg/ml, 300mg/3ml, 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml</i>	4	
<i>fondaparinux sodium injection 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	4	
<i>fondaparinux sodium injection 10mg/0.8ml</i>	5	
FRAGMIN INJECTION 2500UNIT/0.2ML	4	
FRAGMIN INJECTION 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML	5	
<i>heparin sodium injection 5000unit/ml</i>	3	
<i>jantoven tablet 10mg, 1mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg, 7.5mg</i>	1	
<i>warfarin sodium tablet 10mg, 1mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg, 7.5mg</i>	1	
XARELTO STARTER PACK TABLET THERAPY PACK 0	3	QL(102 EA per 365 days)
XARELTO SUSPENSION RECONSTITUTED 1MG/ML	3	QL(600 ML per 30 days)
XARELTO TABLET 10MG, 20MG	3	QL(30 EA per 30 days)
XARELTO TABLET 2.5MG	3	QL(360 EA per 30 days)
XARELTO TABLET 15MG	3	QL(60 EA per 30 days)
<b>Blood Products and Modifiers, Other</b>		
<i>anagrelide hydrochloride capsule 0.5mg, 1mg</i>	3	
<i>eltrombopag olamine packet 12.5mg, 25mg</i>	5	PA
<i>eltrombopag olamine tablet 12.5mg, 25mg, 50mg, 75mg</i>	5	PA
NEULASTA ONPRO KIT INJECTION 6MG/0.6ML	5	PA
NEULASTA INJECTION 4MG/0.4ML, 6MG/0.6ML	5	PA
PROCRIT INJECTION 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
PROCRIT INJECTION 20000UNIT/ML, 40000UNIT/ML	5	PA
RETACRIT INJECTION 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA

Formulary ID: 26210, Version: 12, Effective Date: 05/01/2026  
Last Updated: 04/01/2026

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
RETACRIT INJECTION 40000UNIT/ML	5	PA
UDENYCA ONBODY INJECTION 6MG/0.6ML	5	PA
UDENYCA INJECTION 6MG/0.6ML	5	PA
XOLREMDI CAPSULE 100MG	5	QL(120 EA per 30 days); PA
ZARXIO INJECTION 300MCG/0.5ML, 480MCG/0.8ML	5	
<b>Hemostasis Agents</b>		
<i>tranexamic acid tablet 650mg</i>	3	
<b>Platelet Modifying Agents</b>		
<i>aspirin/dipyridamole er capsule extended release 12 hour 25mg; 200mg</i>	4	
<i>aspirin/dipyridamole capsule extended release 12 hour 25mg; 200mg</i>	4	
CABLIVI INJECTION 11MG	5	QL(30 EA per 30 days); PA
<i>cilostazol tablet 100mg, 50mg</i>	2	
<i>clopidogrel tablet 75mg</i>	1	
<i>clopidogrel tablet 300mg</i>	2	
DOPTELET TABLET 20MG	5	PA
<i>prasugrel hydrochloride tablet 10mg, 5mg</i>	2	
<i>ticagrelor tablet 60mg, 90mg</i>	3	
<b>Cardiovascular Agents</b>		
<b>Alpha-adrenergic Agonists</b>		
<i>clonidine hydrochloride tablet 0.1mg, 0.2mg, 0.3mg</i>	1	
<i>clonidine patch weekly 0.1mg/24hr, 0.2mg/24hr, 0.3mg/24hr</i>	4	
<i>droxidopa capsule 100mg</i>	4	PA
<i>droxidopa capsule 200mg, 300mg</i>	5	PA
<i>guanfacine hydrochloride tablet 1mg, 2mg</i>	4	
METHYLDOPA TABLET 250MG, 500MG	4	
<i>midodrine hydrochloride tablet 10mg, 2.5mg, 5mg</i>	2	
<b>Alpha-adrenergic Blocking Agents</b>		
<i>prazosin hydrochloride capsule 1mg, 2mg, 5mg</i>	2	
<b>Angiotensin II Receptor Antagonists</b>		
<i>candesartan cilexetil tablet 16mg, 32mg, 4mg, 8mg</i>	6	
EDARBI TABLET 40MG, 80MG	4	
<i>irbesartan tablet 150mg, 300mg, 75mg</i>	6	
<i>losartan potassium tablet 100mg, 25mg, 50mg</i>	6	
<i>olmesartan medoxomil tablet 20mg, 40mg, 5mg</i>	6	
<i>telmisartan tablet 20mg, 40mg, 80mg</i>	6	
<i>valsartan tablet 160mg, 320mg, 40mg, 80mg</i>	6	
<b>Angiotensin-converting Enzyme (ACE) Inhibitors</b>		
<i>benazepril hydrochloride tablet 10mg, 20mg, 40mg, 5mg</i>	6	
<i>captopril tablet 100mg, 12.5mg, 25mg, 50mg</i>	6	
<i>enalapril maleate tablet 10mg, 2.5mg, 20mg, 5mg</i>	6	
<i>fosinopril sodium tablet 10mg, 20mg, 40mg</i>	6	
<i>lisinopril tablet 10mg, 2.5mg, 20mg, 30mg, 40mg, 5mg</i>	6	

Formulary ID: 26210, Version: 12, Effective Date: 05/01/2026

Last Updated: 04/01/2026

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>moexipril hydrochloride tablet 15mg, 7.5mg</i>	6	
<i>perindopril erbumine tablet 2mg, 4mg, 8mg</i>	6	
<i>quinapril hydrochloride tablet 10mg, 20mg, 40mg, 5mg</i>	6	
<i>ramipril capsule 1.25mg, 10mg, 2.5mg, 5mg</i>	6	
<i>trandolapril tablet 1mg, 2mg, 4mg</i>	6	
<b>Antiarrhythmics</b>		
<i>amiodarone hydrochloride tablet 200mg</i>	1	
<i>amiodarone hydrochloride tablet 100mg, 400mg</i>	3	
<i>digoxin solution 0.05mg/ml</i>	4	
<i>digoxin tablet 125mcg, 250mcg</i>	2	
<i>digoxin tablet 62.5mcg</i>	4	
<i>digox tablet 125mcg, 250mcg</i>	2	
<i>dofetilide capsule 125mcg, 250mcg, 500mcg</i>	4	
<i>flecainide acetate tablet 100mg, 150mg, 50mg</i>	2	
<i>mexiletine hydrochloride capsule 150mg</i>	3	
<i>mexiletine hydrochloride capsule 200mg, 250mg</i>	4	
MULTAQ TABLET 400MG	3	
PACERONE TABLET 200MG	2	
PACERONE TABLET 100MG	3	
<i>propafenone hcl tablet 150mg, 225mg, 300mg</i>	2	
<i>propafenone hydrochloride er capsule extended release 12 hour 225mg, 325mg, 425mg</i>	4	
<i>propafenone hydrochloride tablet 150mg, 225mg, 300mg</i>	2	
<i>quinidine sulfate tablet 200mg, 300mg</i>	4	
<i>sotalol hcl tablet 120mg, 160mg, 240mg</i>	2	
<i>sotalol hydrochloride (af) tablet 120mg, 160mg, 80mg</i>	2	
<i>sotalol hydrochloride tablet 120mg, 160mg, 80mg</i>	2	
<b>Beta-adrenergic Blocking Agents</b>		
<i>acebutolol hydrochloride capsule 200mg, 400mg</i>	2	
<i>atenolol tablet 100mg, 25mg, 50mg</i>	1	
<i>betaxolol hcl tablet 10mg, 20mg</i>	3	
<i>bisoprolol fumarate tablet 10mg, 5mg</i>	2	
<i>carvedilol tablet 12.5mg, 25mg, 3.125mg, 6.25mg</i>	1	
<i>labetalol hydrochloride tablet 100mg, 200mg, 300mg</i>	2	
<i>metoprolol succinate er tablet extended release 24 hour 100mg, 200mg, 25mg, 50mg</i>	1	
<i>metoprolol tartrate tablet 100mg, 25mg, 37.5mg, 50mg, 75mg</i>	1	
<i>nadolol tablet 20mg, 40mg, 80mg</i>	2	
<i>nebivolol hydrochloride tablet 10mg, 2.5mg, 20mg, 5mg</i>	3	
<i>pindolol tablet 10mg, 5mg</i>	3	
<i>propranolol hcl tablet 40mg</i>	2	
<i>propranolol hydrochloride er capsule extended release 24 hour 120mg, 160mg, 60mg, 80mg</i>	2	
<i>propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg</i>	2	

Formulary ID: 26210, Version: 12, Effective Date: 05/01/2026

Last Updated: 04/01/2026

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 10mg, 2.5mg, 5mg</i>	1	
<i>felodipine er tablet extended release 24 hour 10mg, 2.5mg, 5mg</i>	2	
<i>isradipine capsule 2.5mg, 5mg</i>	4	
<i>nifedipine er tablet extended release 24 hour 30mg, 60mg, 90mg</i>	2	
<i>nimodipine capsule 30mg</i>	4	
<b>Calcium Channel Blocking Agents, Nondihydropyridines</b>		
<i>cartia xt capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg</i>	2	
<i>dilt-xr capsule extended release 24 hour 120mg, 180mg, 240mg</i>	2	
<i>diltiazem hcl cd capsule extended release 24 hour 360mg</i>	2	
<i>diltiazem hcl er capsule extended release 12 hour 120mg, 60mg, 90mg</i>	4	
<i>diltiazem hcl er capsule extended release 24 hour 120mg, 180mg, 240mg, 420mg</i>	2	
<i>diltiazem hcl er tablet extended release 24 hour 420mg</i>	4	
<i>diltiazem hcl tablet 30mg, 60mg</i>	2	
<i>diltiazem hydrochloride er capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg</i>	2	
<i>diltiazem hydrochloride er tablet extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg</i>	4	
<i>diltiazem hydrochloride tablet 120mg, 90mg</i>	2	
<i>matzim la tablet extended release 24 hour 180mg, 240mg, 300mg, 360mg, 420mg</i>	4	
<i>taztia xt capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg</i>	2	
<i>tiadylt er capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	2	
<i>verapamil hcl er capsule extended release 24 hour 120mg, 180mg, 240mg</i>	3	
<i>verapamil hcl er tablet extended release 120mg</i>	2	
<i>verapamil hcl sr capsule extended release 24 hour 120mg, 180mg, 240mg, 360mg</i>	3	
<i>verapamil hcl tablet 40mg, 80mg</i>	1	
<i>verapamil hydrochloride er tablet extended release 180mg, 240mg</i>	2	
<i>verapamil hydrochloride sr capsule extended release 24 hour 240mg, 360mg</i>	3	
<i>verapamil hydrochloride tablet 120mg</i>	1	
<b>Cardiovascular Agents, Other</b>		
<i>aliskiren tablet 150mg, 300mg</i>	6	

Formulary ID: 26210, Version: 12, Effective Date: 05/01/2026

Last Updated: 04/01/2026

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>amiloride/hydrochlorothiazide tablet 5mg; 50mg</i>	2	
<i>amlodipine besylate/benazepril hydrochloride capsule 10mg; 20mg, 10mg; 40mg, 2.5mg; 10mg, 5mg; 10mg, 5mg; 20mg, 5mg; 40mg</i>	6	
<i>amlodipine besylate/valsartan tablet 10mg; 160mg, 10mg; 320mg, 5mg; 160mg, 5mg; 320mg</i>	6	
<i>amlodipine/olmesartan medoxomil tablet 10mg; 20mg, 10mg; 40mg, 5mg; 20mg, 5mg; 40mg</i>	6	
<i>atenolol/chlorthalidone tablet 100mg; 25mg, 50mg; 25mg</i>	2	
<i>benazepril hydrochloride/hydrochlorothiazide tablet 10mg; 12.5mg, 20mg; 12.5mg, 20mg; 25mg, 5mg; 6.25mg</i>	6	
<i>bisoprolol fumarate/hydrochlorothiazide tablet 10mg; 6.25mg, 2.5mg; 6.25mg, 5mg; 6.25mg</i>	2	
<i>candesartan cilexetil/hydrochlorothiazide tablet 16mg; 12.5mg, 32mg; 12.5mg, 32mg; 25mg</i>	6	
<i>captopril/hydrochlorothiazide tablet 25mg; 15mg, 25mg; 25mg, 50mg; 15mg, 50mg; 25mg</i>	6	
EDARBYCLOR TABLET 40MG; 12.5MG, 40MG; 25MG	4	
<i>enalapril maleate/hydrochlorothiazide tablet 10mg; 25mg, 5mg; 12.5mg</i>	6	
ENTRESTO CAPSULE SPRINKLE 15MG; 16MG, 6MG; 6MG	3	QL(240 EA per 30 days)
<i>fosinopril sodium/hydrochlorothiazide tablet 10mg; 12.5mg, 20mg; 12.5mg</i>	6	
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 150mg, 12.5mg; 300mg</i>	6	
<i>isosorbide dinitrate/hydralazine hydrochloride tablet 37.5mg; 20mg</i>	4	
<i>ivabradine hydrochloride tablet 5mg, 7.5mg</i>	4	QL(60 EA per 30 days)
<i>lisinopril/hydrochlorothiazide tablet 12.5mg; 10mg, 12.5mg; 20mg, 25mg; 20mg</i>	6	
<i>losartan potassium/hydrochlorothiazide tablet 12.5mg; 100mg, 12.5mg; 50mg, 25mg; 100mg</i>	6	
<i>metyrosine capsule 250mg</i>	5	PA
<i>olmesartan medoxomil/hydrochlorothiazide tablet 12.5mg; 20mg, 12.5mg; 40mg, 25mg; 40mg</i>	6	
<i>pentoxifylline er tablet extended release 400mg</i>	2	
<i>quinapril/hydrochlorothiazide tablet 12.5mg; 10mg, 12.5mg; 20mg, 25mg; 20mg</i>	6	
<i>ranolazine er tablet extended release 12 hour 1000mg, 500mg</i>	3	
<i>sacubitril/valsartan tablet 24mg; 26mg, 49mg; 51mg, 97mg; 103mg</i>	3	QL(60 EA per 30 days)
<i>spironolactone/hydrochlorothiazide tablet 25mg; 25mg</i>	2	

Formulary ID: 26210, Version: 12, Effective Date: 05/01/2026  
Last Updated: 04/01/2026

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>telmisartan/hydrochlorothiazide tablet 12.5mg; 40mg, 12.5mg; 80mg, 25mg; 80mg</i>	6	
<i>trandolapril/verapamil hcl er tablet extended release 1mg; 240mg, 2mg; 180mg, 2mg; 240mg, 4mg; 240mg</i>	6	
<i>triamterene/hydrochlorothiazide capsule 25mg; 37.5mg</i>	1	
<i>triamterene/hydrochlorothiazide tablet 25mg; 37.5mg, 50mg; 75mg</i>	1	
<i>valsartan/hydrochlorothiazide tablet 12.5mg; 160mg, 12.5mg; 320mg, 12.5mg; 80mg, 25mg; 160mg, 25mg; 320mg</i>	6	
VYNDAMAX CAPSULE 61MG	5	QL(30 EA per 30 days); PA
<b>Diuretics, Loop</b>		
<i>bumetanide injection 0.25mg/ml</i>	2	
<i>bumetanide tablet 0.5mg, 1mg, 2mg</i>	2	
<i>furosemide injection 10mg/ml</i>	2	
<i>furosemide oral solution 10mg/ml, 40mg/5ml</i>	1	
<i>furosemide tablet 20mg, 40mg, 80mg</i>	1	
<i>toremide tablet 100mg, 10mg, 20mg, 5mg</i>	1	
<b>Diuretics, Potassium-sparing</b>		
<i>amiloride hcl tablet 5mg</i>	1	
<i>triamterene capsule 100mg, 50mg</i>	4	
<b>Diuretics, Thiazide</b>		
<i>chlorthalidone tablet 25mg, 50mg</i>	2	
<i>hydrochlorothiazide capsule 12.5mg</i>	1	
<i>hydrochlorothiazide tablet 12.5mg, 25mg, 50mg</i>	1	
<i>indapamide tablet 1.25mg, 2.5mg</i>	1	
<i>metolazone tablet 10mg, 2.5mg, 5mg</i>	2	
<b>Dyslipidemics, Fibric Acid Derivatives</b>		
<i>fenofibrate micronized capsule 134mg, 200mg, 67mg</i>	2	
<i>fenofibrate tablet 145mg, 160mg, 48mg, 54mg</i>	2	
<i>fenofibric acid dr capsule delayed release 135mg, 45mg</i>	3	
<i>gemfibrozil tablet 600mg</i>	2	
<b>Dyslipidemics, HMG CoA Reductase Inhibitors</b>		
<i>atorvastatin calcium tablet 10mg, 20mg, 40mg, 80mg</i>	6	
<i>fluvastatin sodium er tablet extended release 24 hour 80mg</i>	4	
<i>fluvastatin capsule 20mg, 40mg</i>	4	
<i>lovastatin tablet 10mg, 20mg, 40mg</i>	6	
<i>pitavastatin calcium tablet 1mg, 2mg, 4mg</i>	4	
<i>pravastatin sodium tablet 10mg, 20mg, 40mg, 80mg</i>	6	
<i>rosuvastatin calcium tablet 10mg, 20mg, 40mg, 5mg</i>	6	
<i>simvastatin tablet 10mg, 20mg, 40mg, 5mg, 80mg</i>	6	
<b>Dyslipidemics, Other</b>		
<i>cholestyramine light packet 4gm</i>	4	
<i>cholestyramine light powder 4gm/dose</i>	4	
<i>cholestyramine packet 4gm</i>	3	

Formulary ID: 26210, Version: 12, Effective Date: 05/01/2026

Last Updated: 04/01/2026

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>cholestyramine powder 4gm/dose</i>	3	
<i>colesevelam hydrochloride tablet 625mg</i>	4	
<i>colestipol hydrochloride granules 5gm</i>	4	
<i>colestipol hydrochloride packet 5gm</i>	4	
<i>colestipol hydrochloride tablet 1gm</i>	3	
<i>ezetimibe/simvastatin tablet 10mg; 10mg, 10mg; 20mg, 10mg; 40mg, 10mg; 80mg</i>	6	
<i>ezetimibe tablet 10mg</i>	2	
<i>icosapent ethyl capsule 0.5gm, 1gm</i>	4	
NEXLETOL TABLET 180MG	4	QL(30 EA per 30 days); PA
NEXLIZET TABLET 180MG; 10MG	4	QL(30 EA per 30 days); PA
<i>niacin er tablet extended release 1000mg, 500mg, 750mg</i>	3	
<i>omega-3-acid ethyl esters capsule 375mg; 465mg; 1gm</i>	3	
PRALUENT INJECTION 150MG/ML, 75MG/ML	3	QL(2 ML per 28 days); PA
<i>prevalite packet 4gm</i>	4	
<i>prevalite powder 4gm/dose</i>	4	
REPATHA PUSHTRONEX SYSTEM INJECTION 420MG/3.5ML	3	QL(7 ML per 28 days); PA
REPATHA SURECLICK INJECTION 140MG/ML	3	QL(3 ML per 28 days); PA
REPATHA INJECTION 140MG/ML	3	QL(3 ML per 28 days); PA
TRYNGOLZA INJECTION 80MG/0.8ML	5	QL(0.8 ML per 28 days); PA
<b>Mineralocorticoid Receptor Antagonists</b>		
<i>eplerenone tablet 25mg, 50mg</i>	3	
KERENDIA TABLET 10MG, 20MG, 40MG	4	QL(30 EA per 30 days); PA
<i>spironolactone tablet 100mg, 25mg, 50mg</i>	1	
<b>Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)</b>		
<i>dapagliflozin propanediol tablet 10mg, 5mg</i>	3	QL(30 EA per 30 days)
FARXIGA TABLET 10MG, 5MG	3	QL(30 EA per 30 days)
JARDIANCE TABLET 10MG, 25MG	3	QL(30 EA per 30 days)
<b>Vasodilators, Direct-acting Arterial/Venous</b>		
<i>isosorbide dinitrate tablet 10mg, 20mg, 30mg, 5mg</i>	2	
<i>isosorbide mononitrate er tablet extended release 24 hour 120mg, 30mg, 60mg</i>	1	
<i>isosorbide mononitrate tablet 10mg, 20mg</i>	2	
NITRO-BID OINTMENT 2%	4	
<i>nitroglycerin transdermal patch 24 hour 0.1mg/hr, 0.2mg/hr, 0.4mg/hr, 0.6mg/hr</i>	2	
<i>nitroglycerin solution 0.4mg/spray</i>	4	
<i>nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg</i>	2	
VERQUVO TABLET 10MG, 2.5MG, 5MG	3	QL(30 EA per 30 days); PA
<b>Vasodilators, Direct-acting Arterial</b>		
<i>hydralazine hydrochloride tablet 10mg, 25mg, 50mg</i>	1	
<i>hydralazine hydrochloride tablet 100mg</i>	2	
<i>minoxidil tablet 10mg, 2.5mg</i>	2	

Formulary ID: 26210, Version: 12, Effective Date: 05/01/2026

Last Updated: 04/01/2026

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>Central Nervous System Agents</b>		
<b>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</b>		
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 2.5mg; 2.5mg; 2.5mg; 2.5mg</i>	3	QL(60 EA per 30 days); Extended-release capsule 10mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 3.75mg; 3.75mg; 3.75mg; 3.75mg</i>	3	QL(60 EA per 30 days); Extended-release capsule 15mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 5mg; 5mg; 5mg; 5mg</i>	3	QL(60 EA per 30 days); Extended-release capsule 20mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 6.25mg; 6.25mg; 6.25mg; 6.25mg</i>	3	QL(60 EA per 30 days); Extended-release capsule 25mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	3	QL(60 EA per 30 days); Extended-release capsule 30mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 1.25mg; 1.25mg; 1.25mg; 1.25mg</i>	3	QL(60 EA per 30 days); Extended-release capsule 5mg
<i>amphetamine/dextroamphetamine tablet 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, 5mg; 5mg; 5mg; 5mg, 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	3	QL(90 EA per 30 days)
<i>dextroamphetamine sulfate er capsule extended release 24 hour 15mg</i>	4	QL(120 EA per 30 days)
<i>dextroamphetamine sulfate er capsule extended release 24 hour 10mg</i>	4	QL(180 EA per 30 days)
<i>dextroamphetamine sulfate er capsule extended release 24 hour 5mg</i>	4	QL(60 EA per 30 days)
<i>dextroamphetamine sulfate tablet 10mg</i>	3	QL(180 EA per 30 days)
<i>dextroamphetamine sulfate tablet 5mg</i>	3	QL(90 EA per 30 days)
<b>Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines</b>		
<i>atomoxetine hydrochloride capsule 25mg</i>	4	QL(30 EA per 30 days)
<i>atomoxetine hydrochloride capsule 10mg</i>	4	QL(60 EA per 30 days)
<i>atomoxetine capsule 100mg, 18mg, 25mg, 40mg, 60mg, 80mg</i>	4	QL(30 EA per 30 days)
<i>atomoxetine capsule 10mg</i>	4	QL(60 EA per 30 days)
<i>dexmethylphenidate hcl tablet 10mg, 5mg</i>	3	QL(60 EA per 30 days)
<i>dexmethylphenidate hydrochloride tablet 2.5mg</i>	3	QL(60 EA per 30 days)
<i>guanfacine hydrochloride er tablet extended release 24 hour 1mg, 2mg, 3mg, 4mg</i>	3	
<i>methylphenidate hydrochloride er (dif) tablet extended release 27mg, 54mg</i>	4	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er (dif) tablet extended release 36mg</i>	4	QL(60 EA per 30 days)
<i>methylphenidate hydrochloride er (osm) tablet extended release 18mg, 27mg, 54mg</i>	4	QL(30 EA per 30 days)

Formulary ID: 26210, Version: 12, Effective Date: 05/01/2026  
Last Updated: 04/01/2026

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>methylphenidate hydrochloride er (osm) tablet extended release 36mg</i>	4	QL(60 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 24 hour 27mg, 54mg</i>	4	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 24 hour 36mg</i>	4	QL(60 EA per 30 days)
<i>methylphenidate hydrochloride solution 5mg/5ml</i>	4	
<i>methylphenidate hydrochloride tablet 10mg, 20mg, 5mg</i>	2	QL(90 EA per 30 days)
<b>Central Nervous System, Other</b>		
AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 0	5	QL(56 EA per 365 days); PA; (12mg & 18mg & 24mg & 30mg Pack)
AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 0	5	QL(84 EA per 365 days); PA; (6mg & 12mg & 24mg Pack)
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 12MG, 18MG, 24MG, 30MG, 36MG, 42MG, 48MG, 6MG	5	QL(30 EA per 30 days); PA
AUSTEDO TABLET 12MG, 6MG, 9MG	5	QL(120 EA per 30 days); PA
<i>butalbital/acetaminophen/caffeine tablet 325mg; 50mg; 40mg</i>	3	
COBENFY STARTER PACK CAPSULE THERAPY PACK 20MG; 0	5	QL(112 EA per 365 days); PA NSO
COBENFY CAPSULE 20MG; 100MG, 20MG; 50MG, 30MG; 125MG	5	QL(60 EA per 30 days); PA NSO
INGREZZA CAPSULE SPRINKLE 60MG, 80MG	5	QL(30 EA per 30 days); PA
INGREZZA CAPSULE SPRINKLE 40MG	5	QL(60 EA per 30 days); PA
INGREZZA CAPSULE THERAPY PACK 0	5	QL(56 EA per 365 days); PA
INGREZZA CAPSULE 60MG, 80MG	5	QL(30 EA per 30 days); PA
INGREZZA CAPSULE 40MG	5	QL(60 EA per 30 days); PA
NUEDEXTA CAPSULE 20MG; 10MG	5	PA
<i>riluzole tablet 50mg</i>	4	
<i>tetrabenazine tablet 12.5mg</i>	4	PA
<i>tetrabenazine tablet 25mg</i>	5	PA
VEOZAH TABLET 45MG	4	QL(30 EA per 30 days); PA
<b>Fibromyalgia Agents</b>		
SAVELLA TITRATION PACK MISCELLANEOUS 0	3	QL(110 EA per 365 days)
SAVELLA TABLET 100MG, 12.5MG, 25MG, 50MG	3	QL(60 EA per 30 days)
<b>Multiple Sclerosis Agents</b>		
AVONEX PEN INJECTION 30MCG/0.5ML	5	QL(4 EA per 28 days); PA
AVONEX INJECTION 30MCG/0.5ML	5	QL(4 EA per 28 days); PA
BETASERON INJECTION 0.3MG	5	QL(15 EA per 30 days); PA
<i>dalfampridine er tablet extended release 12 hour 10mg</i>	3	QL(60 EA per 30 days); PA
<i>dimethyl fumarate starterpack capsule delayed release therapy pack 0</i>	4	QL(120 EA per 365 days); PA
<i>dimethyl fumarate capsule delayed release 120mg, 240mg</i>	4	QL(60 EA per 30 days); PA
<i> fingolimod hydrochloride capsule 0.5mg</i>	5	QL(30 EA per 30 days); PA
<i>glatiramer acetate injection 40mg/ml</i>	5	QL(12 ML per 28 days); PA

Formulary ID: 26210, Version: 12, Effective Date: 05/01/2026

Last Updated: 04/01/2026

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>glatiramer acetate injection 20mg/ml</i>	5	QL(30 ML per 30 days); PA
KESIMPTA INJECTION 20MG/0.4ML	5	QL(0.4 ML per 28 days); PA
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	4	QL(14 EA per 365 days); PA; (7 tablet Starter Pack)
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	5	QL(24 EA per 365 days); PA; (12 tablet Starter Pack)
MAYZENT TABLET 0.25MG	5	QL(120 EA per 30 days); PA
MAYZENT TABLET 1MG, 2MG	5	QL(30 EA per 30 days); PA
REBIF REBIDOSE TITRATION PACK INJECTION 0	5	QL(8.4 ML per 365 days); PA
REBIF REBIDOSE INJECTION 22MCG/0.5ML, 44MCG/0.5ML	5	QL(6 ML per 28 days); PA
REBIF TITRATION PACK INJECTION 0	5	QL(8.4 ML per 365 days); PA
REBIF INJECTION 22MCG/0.5ML, 44MCG/0.5ML	5	QL(6 ML per 28 days); PA
VUMERITY CAPSULE DELAYED RELEASE 231MG	5	QL(120 EA per 30 days); PA
<b>Dental and Oral Agents</b>		
<b><i>Dental and Oral Agents</i></b>		
<i>chlorhexidine gluconate solution 0.12%</i>	1	
<i>doxycycline hyclate tablet 20mg</i>	3	
<i>kourzeq paste 0.1%</i>	3	
<i>lidocaine hydrochloride viscous solution 2%</i>	2	
<i>lidocaine viscous solution 2%</i>	2	
<i>oralone dental paste paste 0.1%</i>	3	
<i>periogard solution 0.12%</i>	1	
<i>pilocarpine hydrochloride tablet 5mg, 7.5mg</i>	4	
<i>triamcinolone acetonide dental paste paste 0.1%</i>	3	
<b>Dermatological Agents</b>		
<b><i>Acne and Rosacea Agents</i></b>		
ACCUTANE CAPSULE 10MG, 20MG, 30MG, 40MG	4	
<i>acitretin capsule 10mg, 17.5mg, 25mg</i>	4	
<i>adapalene/benzoyl peroxide gel 0.1%; 2.5%</i>	3	
<i>amnesteem capsule 10mg, 20mg, 30mg, 40mg</i>	4	
<i>azelaic acid gel 15%</i>	4	QL(100 GM per 30 days)
<i>claravis capsule 10mg, 20mg, 30mg, 40mg</i>	4	
<i>clindamycin phosphate/benzoyl peroxide gel 5%; 1.2%</i>	2	
<i>erythromycin/benzoyl peroxide gel 5%; 3%</i>	4	
FINACEA FOAM 15%	3	QL(50 GM per 30 days)
<i>isotretinoin capsule 10mg, 20mg, 30mg, 40mg</i>	4	
<i>metronidazole cream 0.75%</i>	2	
<i>metronidazole gel 0.75%</i>	3	
<i>metronidazole gel 1%</i>	4	
<i>tazarotene cream 0.1%</i>	4	QL(60 GM per 30 days)
<i>tretinoin cream 0.025%</i>	3	PA
<i>tretinoin cream 0.05%</i>	4	PA
<i>zenatane capsule 10mg, 20mg, 30mg, 40mg</i>	4	

Formulary ID: 26210, Version: 12, Effective Date: 05/01/2026

Last Updated: 04/01/2026

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><i>Dermatitis and Pruritus Agents</i></b>		
ADBRY INJECTION 150MG/ML	5	QL(6 ML per 28 days); PA
ADBRY INJECTION 300MG/2ML	5	QL(8 ML per 28 days); PA
<i>ala-cort cream 1%</i>	2	
<i>alclometasone dipropionate cream 0.05%</i>	2	
<i>alclometasone dipropionate ointment 0.05%</i>	2	
<i>ammonium lactate cream 12%</i>	2	
<i>ammonium lactate lotion 12%</i>	2	
<i>betamethasone dipropionate augmented cream 0.05%</i>	2	
<i>betamethasone dipropionate augmented gel 0.05%</i>	4	
<i>betamethasone dipropionate augmented lotion 0.05%</i>	2	
<i>betamethasone dipropionate augmented ointment 0.05%</i>	3	
<i>betamethasone dipropionate cream 0.05%</i>	3	
<i>betamethasone dipropionate lotion 0.05%</i>	3	
<i>betamethasone dipropionate ointment 0.05%</i>	4	
<i>betamethasone valerate cream 0.1%</i>	3	
<i>betamethasone valerate lotion 0.1%</i>	3	
<i>betamethasone valerate ointment 0.1%</i>	2	
<i>clobetasol propionate e cream 0.05%</i>	2	
<i>clobetasol propionate cream 0.05%</i>	2	
<i>clobetasol propionate foam 0.05%</i>	2	
<i>clobetasol propionate gel 0.05%</i>	3	
<i>clobetasol propionate ointment 0.05%</i>	2	
<i>clobetasol propionate shampoo 0.05%</i>	4	
<i>clobetasol propionate solution 0.05%</i>	3	
<i>desonide cream 0.05%</i>	3	
<i>desonide ointment 0.05%</i>	2	QL(120 GM per 30 days)
<i>desoximetasone cream 0.25%</i>	3	QL(100 GM per 30 days)
<i>desoximetasone ointment 0.25%</i>	3	
EUCRISA OINTMENT 2%	4	PA
<i>fluocinolone acetonide body oil 0.01%</i>	3	
<i>fluocinolone acetonide scalp oil 0.01%</i>	3	
<i>fluocinolone acetonide topical oil 0.01%</i>	3	
<i>fluocinolone acetonide cream 0.01%, 0.025%</i>	3	
<i>fluocinolone acetonide ointment 0.025%</i>	3	
<i>fluocinolone acetonide solution 0.01%</i>	3	
<i>fluocinonide cream 0.1%</i>	2	QL(120 GM per 30 days)
<i>fluocinonide cream 0.05%</i>	2	QL(60 GM per 30 days)
<i>fluocinonide gel 0.05%</i>	2	QL(60 GM per 30 days)
<i>fluocinonide ointment 0.05%</i>	2	QL(60 GM per 30 days)
<i>fluocinonide solution 0.05%</i>	2	QL(60 ML per 30 days)
<i>fluticasone propionate cream 0.05%</i>	2	
<i>fluticasone propionate ointment 0.005%</i>	2	
<i>halobetasol propionate cream 0.05%</i>	3	

Formulary ID: 26210, Version: 12, Effective Date: 05/01/2026

Last Updated: 04/01/2026

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>halobetasol propionate ointment 0.05%</i>	4	
<i>hydrocortisone valerate cream 0.2%</i>	3	QL(60 GM per 30 days)
<i>hydrocortisone cream 1%, 2.5%</i>	2	
<i>hydrocortisone lotion 2.5%</i>	2	
<i>hydrocortisone ointment 2.5%</i>	2	
<i>hydrocortisone ointment 1%</i>	2	QL(100 GM per 30 days)
<i>mometasone furoate cream 0.1%</i>	2	
<i>mometasone furoate ointment 0.1%</i>	2	
<i>mometasone furoate solution 0.1%</i>	2	
<i>pimecrolimus cream 1%</i>	4	
<i>selenium sulfide lotion 2.5%</i>	2	
SPEVIGO INJECTION 150MG/ML, 300MG/2ML	5	QL(4 ML per 28 days); PA
<i>tacrolimus ointment 0.03%, 0.1%</i>	4	
<i>triamcinolone acetonide cream 0.025%, 0.1%, 0.5%</i>	1	
<i>triamcinolone acetonide lotion 0.1%</i>	2	
<i>triamcinolone acetonide lotion 0.025%</i>	3	
<i>triamcinolone acetonide ointment 0.025%, 0.1%</i>	1	
<i>triamcinolone acetonide ointment 0.5%</i>	2	
<i>triderm cream 0.5%</i>	2	
<b>Dermatological Agents, Other</b>		
<i>calcipotriene cream 0.005%</i>	4	QL(120 GM per 30 days)
<i>calcipotriene ointment 0.005%</i>	4	QL(120 GM per 30 days)
<i>calcipotriene solution 0.005%</i>	3	QL(60 ML per 30 days)
<i>clotrimazole/betamethasone dipropionate cream 0.05%; 1%</i>	2	QL(90 GM per 30 days)
<i>diclofenac sodium gel 3%</i>	4	QL(300 GM per 30 days); ST
FLUOROURACIL CREAM 0.5%	4	
<i>fluorouracil cream 5%</i>	2	QL(40 GM per 30 days)
<i>fluorouracil solution 2%, 5%</i>	3	
<i>imiquimod cream 5%</i>	3	QL(48 EA per 30 days)
<i>nystatin/triamcinolone acetonide cream 100000unit/gm; 1mg/gm</i>	2	
<i>nystatin/triamcinolone acetonide ointment 100000unit/gm; 0.1%</i>	2	
<i>nystatin/triamcinolone cream 100000unit/gm; 1mg/gm</i>	2	
<i>nystatin/triamcinolone ointment 100000unit/gm; 0.1%</i>	2	
OTEZLA TABLET 20MG, 30MG	5	QL(60 EA per 30 days); PA
<i>podofilox solution 0.5%</i>	3	
SANTYL OINTMENT 250UNIT/GM	4	
<i>silver sulfadiazine cream 1%</i>	2	
<i>ssd cream 1%</i>	2	
<i>urea lotion 40%</i>	4	
<b>Pediculicides/Scabicides</b>		
<i>malathion lotion 0.5%</i>	4	
<i>permethrin cream 5%</i>	3	

Formulary ID: 26210, Version: 12, Effective Date: 05/01/2026

Last Updated: 04/01/2026

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>Topical Anti-infectives</b>		
<i>acyclovir ointment 5%</i>	4	QL(60 GM per 30 days)
<i>ciclodan solution 8%</i>	2	PA
<i>ciclopirox nail lacquer solution 8%</i>	2	PA
<i>ciclopirox olamine cream 0.77%</i>	2	
<i>ciclopirox gel 0.77%</i>	2	
<i>ciclopirox shampoo 1%</i>	3	
<i>ciclopirox suspension 0.77%</i>	3	
<i>clindamycin phosphate lotion 1%</i>	4	QL(75 ML per 30 days)
<i>clindamycin phosphate external solution 1%</i>	2	QL(60 ML per 30 days)
<i>ery pad 2%</i>	3	
<i>erythromycin gel 2%</i>	3	
<i>erythromycin solution 2%</i>	2	
<i>mupirocin cream 2%</i>	3	
<i>mupirocin ointment 2%</i>	2	QL(110 GM per 30 days)
<b>Electrolytes/Minerals/Metals/Vitamins</b>		
<b>Electrolyte/Mineral Replacement</b>		
AMINOSYN II INJECTION 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 270MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 400MG/100ML; 200MG/100ML; 500MG/100ML	4	B/D
<i>aminosyn ii injection 107.6meq/l; 1490mg/100ml; 1527mg/100ml; 1050mg/100ml; 1107mg/100ml; 750mg/100ml; 450mg/100ml; 990mg/100ml; 1500mg/100ml; 1575mg/100ml; 258mg/100ml; 405mg/100ml; 447mg/100ml; 1083mg/100ml; 795mg/100ml; 50meq/l; 600mg/100ml; 300mg/100ml; 750mg/100ml</i>	4	B/D
AMINOSYN-PF INJECTION 46MEQ/L; 698MG/100ML; 1227MG/100ML; 527MG/100ML; 820MG/100ML; 385MG/100ML; 312MG/100ML; 760MG/100ML; 1200MG/100ML; 677MG/100ML; 180MG/100ML; 427MG/100ML; 812MG/100ML; 495MG/100ML; 70MG/100ML; 512MG/100ML; 180MG/100ML; 44MG/100ML; 673MG/100ML	4	B/D
<i>carglumic acid tablet soluble 200mg</i>	5	
<i>dextrose 5%/sodium chloride 0.45% injection 5%; 0.45%</i>	4	
<i>dextrose 5%/sodium chloride 0.9% injection 5%; 0.9%</i>	4	
<i>dextrose 5% injection 5%</i>	2	
<i>effer-k tablet effervescent 25meq</i>	2	
<i>klor-con 10 tablet extended release 10meq</i>	2	
<i>klor-con 8 tablet extended release 8meq</i>	2	

Formulary ID: 26210, Version: 12, Effective Date: 05/01/2026  
Last Updated: 04/01/2026

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>klor-con m10 tablet extended release 10meq</i>	2	
<i>klor-con m15 tablet extended release 15meq</i>	2	
<i>klor-con m20 tablet extended release 20meq</i>	2	
<i>klor-con/ef tablet effervescent 25meq</i>	2	
<i>klor-con packet 20meq</i>	4	
<i>magnesium sulfate injection 50%</i>	3	
PLENAMINE INJECTION 147.4MEQ/L; 2.17GM/100ML; 1.47GM/100ML; 434MG/100ML; 749MG/100ML; 1.04GM/100ML; 894MG/100ML; 749MG/100ML; 1.04GM/100ML; 1.18GM/100ML; 749MG/100ML; 1.04GM/100ML; 894MG/100ML; 592MG/100ML; 749MG/100ML; 250MG/100ML; 39MG/100ML; 960MG/100ML	4	B/D
<i>potassium chloride er capsule extended release 10meq, 8meq</i>	2	
<i>potassium chloride er tablet extended release 10meq, 15meq, 20meq, 8meq</i>	2	
<i>potassium chloride injection 10meq/100ml, 20meq/100ml, 40meq/100ml</i>	2	
<i>potassium chloride packet 20meq</i>	4	
<i>potassium chloride oral solution 10%, 20%</i>	4	
<i>potassium citrate er tablet extended release 1080mg, 15meq, 540mg</i>	4	
<i>sodium chloride 0.45% injection 0.45%</i>	3	
<i>sodium chloride injection 0.45%, 0.9%</i>	3	
<b>Electrolyte/Mineral/Metal Modifiers</b>		
CHEMET CAPSULE 100MG	5	
<i>deferasirox packet 180mg, 360mg, 90mg</i>	5	PA
<i>deferasirox tablet soluble 125mg, 250mg</i>	4	PA
<i>deferasirox tablet soluble 500mg</i>	5	PA
<i>deferasirox tablet 90mg</i>	3	PA
<i>deferasirox tablet 180mg, 360mg</i>	4	PA
JYNARQUE TABLET 15MG, 30MG	5	QL(120 EA per 30 days); PA
<i>penicillamine tablet 250mg</i>	5	
<i>tolvaptan tablet 15mg, 30mg</i>	5	QL(120 EA per 30 days); PA; (Generic for Jynarque)
<i>trientine hydrochloride capsule 250mg</i>	5	PA
<b>Phosphate Binders</b>		
<i>calcium acetate capsule 667mg</i>	4	
<i>calcium acetate tablet 667mg</i>	3	
VELPHORO TABLET CHEWABLE 500MG	5	
<b>Potassium Binders</b>		
<i>kionex suspension 15gm/60ml</i>	3	
LOKELMA PACKET 10GM, 5GM	4	QL(90 EA per 30 days)
<i>sodium polystyrene sulfonate powder 0</i>	3	

Formulary ID: 26210, Version: 12, Effective Date: 05/01/2026

Last Updated: 04/01/2026

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>sodium polystyrene sulfonate suspension 15gm/60ml</i>	3	
SPS SUSPENSION 15GM/60ML	3	
VELTASSA PACKET 16.8GM, 1GM, 25.2GM, 8.4GM	4	
<b>Vitamins</b>		
<i>prenatal tablet 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg</i>	2	
<b>Gastrointestinal Agents</b>		
<b>Anti-Constipation Agents</b>		
<i>constulose solution 10gm/15ml</i>	2	
<i>enulose solution 10gm/15ml</i>	2	
<i>generlac solution 10gm/15ml</i>	2	
<i>lactulose solution 10gm/15ml</i>	2	
LINZESS CAPSULE 145MCG, 290MCG, 72MCG	3	QL(30 EA per 30 days)
<i>lubiprostone capsule 24mcg, 8mcg</i>	4	QL(60 EA per 30 days)
<i>prucalopride tablet 1mg, 2mg</i>	3	QL(30 EA per 30 days)
RELISTOR INJECTION 8MG/0.4ML	5	QL(12 ML per 30 days); ST
RELISTOR INJECTION 12MG/0.6ML	5	QL(18 ML per 30 days); ST
RELISTOR TABLET 150MG	5	QL(90 EA per 30 days); ST
<b>Anti-Diarrheal Agents</b>		
<i>alosetron hydrochloride tablet 0.5mg</i>	4	PA
<i>alosetron hydrochloride tablet 1mg</i>	5	PA
<i>diphenoxylate hydrochloride/atropine sulfate tablet 0.025mg; 2.5mg</i>	3	
<i>loperamide hydrochloride capsule 2mg</i>	2	
XERMELO TABLET 250MG	5	QL(90 EA per 30 days); PA
<b>Antispasmodics, Gastrointestinal</b>		
<i>dicyclomine hcl solution 10mg/5ml</i>	4	
<i>dicyclomine hydrochloride capsule 10mg</i>	2	
<i>dicyclomine hydrochloride tablet 20mg</i>	2	
<i>glycopyrrolate injection 0.4mg/2ml</i>	4	
<i>glycopyrrolate tablet 1mg, 2mg</i>	3	PA
<b>Gastrointestinal Agents, Other</b>		
CLENPIQ SOLUTION 12GM/175ML; 3.5GM/175ML; 10MG/175ML	3	
CTEXLI TABLET 250MG	5	PA
<i>gavilyte-c solution reconstituted 240gm; 2.98gm; 6.72gm; 5.84gm; 22.72gm</i>	2	
<i>gavilyte-g solution reconstituted 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>	2	
<i>gavilyte-n/flavor pack solution reconstituted 420gm; 1.48gm; 5.72gm; 11.2gm</i>	2	
LIVMARLI SOLUTION 19MG/ML	5	QL(60 ML per 30 days); PA
LIVMARLI SOLUTION 9.5MG/ML	5	QL(90 ML per 30 days); PA

Formulary ID: 26210, Version: 12, Effective Date: 05/01/2026

Last Updated: 04/01/2026

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
LIVMARLI TABLET 30MG	5	QL(30 EA per 30 days); PA
LIVMARLI TABLET 10MG, 15MG, 20MG	5	QL(60 EA per 30 days); PA
<i>metoclopramide hcl solution 5mg/5ml</i>	2	
<i>metoclopramide hydrochloride tablet 10mg, 5mg</i>	1	
<i>nitroglycerin ointment 0.4%</i>	4	
<i>peg-3350/electrolytes solution reconstituted 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>	2	
<i>peg-3350/nacl/na bicarbonate/kcl solution reconstituted 420gm; 1.48gm; 5.72gm; 11.2gm</i>	2	
<i>sodium sulfate/potassium sulfate/magnesium sulfate solution 1.6gm/177ml; 3.13gm/177ml; 17.5gm/177ml</i>	3	
SUTAB TABLET 225MG; 188MG; 1479MG	3	
<i>ursodiol capsule 300mg</i>	4	
<i>ursodiol tablet 250mg, 500mg</i>	3	
VOQUEZNA TABLET 10MG	4	QL(30 EA per 30 days); PA
VOQUEZNA TABLET 20MG	4	QL(60 EA per 30 days); PA
VOWST CAPSULE 0	5	PA
XIFAXAN TABLET 200MG	4	PA
XIFAXAN TABLET 550MG	5	PA
<b>Histamine2 (H2) Receptor Antagonists</b>		
<i>famotidine suspension reconstituted 40mg/5ml</i>	4	
<i>famotidine tablet 20mg, 40mg</i>	2	
<i>nizatidine capsule 150mg, 300mg</i>	4	
<b>Protectants</b>		
<i>misoprostol tablet 100mcg, 200mcg</i>	3	
<i>sucralfate suspension 1gm/10ml</i>	4	
<i>sucralfate tablet 1gm</i>	2	
<b>Proton Pump Inhibitors</b>		
<i>esomeprazole magnesium capsule delayed release 20mg, 40mg</i>	2	QL(60 EA per 30 days)
<i>lansoprazole capsule delayed release 15mg, 30mg</i>	2	QL(60 EA per 30 days)
<i>omeprazole dr capsule delayed release 10mg</i>	1	QL(60 EA per 30 days)
<i>omeprazole capsule delayed release 10mg, 20mg, 40mg</i>	1	QL(60 EA per 30 days)
<i>pantoprazole sodium tablet delayed release 20mg, 40mg</i>	1	QL(60 EA per 30 days)
<i>rabeprazole sodium tablet delayed release 20mg</i>	3	QL(60 EA per 30 days)
<b>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</b>		
<b>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</b>		
<i>betaine anhydrous powder 0</i>	5	
CERDELGA CAPSULE 84MG	5	PA
CHOLBAM CAPSULE 250MG, 50MG	5	PA

Formulary ID: 26210, Version: 12, Effective Date: 05/01/2026  
Last Updated: 04/01/2026

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
CREON CAPSULE DELAYED RELEASE PARTICLES 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	3	
<i>cromolyn sodium concentrate 100mg/5ml</i>	4	
CYSTAGON CAPSULE 150MG, 50MG	4	
EVRYSDI SOLUTION RECONSTITUTED 0.75MG/ML	5	QL(240 ML per 30 days); PA
FABRAZYME INJECTION 35MG, 5MG	5	PA
<i>l-glutamine packet 5gm</i>	5	PA
<i>miglustat capsule 100mg</i>	5	PA
<i>nitisinone capsule 10mg, 20mg, 2mg, 5mg</i>	5	
ONPATTRO INJECTION 10MG/5ML	5	PA
PROLASTIN-C INJECTION 1000MG/20ML	5	PA
PYRUKYND TAPER PACK TABLET THERAPY PACK 0, 5MG	5	QL(30 EA per 30 days); PA
PYRUKYND TABLET 50MG	5	QL(120 EA per 30 days); PA
PYRUKYND TABLET 20MG, 5MG	5	QL(60 EA per 30 days); PA
REVCovi INJECTION 2.4MG/1.5ML	5	PA
<i>sapropterin dihydrochloride packet 100mg, 500mg</i>	5	PA
<i>sapropterin dihydrochloride tablet 100mg</i>	5	PA
<i>sodium phenylbutyrate powder 3gm/tsp</i>	5	
<i>sodium phenylbutyrate tablet 500mg</i>	5	
SUCRAID SOLUTION 8500UNIT/ML	5	PA
WELIREG TABLET 40MG	5	PA NSO
<i>yargesa capsule 100mg</i>	5	PA
ZELVYSIA PACKET 100MG, 500MG	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>		
<b><i>Antispasmodics, Urinary</i></b>		
<i>fesoterodine fumarate er tablet extended release 24 hour 4mg, 8mg</i>	4	
GELNIQUE GEL 10%	4	
GEMTESA TABLET 75MG	4	
MYRBETRIQ SUSPENSION RECONSTITUTED ER 8MG/ML	3	
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR 25MG, 50MG	3	

Formulary ID: 26210, Version: 12, Effective Date: 05/01/2026

Last Updated: 04/01/2026

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>oxybutynin chloride er tablet extended release 24 hour 10mg, 15mg, 5mg</i>	2	
<i>oxybutynin chloride solution 5mg/5ml</i>	2	
<i>oxybutynin chloride tablet 5mg</i>	2	
<i>solifenacin succinate tablet 10mg, 5mg</i>	2	
<i>tolterodine tartrate er capsule extended release 24 hour 2mg, 4mg</i>	3	
<i>tolterodine tartrate tablet 1mg, 2mg</i>	3	
<i>tropium chloride er capsule extended release 24 hour 60mg</i>	4	
<i>tropium chloride tablet 20mg</i>	3	
<b>Benign Prostatic Hypertrophy Agents</b>		
<i>alfuzosin hcl er tablet extended release 24 hour 10mg</i>	2	
<i>doxazosin mesylate tablet 1mg, 2mg, 4mg, 8mg</i>	2	
<i>dutasteride capsule 0.5mg</i>	2	
<i>finasteride tablet 5mg</i>	1	
<i>silodosin capsule 4mg, 8mg</i>	4	
<i>tadalafil tablet 2.5mg, 5mg</i>	3	QL(30 EA per 30 days); PA
<i>tamsulosin hydrochloride capsule 0.4mg</i>	1	
<i>terazosin hcl capsule 10mg, 1mg, 5mg</i>	1	
<i>terazosin hydrochloride capsule 2mg</i>	1	
<b>Genitourinary Agents, Other</b>		
<i>acetic acid 0.25% solution 0.25%</i>	1	
<i>bethanechol chloride tablet 10mg, 25mg, 50mg, 5mg</i>	2	
ELMIRON CAPSULE 100MG	4	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>		
<i>cortisone acetate tablet 25mg</i>	5	
<i>dexamethasone elixir 0.5mg/5ml</i>	3	
<i>dexamethasone solution 0.5mg/5ml</i>	2	
<i>dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	2	
<i>fludrocortisone acetate tablet 0.1mg</i>	2	
<i>hydrocortisone tablet 10mg, 20mg, 5mg</i>	2	
<i>methylprednisolone dose pack tablet therapy pack 4mg</i>	2	
<i>methylprednisolone tablet 16mg, 32mg, 4mg, 8mg</i>	2	
<i>prednisolone sodium phosphate solution 15mg/5ml</i>	2	
<i>prednisolone sodium phosphate solution 25mg/5ml, 5mg/5ml</i>	4	
<i>prednisolone solution 15mg/5ml</i>	2	
<i>prednisone tablet therapy pack 10mg, 5mg</i>	2	
<i>prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	1	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>		
<i>desmopressin acetate solution 0.01%</i>	4	
<i>desmopressin acetate tablet 0.1mg, 0.2mg</i>	3	

Formulary ID: 26210, Version: 12, Effective Date: 05/01/2026

Last Updated: 04/01/2026

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
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
GENOTROPIN INJECTION 12MG, 5MG	5	PA
INCRELEX INJECTION 40MG/4ML	5	PA
ISTURISA TABLET 1MG	5	QL(240 EA per 30 days); PA
ISTURISA TABLET 5MG	5	QL(360 EA per 30 days); PA
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)</b>		
<b>Androgens</b>		
<i>danazol capsule 100mg, 200mg, 50mg</i>	4	
<i>testosterone cypionate injection 100mg/ml, 200mg/ml</i>	2	PA
<i>testosterone enanthate injection 200mg/ml</i>	3	PA
<i>testosterone pump gel 1.62%</i>	3	PA
<i>testosterone pump gel 1%</i>	4	PA
<i>testosterone gel 20.25mg/1.25gm, 40.5mg/2.5gm</i>	3	PA
<i>testosterone gel 25mg/2.5gm, 50mg/5gm</i>	4	PA
<b>Estrogens</b>		
<i>abigale lo tablet 0.5mg; 0.1mg</i>	4	
<i>abigale tablet 1mg; 0.5mg</i>	4	
<i>afirmelle tablet 20mcg; 0.1mg</i>	3	
<i>altavera tablet 30mcg; 0.15mg</i>	3	
<i>alyacen 1/35 tablet 35mcg; 1mg</i>	3	
<i>alyacen 7/7/7 tablet 35mcg; 0</i>	3	
<i>amabelz tablet 0.5mg; 0.1mg, 1mg; 0.5mg</i>	4	
<i>amethia tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>amethyst tablet 20mcg; 90mcg</i>	3	
<i>ashlyna tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>aubra eq tablet 20mcg; 0.1mg</i>	3	
<i>aurovela 1.5/30 tablet 30mcg; 1.5mg</i>	3	
<i>aurovela 1/20 tablet 20mcg; 1mg</i>	3	
<i>aurovela fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	3	
<i>aurovela fe 1/20 tablet 20mcg; 75mg; 1mg</i>	3	
<i>aviane tablet 20mcg; 0.1mg</i>	3	
<i>ayuna tablet 0.03mg; 0.15mg</i>	3	
<i>azurette tablet 0; 0</i>	3	
<i>balziva tablet 35mcg; 0.4mg</i>	3	
<i>blisovi fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	3	
<i>blisovi fe 1/20 tablet 20mcg; 75mg; 1mg</i>	3	
<i>briellyn tablet 35mcg; 0.4mg</i>	3	
<i>camrese lo tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>camrese tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>chateal eq tablet 30mcg; 0.15mg</i>	3	

Formulary ID: 26210, Version: 12, Effective Date: 05/01/2026  
Last Updated: 04/01/2026

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
CLIMARA PRO PATCH WEEKLY 0.045MG/DAY; 0.015MG/DAY	4	
<i>conjugated estrogens tablet 0.3mg, 0.45mg, 0.625mg, 0.9mg, 1.25mg</i>	4	
<i>cryselle-28 tablet 30mcg; 0.3mg</i>	3	
<i>cryselle tablet 30mcg; 0.3mg</i>	3	
<i>dasetta 1/35 tablet 35mcg; 1mg</i>	3	
<i>dasetta 7/7/7 tablet 35mcg; 0</i>	3	
<i>daysee tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>delyla tablet 20mcg; 0.1mg</i>	3	
<i>desogestrel/ethinyl estradiol tablet 0; 0</i>	3	
<i>dolishale tablet 20mcg; 90mcg</i>	3	
DOTTI PATCH TWICE WEEKLY 0.025MG/24HR, 0.0375MG/24HR, 0.05MG/24HR, 0.075MG/24HR, 0.1MG/24HR	4	
<i>elinet tablet 30mcg; 0.3mg</i>	3	
<i>eluryng ring 0.015mg/24hr; 0.12mg/24hr</i>	4	
<i>enilloring ring 0.015mg/24hr; 0.12mg/24hr</i>	4	
<i>enpresse-28 tablet 0; 0</i>	3	
<i>estarylla tablet 35mcg; 0.25mg</i>	3	
<i>estradiol/norethindrone acetate tablet 0.5mg; 0.1mg, 1mg; 0.5mg</i>	4	
<i>estradiol cream 0.1mg/gm</i>	2	
<i>estradiol gel 0.06%, 0.25mg/0.25gm, 0.5mg/0.5gm, 0.75mg/0.75gm, 1.25mg/1.25gm, 1mg/gm</i>	4	
<i>estradiol patch twice weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr</i>	4	
<i>estradiol patch weekly 0.025mg/24hr, 0.05mg/24hr, 0.06mg/24hr, 0.075mg/24hr, 0.1mg/24hr, 37.5mcg/24hr</i>	3	
<i>estradiol oral tablet 0.5mg, 1mg, 2mg</i>	2	
<i>estradiol vaginal tablet 10mcg</i>	4	
ESTRING RING 7.5MCG/24HR	4	QL(1 EA per 90 days)
<i>ethynodiol diacetate/ethinyl estradiol tablet 35mcg; 1mg, 50mcg; 1mg</i>	3	
<i>etonogestrel/ethinyl estradiol ring 0.015mg/24hr; 0.12mg/24hr</i>	3	
<i>falmina tablet 20mcg; 0.1mg</i>	3	
<i>feirza 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	3	
<i>feirza 1/20 tablet 20mcg; 75mg; 1mg</i>	3	
FYAVOLV TABLET 2.5MCG; 0.5MG, 5MCG; 1MG	4	
<i>hailey 1.5/30 tablet 30mcg; 1.5mg</i>	3	
<i>hailey fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	3	
<i>hailey fe 1/20 tablet 20mcg; 75mg; 1mg</i>	3	
<i>haloette ring 0.015mg/24hr; 0.12mg/24hr</i>	4	

Formulary ID: 26210, Version: 12, Effective Date: 05/01/2026

Last Updated: 04/01/2026

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>iclevia tablet 0.03mg; 0.15mg</i>	4	QL(91 EA per 91 days)
<i>introvale tablet 0.03mg; 0.15mg</i>	4	QL(91 EA per 91 days)
<i>jaimiess tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>jinteli tablet 5mcg; 1mg</i>	4	
<i>jolessa tablet 0.03mg; 0.15mg</i>	4	QL(91 EA per 91 days)
<i>junel 1.5/30 tablet 30mcg; 1.5mg</i>	3	
<i>junel 1/20 tablet 20mcg; 1mg</i>	3	
<i>junel fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	3	
<i>junel fe 1/20 tablet 20mcg; 75mg; 1mg</i>	3	
<i>kariva tablet 0; 0</i>	3	
<i>kelnor 1/35 tablet 35mcg; 1mg</i>	3	
<i>kelnor 1/50 tablet 50mcg; 1mg</i>	3	
<i>kurvelo tablet 0.03mg; 0.15mg</i>	3	
<i>larin 1.5/30 tablet 30mcg; 1.5mg</i>	3	
<i>larin 1/20 tablet 20mcg; 1mg</i>	3	
<i>larin fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	3	
<i>larin fe 1/20 tablet 20mcg; 75mg; 1mg</i>	3	
<i>lessina tablet 20mcg; 0.1mg</i>	3	
<i>levonest tablet 0; 0</i>	3	
<i>levonorgestrel and ethinyl estradiol tablet 20mcg; 90mcg</i>	3	
<i>levonorgestrel and ethinyl estradiol tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0, 20mcg; 0.1mg</i>	3	
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0</i>	4	QL(91 EA per 91 days)
<i>levora 0.15/30-28 tablet 0.03mg; 0.15mg</i>	3	
<i>lojaimiess tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>low-ogestrel tablet 30mcg; 0.3mg</i>	3	
<i>luizza 1.5/30 tablet 30mcg; 1.5mg</i>	3	
<i>luizza 1/20 tablet 20mcg; 1mg</i>	3	
<i>lutra tablet 20mcg; 0.1mg</i>	3	
<i>lyllana patch twice weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr</i>	4	
<i>marlissa tablet 0.03mg; 0.15mg</i>	3	
<b>MENEST TABLET 2.5MG</b>	4	
<i>microgestin 1.5/30 tablet 30mcg; 1.5mg</i>	3	
<i>microgestin 1/20 tablet 20mcg; 1mg</i>	3	
<i>microgestin fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	3	
<i>microgestin fe 1/20 tablet 20mcg; 75mg; 1mg</i>	3	
<i>mili tablet 35mcg; 0.25mg</i>	3	
<i>mimvey tablet 1mg; 0.5mg</i>	4	
<i>mono-linyah tablet 35mcg; 0.25mg</i>	3	
<i>necon 0.5/35-28 tablet 35mcg; 0.5mg</i>	3	
<i>norelgestromin/ethinyl estradiol patch weekly 35mcg/24hr; 150mcg/24hr</i>	4	

Formulary ID: 26210, Version: 12, Effective Date: 05/01/2026

Last Updated: 04/01/2026

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>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 20mcg; 75mg; 1mg, 30mcg; 75mg; 1.5mg</i>	3	
<i>norethindrone acetate/ethinyl estradiol tablet 20mcg; 1mg, 30mcg; 1.5mg</i>	3	
<i>norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg, 5mcg; 1mg</i>	4	
<i>norgestimate/ethinyl estradiol tablet 0; 0, 35mcg; 0.25mg</i>	3	
<i>nortrel 0.5/35 (28) tablet 35mcg; 0.5mg</i>	3	
<i>nortrel 1/35 tablet 35mcg; 1mg</i>	3	
<i>nortrel 7/7/7 tablet 35mcg; 0</i>	3	
<i>nylia 1/35 tablet 35mcg; 1mg</i>	3	
<i>nylia 7/7/7 tablet 35mcg; 0</i>	3	
<i>philith tablet 35mcg; 0.4mg</i>	3	
<i>pimtreea tablet 0; 0</i>	3	
<i>portia-28 tablet 0.03mg; 0.15mg</i>	3	
PREMARIN CREAM 0.625MG/GM	4	
PREMARIN TABLET 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	4	
PREMPHASE TABLET 0.625MG; 5MG	4	
PREMPRO TABLET 0.3MG; 1.5MG, 0.45MG; 1.5MG, 0.625MG; 2.5MG, 0.625MG; 5MG	4	
<i>rivelsa tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>rosyrah tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>setlakin tablet 0.03mg; 0.15mg</i>	4	QL(91 EA per 91 days)
<i>simliya tablet 0; 0</i>	3	
<i>simpesse tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>sprintec 28 tablet 35mcg; 0.25mg</i>	3	
<i>sronyx tablet 20mcg; 0.1mg</i>	3	
<i>tarina fe 1/20 eq tablet 20mcg; 75mg; 1mg</i>	3	
<i>tri-estarylla tablet 0; 0</i>	3	
<i>tri-linyah tablet 0; 0</i>	3	
<i>tri-mili tablet 0; 0</i>	3	
<i>tri-nymyo tablet 0; 0</i>	3	
<i>tri-sprintec tablet 0; 0</i>	3	
<i>tri-vylibra tablet 0; 0</i>	3	
<i>trivora-28 tablet 0; 0</i>	3	
<i>turqoz tablet 30mcg; 0.3mg</i>	3	
VALTYA 1/35 TABLET 35MCG; 1MG	3	
<i>valtya 1/50 tablet 50mcg; 1mg</i>	3	
<i>vienva tablet 20mcg; 0.1mg</i>	3	
<i>viorele tablet 0; 0</i>	3	
<i>volnea tablet 0; 0</i>	3	
<i>vyfemla tablet 35mcg; 0.4mg</i>	3	
<i>vylibra tablet 35mcg; 0.25mg</i>	3	

Formulary ID: 26210, Version: 12, Effective Date: 05/01/2026

Last Updated: 04/01/2026

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>wera tablet 35mcg; 0.5mg</i>	3	
<i>xulane patch weekly 35mcg/24hr; 150mcg/24hr</i>	3	
<i>yuvafem tablet 10mcg</i>	4	
<i>zafemy patch weekly 35mcg/24hr; 150mcg/24hr</i>	4	
<i>zovia 1/35 tablet 35mcg; 1mg</i>	3	
<b>Progestins</b>		
<i>camila tablet 0.35mg</i>	2	
<i>deblitane tablet 0.35mg</i>	2	
DEPO-SUBQ PROVERA 104 INJECTION 104MG/0.65ML	3	QL(0.65 ML per 90 days)
<i>emzahh tablet 0.35mg</i>	2	
<i>errin tablet 0.35mg</i>	2	
<i>gallifrey tablet 5mg</i>	2	
<i>heather tablet 0.35mg</i>	2	
<i>incassia tablet 0.35mg</i>	2	
<i>jencycla tablet 0.35mg</i>	2	
LILETTA INTRAUTERINE DEVICE 20.1MCG/DAY	3	
<i>lyleq tablet 0.35mg</i>	2	
<i>lyza tablet 0.35mg</i>	2	
<i>medroxyprogesterone acetate injection 150mg/ml</i>	2	QL(1 ML per 90 days)
<i>medroxyprogesterone acetate tablet 10mg, 2.5mg, 5mg</i>	1	
<i>megestrol acetate suspension 40mg/ml</i>	3	
<i>megestrol acetate suspension 625mg/5ml</i>	4	
<i>megestrol acetate tablet 20mg, 40mg</i>	2	
<i>meleya tablet 0.35mg</i>	2	
NEXPLANON INJECTION 68MG	3	
<i>nora-be tablet 0.35mg</i>	2	
<i>norethindrone acetate tablet 5mg</i>	2	
<i>norethindrone tablet 0.35mg</i>	2	
<i>norlyroc tablet 0.35mg</i>	2	
<i>orquidea tablet 0.35mg</i>	2	
<i>progesterone capsule 100mg, 200mg</i>	2	
<i>sharobel tablet 0.35mg</i>	2	
<b>Selective Estrogen Receptor Modifying Agents</b>		
OSPHENA TABLET 60MG	3	QL(30 EA per 30 days); PA
<i>raloxifene hydrochloride tablet 60mg</i>	2	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
ADTHYZA TABLET 120MG, 15MG, 30MG, 60MG, 90MG	4	
ARMOUR THYROID TABLET 120MG, 15MG, 180MG, 240MG, 300MG, 30MG, 60MG, 90MG	4	
EUTHYROX TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	2	

Formulary ID: 26210, Version: 12, Effective Date: 05/01/2026  
Last Updated: 04/01/2026

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
LEVO-T TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG	3	
<i>levothyroxine sodium tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg</i>	1	
LEVOXYL TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	2	
<i>liomny tablet 25mcg, 50mcg, 5mcg</i>	2	
<i>liothyronine sodium tablet 25mcg, 50mcg, 5mcg</i>	2	
NIVA THYROID TABLET 120MG, 15MG, 30MG, 60MG, 90MG	4	
<i>np thyroid 120 tablet 120mg</i>	4	
<i>np thyroid 15 tablet 15mg</i>	4	
<i>np thyroid 30 tablet 30mg</i>	4	
<i>np thyroid 60 tablet 60mg</i>	4	
<i>np thyroid 90 tablet 90mg</i>	4	
RENTHYROID TABLET 120MG, 15MG, 30MG, 60MG, 90MG	4	
REZDIFFRA TABLET 100MG, 60MG, 80MG	5	QL(30 EA per 30 days); PA
SYNTHROID TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG	3	
THYROID TABLET 120MG, 15MG, 30MG, 60MG, 90MG	4	
UNITHROID TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG	2	
<b>Hormonal Agents, Suppressant (Adrenal or Pituitary)</b>		
<i>Hormonal Agents, Suppressant (Adrenal or Pituitary)</i>		
<i>cabergoline tablet 0.5mg</i>	3	
FIRMAGON INJECTION 80MG	4	QL(1 EA per 28 days); PA NSO
FIRMAGON INJECTION 120MG/VIAL	5	QL(4 EA per 365 days); PA NSO
<i>leuprolide acetate injection 1mg/0.2ml</i>	4	PA NSO
LUPRON DEPOT (1-MONTH) INJECTION 3.75MG, 7.5MG	5	QL(1 EA per 28 days); PA NSO
LUPRON DEPOT (3-MONTH) INJECTION 11.25MG, 22.5MG	5	QL(1 EA per 84 days); PA NSO
LUPRON DEPOT (4-MONTH) INJECTION 30MG	5	QL(1 EA per 112 days); PA NSO
LUPRON DEPOT (6-MONTH) INJECTION 45MG	5	QL(1 EA per 168 days); PA NSO
LUPRON DEPOT-PED (1-MONTH) INJECTION 11.25MG, 15MG, 7.5MG	5	QL(1 EA per 28 days); PA
LUPRON DEPOT-PED (3-MONTH) INJECTION 11.25MG, 30MG	5	QL(1 EA per 84 days); PA

Formulary ID: 26210, Version: 12, Effective Date: 05/01/2026

Last Updated: 04/01/2026

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>mifepristone tablet 200mg</i>	4	
<i>mifepristone tablet 300mg</i>	5	QL(120 EA per 30 days); PA
<i>octreotide acetate injection 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	4	PA
<i>octreotide acetate injection 1000mcg/ml, 500mcg/ml</i>	5	PA
ORGOVYX TABLET 120MG	5	PA NSO
SIGNIFOR INJECTION 0.3MG/ML, 0.6MG/ML, 0.9MG/ML	5	QL(60 ML per 30 days); PA
SOMAVERT INJECTION 10MG, 15MG, 20MG, 25MG, 30MG	5	PA
TRELSTAR MIXJECT INJECTION 22.5MG	4	QL(1 EA per 168 days); PA NSO
TRELSTAR MIXJECT INJECTION 11.25MG	4	QL(1 EA per 84 days); PA NSO
<b>Hormonal Agents, Suppressant (Thyroid)</b>		
<i>Antithyroid Agents</i>		
<i>methimazole tablet 10mg, 5mg</i>	2	
<i>propylthiouracil tablet 50mg</i>	2	
<b>Immunological Agents</b>		
<i>Angioedema Agents</i>		
CINRYZE INJECTION 500UNIT	5	PA
<i>icatibant acetate injection 30mg/3ml</i>	5	PA
<i>Immunoglobulins</i>		
BIVIGAM INJECTION 10%, 5GM/50ML	5	PA
GAMASTAN INJECTION 0	3	PA
HIZENTRA INJECTION 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML	5	PA
HYPERHEP B INJECTION 110UNIT/0.5ML	4	B/D
PRIVIGEN INJECTION 10GM/100ML, 20GM/200ML, 40GM/400ML, 5GM/50ML	5	PA
<i>Immunological Agents, Other</i>		
BENLYSTA INJECTION 200MG/ML	5	PA
COSENTYX SENSOREADY PEN INJECTION 150MG/ML	5	QL(10 ML per 28 days); PA
COSENTYX UNOREADY INJECTION 300MG/2ML	5	QL(10 ML per 28 days); PA
COSENTYX INJECTION 125MG/5ML	5	PA
COSENTYX INJECTION 150MG/ML, 75MG/0.5ML	5	QL(10 ML per 28 days); PA
DUPIXENT INJECTION 200MG/1.14ML	5	QL(4.56 ML per 28 days); PA
DUPIXENT INJECTION 300MG/2ML	5	QL(8 ML per 28 days); PA
EMPAVELI INJECTION 1080MG/20ML	5	PA
KINERET INJECTION 100MG/0.67ML	5	PA
ODACTRA TABLET SUBLINGUAL 0; 0	3	QL(30 EA per 30 days); PA
ORENCIA CLICKJECT INJECTION 125MG/ML	5	QL(4 ML per 28 days); PA
ORENCIA INJECTION 50MG/0.4ML	5	QL(1.6 ML per 28 days); PA
ORENCIA INJECTION 87.5MG/0.7ML	5	QL(2.8 ML per 28 days); PA
ORENCIA INJECTION 125MG/ML	5	QL(4 ML per 28 days); PA
OTEZLA TABLET THERAPY PACK 0	5	QL(110 EA per 365 days); PA
RINVOQ LQ SOLUTION 1MG/ML	5	QL(360 ML per 30 days); PA

Formulary ID: 26210, Version: 12, Effective Date: 05/01/2026  
Last Updated: 04/01/2026

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
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15MG, 30MG, 45MG	5	QL(30 EA per 30 days); PA
SKYRIZI PEN INJECTION 150MG/ML	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	5	QL(1.2 ML per 56 days); PA
SKYRIZI INJECTION 360MG/2.4ML	5	QL(2.4 ML per 56 days); PA
SKYRIZI INJECTION 600MG/10ML	5	QL(60 ML per 365 days); PA
STELARA INJECTION 130MG/26ML	5	QL(104 ML per 365 days); PA
STELARA INJECTION 45MG/0.5ML, 90MG/ML	5	QL(3 ML per 84 days); PA
STEQEYMA INJECTION 45MG/0.5ML	3	QL(3 ML per 84 days); PA
STEQEYMA INJECTION 130MG/26ML	5	QL(104 ML per 365 days); PA
STEQEYMA INJECTION 90MG/ML	5	QL(3 ML per 84 days); PA
TAVNEOS CAPSULE 10MG	5	QL(180 EA per 30 days); PA
TYENNE INJECTION 162MG/0.9ML	5	QL(3.6 ML per 28 days); PA
<i>ustekinumab injection 130mg/26ml</i>	5	QL(104 ML per 365 days); PA
<i>ustekinumab injection 45mg/0.5ml, 90mg/ml</i>	5	QL(3 ML per 84 days); PA
VEOPOZ INJECTION 400MG/2ML	5	PA
VYVGART HYTRULO INJECTION 1000MG/5ML; 10000UNIT/5ML	5	QL(20 ML per 28 days); PA
WEZLANA INJECTION 130MG/26ML	5	QL(104 ML per 365 days); PA
WEZLANA INJECTION 45MG/0.5ML, 90MG/ML	5	QL(3 ML per 84 days); PA
XELJANZ XR TABLET EXTENDED RELEASE 24 HOUR 11MG, 22MG	5	QL(30 EA per 30 days); PA
XELJANZ SOLUTION 1MG/ML	5	QL(300 ML per 30 days); PA
XELJANZ TABLET 10MG, 5MG	5	QL(60 EA per 30 days); PA
XOLAIR INJECTION 75MG/0.5ML	5	QL(1 ML per 28 days); PA
XOLAIR INJECTION 150MG	5	QL(8 EA per 28 days); PA
XOLAIR INJECTION 150MG/ML, 300MG/2ML	5	QL(8 ML per 28 days); PA
<b><i>Immunostimulants</i></b>		
ACTIMMUNE INJECTION 100MCG/0.5ML	5	PA NSO
BESREMI INJECTION 500MCG/ML	5	PA NSO
PEGASYS INJECTION 180MCG/ML	5	PA
<b><i>Immunosuppressants</i></b>		
ADALIMUMAB-AATY 1-PEN KIT INJECTION 80MG/0.8ML	5	QL(3 EA per 28 days); PA
ADALIMUMAB-AATY 1-PEN KIT INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA
ADALIMUMAB-AATY 2-PEN KIT INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA
ADALIMUMAB-AATY 2-SYRINGE INJECTION 20MG/0.2ML	5	QL(2 EA per 28 days); PA
ADALIMUMAB-AATY 2-SYRINGE INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA
<i>adalimumab-aaty cd/uc/hs starter injection 80mg/0.8ml</i>	5	QL(3 EA per 28 days); PA

Formulary ID: 26210, Version: 12, Effective Date: 05/01/2026

Last Updated: 04/01/2026

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

Drug Name	Drug Tier	Requirements/Limits
ADALIMUMAB-ADBM CROHNS/UC/HS STARTER INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADBM PSORIASIS/UEVITIS STARTER INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADBM STARTER PACKAGE FOR CROHNS DISEASE/UC/HS INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADBM STARTER PACKAGE FOR PSORIASIS/UEVITIS INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADBM INJECTION 10MG/0.2ML, 20MG/0.4ML	5	QL(2 EA per 28 days); PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADBM INJECTION 40MG/0.4ML, 40MG/0.8ML	5	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 0.5MG, 1MG, 5MG	4	B/D
<i>azathioprine tablet 50mg</i>	2	B/D
<i>cyclosporine modified capsule 100mg, 25mg, 50mg</i>	4	B/D
<i>cyclosporine modified solution 100mg/ml</i>	4	B/D
<i>cyclosporine capsule 100mg, 25mg</i>	4	B/D
ENBREL MINI INJECTION 50MG/ML	5	QL(8 ML per 28 days); PA
ENBREL SURECLICK INJECTION 50MG/ML	5	QL(8 ML per 28 days); PA
ENBREL INJECTION 25MG/0.5ML	5	QL(4 ML per 28 days); PA
ENBREL INJECTION 50MG/ML	5	QL(8 ML per 28 days); PA
ENVARUS XR TABLET EXTENDED RELEASE 24 HOUR 0.75MG, 1MG	4	B/D
ENVARUS XR TABLET EXTENDED RELEASE 24 HOUR 4MG	5	B/D
<i>everolimus tablet 0.25mg</i>	4	B/D
<i>everolimus tablet 0.5mg, 0.75mg, 1mg</i>	5	B/D
<i>gengraf capsule 100mg, 25mg</i>	4	B/D
<i>gengraf solution 100mg/ml</i>	4	B/D
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 0	5	QL(4 EA per 365 days); PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 80MG/0.8ML	5	QL(6 EA per 365 days); PA
HUMIRA PEN-CD/UC/HS STARTER INJECTION 80MG/0.8ML	5	QL(4 EA per 28 days); PA
HUMIRA PEN-CD/UC/HS STARTER INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA

Formulary ID: 26210, Version: 12, Effective Date: 05/01/2026  
Last Updated: 04/01/2026

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-PEDIATRIC UC STARTER PACK INJECTION 80MG/0.8ML	5	QL(4 EA per 28 days); PA
HUMIRA PEN-PS/UV STARTER INJECTION 0	5	QL(6 EA per 365 days); PA
HUMIRA PEN INJECTION 80MG/0.8ML	5	QL(4 EA per 28 days); PA; Abbvie labeled products only
HUMIRA PEN INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA PEN INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA; Abbvie labeled products only
HUMIRA INJECTION 10MG/0.1ML, 20MG/0.2ML	5	QL(2 EA per 28 days); PA; Abbvie labeled products only
HUMIRA INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA; Abbvie labeled products only
INFLECTRA INJECTION 100MG	5	PA
INFLIXIMAB INJECTION 100MG	5	PA
JYLAMVO SOLUTION 2MG/ML	4	PA NSO
<i>leflunomide tablet 10mg, 20mg</i>	2	
<i>methotrexate sodium injection 1gm/40ml, 1gm, 250mg/10ml, 50mg/2ml</i>	2	
<i>methotrexate sodium tablet 2.5mg</i>	2	
<i>methotrexate injection 50mg/2ml</i>	2	
<i>mycophenolate mofetil capsule 250mg</i>	4	B/D
<i>mycophenolate mofetil suspension reconstituted 200mg/ml</i>	5	B/D
<i>mycophenolate mofetil tablet 500mg</i>	4	B/D
<i>mycophenolic acid dr tablet delayed release 180mg, 360mg</i>	4	B/D
ORENCIA INJECTION 250MG	5	PA
PEGASYS INJECTION 180MCG/0.5ML	5	PA
PROGRAF PACKET 0.2MG, 1MG	4	B/D
RENFLEXIS INJECTION 100MG	5	PA
REZUROCK TABLET 200MG	5	QL(60 EA per 30 days); PA
SANDIMMUNE SOLUTION 100MG/ML	4	B/D
<i>sirolimus solution 1mg/ml</i>	4	B/D
<i>sirolimus tablet 0.5mg, 1mg, 2mg</i>	4	B/D
<i>tacrolimus capsule 0.5mg, 1mg, 5mg</i>	4	B/D
XATMEP SOLUTION 2.5MG/ML	4	PA NSO
<b>Vaccines</b>		
ABRYSVO INJECTION 120MCG/0.5ML	1	QL(1 EA per 252 days)
ACTHIB INJECTION 0	1	
ADACEL INJECTION 2LF/0.5ML; 15.5MCG/0.5ML; 5LF/0.5ML	1	
AREXVY INJECTION 120MCG/0.5ML	1	QL(1 EA per 999 days)
<i>bcg vaccine injection 50mg</i>	1	
BEXSERO INJECTION 0.5ML	1	

Formulary ID: 26210, Version: 12, Effective Date: 05/01/2026  
Last Updated: 04/01/2026

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
BOOSTRIX INJECTION 2.5LF/0.5ML; 18.5MCG/0.5ML; 5LF/0.5ML	1	
DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	3	
DENGVAXIA INJECTION 0	3	
ENGERIX-B INJECTION 10MCG/0.5ML, 20MCG/ML	1	B/D
GARDASIL 9 INJECTION 0.5ML	1	
HAVRIX INJECTION 1440UNIT/ML	1	
HAVRIX INJECTION 720ELU/0.5ML	3	
HEPLISAV-B INJECTION 20MCG/0.5ML	1	B/D
HIBERIX INJECTION 10MCG	1	
IMOVAX RABIES (H.D.C.V.) INJECTION 2.5UNIT/ML	1	B/D
INFANRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 10LFU/0.5ML	3	
IPOL INACTIVATED IPV INJECTION 0	1	
IXIARO INJECTION 0	1	
JYNNEOS INJECTION 0.5ML	1	
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
M-M-R II INJECTION 0; 0; 0	1	
MENACTRA INJECTION 0	1	
MENQUADFI INJECTION 0.5ML	1	
MENVEO INJECTION 0	1	
MRESVIA INJECTION 50MCG/0.5ML	1	QL(0.5 ML per 999 days)
PEDIARIX INJECTION 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
PEDVAX HIB INJECTION 7.5MCG/0.5ML	3	
PENBRAYA INJECTION 0; 0	1	
PENMENVY INJECTION 0; 0	1	
PENTACEL INJECTION 15LFU/0.5ML; 0; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	
PREHEVBRIO INJECTION 10MCG/ML	1	B/D
PRIORIX INJECTION 0; 0; 0	1	
PROQUAD INJECTION 0; 0; 0; 0	3	
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	Pre-Filled Syringe
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	Single-dose vial
RABAVERT INJECTION 0	1	B/D
RECOMBIVAX HB INJECTION 10MCG/ML, 40MCG/ML, 5MCG/0.5ML	1	B/D
ROTARIX SUSPENSION 0	3	
ROTATEQ SOLUTION 0	3	
SHINGRIX INJECTION 50MCG/0.5ML	1	

Formulary ID: 26210, Version: 12, Effective Date: 05/01/2026

Last Updated: 04/01/2026

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>shingrix injection 50mcg/0.5ml</i>	1	
STAMARIL INJECTION 0	1	
TDVAX INJECTION 2LF/0.5ML; 2LF/0.5ML	1	
TENIVAC INJECTION 2LFU; 5LFU	1	
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT INJECTION 2LF/0.5ML; 2LF/0.5ML	1	
TICOVAC INJECTION 2.4MCG/0.5ML	1	
TICOVAC INJECTION 1.2MCG/0.25ML	3	
TRUMENBA INJECTION 0.5ML	1	
TWINRIX INJECTION 720ELU/ML; 20MCG/ML	1	
TYPHIM VI INJECTION 25MCG/0.5ML	1	
VAQTA INJECTION 50UNIT/ML	1	
VAQTA INJECTION 25UNIT/0.5ML	3	
VARIVAX INJECTION 1350PFU/0.5ML	1	
VAXCHORA SUSPENSION RECONSTITUTED 0	1	
VAXELIS INJECTION 0; 0; 0; 0; 0; 0	3	
VIMKUNYA INJECTION 40MCG/0.8ML	1	
VIVOTIF CAPSULE DELAYED RELEASE 0	1	
YF-VAX INJECTION 0	1	
<b>Inflammatory Bowel Disease Agents</b>		
<b><i>Aminosalicylates</i></b>		
<i>balsalazide disodium capsule 750mg</i>	4	
<i>mesalamine dr tablet delayed release 1.2gm</i>	4	
<i>mesalamine er capsule extended release 24 hour 0.375gm</i>	4	
<i>mesalamine er capsule extended release 500mg</i>	4	
<i>mesalamine enema 4gm</i>	4	
<i>mesalamine kit 4gm</i>	5	
<i>mesalamine suppository 1000mg</i>	4	
SFROWASA ENEMA 4GM/60ML	5	
<i>sulfasalazine tablet delayed release 500mg</i>	2	
<i>sulfasalazine tablet 500mg</i>	2	
<b><i>Glucocorticoids</i></b>		
<i>budesonide er tablet extended release 24 hour 9mg</i>	5	
<i>budesonide capsule delayed release particles 3mg</i>	4	
<i>hydrocortisone cream 2.5%</i>	2	
<i>hydrocortisone enema 100mg/60ml</i>	4	
<i>procto-med hc cream 2.5%</i>	2	
<i>proctosol hc cream 2.5%</i>	2	
<i>proctozone-hc cream 2.5%</i>	2	
<b>Metabolic Bone Disease Agents</b>		
<b><i>Metabolic Bone Disease Agents</i></b>		
<i>alendronate sodium tablet 10mg, 35mg, 5mg</i>	6	
<i>alendronate sodium tablet 70mg</i>	6	QL(4 EA per 28 days)
BONSITY INJECTION 560MCG/2.24ML	5	PA

Formulary ID: 26210, Version: 12, Effective Date: 05/01/2026

Last Updated: 04/01/2026

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>calcitonin-salmon solution 200unit/act</i>	3	QL(3.7 ML per 30 days)
<i>calcitriol capsule 0.25mcg, 0.5mcg</i>	2	
<i>cinacalcet hydrochloride tablet 30mg, 60mg, 90mg</i>	4	
FORTEO INJECTION 560MCG/2.24ML	5	PA
<i>ibandronate sodium tablet 150mg</i>	6	QL(1 EA per 28 days)
JUBBONTI INJECTION 60MG/ML	4	QL(2 ML per 365 days)
OSENVELT INJECTION 120MG/1.7ML	5	PA
<i>paricalcitol capsule 1mcg, 2mcg, 4mcg</i>	3	
RAYALDEE CAPSULE EXTENDED RELEASE 30MCG	5	
<i>risedronate sodium tablet 30mg, 5mg</i>	4	
<i>risedronate sodium tablet 150mg</i>	4	QL(1 EA per 28 days)
<i>risedronate sodium tablet 35mg</i>	4	QL(4 EA per 28 days)
<i>stoboclo injection 60mg/ml</i>	4	QL(2 ML per 365 days)
<i>teriparatide injection 560mcg/2.24ml</i>	5	PA
TYMLOS INJECTION 3120MCG/1.56ML	5	PA
WYOST INJECTION 120MG/1.7ML	5	PA
<b>Miscellaneous Therapeutic Agents</b>		
<i>Miscellaneous Therapeutic Agents</i>		
ALCOHOL PREP PADS PAD 70%	3	
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16" MISCELLANEOUS	2	QL(200 EA per 30 days)
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2" MISCELLANEOUS	2	QL(200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM MISCELLANEOUS	2	QL(200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM MISCELLANEOUS	2	QL(200 EA per 30 days)
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM MISCELLANEOUS	2	QL(200 EA per 30 days)
<i>bd veo insulin syringe ultra-fine/0.3ml/31g x 6mm miscellaneous</i>	2	QL(200 EA per 30 days)
CURITY GAUZE PADS 2"X2" 12 PLY PAD	3	
EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 1/2" MISCELLANEOUS	2	QL(200 EA per 30 days)
EASY COMFORT PEN NEEDLES 29GX4MM MISCELLANEOUS	2	QL(200 EA per 30 days)
ELLA TABLET 30MG	3	
NUTRILIPID INJECTION 20GM/100ML	4	B/D
OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5) KIT	3	QL(1 EA per 365 days)
OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5) MISCELLANEOUS	3	QL(30 EA per 30 days)
OMNIPOD 5 G7 INTRO KIT (GEN 5) KIT	3	QL(1 EA per 365 days)
OMNIPOD 5 G7 PODS (GEN 5) MISCELLANEOUS	3	QL(30 EA per 30 days)
OMNIPOD 5 LIBRE2 PLUS G6 INTRO GEN 5 KIT	3	QL(1 EA per 365 days)

Formulary ID: 26210, Version: 12, Effective Date: 05/01/2026

Last Updated: 04/01/2026

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

Drug Name	Drug Tier	Requirements/Limits
OMNIPOD 5 LIBRE2 PLUS G6 PODS MISCELLANEOUS	3	QL(30 EA per 30 days)
OMNIPOD CLASSIC PODS (GEN 3) MISCELLANEOUS	3	QL(30 EA per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4) KIT	3	QL(1 EA per 365 days)
OMNIPOD DASH PDM KIT (GEN 4) KIT	3	QL(1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4) MISCELLANEOUS	3	QL(30 EA per 30 days)
OMNIPOD GO 10 UNITS/DAY KIT	3	QL(10 EA per 30 days)
OMNIPOD GO 15 UNITS/DAY KIT	3	QL(10 EA per 30 days)
OMNIPOD GO 20 UNITS/DAY KIT	3	QL(10 EA per 30 days)
OMNIPOD GO 25 UNITS/DAY KIT	3	QL(10 EA per 30 days)
OMNIPOD GO 30 UNITS/DAY KIT	3	QL(10 EA per 30 days)
OMNIPOD GO 35 UNITS/DAY KIT	3	QL(10 EA per 30 days)
OMNIPOD GO 40 UNITS/DAY KIT	3	QL(10 EA per 30 days)
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
SKYCLARYS CAPSULE 50MG	5	QL(90 EA per 30 days); PA
<i>sodium chloride 0.9% solution 0.9%</i>	2	
<i>ulticare micro pen needles/32g x 5/32" miscellaneous</i>	2	QL(200 EA per 30 days)
<i>unifine pentips 32gx6mm miscellaneous</i>	2	QL(200 EA per 30 days)
V-GO 20 KIT	3	
V-GO 30 KIT	3	
V-GO 40 KIT	3	
VISTOGARD PACKET 10GM	5	
ZOKINVY CAPSULE 50MG, 75MG	5	QL(120 EA per 30 days); PA
<b>Ophthalmic Agents</b>		
<b><i>Ophthalmic Agents, Other</i></b>		
<i>atropine sulfate solution 1%</i>	2	
<i>bacitracin/polymyxin b ointment 500unit/gm; 10000unit/gm</i>	2	
<i>brimonidine tartrate/timolol maleate solution 0.2%; 0.5%</i>	3	
COMBIGAN SOLUTION 0.2%; 0.5%	3	
<i>cyclosporine emulsion 0.05%</i>	3	
CYSTARAN SOLUTION 0.44%	5	QL(60 ML per 28 days)
<i>dorzolamide hcl/timolol maleate solution 20mg/ml; 5mg/ml</i>	2	
<i>neo-polycin hc ointment 400unit/gm; 1%; 3.5mg/gm; 10000unit/gm</i>	3	
<i>neo-polycin ointment 400unit/gm; 3.5mg/gm; 10000unit/gm</i>	3	
<i>neomycin/polymyxin/bacitracin zinc ointment 400unit/gm; 3.5mg/gm; 10000unit/gm</i>	3	
<i>neomycin/polymyxin/bacitracin/hydrocortisone ointment 400unit/gm; 1%; 0.5%; 10000unit/gm</i>	3	
<i>neomycin/polymyxin/bacitracin ointment 400unit/gm; 5mg/gm; 10000unit/gm</i>	3	
<i>neomycin/polymyxin/dexamethasone ointment 0.1%; 3.5mg/gm; 10000unit/gm</i>	2	

Formulary ID: 26210, Version: 12, Effective Date: 05/01/2026  
Last Updated: 04/01/2026

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

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin/polymyxin/dexamethasone suspension 0.1%; 3.5mg/ml; 10000unit/ml</i>	2	
<i>neomycin/polymyxin/gramicidin solution 0.025mg/ml; 1.75mg/ml; 10000unit/ml</i>	3	
<i>polycin ointment 500unit/gm; 10000unit/gm</i>	2	
<i>polymyxin b sulfate/trimethoprim sulfate solution 10000unit/ml; 0.1%</i>	1	
RESTASIS MULTIDOSE EMULSION 0.05%	3	
RESTASIS EMULSION 0.05%	3	
ROCKLATAN SOLUTION 0.005%; 0.02%	3	QL(2.5 ML per 25 days)
SIMBRINZA SUSPENSION 0.2%; 1%	3	
<i>sulfacetamide sodium/prednisolone sodium phosphate solution 0.23%; 10%</i>	2	
TOBRADEX ST SUSPENSION 0.05%; 0.3%	4	
TOBRADEX OINTMENT 0.1%; 0.3%	4	
<i>tobramycin/dexamethasone suspension 0.1%; 0.3%</i>	4	
XIIDRA SOLUTION 5%	4	QL(60 EA per 30 days)
ZYLET SUSPENSION 0.5%; 0.3%	4	
<b>Ophthalmic Anti-allergy Agents</b>		
<i>azelastine hcl ophthalmic solution 0.05%</i>	2	
<i>cromolyn sodium solution 4%</i>	2	
<i>olopatadine hydrochloride solution 0.2%</i>	3	
<b>Ophthalmic Anti-Infectives</b>		
<i>bacitracin ointment 500unit/gm</i>	4	
BESIVANCE SUSPENSION 0.6%	4	
<i>ciprofloxacin hydrochloride solution 0.3%</i>	2	
<i>erythromycin ointment 5mg/gm</i>	2	
<i>gatifloxacin solution 0.5%</i>	4	
<i>gentamicin sulfate ophthalmic solution 0.3%</i>	2	
LEVOFLOXACIN OPHTHALMIC SOLUTION 0.5%	3	
<i>moxifloxacin hydrochloride solution 0.5%</i>	2	
NATACYN SUSPENSION 5%	4	
<i>ofloxacin ophthalmic solution 0.3%</i>	2	
<i>sulfacetamide sodium ointment 10%</i>	3	
<i>sulfacetamide sodium solution 10%</i>	2	
<i>tobramycin solution 0.3%</i>	1	
<i>trifluridine solution 1%</i>	4	
XDEMVIY SOLUTION 0.25%	5	QL(10 ML per 42 days)
ZIRGAN GEL 0.15%	4	
<b>Ophthalmic Anti-inflammatories</b>		
<i>bromfenac sodium solution 0.07%</i>	4	QL(12 ML per 365 days)
<i>dexamethasone sodium phosphate solution 0.1%</i>	3	
<i>diclofenac sodium ophthalmic solution 0.1%</i>	2	
FLAREX SUSPENSION 0.1%	3	

Formulary ID: 26210, Version: 12, Effective Date: 05/01/2026

Last Updated: 04/01/2026

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>fluorometholone suspension 0.1%</i>	3	
<i>flurbiprofen sodium solution 0.03%</i>	2	
ILEVRO SUSPENSION 0.3%	3	QL(4 ML per 30 days)
<i>ketorolac tromethamine ophthalmic solution 0.5%</i>	2	
<i>ketorolac tromethamine ophthalmic solution 0.4%</i>	3	
LOTEMAX SM GEL 0.38%	4	QL(20 GM per 365 days)
<i>prednisolone acetate suspension 1%</i>	3	
<b>Ophthalmic Beta-Adrenergic Blocking Agents</b>		
<i>betaxolol hcl solution 0.5%</i>	3	
<i>carteolol hcl solution 1%</i>	2	
<i>levobunolol hcl solution 0.5%</i>	2	
<i>timolol maleate solution 0.25%, 0.5%</i>	1	
<b>Ophthalmic Intraocular Pressure Lowering Agents, Other</b>		
<i>acetazolamide er capsule extended release 12 hour 500mg</i>	3	
<i>acetazolamide tablet 125mg, 250mg</i>	3	
BRIMONIDINE TARTRATE SOLUTION 0.1%	3	
<i>brimonidine tartrate solution 0.2%</i>	2	
<i>brinzolamide suspension 1%</i>	4	
<i>dorzolamide hydrochloride solution 2%</i>	2	
<i>methazolamide tablet 25mg, 50mg</i>	4	
<i>pilocarpine hydrochloride solution 1%, 2%, 4%</i>	3	
RHOPRESSA SOLUTION 0.02%	3	QL(2.5 ML per 25 days)
<b>Ophthalmic Prostaglandin and Prostanoid Analogs</b>		
<i>latanoprost solution 0.005%</i>	1	
LUMIGAN SOLUTION 0.01%	3	QL(2.5 ML per 25 days)
VYZULTA SOLUTION 0.024%	4	QL(5 ML per 25 days)
<b>Otic Agents</b>		
<b>Otic Agents</b>		
<i>acetic acid solution 2%</i>	2	
<i>ciprofloxacin/dexamethasone suspension 0.3%; 0.1%</i>	4	
<i>hydrocortisone/acetic acid solution 2%; 1%</i>	4	
<i>neomycin/polymyxin/hc solution 1%; 3.5mg/ml; 10000unit/ml</i>	3	
<i>neomycin/polymyxin/hydrocortisone suspension 1%; 3.5mg/ml; 10000unit/ml</i>	3	
<i>ofloxacin otic solution 0.3%</i>	2	
<b>Respiratory Tract/Pulmonary Agents</b>		
<b>Anti-inflammatories, Inhaled Corticosteroids</b>		
ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT, 200MCG/ACT, 50MCG/ACT	3	QL(30 EA per 30 days)
ASMANEX HFA AEROSOL 100MCG/ACT, 200MCG/ACT, 50MCG/ACT	4	QL(13 GM per 30 days)
ASMANEX TWISTHALER 120 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 220MCG/INH	4	QL(1 EA per 30 days)

Formulary ID: 26210, Version: 12, Effective Date: 05/01/2026  
Last Updated: 04/01/2026

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
ASMANEX TWISTHALER 14 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 220MCG/INH	4	QL(1 EA per 30 days)
ASMANEX TWISTHALER 30 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 110MCG/INH, 220MCG/INH	4	QL(1 EA per 30 days)
ASMANEX TWISTHALER 60 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 220MCG/INH	4	QL(1 EA per 30 days)
<i>budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	4	QL(120 ML per 30 days); B/D
<i>flunisolide solution 0.025%</i>	4	QL(50 ML per 30 days)
<i>fluticasone propionate suspension 50mcg/act</i>	1	
<i>mometasone furoate suspension 50mcg/act</i>	4	QL(34 GM per 30 days)
QVAR REDIHALER AEROSOL BREATH ACTIVATED 40MCG/ACT, 80MCG/ACT	3	QL(21.2 GM per 30 days)
<b>Antihistamines</b>		
<i>azelastine hcl nasal solution 0.15%</i>	2	QL(60 ML per 30 days)
<i>azelastine hydrochloride solution 0.1%</i>	2	QL(60 ML per 30 days)
<i>cetirizine hydrochloride solution 5mg/5ml</i>	2	
<i>cyproheptadine hydrochloride tablet 4mg</i>	4	
<i>diphenhydramine hydrochloride injection 50mg/ml</i>	4	
<i>hydroxyzine hcl tablet 50mg</i>	3	
<i>hydroxyzine hydrochloride syrup 10mg/5ml</i>	4	
<i>hydroxyzine hydrochloride tablet 10mg, 25mg</i>	3	
<i>hydroxyzine pamoate capsule 100mg, 25mg, 50mg</i>	4	
<i>levocetirizine dihydrochloride tablet 5mg</i>	2	
<b>Antileukotrienes</b>		
<i>montelukast sodium packet 4mg</i>	2	
<i>montelukast sodium tablet chewable 4mg, 5mg</i>	2	
<i>montelukast sodium tablet 10mg</i>	1	
<i>zafirlukast tablet 10mg, 20mg</i>	4	
<b>Bronchodilators, Anticholinergic</b>		
ATROVENT HFA AEROSOL SOLUTION 17MCG/ACT	4	QL(25.8 GM per 30 days)
INCRUSE ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5MCG/INH	3	QL(30 EA per 30 days)
<i>ipratropium bromide nasal solution 0.03%, 0.06%</i>	2	
<i>ipratropium bromide inhalation solution 0.02%</i>	2	QL(312.5 ML per 30 days); B/D
SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5MCG/ACT	3	
SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25MCG/ACT	3	QL(8 GM per 30 days)
<i>tiotropium bromide capsule 18mcg</i>	4	QL(30 EA per 30 days)
YUPELRI NEBULIZATION SOLUTION 175MCG/3ML	5	QL(90 ML per 30 days); B/D
<b>Bronchodilators, Sympathomimetic</b>		

Formulary ID: 26210, Version: 12, Effective Date: 05/01/2026  
Last Updated: 04/01/2026

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>albuterol sulfate hfa aerosol solution 108mcg/act</i>	2	QL(13.4 GM per 30 days); (6.7 GM Pack Size)
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	2	QL(17 GM per 30 days); (8.5 GM Pack Size)
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	2	QL(48 GM per 30 days); (18 GM Pack Size)
<i>albuterol sulfate nebulization solution 2.5mg/0.5ml</i>	2	QL(100 EA per 30 days); B/D
<i>albuterol sulfate nebulization solution 0.083%</i>	2	QL(525 ML per 30 days); B/D
<i>albuterol sulfate nebulization solution 0.63mg/3ml, 1.25mg/3ml</i>	4	QL(375 ML per 30 days); B/D
<i>arformoterol tartrate nebulization solution 15mcg/2ml</i>	4	QL(120 ML per 30 days); PA
<i>epinephrine injection 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	3	
<i>formoterol fumarate nebulization solution 20mcg/2ml</i>	4	QL(120 ML per 30 days); B/D
<i>levalbuterol hcl nebulization solution 1.25mg/3ml</i>	4	QL(270 ML per 30 days); B/D
<i>levalbuterol hcl nebulization solution 0.31mg/3ml, 0.63mg/3ml</i>	4	QL(540 ML per 30 days); B/D
<i>levalbuterol hydrochloride nebulization solution 0.63mg/3ml</i>	4	QL(540 ML per 30 days); B/D
<i>levalbuterol tartrate hfa aerosol 45mcg/act</i>	3	QL(30 GM per 30 days)
<i>levalbuterol nebulization solution 1.25mg/0.5ml</i>	4	QL(90 EA per 30 days); B/D
PROAIR RESPICLICK AEROSOL POWDER BREATH ACTIVATED 108MCG/ACT	3	QL(2 EA per 30 days)
SEREVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 50MCG/DOSE	3	QL(60 EA per 30 days)
<b>Cystic Fibrosis Agents</b>		
CAYSTON SOLUTION RECONSTITUTED 75MG	5	PA
KALYDECO PACKET 13.4MG, 25MG, 5.8MG, 50MG, 75MG	5	QL(56 EA per 28 days); PA
KALYDECO TABLET 150MG	5	QL(60 EA per 30 days); PA
ORKAMBI TABLET 125MG; 100MG, 125MG; 200MG	5	QL(112 EA per 28 days); PA
PULMOZYME SOLUTION 2.5MG/2.5ML	5	PA
<i>tobramycin nebulization solution 300mg/5ml</i>	5	B/D
TRIKAFTA TABLET THERAPY PACK 100MG; 0; 50MG	5	QL(84 EA per 28 days); PA
<b>Mast Cell Stabilizers</b>		
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	3	B/D
<b>Phosphodiesterase Inhibitors, Airways Disease</b>		
<i>roflumilast tablet 250mcg, 500mcg</i>	4	PA
<i>theophylline er tablet extended release 12 hour 300mg, 450mg</i>	4	
<i>theophylline er tablet extended release 24 hour 400mg, 600mg</i>	2	
<b>Pulmonary Antihypertensives</b>		
ADEMPAS TABLET 0.5MG, 1.5MG, 1MG, 2.5MG, 2MG	5	QL(90 EA per 30 days); PA
<i>alyq tablet 20mg</i>	4	QL(60 EA per 30 days); PA
<i>ambrisentan tablet 10mg, 5mg</i>	5	QL(30 EA per 30 days); PA
OPSUMIT TABLET 10MG	5	QL(30 EA per 30 days); PA

Formulary ID: 26210, Version: 12, Effective Date: 05/01/2026

Last Updated: 04/01/2026

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
ORENITRAM TITRATION KIT MONTH 1 TABLET EXTENDED RELEASE THERAPY PACK 0	5	QL(336 EA per 365 days); PA
ORENITRAM TITRATION KIT MONTH 2 TABLET EXTENDED RELEASE THERAPY PACK 0	5	QL(672 EA per 365 days); PA
ORENITRAM TITRATION KIT MONTH 3 TABLET EXTENDED RELEASE THERAPY PACK 0	5	QL(504 EA per 365 days); PA
ORENITRAM TABLET EXTENDED RELEASE 0.125MG	4	PA
ORENITRAM TABLET EXTENDED RELEASE 0.25MG, 1MG, 2.5MG, 5MG	5	PA
<i>sildenafil citrate tablet 20mg</i>	3	QL(90 EA per 30 days); PA; (20mg)
<i>tadalafil tablet 20mg</i>	4	QL(60 EA per 30 days); PA
VENTAVIS SOLUTION 10MCG/ML, 20MCG/ML	5	QL(270 ML per 30 days); PA
WINREVAIR INJECTION 0, 45MG, 60MG	5	QL(1 EA per 21 days); PA
<b>Pulmonary Fibrosis Agents</b>		
OFEV CAPSULE 100MG, 150MG	5	PA
<i>pirfenidone capsule 267mg</i>	5	PA
<i>pirfenidone tablet 267mg, 534mg, 801mg</i>	5	PA
<b>Respiratory Tract Agents, Other</b>		
ADVAIR HFA AEROSOL 115MCG/ACT; 21MCG/ACT, 230MCG/ACT; 21MCG/ACT, 45MCG/ACT; 21MCG/ACT	3	QL(24 GM per 30 days)
AIRSUPRA AEROSOL 90MCG/ACT; 80MCG/ACT	3	QL(32.1 GM per 30 days)
ANORO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5MCG/ACT; 25MCG/ACT	3	QL(60 EA per 30 days)
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT; 25MCG/ACT, 200MCG/INH; 25MCG/INH, 50MCG/INH; 25MCG/INH	3	QL(60 EA per 30 days)
<i>breyna aerosol 160mcg/act; 4.5mcg/act, 80mcg/act; 4.5mcg/act</i>	4	QL(10.3 GM per 30 days)
BREZTRI AEROSPHERE AEROSOL 160MCG/ACT; 4.8MCG/ACT; 9MCG/ACT	3	QL(23.6 GM per 28 days)
BRONCHITOL CAPSULE 40MG	5	QL(560 EA per 28 days); PA
<i>budesonide/formoterol fumarate dihydrate aerosol 160mcg/act; 4.5mcg/act, 80mcg/act; 4.5mcg/act</i>	4	QL(10.3 GM per 30 days)
COMBIVENT RESPIMAT AEROSOL SOLUTION 100MCG/ACT; 20MCG/ACT	3	QL(8 GM per 30 days)
DULERA AEROSOL 5MCG/ACT; 50MCG/ACT	4	QL(13 GM per 30 days); PA
DULERA AEROSOL 5MCG/ACT; 100MCG/ACT, 5MCG/ACT; 200MCG/ACT	4	QL(17.6 GM per 30 days); PA
FASENRA PEN INJECTION 30MG/ML	5	QL(1 ML per 28 days); PA
FASENRA INJECTION 10MG/0.5ML	4	QL(0.5 ML per 28 days); PA
FASENRA INJECTION 30MG/ML	5	QL(1 ML per 28 days); PA
<i>fluticasone propionate/salmeterol diskus aerosol powder breath activated 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act, 500mcg/act; 50mcg/act</i>	2	QL(60 EA per 30 days)

Formulary ID: 26210, Version: 12, Effective Date: 05/01/2026  
Last Updated: 04/01/2026

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Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone propionate/salmeterol aerosol powder breath activated 500mcg/act; 50mcg/act</i>	2	QL(60 EA per 30 days)
<i>ipratropium bromide/albuterol sulfate solution 2.5mg/3ml; 0.5mg/3ml</i>	2	QL(540 ML per 30 days); B/D
NUCALA INJECTION 40MG/0.4ML	5	QL(0.4 ML per 28 days); PA
NUCALA INJECTION 100MG	5	QL(3 EA per 28 days); PA
NUCALA INJECTION 100MG/ML	5	QL(3 ML per 28 days); PA
STIOLTO RESPIMAT AEROSOL SOLUTION 2.5MCG/ACT; 2.5MCG/ACT	3	QL(24 GM per 30 days)
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT; 62.5MCG/ACT; 25MCG/ACT, 200MCG/INH; 62.5MCG/INH; 25MCG/INH	3	QL(60 EA per 30 days)
<i>wixela inhub aerosol powder breath activated 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act, 500mcg/act; 50mcg/act</i>	2	QL(60 EA per 30 days)
<b>Skeletal Muscle Relaxants</b>		
<i>Skeletal Muscle Relaxants</i>		
<i>cyclobenzaprine hydrochloride tablet 10mg, 5mg</i>	3	PA
<i>methocarbamol tablet 500mg, 750mg</i>	2	
<i>orphenadrine citrate er tablet extended release 12 hour 100mg</i>	3	
<b>Sleep Disorder Agents</b>		
<i>Sleep Promoting Agents</i>		
BELSOMRA TABLET 10MG, 15MG, 20MG, 5MG	3	QL(30 EA per 30 days)
<i>eszopiclone tablet 1mg, 2mg, 3mg</i>	4	QL(30 EA per 30 days)
<i>ramelteon tablet 8mg</i>	4	QL(30 EA per 30 days)
<i>temazepam capsule 15mg, 30mg</i>	3	QL(30 EA per 30 days)
<i>zaleplon capsule 5mg</i>	4	QL(30 EA per 30 days)
<i>zaleplon capsule 10mg</i>	4	QL(60 EA per 30 days)
<i>zolpidem tartrate er tablet extended release 12.5mg, 6.25mg</i>	4	QL(30 EA per 30 days)
<i>zolpidem tartrate tablet 10mg, 5mg</i>	2	QL(30 EA per 30 days)
<b>Wakefulness Promoting Agents</b>		
<i>armodafinil tablet 150mg, 200mg, 250mg</i>	4	QL(30 EA per 30 days); PA
<i>armodafinil tablet 50mg</i>	4	QL(60 EA per 30 days); PA
<i>modafinil tablet 100mg, 200mg</i>	3	QL(30 EA per 30 days); PA
<i>sodium oxybate solution 500mg/ml</i>	5	QL(540 ML per 30 days); PA

Formulary ID: 26210, Version: 12, Effective Date: 05/01/2026  
Last Updated: 04/01/2026

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

# Index of Drugs

	<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
	<i>abacavir</i>	33	ADEMPAS	74
	<i>abacavir sulfate/lamivudine</i>	33	ADTHYZA	61
	ABELCET	20	ADV AIR HFA	75
	<i>abigale</i>	57	<i>afirmelle</i>	57
	<i>abigale lo</i>	57	AIMOVIG	21
	ABILIFY MAINTENA	30	AIRSUPRA	75
	<i>abiraterone acetate</i>	22	AKEEGA	23
	<i>abirtega</i>	22	<i>ala-cort</i>	49
	ABRYSVO	66	<i>albendazole</i>	28
	<i>acamprosate calcium dr</i>	10	<i>albuterol sulfate</i>	74
	<i>acarbose</i>	35	<i>albuterol sulfate hfa</i>	74
	ACCUTANE	48	<i>alclometasone dipropionate</i>	49
	<i>acebutolol hydrochloride</i>	41	ALCOHOL PREP PADS	69
	<i>acetaminophen/codeine</i>	9	ALECENSA	24
	<i>acetaminophen/codeine phosphate</i>	9	<i>alendronate sodium</i>	68
	<i>acetazolamide</i>	72	<i>alfuzosin hcl er</i>	56
	<i>acetazolamide er</i>	72	ALINIA	28
	<i>acetic acid</i>	72	<i>aliskiren</i>	42
	<i>acetic acid 0.25%</i>	56	<i>allopurinol</i>	21
	<i>acitretin</i>	48	<i>alose tron hydrochloride</i>	53
	ACTHIB	66	<i>alprazolam</i>	35
	ACTIMMUNE	64	<i>altavera</i>	57
	<i>acyclovir</i>	34	ALUNBRIG	24
	<i>acyclovir</i>	51	<i>alyacen 1/35</i>	57
	<i>acyclovir sodium</i>	34	<i>alyacen 7/7/7</i>	57
	ADACEL	66	<i>alyq</i>	74
	ADALIMUMAB-AATY 1-PEN KIT	64	<i>amabelz</i>	57
	ADALIMUMAB-AATY 2-PEN KIT	64	<i>amantadine hcl</i>	34
	ADALIMUMAB-AATY 2-SYRINGE	64	<i>ambrisentan</i>	74
	<i>adalimumab-aaty cd/uc/hs starter</i>	64	<i>amethia</i>	57
	ADALIMUMAB-ADBM	65	<i>amethyst</i>	57
	ADALIMUMAB-ADBM CROHNS/UC/HS	65	<i>amikacin sulfate</i>	10
	STARTER		<i>amiloride hcl</i>	44
	ADALIMUMAB-ADBM	65	<i>amiloride/hydrochlorothiazide</i>	43
	PSORIASIS/UEVITIS STARTER		AMINOSYN II	51
	ADALIMUMAB-ADBM STARTER	65	AMINOSYN-PF	51
	PACKAGE FOR CROHNS		<i>amiodarone hydrochloride</i>	41
	DISEASE/UC/HS		<i>amitriptyline hcl</i>	19
	ADALIMUMAB-ADBM STARTER	65	<i>amitriptyline hydrochloride</i>	19
	PACKAGE FOR PSORIASIS/UEVITIS		<i>amlodipine besylate</i>	42
	<i>adapalene/benzoyl peroxide</i>	48	<i>amlodipine besylate/benazepril</i>	43
	ADBRY	49	<i>hydrochloride</i>	
	<i>adefovir dipivoxil</i>	31	<i>amlodipine besylate/valsartan</i>	43
			<i>amlodipine/olmesartan medoxomil</i>	43
			<i>ammonium lactate</i>	49
			<i>amnesteem</i>	48

Formulary ID: 26210, Version: 12, Effective Date: 05/01/2026

Last Updated: 04/01/2026

Drug Name	Page #	Drug Name	Page #
<i>amoxapine</i>	19	<i>atorvastatin calcium</i>	44
<i>amoxicillin</i>	12	<i>atovaquone</i>	28
<i>amoxicillin/clavulanate potassium</i>	12	<i>atovaquone/proguanil hcl</i>	28
<i>amoxicillin/clavulanate potassium er</i>	12	<i>atovaquone/proguanil hydrochloride</i>	28
<i>amphetamine/dextroamphetamine</i>	46	<i>atropine sulfate</i>	70
<i>amphotericin b</i>	20	ATROVENT HFA	73
<i>amphotericin b liposome</i>	20	<i>aubra eq</i>	57
<i>ampicillin</i>	13	AUGMENTIN	13
<i>ampicillin sodium</i>	12	AUGTYRO	24
<i>ampicillin/sulbactam</i>	12	<i>aurovela 1.5/30</i>	57
<i>ampicillin-sulbactam</i>	12	<i>aurovela 1/20</i>	57
<i>anagrelide hydrochloride</i>	39	<i>aurovela fe 1.5/30</i>	57
<i>anastrozole</i>	24	<i>aurovela fe 1/20</i>	57
ANORO ELLIPTA	75	AUSTEDO	47
<i>aprepitant</i>	20	AUSTEDO XR	47
APTIVUS	34	AUSTEDO XR PATIENT TITRATION	47
AREXVY	66	KIT	
<i>arformoterol tartrate</i>	74	AUVELITY	17
ARIKAYCE	10	<i>aviane</i>	57
<i>aripiprazole</i>	30	AVMAPKI FAKZYNJA CO-PACK	24
<i>aripiprazole odt</i>	30	AVONEX	47
ARISTADA	30	AVONEX PEN	47
ARISTADA INITIO	30	<i>ayuna</i>	57
<i>armodafinil</i>	76	AYVAKIT	24
ARMOUR THYROID	61	<i>azathioprine</i>	65
ARNUITY ELLIPTA	72	<i>azelaic acid</i>	48
<i>asenapine maleate sl</i>	30	<i>azelastine hcl</i>	71
<i>ashlyna</i>	57	<i>azelastine hcl</i>	73
ASMANEX HFA	72	<i>azelastine hydrochloride</i>	73
ASMANEX TWISTHALER 120	72	<i>azithromycin</i>	13
METERED DOSES		<i>aztreonam</i>	10
ASMANEX TWISTHALER 14 METERED	73	<i>azurette</i>	57
DOSES		<i>bacitracin</i>	71
ASMANEX TWISTHALER 30 METERED	73	<i>bacitracin/polymyxin b</i>	70
DOSES		<i>baclofen</i>	31
ASMANEX TWISTHALER 60 METERED	73	<i>balsalazide disodium</i>	68
DOSES		BALVERSA	24
<i>aspirin/dipyridamole</i>	40	<i>balziva</i>	57
<i>aspirin/dipyridamole er</i>	40	BAQSIMI ONE PACK	37
ASTAGRAF XL	65	BAQSIMI TWO PACK	37
<i>atazanavir</i>	34	BARACLUDGE	31
<i>atazanavir sulfate</i>	34	<i>bcg vaccine</i>	66
<i>atenolol</i>	41	BD INSULIN SYRINGE	69
<i>atenolol/chlorthalidone</i>	43	SAFETYGLIDE/1ML/29G X 1/2"	
<i>atomoxetine</i>	46	B-D INSULIN SYRINGE ULTRAFINE	69
<i>atomoxetine hydrochloride</i>	46	II/0.3ML/31G X 5/16"	

Drug Name	Page #	Drug Name	Page #
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	69	BRIVIACT	14
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	69	<i>bromfenac sodium</i>	71
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	69	<i>bromocriptine mesylate</i>	28
<i>bd veo insulin syringe ultra-fine/0.3ml/31g x 6mm</i>	69	BRONCHITOL	75
BELSOMRA	76	BRUKINSA	24
<i>benazepril hydrochloride</i>	40	<i>budesonide</i>	68
<i>benazepril hydrochloride/hydrochlorothiazide</i>	43	<i>budesonide</i>	73
BENLYSTA	63	<i>budesonide er</i>	68
<i>benznidazole</i>	28	<i>budesonide/formoterol fumarate dihydrate</i>	75
<i>benztropine mesylate</i>	28	<i>bumetanide</i>	44
BESIVANCE	71	<i>buprenorphine</i>	8
BESREMI	64	<i>buprenorphine hcl</i>	10
<i>betaine anhydrous</i>	54	<i>buprenorphine hcl/naloxone hcl</i>	10
<i>betamethasone dipropionate</i>	49	<i>buprenorphine hydrochloride/naloxone hydrochloride</i>	10
<i>betamethasone dipropionate augmented</i>	49	<i>bupropion hydrochloride</i>	18
<i>betamethasone valerate</i>	49	<i>bupropion hydrochloride er (sr)</i>	10
BETASERON	47	<i>bupropion hydrochloride er (sr)</i>	17
<i>betaxolol hcl</i>	41	<i>bupropion hydrochloride er (xl)</i>	18
<i>betaxolol hcl</i>	72	<i>bupirone hcl</i>	35
<i>bethanechol chloride</i>	56	<i>bupirone hydrochloride</i>	35
<i>bexarotene</i>	28	<i>butalbital/acetaminophen/caffeine</i>	47
BEXSERO	66	CABENUVA	32
<i>bicalutamide</i>	22	<i>cabergoline</i>	62
BICILLIN L-A	13	CABLIVI	40
BIKTARVY	32	CABOMETYX	24
<i>bisoprolol fumarate</i>	41	<i>calcipotriene</i>	50
<i>bisoprolol fumarate/hydrochlorothiazide</i>	43	<i>calcitonin-salmon</i>	69
BIVIGAM	63	<i>calcitriol</i>	69
<i>blisovi fe 1.5/30</i>	57	<i>calcium acetate</i>	52
<i>blisovi fe 1/20</i>	57	CALQUENCE	24
BONSITY	68	<i>camila</i>	61
BOOSTRIX	67	<i>camrese</i>	57
BOSULIF	24	<i>camrese lo</i>	57
BRAFTOVI	24	<i>candesartan cilexetil</i>	40
BREO ELLIPTA	75	<i>candesartan cilexetil/hydrochlorothiazide</i>	43
<i>breyna</i>	75	CAPLYTA	30
BREZTRI AEROSPHERE	75	CAPRELSA	24
<i>briellyn</i>	57	<i>captopril</i>	40
BRIMONIDINE TARTRATE	72	<i>captopril/hydrochlorothiazide</i>	43
<i>brimonidine tartrate/timolol maleate</i>	70	<i>carbamazepine</i>	16
<i>brinzolamide</i>	72	<i>carbamazepine er</i>	16
		<i>carbidopa</i>	29
		<i>carbidopa/levodopa</i>	29
		<i>carbidopa/levodopa er</i>	29
		<i>carbidopa/levodopa odt</i>	29

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>carglumic acid</i>	51	<i>ciprofloxacin hcl</i>	13
<i>carteolol hcl</i>	72	<i>ciprofloxacin hydrochloride</i>	13
<i>cartia xt</i>	42	<i>ciprofloxacin hydrochloride</i>	71
<i>carvedilol</i>	41	<i>ciprofloxacin i.v.-in d5w</i>	13
<i>casprofungin acetate</i>	20	<i>ciprofloxacin/dexamethasone</i>	72
CAYSTON	74	<i>cisplatin</i>	22
<i>cefaclor</i>	11	<i>citalopram hydrobromide</i>	18
<i>cefadroxil</i>	11	<i>claravis</i>	48
CEFAZOLIN	11	<i>clarithromycin</i>	13
<i>cefazolin sodium</i>	11	<i>clarithromycin er</i>	13
<i>cefdinir</i>	11	CLENPIQ	53
<i>cefepime</i>	12	CLIMARA PRO	58
<i>cefepime hydrochloride</i>	12	<i>clindacin etz pledgets</i>	10
CEFEPIME/DEXTROSE	12	<i>clindamycin hcl</i>	10
<i>cefixime</i>	12	<i>clindamycin hydrochloride</i>	10
<i>cefotaxime sodium</i>	12	<i>clindamycin palmitate hydrochloride</i>	11
<i>cefotetan</i>	12	<i>clindamycin phosphate</i>	11
<i>cefoxitin sodium</i>	12	<i>clindamycin phosphate</i>	51
<i>cefpodoxime proxetil</i>	12	<i>clindamycin phosphate/benzoyl peroxide</i>	48
<i>cefprozil</i>	12	<i>clobazam</i>	15
<i>ceftaroline fosamil</i>	12	<i>clobetasol propionate</i>	49
<i>ceftazidime</i>	12	<i>clobetasol propionate e</i>	49
<i>ceftriaxone sodium</i>	12	<i>clomipramine hydrochloride</i>	19
<i>cefuroxime axetil</i>	12	<i>clonazepam</i>	15
<i>cefuroxime sodium</i>	12	<i>clonazepam odt</i>	15
<i>celecoxib</i>	8	<i>clonidine</i>	40
<i>cephalexin</i>	12	<i>clonidine hydrochloride</i>	40
CERDELGA	54	<i>clopidogrel</i>	40
<i>cetirizine hydrochloride</i>	73	<i>clorazepate dipotassium</i>	35
<i>chateal eq</i>	57	<i>clotrimazole</i>	20
CHEMET	52	<i>clotrimazole/betamethasone dipropionate</i>	50
<i>chlorhexidine gluconate</i>	48	<i>clozapine</i>	31
<i>chloroquine phosphate</i>	28	<i>clozapine odt</i>	31
<i>chlorpromazine hydrochloride</i>	29	COARTEM	28
<i>chlorthalidone</i>	44	COBENFY	47
CHOLBAM	54	COBENFY STARTER PACK	47
<i>cholestyramine</i>	44	<i>colchicine</i>	21
<i>cholestyramine light</i>	44	<i>colesevelam hydrochloride</i>	45
<i>ciclodan</i>	51	<i>colestipol hydrochloride</i>	45
<i>ciclopirox</i>	51	<i>colistimethate sodium</i>	11
<i>ciclopirox nail lacquer</i>	51	COMBIGAN	70
<i>ciclopirox olamine</i>	51	COMBIVENT RESPIMAT	75
<i>cilostazol</i>	40	COMETRIQ	24
CIMDUO	33	<i>compro</i>	19
<i>cinacalcet hydrochloride</i>	69	<i>conjugated estrogens</i>	58
CINRYZE	63	<i>constulose</i>	53

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
COPIKTRA	24	DEPO-SUBQ PROVERA 104	61
<i>cortisone acetate</i>	56	DESCOVY	33
COSENTYX	63	<i>desipramine hydrochloride</i>	19
COSENTYX SENSOREADY PEN	63	<i>desmopressin acetate</i>	56
COSENTYX UNOREADY	63	<i>desogestrel/ethinyl estradiol</i>	58
COTELLIC	24	<i>desonide</i>	49
CREON	55	<i>desoximetasone</i>	49
CRESEMBA	20	<i>desvenlafaxine er</i>	18
<i>cromolyn sodium</i>	55	<i>dexamethasone</i>	56
<i>cromolyn sodium</i>	71	<i>dexamethasone sodium phosphate</i>	71
<i>cromolyn sodium</i>	74	<i>dexmethylphenidate hcl</i>	46
<i>cryselle</i>	58	<i>dexmethylphenidate hydrochloride</i>	46
<i>cryselle-28</i>	58	<i>dextroamphetamine sulfate</i>	46
CTEXLI	53	<i>dextroamphetamine sulfate er</i>	46
CURITY GAUZE PADS 2"X2" 12 PLY	69	<i>dextrose 5%</i>	51
<i>cyclobenzaprine hydrochloride</i>	76	<i>dextrose 5%/sodium chloride 0.45%</i>	51
<i>cyclophosphamide</i>	22	<i>dextrose 5%/sodium chloride 0.9%</i>	51
<i>cycloserine</i>	22	DIACOMIT	15
<i>cyclosporine</i>	65	<i>diazepam</i>	15
<i>cyclosporine</i>	70	<i>diazepam</i>	35
<i>cyclosporine modified</i>	65	<i>diazepam intensol</i>	35
<i>cyproheptadine hydrochloride</i>	73	<i>diazoxide</i>	37
CYSTAGON	55	<i>diclofenac potassium</i>	8
CYSTARAN	70	<i>diclofenac sodium</i>	8
<i>dabigatran etexilate</i>	39	<i>diclofenac sodium</i>	50
<i>dalfampridine er</i>	47	<i>diclofenac sodium</i>	71
<i>danazol</i>	57	<i>diclofenac sodium dr</i>	8
<i>dantrolene sodium</i>	31	<i>diclofenac sodium er</i>	8
DANZITEN	24	<i>dicloxacillin sodium</i>	13
<i>dapagliflozin propanediol</i>	45	<i>dicyclomine hcl</i>	53
<i>dapsone</i>	22	<i>dicyclomine hydrochloride</i>	53
DAPTACEL	67	DIFICID	13
<i>daptomycin</i>	11	<i>diflunisal</i>	8
DAPTOMYCIN/SODIUM CHLORIDE	11	<i>digox</i>	41
<i>darunavir</i>	34	<i>digoxin</i>	41
<i>dasatinib</i>	24	<i>dihydroergotamine mesylate</i>	21
<i>dasetta 1/35</i>	58	DILANTIN	16
<i>dasetta 7/7/7</i>	58	<i>diltiazem hcl</i>	42
DAURISMO	24	<i>diltiazem hcl cd</i>	42
<i>daysee</i>	58	<i>diltiazem hcl er</i>	42
<i>deblitane</i>	61	<i>diltiazem hydrochloride</i>	42
<i>deferasirox</i>	52	<i>diltiazem hydrochloride er</i>	42
DELSTRIGO	32	<i>dilt-xr</i>	42
<i>delyla</i>	58	<i>dimethyl fumarate</i>	47
<i>demeclocycline hcl</i>	14	<i>dimethyl fumarate starterpack</i>	47
DENGVAXIA	67	<i>diphenhydramine hydrochloride</i>	73

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>diphenoxylate hydrochloride/atropine</i>	53	ELIQUIS	39
<i>sulfate</i>		ELIQUIS STARTER PACK	39
<i>disulfiram</i>	10	ELLA	69
<i>divalproex sodium dr</i>	15	ELMIRON	56
<i>divalproex sodium er</i>	15	<i>eltrombopag olamine</i>	39
<i>dofetilide</i>	41	<i>eluryng</i>	58
<i>dolishale</i>	58	EMCYT	23
<i>donepezil hcl</i>	17	EMGALITY	21
<i>donepezil hydrochloride</i>	17	EMPAVELI	63
DOPTELET	40	EMSAM	18
<i>dorzolamide hcl/timolol maleate</i>	70	<i>emtricitabine</i>	33
<i>dorzolamide hydrochloride</i>	72	<i>emtricitabine/rilpivirine/tenofovir disoproxil fumarate</i>	32
DOTTI	58	<i>emtricitabine/tenofovir disoproxil fumarate</i>	33
DOVATO	32	<i>emtricitabine/tenofovir disoproxil fumarate</i>	33
<i>doxazosin mesylate</i>	56	EMTRIVA	33
<i>doxepin hcl</i>	19	<i>enzahh</i>	61
<i>doxepin hydrochloride</i>	19	<i>enalapril maleate</i>	40
<i>doxycycline</i>	14	<i>enalapril maleate/hydrochlorothiazide</i>	43
<i>doxycycline hyclate</i>	14	ENBREL	65
<i>doxycycline hyclate</i>	48	ENBREL MINI	65
<i>doxycycline monohydrate</i>	14	ENBREL SURECLICK	65
DRIZALMA SPRINKLE	18	<i>endocet</i>	9
<i>dronabinol</i>	20	ENGERIX-B	67
DROXIA	23	<i>enilloring</i>	58
<i>droxidopa</i>	40	<i>enoxaparin sodium</i>	39
DULERA	75	<i>enpresse-28</i>	58
<i>duloxetine hydrochloride dr</i>	18	ENSACOVE	24
DUPIXENT	63	<i>entacapone</i>	28
<i>dutasteride</i>	56	<i>entecavir</i>	32
EASY COMFORT INSULIN	69	ENTRESTO	43
SYRINGE/0.3ML/31G X 1/2"		<i>enulose</i>	53
EASY COMFORT PEN NEEDLES	69	ENVARUSUS XR	65
29GX4MM		EPIDIOLEX	14
<i>ec-naproxen</i>	8	<i>epinephrine</i>	74
<i>econazole nitrate</i>	20	<i>epitol</i>	16
EDARBI	40	<i>eplerenone</i>	45
EDARBYCLOR	43	EPRONTIA	14
EDURANT	32	<i>ergoloid mesylates</i>	17
EDURANT PED	32	<i>ergotamine tartrate/caffeine</i>	21
<i>efavirenz</i>	32	ERIVEDGE	24
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	32	ERLEADA	22
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	32	<i>erlotinib hydrochloride</i>	24
<i>effer-k</i>	51	<i>errin</i>	61
<i>elinest</i>	58	<i>ertapenem sodium</i>	13
		<i>ery</i>	51

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>erythromycin</i>	51	<i>felodipine er</i>	42
<i>erythromycin</i>	71	<i>fenofibrate</i>	44
<i>erythromycin dr</i>	13	<i>fenofibrate micronized</i>	44
<i>erythromycin/benzoyl peroxide</i>	48	<i>fenofibric acid dr</i>	44
<i>escitalopram oxalate</i>	18	<i>fentanyl</i>	8
<i>eslicarbazepine acetate</i>	16	<i>fentanyl citrate oral transmucosal</i>	9
<i>esomeprazole magnesium</i>	54	<i>fesoterodine fumarate er</i>	55
<i>estarylla</i>	58	FETZIMA	18
<i>estradiol</i>	58	FETZIMA TITRATION PACK	18
<i>estradiol/norethindrone acetate</i>	58	FIASP	37
ESTRING	58	FIASP FLEXTOUCH	37
<i>eszopiclone</i>	76	FIASP PENFILL	37
<i>ethambutol hydrochloride</i>	22	<i>fidaxomicin</i>	13
<i>ethosuximide</i>	15	FINACEA	48
<i>ethynodiol diacetate/ethinyl estradiol</i>	58	<i>finasteride</i>	56
<i>etodolac</i>	8	<i>fingolimod hydrochloride</i>	47
<i>etonogestrel/ethinyl estradiol</i>	58	FINTEPLA	14
<i>etravirine</i>	32	FIRMAGON	62
EUCRISA	49	FLAREX	71
EULEXIN	22	<i>flecainide acetate</i>	41
EUTHYROX	61	<i>fluconazole</i>	20
<i>everolimus</i>	24	<i>fluconazole in sodium chloride</i>	20
<i>everolimus</i>	65	<i>flucytosine</i>	20
EVOTAZ	34	<i>fludrocortisone acetate</i>	56
EVRYSDI	55	<i>flunisolide</i>	73
<i>exemestane</i>	24	<i>fluocinolone acetonide</i>	49
EXKIVITY	24	<i>fluocinolone acetonide body</i>	49
EXXUA	18	<i>fluocinolone acetonide scalp</i>	49
EXXUA TITRATION PACK	18	<i>fluocinolone acetonide topical</i>	49
<i>ezetimibe</i>	45	<i>fluocinonide</i>	49
<i>ezetimibe/simvastatin</i>	45	<i>fluorometholone</i>	72
FABRAZYME	55	FLUOROURACIL	50
<i>falmina</i>	58	<i>fluoxetine hydrochloride</i>	18
<i>famciclovir</i>	35	<i>fluphenazine decanoate</i>	29
<i>famotidine</i>	54	<i>fluphenazine hcl</i>	29
FANAPT	30	<i>fluphenazine hydrochloride</i>	29
FANAPT TITRATION PACK A	30	<i>flurbiprofen</i>	8
FANAPT TITRATION PACK B	30	<i>flurbiprofen sodium</i>	72
FANAPT TITRATION PACK C	30	<i>fluticasone propionate</i>	49
FARXIGA	45	<i>fluticasone propionate</i>	73
FASENRA	75	<i>fluticasone propionate/salmeterol</i>	76
FASENRA PEN	75	<i>fluticasone propionate/salmeterol diskus</i>	75
<i>febuxostat</i>	21	<i>fluvastatin</i>	44
<i>feirza 1.5/30</i>	58	<i>fluvastatin sodium er</i>	44
<i>feirza 1/20</i>	58	<i>fluvoxamine maleate</i>	19
<i>felbamate</i>	14	<i>fondaparinux sodium</i>	39

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>formoterol fumarate</i>	74	<i>glucagon emergency kit for low blood sugar</i>	37
FORTEO	69	<i>glyburide</i>	36
<i>fosamprenavir calcium</i>	34	<i>glyburide micronized</i>	36
<i>fosfomycin tromethamine</i>	11	<i>glyburide/metformin hydrochloride</i>	36
<i>fosinopril sodium</i>	40	<i>glycopyrrolate</i>	53
<i>fosinopril sodium/hydrochlorothiazide</i>	43	GLYXAMBI	36
FOTIVDA	24	GOMEKLI	25
FRAGMIN	39	<i>griseofulvin microsize</i>	20
FRUZAQLA	24	<i>griseofulvin ultramicrosize</i>	20
<i>furosemide</i>	44	<i>guanfacine hydrochloride</i>	40
FUZEON	33	<i>guanfacine hydrochloride er</i>	46
FYAVOLV	58	GVOKE HYPOPEN 1-PACK	37
FYCOMPA	14	GVOKE HYPOPEN 2-PACK	37
<i>gabapentin</i>	15	GVOKE KIT	37
<i>galantamine hydrobromide</i>	17	GVOKE PFS	37
<i>galantamine hydrobromide er</i>	17	<i>hailey 1.5/30</i>	58
<i>gallifrey</i>	61	<i>hailey fe 1.5/30</i>	58
GAMASTAN	63	<i>hailey fe 1/20</i>	58
<i>ganciclovir</i>	31	<i>halobetasol propionate</i>	49
GARDASIL 9	67	<i>haloette</i>	58
<i>gatifloxacin</i>	71	<i>haloperidol</i>	29
<i>gavilyte-c</i>	53	<i>haloperidol decanoate</i>	29
<i>gavilyte-g</i>	53	<i>haloperidol lactate</i>	29
<i>gavilyte-n/flavor pack</i>	53	HAVRIX	67
GAVRETO	25	<i>heather</i>	61
<i>gefitinib</i>	25	<i>heparin sodium</i>	39
GELNIQUE	55	HEPLISAV-B	67
<i>gemfibrozil</i>	44	HERNEXEOS	25
GEMTESA	55	HIBERIX	67
<i>generlac</i>	53	HIZENTRA	63
<i>gengraf</i>	65	HUMALOG	37
GENOTROPIN	57	HUMALOG JUNIOR KWIKPEN	37
GENOTROPIN MINIQUICK	57	HUMALOG KWIKPEN	37
<i>gentamicin sulfate</i>	10	HUMALOG MIX 50/50	37
<i>gentamicin sulfate</i>	71	HUMALOG MIX 50/50 KWIKPEN	37
<i>gentamicin sulfate pediatric</i>	10	HUMALOG MIX 75/25	37
GENVOYA	32	HUMALOG MIX 75/25 KWIKPEN	37
GILOTRIF	25	HUMATIN	10
<i>glatiramer acetate</i>	47	HUMIRA	66
GLEOSTINE	22	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	65
<i>glimepiride</i>	35	HUMIRA PEN	66
<i>glipizide</i>	36	HUMIRA PEN-CD/UC/HS STARTER	65
<i>glipizide er</i>	35	HUMIRA PEN-PEDIATRIC UC STARTER PACK	66
<i>glipizide xl</i>	36	HUMIRA PEN-PS/UV STARTER	66
<i>glipizide/metformin hydrochloride</i>	36		
<i>glucagon emergency kit</i>	37		

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
HUMULIN 70/30	37	IMPAVIDO	11
HUMULIN 70/30 KWIKPEN	37	INBRIJA	29
HUMULIN N	37	<i>incassia</i>	61
HUMULIN N KWIKPEN	37	INCRELEX	57
HUMULIN R	37	INCRUSE ELLIPTA	73
HUMULIN R U-500 (CONCENTRATED)	37	<i>indapamide</i>	44
HUMULIN R U-500 KWIKPEN	37	<i>indomethacin</i>	8
<i>hydralazine hydrochloride</i>	45	<i>indomethacin er</i>	8
<i>hydrochlorothiazide</i>	44	INFANRIX	67
<i>hydrocodone bitartrate/acetaminophen</i>	9	INFLECTRA	66
<i>hydrocodone/acetaminophen</i>	9	INFLIXIMAB	66
<i>hydrocortisone</i>	50	INGREZZA	47
<i>hydrocortisone</i>	56	INLURIYO	23
<i>hydrocortisone</i>	68	INLYTA	25
<i>hydrocortisone valerate</i>	50	INQOVI	25
<i>hydrocortisone/acetic acid</i>	72	INREBIC	23
<i>hydromorphone hcl</i>	9	INSULIN ASPART	38
<i>hydromorphone hydrochloride</i>	9	INSULIN ASPART FLEXPEN	37
<i>hydroxychloroquine sulfate</i>	28	INSULIN ASPART PENFILL	37
<i>hydroxyurea</i>	23	<i>insulin lispro</i>	38
<i>hydroxyzine hcl</i>	73	INTELENCE	32
<i>hydroxyzine hydrochloride</i>	73	<i>introvale</i>	59
<i>hydroxyzine pamoate</i>	73	INVEGA HAFYERA	30
HYPERHEP B	63	INVEGA SUSTENNA	30
HYRNUO	25	INVEGA TRINZA	30
<i>ibandronate sodium</i>	69	IPOL INACTIVATED IPV	67
IBRANCE	23	<i>ipratropium bromide</i>	73
IBRANCE	25	<i>ipratropium bromide/albuterol sulfate</i>	76
IBTROZI	25	<i>irbesartan</i>	40
<i>ibu</i>	8	<i>irbesartan/hydrochlorothiazide</i>	43
<i>ibuprofen</i>	8	ISENTRESS	32
<i>icatibant acetate</i>	63	ISENTRESS HD	32
<i>iclevia</i>	59	ISONIAZID	22
ICLUSIG	25	<i>isosorbide dinitrate</i>	45
<i>icosapent ethyl</i>	45	<i>isosorbide dinitrate/hydralazine</i>	43
IDHIFA	25	<i>hydrochloride</i>	
IGALMI	35	<i>isosorbide mononitrate</i>	45
ILEVRO	72	<i>isosorbide mononitrate er</i>	45
<i>imatinib mesylate</i>	25	<i>isotretinoin</i>	48
IMBRUVICA	25	<i>isradipine</i>	42
<i>imipenem/cilastatin</i>	13	ISTURISA	57
<i>imipramine hcl</i>	19	ITOVEBI	23
<i>imipramine hydrochloride</i>	19	<i>itraconazole</i>	20
<i>imiquimod</i>	50	<i>ivabradine hydrochloride</i>	43
IMKELDI	25	<i>ivermectin</i>	28
IMOVAX RABIES (H.D.C.V.)	67	IWILFIN	23

Drug Name	Page #	Drug Name	Page #
IXIARO	67	<i>klor-con 8</i>	51
<i>jaimiess</i>	59	<i>klor-con m10</i>	52
JAKAFI	25	<i>klor-con m15</i>	52
<i>jantoven</i>	39	<i>klor-con m20</i>	52
JANUMET	36	<i>klor-con/ef</i>	52
JANUMET XR	36	KLOXXADO	10
JANUVIA	36	KOMZIFTI	23
JARDIANCE	45	KOSELUGO	25
JAYPIRCA	25	<i>kourzeq</i>	48
<i>jencycla</i>	61	KRAZATI	25
JENTADUETO	36	<i>kurvelo</i>	59
JENTADUETO XR	36	<i>labetalol hydrochloride</i>	41
<i>jinteli</i>	59	<i>lacosamide</i>	16
<i>jolessa</i>	59	<i>lactulose</i>	53
JOURNAVX	8	LAGEVRIO	35
JUBBONTI	69	<i>lamivudine</i>	32
JUBLIA	20	<i>lamivudine</i>	33
JULUCA	32	<i>lamivudine/zidovudine</i>	33
<i>junel 1.5/30</i>	59	<i>lamotrigine</i>	14
<i>junel 1/20</i>	59	<i>lamotrigine er</i>	14
<i>junel fe 1.5/30</i>	59	<i>lamotrigine odt</i>	14
<i>junel fe 1/20</i>	59	<i>lamotrigine starter kit/blue</i>	14
JYLAMVO	66	<i>lamotrigine starter kit/green</i>	14
JYNARQUE	52	<i>lamotrigine starter kit/orange</i>	14
JYNNEOS	67	<i>lansoprazole</i>	54
KALETRA	34	LANTUS	38
KALYDECO	74	LANTUS SOLOSTAR	38
<i>kariva</i>	59	<i>lapatinib ditosylate</i>	25
<i>kelnor 1/35</i>	59	<i>larin 1.5/30</i>	59
<i>kelnor 1/50</i>	59	<i>larin 1/20</i>	59
KERENDIA	45	<i>larin fe 1.5/30</i>	59
KESIMPTA	48	<i>larin fe 1/20</i>	59
<i>ketoconazole</i>	20	<i>latanoprost</i>	72
<i>ketorolac tromethamine</i>	8	LAZCLUZE	23
<i>ketorolac tromethamine</i>	72	<i>leflunomide</i>	66
<i>ketorolac tromethamine +rfid</i>	8	<i>lenalidomide</i>	22
KINERET	63	LENVIMA 10 MG DAILY DOSE	25
KINRIX	67	LENVIMA 12MG DAILY DOSE	25
<i>kionex</i>	52	LENVIMA 14 MG DAILY DOSE	25
KISQALI	25	LENVIMA 18 MG DAILY DOSE	25
KISQALI FEMARA 200 DOSE	23	LENVIMA 20 MG DAILY DOSE	25
KISQALI FEMARA 400 DOSE	23	LENVIMA 24 MG DAILY DOSE	25
KISQALI FEMARA 600 DOSE	23	LENVIMA 4 MG DAILY DOSE	26
<i>klayesta</i>	20	LENVIMA 8 MG DAILY DOSE	26
<i>klor-con</i>	52	<i>lessina</i>	59
<i>klor-con 10</i>	51	<i>letrozole</i>	24

Drug Name	Page #	Drug Name	Page #
<i>leucovorin calcium</i>	23	<i>lopinavir/ritonavir</i>	34
LEUKERAN	22	<i>lorazepam</i>	35
<i>leuprolide acetate</i>	62	<i>lorazepam intensol</i>	35
<i>levalbuterol</i>	74	LORBRENA	26
<i>levalbuterol hcl</i>	74	<i>losartan potassium</i>	40
<i>levalbuterol hydrochloride</i>	74	<i>losartan potassium/hydrochlorothiazide</i>	43
<i>levalbuterol tartrate hfa</i>	74	LOTEMAX SM	72
<i>levetiracetam</i>	14	<i>lovastatin</i>	44
<i>levetiracetam er</i>	14	<i>low-ogestrel</i>	59
<i>levobunolol hcl</i>	72	<i>loxapine</i>	29
<i>levocetirizine dihydrochloride</i>	73	<i>lubiprostone</i>	53
<i>levofloxacin</i>	13	<i>luizza 1.5/30</i>	59
LEVOFLOXACIN	71	<i>luizza 1/20</i>	59
<i>levofloxacin in d5w</i>	13	LUMAKRAS	26
<i>levonest</i>	59	LUMIGAN	72
<i>levonorgestrel and ethinyl estradiol</i>	59	LUPRON DEPOT (1-MONTH)	62
<i>levonorgestrel/ethinyl estradiol</i>	59	LUPRON DEPOT (3-MONTH)	62
<i>levora 0.15/30-28</i>	59	LUPRON DEPOT (4-MONTH)	62
LEVO-T	62	LUPRON DEPOT (6-MONTH)	62
<i>levothyroxine sodium</i>	62	LUPRON DEPOT-PED (1-MONTH)	62
LEVOXYL	62	LUPRON DEPOT-PED (3-MONTH)	62
LEXIVA	34	<i>lurasidone hydrochloride</i>	30
<i>l-glutamine</i>	55	<i>lutura</i>	59
LIBERVANT	15	LYBALVI	30
<i>lidocaine</i>	9	<i>lyleq</i>	61
<i>lidocaine hydrochloride viscous</i>	48	<i>lyllana</i>	59
<i>lidocaine viscous</i>	48	LYNPARZA	26
<i>lidocaine/prilocaine</i>	9	LYSODREN	23
LIFYORLI	26	LYTGOBI	26
LILETTA	61	LYUMJEV	38
<i>linezolid</i>	11	LYUMJEV KWIKPEN	38
LINZESS	53	<i>lyza</i>	61
<i>liomny</i>	62	<i>magnesium sulfate</i>	52
<i>liothyronine sodium</i>	62	<i>malathion</i>	50
<i>lisinopril</i>	40	<i>maraviroc</i>	33
<i>lisinopril/hydrochlorothiazide</i>	43	<i>marlissa</i>	59
<i>lithium</i>	35	MARPLAN	18
<i>lithium carbonate</i>	35	MATULANE	22
<i>lithium carbonate er</i>	35	<i>matzim la</i>	42
LIVMARLI	53	MAVYRET	32
LIVTENCITY	31	MAYZENT	48
<i>lojaimiess</i>	59	MAYZENT STARTER PACK	48
LOKELMA	52	<i>meclizine hcl</i>	19
<i>lomustine</i>	22	<i>meclizine hydrochloride</i>	19
LONSURF	23	<i>medroxyprogesterone acetate</i>	61
<i>loperamide hydrochloride</i>	53	<i>mefloquine hydrochloride</i>	28

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>megestrol acetate</i>	61	<i>metirosine</i>	43
MEKINIST	26	<i>mexiletine hydrochloride</i>	41
MEKTOVI	26	<i>micafungin</i>	20
<i>meleya</i>	61	<i>microgestin 1.5/30</i>	59
<i>meloxicam</i>	8	<i>microgestin 1/20</i>	59
<i>memantine hcl titration pak</i>	17	<i>microgestin fe 1.5/30</i>	59
<i>memantine hydrochloride</i>	17	<i>microgestin fe 1/20</i>	59
<i>memantine hydrochloride er</i>	17	<i>midodrine hydrochloride</i>	40
<i>memantine/donepezil hydrochloride er</i>	17	<i>mifepristone</i>	63
MENACTRA	67	<i>miglustat</i>	55
MENEST	59	<i>mili</i>	59
MENQUADFI	67	<i>mimvey</i>	59
MENVEO	67	<i>minocycline hcl</i>	14
<i>mercaptapurine</i>	23	<i>minocycline hydrochloride</i>	14
<i>meropenem</i>	13	<i>minoxidil</i>	45
<i>mesalamine</i>	68	<i>mirtazapine</i>	18
<i>mesalamine dr</i>	68	<i>mirtazapine odt</i>	18
<i>mesalamine er</i>	68	<i>misoprostol</i>	54
MESNA	28	M-M-R II	67
<i>metformin hydrochloride</i>	36	<i>modafinil</i>	76
<i>metformin hydrochloride er</i>	36	MODEYSO	23
<i>methadone hcl</i>	8	<i>moexipril hydrochloride</i>	41
<i>methadone hydrochloride</i>	8	<i>molindone hydrochloride</i>	29
<i>methadone hydrochloride intensol</i>	8	<i>mometasone furoate</i>	50
<i>methazolamide</i>	72	<i>mometasone furoate</i>	73
<i>methenamine hippurate</i>	11	<i>mono-lynyah</i>	59
<i>methimazole</i>	63	<i>montelukast sodium</i>	73
<i>methocarbamol</i>	76	<i>morphine sulfate</i>	9
<i>methotrexate</i>	66	<i>morphine sulfate er</i>	9
<i>methotrexate sodium</i>	66	MOUNJARO	36
<i>methsuximide</i>	15	<i>moxifloxacin hydrochloride/sodium</i>	13
METHYLDOPA	40	<i>hydrochloride</i>	
<i>methylphenidate hydrochloride</i>	47	<i>moxifloxacin hydrochloride</i>	13
<i>methylphenidate hydrochloride er</i>	47	<i>moxifloxacin hydrochloride</i>	71
<i>methylphenidate hydrochloride er (dif)</i>	46	MRESVIA	67
<i>methylphenidate hydrochloride er (osm)</i>	46	MULTAQ	41
<i>methylprednisolone</i>	56	<i>mupirocin</i>	51
<i>methylprednisolone dose pack</i>	56	<i>mycophenolate mofetil</i>	66
<i>metoclopramide hcl</i>	54	<i>mycophenolic acid dr</i>	66
<i>metoclopramide hydrochloride</i>	54	MYRBETRIQ	55
<i>metolazone</i>	44	<i>nabumetone</i>	8
<i>metoprolol succinate er</i>	41	<i>nadolol</i>	41
<i>metoprolol tartrate</i>	41	<i>nafcillin sodium</i>	13
<i>metronidazole</i>	11	<i>naloxone hcl</i>	10
<i>metronidazole</i>	48	<i>naloxone hydrochloride</i>	10
<i>metronidazole vaginal</i>	11	<i>naltrexone hydrochloride</i>	10

Drug Name	Page #	Drug Name	Page #
<i>naproxen</i>	8	NIVA THYROID	62
<i>naproxen dr</i>	8	<i>nizatidine</i>	54
<i>naproxen sodium</i>	8	<i>nora-be</i>	61
<i>naratriptan hcl</i>	21	<i>norelgestromin/ethinyl estradiol</i>	59
NATACYN	71	<i>norethindrone</i>	61
<i>nateglinide</i>	36	<i>norethindrone acetate</i>	61
NAYZILAM	14	<i>norethindrone acetate/ethinyl estradiol</i>	60
<i>nebivolol hydrochloride</i>	41	<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	60
<i>necon 0.5/35-28</i>	59	<i>norgestimate/ethinyl estradiol</i>	60
<i>nefazodone hydrochloride</i>	19	<i>norlyroc</i>	61
<i>neomycin sulfate</i>	10	<i>nortrel 0.5/35 (28)</i>	60
<i>neomycin/polymyxin/bacitracin</i>	70	<i>nortrel 1/35</i>	60
<i>neomycin/polymyxin/bacitracin zinc</i>	70	<i>nortrel 7/7/7</i>	60
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	70	<i>nortriptyline hcl</i>	19
<i>neomycin/polymyxin/dexamethasone</i>	70	<i>nortriptyline hydrochloride</i>	19
<i>neomycin/polymyxin/gramicidin</i>	71	NORVIR	34
<i>neomycin/polymyxin/hc</i>	72	NOVOLIN 70/30	38
<i>neomycin/polymyxin/hydrocortisone</i>	72	NOVOLIN 70/30 FLEXPEN	38
<i>neo-polycin</i>	70	NOVOLIN 70/30 FLEXPEN RELION	38
<i>neo-polycin hc</i>	70	NOVOLIN 70/30 RELION	38
NERLYNX	26	NOVOLIN N	38
NEULASTA	39	NOVOLIN N FLEXPEN	38
NEULASTA ONPRO KIT	39	NOVOLIN N FLEXPEN RELION	38
<i>nevirapine</i>	33	NOVOLIN N RELION	38
<i>nevirapine er</i>	32	NOVOLIN R	38
NEXLETOL	45	NOVOLIN R FLEXPEN	38
NEXLIZET	45	NOVOLIN R FLEXPEN RELION	38
NEXPLANON	61	NOVOLIN R RELION	38
<i>niacin er</i>	45	NOVOLOG	38
NICOTROL NS	10	NOVOLOG FLEXPEN	38
<i>nifedipine er</i>	42	NOVOLOG FLEXPEN RELION	38
NILOTINIB D-TARTRATE	26	NOVOLOG MIX 70/30	38
<i>nilotinib hydrochloride</i>	26	NOVOLOG MIX 70/30 PREFILLED	38
<i>nilutamide</i>	22	FLEXPEN	
<i>nimodipine</i>	42	NOVOLOG MIX 70/30 PREFILLED	38
NINLARO	26	FLEXPEN RELION	
<i>nitazoxanide</i>	28	NOVOLOG MIX 70/30 RELION	38
<i>nitisinone</i>	55	NOVOLOG PENFILL	38
NITRO-BID	45	NOVOLOG RELION	38
<i>nitrofurantoin macrocrystals</i>	11	<i>np thyroid 120</i>	62
<i>nitrofurantoin monohydrate</i>	11	<i>np thyroid 15</i>	62
<i>nitrofurantoin monohydrate/macrocrystals</i>	11	<i>np thyroid 30</i>	62
<i>nitroglycerin</i>	45	<i>np thyroid 60</i>	62
<i>nitroglycerin</i>	54	<i>np thyroid 90</i>	62
<i>nitroglycerin transdermal</i>	45	NUBEQA	22

Drug Name	Page #	Drug Name	Page #
NUCALA	76	OMNIPOD GO 25 UNITS/DAY	70
NUEDEXTA	47	OMNIPOD GO 30 UNITS/DAY	70
NUPLAZID	30	OMNIPOD GO 35 UNITS/DAY	70
NURTEC	21	OMNIPOD GO 40 UNITS/DAY	70
NUTRILIPID	69	<i>ondansetron hcl</i>	20
<i>nyamyc</i>	20	<i>ondansetron hydrochloride</i>	20
<i>nylia 1/35</i>	60	<i>ondansetron odt</i>	20
<i>nylia 7/7/7</i>	60	ONPATTRO	55
<i>nystatin</i>	21	ONUREG	23
<i>nystatin/triamcinolone</i>	50	OPIPZA	30
<i>nystatin/triamcinolone acetamide</i>	50	OPSUMIT	74
<i>nystop</i>	21	OPVEE	10
<i>octreotide acetate</i>	63	<i>oralone dental paste</i>	48
ODACTRA	63	ORENCIA	63
ODEFSEY	33	ORENCIA	66
ODOMZO	26	ORENCIA CLICKJECT	63
OFEV	75	ORENITRAM	75
<i>ofloxacin</i>	71	ORENITRAM TITRATION KIT MONTH	75
<i>ofloxacin</i>	72	1	
OGSIVEO	23	ORENITRAM TITRATION KIT MONTH	75
OJEMDA	23	2	
OJJAARA	26	ORENITRAM TITRATION KIT MONTH	75
<i>olanzapine</i>	30	3	
<i>olanzapine odt</i>	30	ORGOVYX	63
<i>olmesartan medoxomil</i>	40	ORKAMBI	74
<i>olmesartan medoxomil/hydrochlorothiazide</i>	43	<i>orphenadrine citrate er</i>	76
<i>olopatadine hydrochloride</i>	71	<i>orquidea</i>	61
<i>omega-3-acid ethyl esters</i>	45	ORSERDU	23
<i>omeprazole</i>	54	<i>oseltamivir phosphate</i>	34
<i>omeprazole dr</i>	54	OSENVELT	69
OMNIPOD 5 DEXCOM G7G6 INTRO KIT	69	OSPHERA	61
(GEN 5)		OTEZLA	50
OMNIPOD 5 DEXCOM G7G6 PODS	69	OTEZLA	63
(GEN 5)		<i>oxacillin sodium</i>	13
OMNIPOD 5 G7 INTRO KIT (GEN 5)	69	<i>oxaprozin</i>	8
OMNIPOD 5 G7 PODS (GEN 5)	69	<i>oxcarbazepine</i>	16
OMNIPOD 5 LIBRE2 PLUS G6 INTRO	69	<i>oxybutynin chloride</i>	56
GEN 5		<i>oxybutynin chloride er</i>	56
OMNIPOD 5 LIBRE2 PLUS G6 PODS	70	<i>oxycodone hydrochloride</i>	9
OMNIPOD CLASSIC PODS (GEN 3)	70	<i>oxycodone/acetaminophen</i>	9
OMNIPOD DASH INTRO KIT (GEN 4)	70	OZEMPIC	36
OMNIPOD DASH PDM KIT (GEN 4)	70	PACERONE	41
OMNIPOD DASH PODS (GEN 4)	70	<i>paliperidone er</i>	30
OMNIPOD GO 10 UNITS/DAY	70	PANRETIN	28
OMNIPOD GO 15 UNITS/DAY	70	<i>pantoprazole sodium</i>	54
OMNIPOD GO 20 UNITS/DAY	70	<i>paricalcitol</i>	69

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>paroxetine hcl</i>	19	PIQRAY 300MG DAILY DOSE	26
<i>paroxetine hydrochloride</i>	19	<i>pirfenidone</i>	75
PAXLOVID	35	<i>piroxicam</i>	8
<i>pazopanib hydrochloride</i>	26	<i>pitavastatin calcium</i>	44
PEDIARIX	67	PLENAMINE	52
PEDVAX HIB	67	<i>podofilox</i>	50
<i>peg-3350/electrolytes</i>	54	<i>polycin</i>	71
<i>peg-3350/nacl/na bicarbonate/kcl</i>	54	<i>polymyxin b sulfate/trimethoprim sulfate</i>	71
PEGASYS	64	POMALYST	23
PEGASYS	66	<i>portia-28</i>	60
PEMAZYRE	26	<i>posaconazole</i>	21
PENBRAYA	67	<i>posaconazole dr</i>	21
<i>penicillamine</i>	52	<i>potassium chloride</i>	52
<i>penicillin g sodium</i>	13	<i>potassium chloride er</i>	52
<i>penicillin v potassium</i>	13	<i>potassium citrate er</i>	52
PENMENVY	67	PRALUENT	45
PENTACEL	67	<i>pramipexole dihydrochloride</i>	28
<i>pentamidine isethionate</i>	28	<i>prasugrel hydrochloride</i>	40
<i>pentoxifylline er</i>	43	<i>pravastatin sodium</i>	44
<i>perampanel</i>	14	<i>praziquantel</i>	28
<i>perindopril erbumine</i>	41	<i>prazosin hydrochloride</i>	40
<i>perio gard</i>	48	<i>prednisolone</i>	56
<i>permethrin</i>	50	<i>prednisolone acetate</i>	72
<i>perphenazine</i>	29	<i>prednisolone sodium phosphate</i>	56
PERSERIS	30	<i>prednisone</i>	56
<i>phenelzine sulfate</i>	18	<i>pregabalin</i>	16
<i>phenobarbital</i>	15	PREHEVBRIO	67
PHENYTEK	16	PREMARIN	60
<i>phenytoin</i>	16	<i>premium lidocaine</i>	9
<i>phenytoin infatabs</i>	16	PREMPHASE	60
<i>phenytoin sodium extended</i>	16	PREMPRO	60
PHESGO	23	<i>prenatal</i>	53
<i>philith</i>	60	<i>prevalite</i>	45
PIFELTRO	33	PREVYMIS	31
<i>pilocarpine hydrochloride</i>	48	PREZCOBIX	34
<i>pilocarpine hydrochloride</i>	72	PREZISTA	34
<i>pimecrolimus</i>	50	PRIFTIN	22
<i>pimozide</i>	29	<i>primaquine phosphate</i>	28
<i>pimtrea</i>	60	<i>primidone</i>	16
<i>pindolol</i>	41	PRIORIX	67
<i>pioglitazone hcl</i>	36	PRIVIGEN	63
<i>pioglitazone hcl/metformin hcl</i>	36	PROAIR RESPICLICK	74
<i>pioglitazone hydrochloride</i>	36	<i>probenecid</i>	21
<i>piperacillin sodium/tazobactam sodium</i>	13	<i>probenecid/colchicine</i>	21
PIQRAY 200MG DAILY DOSE	26	<i>prochlorperazine</i>	19
PIQRAY 250MG DAILY DOSE	26	<i>prochlorperazine maleate</i>	19

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
PROCRIT	39	REBIF	48
<i>procto-med hc</i>	68	REBIF REBIDOSE	48
<i>proctosol hc</i>	68	REBIF REBIDOSE TITRATION PACK	48
<i>proctozone-hc</i>	68	REBIF TITRATION PACK	48
<i>progesterone</i>	61	RECOMBIVAX HB	67
PROGRAF	66	RELENZA DISKHALER	34
PROLASTIN-C	55	RELISTOR	53
<i>promethazine hcl</i>	20	RENFLXIS	66
<i>promethazine hydrochloride</i>	20	RENTHYROID	62
<i>promethazine hydrochloride plain</i>	20	<i>repaglinide</i>	36
<i>promethegan</i>	20	REPATHA	45
<i>propafenone hcl</i>	41	REPATHA PUSHTRONEX SYSTEM	45
<i>propafenone hydrochloride</i>	41	REPATHA SURECLICK	45
<i>propafenone hydrochloride er</i>	41	RESTASIS	71
<i>propranolol hcl</i>	41	RESTASIS MULTIDOSE	71
<i>propranolol hydrochloride</i>	41	RETACRIT	39
<i>propranolol hydrochloride er</i>	41	RETEVMO	26
<i>propylthiouracil</i>	63	REVCOVI	55
PROQUAD	67	REVUFORJ	23
<i>protriptyline hcl</i>	19	REXULTI	31
<i>prucalopride</i>	53	REYATAZ	34
PULMOZYME	74	REZDIFFRA	62
<i>pyrazinamide</i>	22	REZLIDHIA	26
<i>pyridostigmine bromide</i>	22	REZUROCK	66
<i>pyrimethamine</i>	28	RHOPRESSA	72
PYRUKYND	55	<i>ribavirin</i>	32
PYRUKYND TAPER PACK	55	<i>rifabutin</i>	22
QINLOCK	26	<i>rifampin</i>	22
QUADRACEL	67	<i>rilpivirine hydrochloride</i>	33
<i>quetiapine fumarate</i>	30	<i>riluzole</i>	47
<i>quetiapine fumarate er</i>	30	RINVOQ	64
<i>quinapril hydrochloride</i>	41	RINVOQ LQ	63
<i>quinapril/hydrochlorothiazide</i>	43	<i>risedronate sodium</i>	69
<i>quinidine sulfate</i>	41	<i>risperidone</i>	31
<i>quinine sulfate</i>	28	<i>risperidone er</i>	31
QULIPTA	21	<i>risperidone odt</i>	31
QVAR REDIHALER	73	<i>ritonavir</i>	34
RABAVERT	67	<i>rivastigmine tartrate</i>	17
<i>rabeprazole sodium</i>	54	<i>rivastigmine transdermal system</i>	17
RALDESY	19	<i>rivelsa</i>	60
<i>raloxifene hydrochloride</i>	61	RIVFLOZA	70
<i>ramelteon</i>	76	<i>rizatriptan benzoate</i>	21
<i>ramipril</i>	41	<i>rizatriptan benzoate odt</i>	21
<i>ranolazine er</i>	43	ROCKLATAN	71
<i>rasagiline mesylate</i>	29	<i>roflumilast</i>	74
RAYALDEE	69	ROMVIMZA	26

Drug Name	Page #	Drug Name	Page #
<i>ropinirole er</i>	29	SKYRIZI PEN	64
<i>ropinirole hcl</i>	29	<i>sodium chloride</i>	52
<i>ropinirole hydrochloride</i>	29	<i>sodium chloride 0.45%</i>	52
<i>rosuvastatin calcium</i>	44	<i>sodium chloride 0.9%</i>	70
<i>rosyrah</i>	60	<i>sodium oxybate</i>	76
ROTARIX	67	<i>sodium phenylbutyrate</i>	55
ROTATEQ	67	<i>sodium polystyrene sulfonate</i>	52
<i>roweepira</i>	15	<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	54
ROZLYTREK	26	<i>sofosbuvir/velpatasvir</i>	32
RUBRACA	26	<i>solifenacin succinate</i>	56
<i>rufinamide</i>	16	SOLQUA 100/33	36
RUKOBIA	33	SOLTAMOX	23
RYBELSUS	36	SOMAVERT	63
RYDAPT	26	<i>sorafenib</i>	27
RYTARY	29	<i>sorafenib tosylate</i>	27
<i>sacubitril/valsartan</i>	43	<i>sotalol hcl</i>	41
SANDIMMUNE	66	<i>sotalol hydrochloride</i>	41
SANTYL	50	<i>sotalol hydrochloride (af)</i>	41
<i>sapropterin dihydrochloride</i>	55	SPEVIGO	50
SAVELLA	47	SPIRIVA RESPIMAT	73
SAVELLA TITRATION PACK	47	<i>spironolactone</i>	45
SCSEMBLIX	26	<i>spironolactone/hydrochlorothiazide</i>	43
<i>scopolamine</i>	20	SPRAVATO 56MG DOSE	18
SECUADO	31	SPRAVATO 84MG DOSE	18
<i>selegiline hcl</i>	29	<i>sprintec 28</i>	60
<i>selenium sulfide</i>	50	SPRITAM	15
SELZENTRY	33	SPS	53
SEREVENT DISKUS	74	<i>sronyx</i>	60
<i>sertraline hcl</i>	19	<i>ssd</i>	50
<i>sertraline hydrochloride</i>	19	STAMARIL	68
<i>setlakin</i>	60	STELARA	64
SFROWASA	68	STEQEYMA	64
<i>sharobel</i>	61	STIOLTO RESPIMAT	76
SHINGRIX	67	STIVARGA	27
SIGNIFOR	63	<i>stoboclo</i>	69
<i>sildenafil citrate</i>	75	<i>streptomycin sulfate</i>	10
<i>silodosin</i>	56	STRIBILD	32
<i>silver sulfadiazine</i>	50	SUBVENITE	15
SIMBRINZA	71	<i>subvenite starter kit/blue</i>	15
<i>simliya</i>	60	<i>subvenite starter kit/green</i>	15
<i>simpesse</i>	60	<i>subvenite starter kit/orange</i>	15
<i>simvastatin</i>	44	SUCRAID	55
<i>sirolimus</i>	66	<i>sucrafate</i>	54
SIRTURO	22	<i>sulfacetamide sodium</i>	71
SKYCLARYS	70		
SKYRIZI	64		

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	71	<i>teriparatide</i>	69
<i>sulfadiazine</i>	14	<i>testosterone</i>	57
<i>sulfamethoxazole/trimethoprim</i>	14	<i>testosterone cypionate</i>	57
<i>sulfamethoxazole/trimethoprim ds</i>	14	<i>testosterone enanthate</i>	57
<i>sulfasalazine</i>	68	<i>testosterone pump</i>	57
<i>sulindac</i>	8	TETANUS/DIPHThERIA TOXOIDS- ADSORBED ADULT	68
<i>sumatriptan</i>	21	<i>tetrabenazine</i>	47
<i>sumatriptan succinate</i>	21	<i>tetracycline hydrochloride</i>	14
<i>sunitinib malate</i>	27	TEVIMBRA	28
SUNLENCA	33	THALOMID	23
SUTAB	54	<i>theophylline er</i>	74
SYMPAZAN	16	<i>thioridazine hydrochloride</i>	29
SYMTUZA	34	<i>thiothixene</i>	29
SYNJARDY	36	THYROID	62
SYNJARDY XR	36	<i>tiadylt er</i>	42
SYNTHROID	62	<i>tiagabine hydrochloride</i>	16
TABLOID	23	TIBSOVO	27
TABRECTA	27	<i>ticagrelor</i>	40
<i>tacrolimus</i>	50	TICOVAC	68
<i>tacrolimus</i>	66	<i>tigecycline</i>	11
<i>tadalafil</i>	56	<i>timolol maleate</i>	21
<i>tadalafil</i>	75	<i>timolol maleate</i>	72
TAFINLAR	27	<i>tinidazole</i>	11
TAGRISSO	27	<i>tiotropium bromide</i>	73
TALZENNA	27	TIVICAY	32
<i>tamoxifen citrate</i>	23	TIVICAY PD	32
<i>tamsulosin hydrochloride</i>	56	<i>tizanidine hcl</i>	31
<i>tarina fe 1/20 eq</i>	60	<i>tizanidine hydrochloride</i>	31
TAVNEOS	64	TOBRADEX	71
<i>tazarotene</i>	48	TOBRADEX ST	71
TAZICEF	12	<i>tobramycin</i>	71
<i>taztia xt</i>	42	<i>tobramycin</i>	74
TAZVERIK	27	<i>tobramycin sulfate</i>	10
TDVAX	68	<i>tobramycin/dexamethasone</i>	71
TEFLARO	12	<i>tolterodine tartrate</i>	56
<i>telmisartan</i>	40	<i>tolterodine tartrate er</i>	56
<i>telmisartan/hydrochlorothiazide</i>	44	<i>tolvaptan</i>	52
<i>temazepam</i>	76	<i>topiramate</i>	15
TENIVAC	68	<i>topotecan hcl</i>	24
<i>tenofovir disoproxil fumarate</i>	33	<i>topotecan hydrochloride</i>	24
TEPMETKO	27	<i>toremifene citrate</i>	23
<i>terazosin hcl</i>	56	<i>torpenz</i>	27
<i>terazosin hydrochloride</i>	56	<i>torse mide</i>	44
<i>terbinafine hcl</i>	21	TOUJEO MAX SOLOSTAR	38
<i>terconazole</i>	21	TOUJEO SOLOSTAR	38

Drug Name	Page #	Drug Name	Page #
TRADJENTA	36	TURALIO	27
<i>tramadol hydrochloride</i>	9	<i>turqoz</i>	60
<i>tramadol hydrochloride/acetaminophen</i>	9	TWINRIX	68
<i>trandolapril</i>	41	TYBOST	34
<i>trandolapril/verapamil hcl er</i>	44	TYENNE	64
<i>tranexamic acid</i>	40	TYMLOS	69
<i>tranylcypramine sulfate</i>	18	TYPHIM VI	68
<i>trazodone hydrochloride</i>	19	TYRVAYA	10
TRECTOR	22	UBRELVY	21
TRELEGY ELLIPTA	76	UDENYCA	40
TRELSTAR MIXJECT	63	UDENYCA ONBODY	40
TRESIBA	38	<i>ulticare micro pen needles/32g x 5/32"</i>	70
TRESIBA FLEXTOUCH	38	<i>unifine pentips 32gx6mm</i>	70
<i>tretinoin</i>	28	UNITHROID	62
<i>tretinoin</i>	48	<i>urea</i>	50
<i>triamcinolone acetonide</i>	50	<i>ursodiol</i>	54
<i>triamcinolone acetonide dental paste</i>	48	<i>ustekinumab</i>	64
<i>triamterene</i>	44	<i>valacyclovir hydrochloride</i>	35
<i>triamterene/hydrochlorothiazide</i>	44	VALCHLOR	22
<i>triderm</i>	50	<i>valganciclovir</i>	31
<i>trientine hydrochloride</i>	52	<i>valganciclovir hydrochloride</i>	31
<i>tri-estarylla</i>	60	<i>valproic acid</i>	15
<i>trifluoperazine hcl</i>	29	<i>valsartan</i>	40
<i>trifluoperazine hydrochloride</i>	30	<i>valsartan/hydrochlorothiazide</i>	44
<i>trifluridine</i>	71	VALTOCO 10 MG DOSE	16
<i>trihexyphenidyl hydrochloride</i>	28	VALTOCO 15 MG DOSE	16
TRIJARDY XR	36	VALTOCO 20 MG DOSE	16
TRIKAFTA	74	VALTOCO 5 MG DOSE	16
<i>tri-lynyah</i>	60	VALTYA 1/35	60
<i>trimethoprim</i>	11	<i>valtya 1/50</i>	60
<i>tri-mili</i>	60	<i>vancomycin hcl</i>	11
<i>trimipramine maleate</i>	19	<i>vancomycin hydrochloride</i>	11
TRINTELLIX	19	VANFLYTA	27
<i>tri-nymyo</i>	60	VAQTA	68
<i>tri-sprintec</i>	60	<i>varenicline starting month</i>	10
TRIUMEQ	33	<i>varenicline tartrate</i>	10
TRIUMEQ PD	33	VARIVAX	68
<i>trivora-28</i>	60	VAXCHORA	68
<i>tri-vylibra</i>	60	VAXELIS	68
<i>tropium chloride</i>	56	VELPHORO	52
<i>tropium chloride er</i>	56	VELTASSA	53
TRULICITY	37	VENCLEXTA	27
TRUMENBA	68	VENCLEXTA STARTING PACK	27
TRUQAP	27	<i>venlafaxine hydrochloride</i>	19
TRYNGOLZA	45	<i>venlafaxine hydrochloride er</i>	19
TUKYSA	27	VENTAVIS	75

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
VEOPOZ	64	VYVGART HYTRULO	64
VEOZAH	47	VYZULTA	72
<i>verapamil hcl</i>	42	<i>warfarin sodium</i>	39
<i>verapamil hcl er</i>	42	WELIREG	55
<i>verapamil hcl sr</i>	42	<i>wera</i>	61
<i>verapamil hydrochloride</i>	42	WEZLANA	64
<i>verapamil hydrochloride er</i>	42	WINREVAIR	75
<i>verapamil hydrochloride sr</i>	42	<i>wixela inhub</i>	76
VERQUVO	45	WYOST	69
VERSACLOZ	31	XALKORI	27
VERZENIO	27	XARELTO	39
V-GO 20	70	XARELTO STARTER PACK	39
V-GO 30	70	XATMEP	66
V-GO 40	70	XCOPRI	17
<i>vienna</i>	60	XDEMVY	71
<i>vigabatrin</i>	16	XELJANZ	64
<i>vigadrone</i>	16	XELJANZ XR	64
VIGAFYDE	16	XERMELO	53
<i>vigpoder</i>	16	XIFAXAN	54
<i>vilazodone hydrochloride</i>	19	XIGDUO XR	37
VIMKUNYA	68	XIIDRA	71
<i>viorele</i>	60	XOFLUZA	34
VIRACEPT	34	XOLAIR	64
VIREAD	33	XOLREMDI	40
VISTOGARD	70	XOSPATA	27
VITRAKVI	27	XPOVIO	27
VIVITROL	10	XPOVIO 60 MG TWICE WEEKLY	27
VIVOTIF	68	XPOVIO 80 MG TWICE WEEKLY	27
VIZIMPRO	27	XTAMPZA ER	9
VOCABRIA	32	XTANDI	22
<i>volnea</i>	60	<i>xulane</i>	61
VONJO	23	<i>yargesa</i>	55
VOQUEZNA	54	YF-VAX	68
VOQUEZNA DUAL PAK	11	YONSA	22
VOQUEZNA TRIPLE PAK	11	YUPELRI	73
VORANIGO	28	<i>yuvafem</i>	61
<i>voriconazole</i>	21	<i>zafemy</i>	61
VOSEVI	32	<i>zafirlukast</i>	73
VOWST	54	<i>zaleplon</i>	76
VRAYLAR	31	ZARXIO	40
VUMERITY	48	ZEJULA	27
<i>vyfemla</i>	60	ZELBORAF	27
VYJUVEK	35	ZELVYSIA	55
<i>vylibra</i>	60	<i>zenatane</i>	48
VYNDAMAX	44	ZENPEP	55
VYVGART HYTRULO	22	<i>zidovudine</i>	33

Formulary ID: 26210, Version: 12, Effective Date: 05/01/2026

Last Updated: 04/01/2026

<b>Drug Name</b>	<b>Page #</b>
<i>ziprasidone hcl</i>	31
<i>ziprasidone mesylate</i>	31
ZIRGAN	71
ZOKINVY	70
ZOLINZA	24
<i>zolmitriptan</i>	21
<i>zolpidem tartrate</i>	76
<i>zolpidem tartrate er</i>	76
ZONISADE	17
<i>zonisamide</i>	17
<i>zovia 1/35</i>	61
ZTALMY	16
ZURZUVAE	18
ZYDELIG	27
ZYKADIA	27
ZYLET	71
ZYPREXA RELPREVV	31

# Senior Care Plus

*A Medicare Advantage Plan from Hometown Health.*

This formulary was updated on 04/01/2026. For more recent information or other questions, please contact Senior Care Plus at 775-982-3112 or toll-free at 888-775-7003 (TTY users should call the State Relay Service at 711). (We are not open 7 days a week all year round) Hours are 8:00 a.m. to 8:00 p.m., 7 days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. You may also visit [www.SeniorCarePlus.com](http://www.SeniorCarePlus.com).

Senior Care Plus is a Medicare Advantage Plan with a Medicare contract. Enrollment in Senior Care Plus depends on contract renewal.

The formulary may change at any time. You will receive notice when necessary.

This information is available for free in other languages. Please call our customer service number at 775-982-3112 or toll-free at 888-775-7003. TTY users should call the State Relay Service at 711. We are available Monday through Sunday, 8:00 am to 8:00 pm.

Esta información está disponible gratis en otros idiomas. Por favor llame a nuestro número de servicio al cliente de Senior Care Plus al 775-982-3112 o al número gratuito al 888-775-7003. Los usuarios de TTY deben llamar al Servicio de Retransmisión del Estado al 711. Estamos disponibles de lunes a domingo, de 8:00 am a 8:00 pm.