



BlueCross Total ValueSM
2026 Formulary
(List of Covered Drugs or “Drug List”)

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

HPMS Approved Formulary File Submission ID 00026218, Version 14

This formulary was updated on 06/02/2026. For more recent information or other questions, please contact BlueCross Total Value at 1-855-204-2744, or, for TTY users 711, 8 a.m. to 8 p.m., Eastern Time, Monday through Friday. Our automated telephone system handles calls received after 8 p.m. and on Saturdays, Sundays, and holidays. From October 1 to March 31, we are available 8 a.m. to 8 p.m. Eastern Time, seven days a week. Or visit www.SCBluesMedAdvantage.com.

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

When this Drug List (Formulary) refers to “we,” “us”, or “our,” it means BlueCross BlueShield of South Carolina. When it refers to “plan” or “our plan,” it means BlueCross Total Value.

This document includes a Drug List (formulary) for our plan which is current as of 06/02/2026. For an updated Drug List(formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

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

What is the BlueCross Total Value formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by BlueCross Total Value 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.

BlueCross Total Value will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a BlueCross Total Value network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

For a complete listing of all prescription drugs covered by BlueCross Total Value, please visit our website or call us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

Can the formulary change?

Most changes in drug coverage happen on January 1, but BlueCross Total Value may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: www.SCBluesMedAdvantage.com.

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

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

We can make these immediate changes only if we are adding a new generic version of a brand name drug or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

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

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the BlueCross Total Value’s formulary?”

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

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

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the BlueCross Total Value’s 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 formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 06/02/2026. To get updated information about the drugs covered by BlueCross Total Value please contact us. Our contact information appears on the front and back cover pages. We will update our printed formularies each month, and they will be available on www.SCBluesMedAdvantage.com.

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 68. 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?

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

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

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

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** BlueCross Total Value requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from BlueCross Total Value before you fill your prescriptions. If you don't get approval, BlueCross Total Value may not cover the drug.
- **Quantity Limits:** For certain drugs, BlueCross Total Value limits the amount of the drug that BlueCross Total Value will cover. For example, BlueCross Total Value provides 30 tablets per 30 days prescription for Cablivi. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, BlueCross Total Value 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, BlueCross Total Value may not cover Drug B unless you try Drug A first. If Drug A does not work for you, BlueCross Total Value will then cover Drug B.

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

You can ask BlueCross Total Value 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 BlueCross Total Value's formulary?" on page v for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that BlueCross Total Value does not cover your drug, you have two options:

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

How do I request an exception to the BlueCross Total Value's Formulary?

You can ask BlueCross Total Value to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

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

Generally, BlueCross Total Value will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug, or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

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

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or has a coverage restriction, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. If coverage is not approved, 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.

During a level-of-care change in which the member changes from one treatment setting to another, drugs may be prescribed that are not covered by the plan. If this happens, you and your doctor must use the plan's coverage determination request process. To prevent a gap in care when you are discharged, you may get a full outpatient supply that will allow therapy to continue once the limited discharge supply is gone. This outpatient supply is available before discharge from a Medicare Part A stay. When you are admitted to or discharged from an LTC

facility, you may not have access to the drugs you were previously given. You may, however, get a refill upon admission or discharge.

For more information

For more detailed information about your BlueCross Total Value prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about BlueCross Total Value, 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>.

BlueCross Total Value Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by BlueCross Total Value. If you have trouble finding your drug in the list, turn to the Index that begins on page 68.

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

The information in the Requirements/Limits column tells you if BlueCross Total Value has any special requirements for coverage of your drug.

Deductible Stage	You pay \$615 deductible on Tiers 3, 4, and 5 only.					
Initial Coverage Stage	Preferred Retail (In-Network)			Standard Retail (In-Network)		
	30-day Supply	60-day Supply	90-day Supply	30-day Supply	60-day Supply	90-day Supply
Tier 1: Preferred Generic	\$0 copay	\$0 copay	\$0 copay	\$5 copay	\$10 copay	\$15 copay
Tier 2: Generic	\$5 copay	\$10 copay	\$15 copay	\$10 copay	\$20 copay	\$30 copay
Tier 3: Preferred Brand	20% coinsurance	20% coinsurance	20% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance
Tier 3: Covered Insulin	\$35 copay	\$70 copay	\$105 copay	\$35 copay	\$70 copay	\$105 copay

Tier 4: Non-Preferred	28% coinsurance	28% coinsurance	28% coinsurance	30% coinsurance	30% coinsurance	30% coinsurance
Tier 4: Covered Insulin	\$35 copay	\$70 copay	\$105 copay	\$35 copay	\$70 copay	\$105 copay
Tier 5: Specialty	25% coinsurance	Not Covered	Not Covered	25% coinsurance	Not Covered	Not Covered
Tier 5: Covered Insulin	\$35 copay	No Covered	Not Covered	\$35 copay	Not Covered	Not Covered
Tier 6: Select Care Drugs	\$0 copay	\$0 copay	\$0 copay	\$5 copay	\$10 copay	\$15 copay

Mail Order and Long-Term Care (LTC)				
Initial Coverage Stage	Mail Order			Long-Term Care
	30-day Supply	60-day Supply	90-day Supply	31-day Supply
Tier 1: Preferred Generic	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Tier 2: Generic	\$5 copay	\$10 copay	\$15 copay	\$5 copay
Tier 3: Preferred Brand	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
Tier 3: Covered Insulin	\$35 copay	\$70 copay	\$105 copay	\$35 copay
Tier 4: Non-Preferred	28% coinsurance	28% coinsurance	28% coinsurance	28% coinsurance
Tier 4: Covered Insulin	\$35 copay	\$70 copay	\$105 copay	\$35 copay
Tier 5: Specialty	25% coinsurance	Not Covered	Not Covered	25% coinsurance

Tier 5: Covered Insulin	\$35 copay	Not Covered	Not Covered	\$35 copay
Tier 6: Select Care Drugs	\$0 copay	\$0 copay	\$0 copay	\$0 copay

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums, and copayments/coinsurance may change on January 1 of each year.

2026 Dosage Abbreviation Key			
AEPB	Aerosol Powder-Breath Activated	NEBU	Nebulization Solution
AERO	Aerosol	OINT	Ointment
AERP	Aerosol, Powder	POWD	Powder
AERS	Aerosol, Solution	PTCH	Patch
CAPS	Capsule	PTTW	Patch Twice Weekly
CART	Cartridge	PTWK	Patch Weekly
CHEW	Tablet, chewable	SHAM	Shampoo
CONC	Concentrate	SOAJ	Solution Auto-Injector
CPCR	Capsule Extended Release	SOCT	Solution Cartridge
CPCW	Capsule Chewable	SOLG	Gel Forming Solution
CPDR	Capsule-Delayed Release	SOLN	Solution
CPEP	Capsule Delayed Release Particles	SOLR	Solution Reconstituted
CPPK	Capsule Therapy Pack	SOPN	Solution Pen-Injector
CPSP	Capsule Sprinkle	SOSY	Solution Prefilled Syringe
CP12	Capsule Extended Release 12 Hour	SRER	Reconstituted Susp that Releases Dose Over Extended Time
CP24	Capsule Extended Release 24 Hour	SUBL	Tablet, Sublingual
CREA	Cream	SUPN	Suspension Pen-Injector
CSDR	Capsule Designed to Delay Release Until Specific Area of GI Tract	SUPP	Suppository
ELIX	Elixir	SUSP	Suspension
EMUL	Emulsion	SUSR	Suspension Reconstituted
ENEM	Enema	SYRP	Syrup
FILM	Film	TABS	Tablet
GEL	Gel	TB12	Tablet Extended Release 12 Hour
GRAN	Granules	TB24	Tablet Extended Release 24 Hour
INHA	Inhaler	TB3D	Tablet Disintegrating Soluble
INJ	Injectable	TB3E	Tablet Disintegrating Soluble ER

KIT	Kit	TDCR	Tablet Extended Release
LIQD	Liquid	TBDP	Tablet Dispersible
LOTN	Lotion	TBEC	Tablet Delayed Release
LOZG	Lozenge	TBPK	Tablet Therapy Pack
LPOP	Lozenge on a Handle	TBSO	Tablet Soluble
NDS	Non-Extended Day Supply	TROC	Troche
ST NSO	Step Therapy for New Starts Only	PA NSO	Prior Authorization for New Starts Only

Drug Tiers

Every drug on the plan’s Drug List is in one of five cost sharing tiers. In general, the higher the cost-sharing tier, the higher your cost for the drug:

- Cost sharing Tier 1: Preferred Generic – Tier 1 is the lowest tier and includes preferred generic drugs.
- Cost sharing Tier 2: Generic – Tier 2 includes generic drugs.
- Cost sharing Tier 3: Preferred Brand – Tier 3 includes preferred brand drugs and non-preferred generic drugs.
- Cost sharing Tier 4: Non-Preferred Drug – Tier 4 includes non-preferred brand drugs and non-preferred generic drugs.
- Cost sharing Tier 5: Specialty Tier – Tier 5 is the highest tier. It contains very high-cost brand and generic drugs that may require special handling and/or close monitoring.

Requirements/Limits Key

B/D = Drug that may be covered under Medicare Part B or Medicare Part D, depending on the indication, where and how the drug was administered and by whom. The plan must first conduct a review to determine the correct coverage (B or D).

PA = Prior Authorization

QL = Quantity Limits

NDS = Non-Extended Day Supply. This prescription drug is not available for an extended days' supply.

ST = Step Therapy

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
<i>Analgesics</i>		
JOURNAVX TABLET 50MG	4	QL(30 EA per 90 days)
<i>Nonsteroidal Anti-inflammatory Drugs</i>		
<i>celecoxib capsule 100mg, 200mg, 400mg, 50mg</i>	2	QL(60 EA per 30 days)
<i>diclofenac sodium dr tablet delayed release 25mg, 50mg, 75mg</i>	2	
<i>diclofenac sodium gel 1%</i>	2	QL(1000 GM per 30 days)
<i>diclofenac sodium external solution 1.5%</i>	4	PA
<i>ec-naproxen tablet delayed release 500mg</i>	4	
<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 +rfd injection 30mg/ml</i>	4	
<i>ketorolac tromethamine injection 15mg/ml, 30mg/ml</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 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	
<i>Opioid Analgesics, Long-acting</i>		
<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
<i>methadone hydrochloride solution 10mg/5ml</i>	3	NDS
<i>morphine sulfate er tablet extended release 100mg, 15mg, 200mg, 30mg, 60mg</i>	3	NDS
<i>XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5MG, 18MG, 27MG, 36MG, 9MG</i>	3	NDS
<i>Opioid Analgesics, Short-acting</i>		
<i>acetaminophen/codeine phosphate tablet 300mg; 60mg</i>	2	NDS
<i>acetaminophen/codeine solution 120mg/5ml; 12mg/5ml</i>	3	NDS

Formulary ID: 26218, Version: 14, Effective Date: 07/01/2026
Last Updated: 06/02/2026

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>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, 1mg/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, 50mg/5ml</i>	4	NDS
<i>morphine sulfate injection 10mg/ml, 4mg/ml</i>	2	NDS
<i>morphine sulfate injection 4mg/ml</i>	4	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
Anesthetics		
<i>Local Anesthetics</i>		
<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
Anti-Addiction/Substance Abuse Treatment Agents		
<i>Alcohol Deterrents/Anti-craving</i>		
<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	
<i>Opioid Dependence</i>		

Formulary ID: 26218, Version: 14, Effective Date: 07/01/2026
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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>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	
<i>buprenorphine hydrochloride/naloxone hydrochloride tablet sublingual 2mg; 0.5mg</i>	2	
Opioid Reversal Agents		
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>	4	
OPVEE SOLUTION 2.7MG/0.1ML	3	
REXTOVY LIQUID 4MG/0.25ML	4	
Smoking Cessation Agents		
<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)
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate injection 1gm/4ml, 500mg/2ml</i>	4	
<i>arikayce suspension 590mg/8.4ml</i>	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	
Antibacterials, Other		
<i>aztreonam injection 1gm, 2gm</i>	4	
<i>clindacin etz pledgets swab 1%</i>	3	
<i>clindacin-p swab 1%</i>	3	
<i>clindamycin hcl capsule 300mg</i>	2	
<i>clindamycin hydrochloride capsule 150mg, 75mg</i>	2	
<i>clindamycin palmitate hydrochloride solution reconstituted 75mg/5ml</i>	4	
<i>clindamycin phosphate cream 2%</i>	4	

Formulary ID: 26218, Version: 14, Effective Date: 07/01/2026

Last Updated: 06/02/2026

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>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 350MG/50ML; 0.9%, 500MG/50ML; 0.9%, 700MG/100ML; 0.9%	4	
<i>daptomycin/sodium chloride injection 1000mg/100ml; 0.9%</i>	4	
<i>daptomycin injection 350mg, 500mg</i>	4	
<i>fosfomycin 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>metronidazole vaginal gel 0.75%</i>	3	
<i>metronidazole injection 500mg/100ml</i>	2	
<i>metronidazole tablet 250mg, 500mg</i>	2	
<i>nitrofurantoin macrocrystals capsule 100mg, 50mg</i>	4	
<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
<i>Beta-lactam, Cephalosporins</i>		
<i>cefaclor capsule 250mg, 500mg</i>	2	
<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	
<i>cefepime hydrochloride injection 100gm, 2gm</i>	4	
<i>cefepime/dextrose injection 2gm/50ml; 5%</i>	4	
<i>cefepime injection 1gm/50ml, 1gm, 2gm/100ml, 2gm</i>	4	
<i>cefixime capsule 400mg</i>	4	

Formulary ID: 26218, Version: 14, Effective Date: 07/01/2026

Last Updated: 06/02/2026

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>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>	4	
<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 750mg</i>	3	
<i>cefuroxime sodium injection 1.5gm</i>	4	
<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	
<i>Beta-lactam, Penicillins</i>		
<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>	2	
<i>amoxicillin suspension reconstituted 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml</i>	2	
<i>amoxicillin tablet chewable 125mg, 250mg</i>	2	
<i>amoxicillin tablet 500mg, 875mg</i>	2	
<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 1gm; 0.5gm, 2gm; 1gm</i>	3	
<i>ampicillin capsule 500mg</i>	2	
AUGMENTIN SUSPENSION RECONSTITUTED 125MG/5ML; 31.25MG/5ML	4	

Formulary ID: 26218, Version: 14, Effective Date: 07/01/2026
Last Updated: 06/02/2026

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
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>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	
Carbapenems		
<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	
Macrolides		
<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>	2	
<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	
Quinolones		
<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	
Sulfonamides		
<i>sulfadiazine tablet 500mg</i>	5	
<i>sulfamethoxazole/trimethoprim ds tablet 800mg; 160mg</i>	2	
<i>sulfamethoxazole/trimethoprim suspension 200mg/5ml; 40mg/5ml</i>	3	

Formulary ID: 26218, Version: 14, Effective Date: 07/01/2026

Last Updated: 06/02/2026

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>sulfamethoxazole/trimethoprim tablet 400mg; 80mg</i>	2	
Tetracyclines		
<i>demeclocycline hcl tablet 150mg, 300mg</i>	4	
<i>demeclocycline hydrochloride tablet 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	
Anticonvulsants		
Anticonvulsants, Other		
<i>brivaracetam solution 10mg/ml</i>	4	PA NSO
<i>brivaracetam tablet 100mg, 10mg, 25mg, 50mg, 75mg</i>	4	PA NSO
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 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>	2	
<i>levetiracetam er tablet extended release 24 hour 500mg, 750mg</i>	3	
<i>levetiracetam solution 100mg/ml</i>	2	
LEVETIRACETAM TABLET DISINTEGRATING SOLUBLE 250MG, 500MG	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	
<i>perampanel tablet 2mg</i>	4	
<i>perampanel tablet 10mg, 12mg, 4mg, 6mg, 8mg</i>	5	
<i>rowepra tablet 500mg</i>	2	

Formulary ID: 26218, Version: 14, Effective Date: 07/01/2026

Last Updated: 06/02/2026

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
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>	2	
<i>topiramate capsule sprinkle 15mg, 25mg, 50mg</i>	3	
<i>topiramate solution 25mg/ml</i>	4	
<i>topiramate tablet 100mg, 200mg, 25mg, 50mg</i>	2	
<i>valproic acid capsule 250mg</i>	2	
<i>valproic acid solution 250mg/5ml</i>	2	
Calcium Channel Modifying Agents		
<i>ethosuximide capsule 250mg</i>	3	
<i>ethosuximide solution 250mg/5ml</i>	3	
<i>methsuximide capsule 300mg</i>	4	
Gamma-aminobutyric Acid (GABA) Modulating Agents		
<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>	2	QL(270 EA per 30 days)
<i>gabapentin capsule 100mg, 300mg</i>	2	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	
<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)

Formulary ID: 26218, Version: 14, Effective Date: 07/01/2026

Last Updated: 06/02/2026

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 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
<i>Sodium Channel Agents</i>		
<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>	4	
<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>	3	
PHENYTEK CAPSULE 200MG, 300MG	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	
XCOPRI TABLET THERAPY PACK 0	4	PA NSO; (12.5mg-25mg)
XCOPRI TABLET THERAPY PACK 0	5	PA NSO
XCOPRI TABLET THERAPY PACK 0	5	PA NSO; (100mg - 150mg)
XCOPRI TABLET 100MG, 150MG, 200MG, 25MG, 50MG	5	PA NSO

Formulary ID: 26218, Version: 14, Effective Date: 07/01/2026

Last Updated: 06/02/2026

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
ZONISADE SUSPENSION 100MG/5ML	4	ST NSO
<i>zonisamide capsule 100mg, 25mg, 50mg</i>	2	
Antidementia Agents		
<i>Antidementia Agents, Other</i>		
<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)
Cholinesterase Inhibitors		
<i>donepezil hcl tablet disintegrating 10mg, 5mg</i>	2	
<i>donepezil hcl tablet 10mg</i>	2	
<i>donepezil hydrochloride tablet 10mg, 5mg</i>	2	
<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>	3	
<i>rivastigmine transdermal system patch 24 hour 13.3mg/24hr, 4.6mg/24hr, 9.5mg/24hr</i>	4	
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
<i>memantine hcl titration pak tablet 0</i>	2	
<i>memantine hydrochloride tablet 10mg, 5mg</i>	2	
Antidepressants		
<i>Antidepressants, Other</i>		
AUVELITY TABLET EXTENDED RELEASE 105MG; 45MG	4	QL(60 EA per 30 days)
<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)
<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

Formulary ID: 26218, Version: 14, Effective Date: 07/01/2026

Last Updated: 06/02/2026

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
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
Monoamine Oxidase Inhibitors		
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	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)		
<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>	3	QL(120 EA per 30 days)
<i>desvenlafaxine er tablet extended release 24 hour 25mg, 50mg</i>	3	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>	4	
<i>escitalopram oxalate tablet 10mg, 20mg, 5mg</i>	2	
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	
<i>fluoxetine hydrochloride solution 20mg/5ml</i>	4	
<i>fluvoxamine maleate tablet 100mg, 25mg, 50mg</i>	3	
<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>	2	
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	

Formulary ID: 26218, Version: 14, Effective Date: 07/01/2026

Last Updated: 06/02/2026

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>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)
Tricyclics		
<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	
Antiemetics		
Antiemetics, Other		
<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	
<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>	3	
<i>promethegan suppository 12.5mg, 25mg</i>	4	
<i>scopolamine patch 72 hour 1mg/3days</i>	4	
Emetogenic Therapy Adjuncts		
<i>aprepitant capsule therapy pack 0</i>	4	QL(6 EA per 30 days); B/D
<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>	2	B/D

Formulary ID: 26218, Version: 14, Effective Date: 07/01/2026

Last Updated: 06/02/2026

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>ondansetron odt tablet disintegrating 4mg, 8mg</i>	2	B/D
Antifungals		
<i>Antifungals</i>		
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
CASPOFUNGIN ACETATE INJECTION 70MG	4	
<i>casposfungin acetate injection 50mg</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)
<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	
Antigout Agents		
<i>Antigout Agents</i>		

Formulary ID: 26218, Version: 14, Effective Date: 07/01/2026

Last Updated: 06/02/2026

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>allopurinol tablet 100mg, 300mg</i>	2	
<i>colchicine tablet 0.6mg</i>	3	
<i>probenecid/colchicine tablet 0.5mg; 500mg</i>	2	
<i>probenecid tablet 500mg</i>	2	
Antimigraine Agents		
<i>Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists</i>		
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
<i>Ergot Alkaloids</i>		
<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)
<i>Prophylactic</i>		
<i>timolol maleate tablet 10mg, 20mg, 5mg</i>	3	
<i>Serotonin (5-HT) Receptor Agonist</i>		
<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>	4	QL(12 EA per 30 days)
Antimyasthenic Agents		
<i>Parasympathomimetics</i>		
<i>pyridostigmine bromide tablet 60mg</i>	2	
VYVGART HYTRULO INJECTION 180MG/ML; 2000UNIT/ML	5	PA
Antimycobacterials		
<i>Antimycobacterials, Other</i>		
<i>dapsone tablet 100mg, 25mg</i>	3	
<i>rifabutin capsule 150mg</i>	4	
<i>Antituberculars</i>		
<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	

Formulary ID: 26218, Version: 14, Effective Date: 07/01/2026

Last Updated: 06/02/2026

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
SIRTURO TABLET 100MG, 20MG	5	
TRECTOR TABLET 250MG	4	
Antineoplastics		
<i>Alkylating Agents</i>		
<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
<i>Antiandrogens</i>		
<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
<i>Antiangiogenic Agents</i>		
<i>lenalidomide capsule 10mg, 15mg, 2.5mg, 20mg, 25mg, 5mg</i>	5	PA NSO
<i>pomalidomide capsule 3mg, 4mg</i>	5	PA NSO
<i>pomalidomide capsule 1mg, 2mg</i>	5	QL(30 EA per 30 days); PA NSO
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
<i>Antiestrogens/Modifiers</i>		
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	
<i>Antimetabolites</i>		
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	

Formulary ID: 26218, Version: 14, Effective Date: 07/01/2026

Last Updated: 06/02/2026

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
TABLOID TABLET 40MG	5	
<i>Antineoplastics, Other</i>		
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
ZOLINZA CAPSULE 100MG	5	PA NSO
<i>Aromatase Inhibitors, 3rd Generation</i>		
<i>anastrozole tablet 1mg</i>	2	
<i>exemestane tablet 25mg</i>	4	
<i>letrozole tablet 2.5mg</i>	2	
<i>Enzyme Inhibitors</i>		
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	
<i>Molecular Target Inhibitors</i>		
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

Formulary ID: 26218, Version: 14, Effective Date: 07/01/2026

Last Updated: 06/02/2026

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
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
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

Formulary ID: 26218, Version: 14, Effective Date: 07/01/2026

Last Updated: 06/02/2026

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
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 XR TABLET EXTENDED RELEASE 24 HOUR 11MG, 22MG, 33MG, 44MG, 55MG	5	QL(30 EA per 30 days); 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
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

Formulary ID: 26218, Version: 14, Effective Date: 07/01/2026

Last Updated: 06/02/2026

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
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
SCEMBLIX TABLET 100MG	5	QL(120 EA per 30 days); PA NSO
SCEMBLIX TABLET 40MG	5	QL(240 EA per 30 days); PA NSO
SCEMBLIX 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
TAGRISSO TABLET 80MG	5	PA NSO
TAGRISSO 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

Formulary ID: 26218, Version: 14, Effective Date: 07/01/2026

Last Updated: 06/02/2026

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
TIBSOVO TABLET 250MG	5	PA NSO
TORPENZ TABLET 10MG, 2.5MG, 5MG, 7.5MG	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
<i>yulithira tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	4	QL(30 EA per 30 days); 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
<i>Monoclonal Antibodies/Antibody-Drug Conjugates</i>		
TEVIMBRA INJECTION 100MG/10ML	5	PA NSO
<i>Retinoids</i>		
<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	
<i>Treatment Adjuncts</i>		
<i>mesna tablet 400mg</i>	5	
VORANIGO TABLET 40MG	5	PA NSO
VORANIGO TABLET 10MG	5	QL(60 EA per 30 days); PA NSO
Antiparasitics		
<i>Anthelmintics</i>		
<i>albendazole tablet 200mg</i>	4	

Formulary ID: 26218, Version: 14, Effective Date: 07/01/2026

Last Updated: 06/02/2026

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>ivermectin tablet 3mg, 6mg</i>	2	PA
<i>praziquantel tablet 600mg</i>	4	
Antiprotozoals		
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>	4	
<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
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate tablet 0.5mg, 1mg, 2mg</i>	2	
<i>trihexyphenidyl hydrochloride tablet 2mg, 5mg</i>	4	
Antiparkinson Agents, Other		
<i>entacapone tablet 200mg</i>	3	
Dopamine Agonists		
<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	
<i>ropinirole hcl tablet 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	2	
<i>ropinirole hydrochloride tablet 0.25mg, 3mg</i>	2	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
<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

Formulary ID: 26218, Version: 14, Effective Date: 07/01/2026
Last Updated: 06/02/2026

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Drug Name	Drug Tier	Requirements/Limits
RYTARY CAPSULE EXTENDED RELEASE 23.75MG; 95MG, 36.25MG; 145MG, 48.75MG; 195MG, 61.25MG; 245MG	4	ST
Monoamine Oxidase B (MAO-B) Inhibitors		
<i>rasagiline mesylate tablet 0.5mg, 1mg</i>	4	
<i>selegiline hcl capsule 5mg</i>	3	
<i>selegiline hcl tablet 5mg</i>	3	
Antipsychotics		
1st Generation/Typical		
<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 2mg, 4mg</i>	3	
<i>perphenazine tablet 16mg, 8mg</i>	4	
<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	
<i>trifluoperazine hydrochloride tablet 1mg</i>	3	
2nd Generation/Atypical		
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)
BYSANTI TITRATION PACK A TABLET THERAPY PACK 0	4	QL(16 EA per 365 days); ST NSO

Formulary ID: 26218, Version: 14, Effective Date: 07/01/2026
Last Updated: 06/02/2026

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
BYANTI TITRATION PACK B TABLET THERAPY PACK 0	4	QL(24 EA per 365 days); ST NSO
BYANTI TITRATION PACK C TABLET THERAPY PACK 0	4	QL(16 EA per 365 days); ST NSO
BYANTI TABLET 1MG	5	QL(180 EA per 30 days); ST NSO
BYANTI TABLET 10MG, 12MG, 2MG, 4MG, 6MG, 8MG	5	QL(60 EA per 30 days); ST NSO
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>	3	QL(60 EA per 30 days)
<i>quetiapine fumarate er tablet extended release 24 hour 200mg</i>	3	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)
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	

Formulary ID: 26218, Version: 14, Effective Date: 07/01/2026
Last Updated: 06/02/2026

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>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	
<i>Treatment-Resistant</i>		
<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)
Antispasticity Agents		
<i>Antispasticity Agents</i>		
<i>baclofen tablet 10mg, 20mg</i>	2	
<i>baclofen tablet 5mg</i>	3	
<i>dantrolene sodium capsule 100mg, 25mg</i>	4	
<i>tizanidine hcl tablet 2mg</i>	2	
<i>tizanidine hydrochloride tablet 4mg</i>	2	
Antivirals		
<i>Anti-cytomegalovirus (CMV) Agents</i>		
<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	
<i>Anti-hepatitis B (HBV) Agents</i>		
<i>adefovir dipivoxil tablet 10mg</i>	4	
BARACLUDE SOLUTION 0.05MG/ML	5	QL(600 ML per 30 days)
<i>entecavir tablet 0.5mg, 1mg</i>	4	QL(30 EA per 30 days)
<i>lamivudine tablet 100mg</i>	3	
<i>Anti-hepatitis C (HCV) Agents</i>		
MAVYRET PACKET 50MG; 20MG	5	QL(560 EA per 365 days); PA

Formulary ID: 26218, Version: 14, Effective Date: 07/01/2026

Last Updated: 06/02/2026

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
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
<i>Anti-HIV Agents, Integrase Inhibitors (INSTI)</i>		
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	
<i>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</i>		
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)
IDVYNZO TABLET 100MG; 0.25MG	5	QL(30 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)
<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)

Formulary ID: 26218, Version: 14, Effective Date: 07/01/2026

Last Updated: 06/02/2026

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>rilpivirine hydrochloride tablet 25mg</i>	5	QL(30 EA per 30 days)
<i>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</i>		
<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)
<i>Anti-HIV Agents, Other</i>		
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	
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)

Formulary ID: 26218, Version: 14, Effective Date: 07/01/2026
Last Updated: 06/02/2026

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 300MG	5	QL(24 EA per 168 days)
TYBOST TABLET 150MG	3	QL(30 EA per 30 days)
Anti-HIV Agents, Protease Inhibitors (PI)		
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)
Anti-influenza Agents		
<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)
XOFLUZA TABLET THERAPY PACK 40MG, 80MG	3	
Antiherpetic Agents		
<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	
<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
Antiviral, Coronavirus Agents		
LAGEVRIO CAPSULE 200MG	3	QL(40 EA per 5 days)

Formulary ID: 26218, Version: 14, Effective Date: 07/01/2026
Last Updated: 06/02/2026

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
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL(11 EA per 5 days); (300mg-100mg Day 1; 150mg-100mg Days 2-5)
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)
Anxiolytics		
<i>Anxiolytics, Other</i>		
<i>bupirone hcl tablet 15mg</i>	1	
<i>bupirone hydrochloride tablet 10mg, 30mg, 5mg, 7.5mg</i>	1	
<i>Benzodiazepines</i>		
<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)
Bipolar Agents		
<i>Bipolar Agents, Other</i>		
IGALMI FILM 120MCG, 180MCG	4	PA NSO
<i>Mood Stabilizers</i>		
<i>lithium carbonate er tablet extended release 300mg, 450mg</i>	2	
<i>lithium carbonate capsule 150mg, 300mg</i>	1	
<i>lithium carbonate capsule 600mg</i>	2	
<i>lithium carbonate tablet 300mg</i>	2	
<i>lithium solution 8meq/5ml</i>	2	
Blood Glucose Regulators		
<i>Antidiabetic Agents</i>		
<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	
<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	

Formulary ID: 26218, Version: 14, Effective Date: 07/01/2026

Last Updated: 06/02/2026

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>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 500mg, 750mg</i>	6	
<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
OZEMPIC TABLET 4MG, 9MG	3	QL(30 EA per 30 days); PA
OZEMPIC TABLET 1.5MG	3	QL(60 EA per 365 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	
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	
<i>Glycemic Agents</i>		

Formulary ID: 26218, Version: 14, Effective Date: 07/01/2026

Last Updated: 06/02/2026

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
BAQSIMI ONE PACK POWDER 3MG/DOSE	3	
BAQSIMI TWO PACK POWDER 3MG/DOSE	3	
<i>diazoxide suspension 50mg/ml</i>	5	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJECTION 1MG	3	
<i>glucagon emergency kit injection 1mg</i>	3	
GVOKE HYPOPEN 1-PACK INJECTION 0.5MG/0.1ML, 1MG/0.2ML	3	
GVOKE HYPOPEN 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	
<i>Insulins</i>		
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	
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	

Formulary ID: 26218, Version: 14, Effective Date: 07/01/2026
Last Updated: 06/02/2026

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
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	
Blood Products and Modifiers		
<i>Anticoagulants</i>		
<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)

Formulary ID: 26218, Version: 14, Effective Date: 07/01/2026

Last Updated: 06/02/2026

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
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)
Blood Products and Modifiers, Other		
<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
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

Formulary ID: 26218, Version: 14, Effective Date: 07/01/2026

Last Updated: 06/02/2026

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
ZARXIO INJECTION 300MCG/0.5ML, 480MCG/0.8ML	5	
Hemostasis Agents		
tranexamic acid tablet 650mg	3	
Platelet Modifying Agents		
aspirin/dipyridamole er capsule extended release 12 hour 25mg; 200mg	4	
aspirin/dipyridamole capsule extended release 12 hour 25mg; 200mg	4	
CABLIVI INJECTION 11MG	5	QL(30 EA per 30 days); PA
cilostazol tablet 100mg, 50mg	2	
clopidogrel tablet 75mg	1	
clopidogrel tablet 300mg	2	
DOPTELET TABLET 20MG	5	PA
prasugrel hydrochloride tablet 10mg, 5mg	2	
ticagrelor tablet 60mg, 90mg	3	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
clonidine hydrochloride tablet 0.1mg, 0.2mg, 0.3mg	1	
clonidine patch weekly 0.1mg/24hr, 0.2mg/24hr, 0.3mg/24hr	4	
droxidopa capsule 100mg	4	PA
droxidopa capsule 200mg, 300mg	5	PA
methyldopa tablet 250mg, 500mg	4	
midodrine hydrochloride tablet 10mg, 2.5mg, 5mg	2	
Alpha-adrenergic Blocking Agents		
prazosin hydrochloride capsule 1mg, 2mg, 5mg	2	
Angiotensin II Receptor Antagonists		
candesartan cilexetil tablet 16mg, 32mg, 4mg, 8mg	6	
irbesartan tablet 150mg, 300mg, 75mg	6	
losartan potassium tablet 100mg, 25mg, 50mg	6	
olmesartan medoxomil tablet 20mg, 40mg, 5mg	6	
telmisartan tablet 20mg, 40mg, 80mg	6	
valsartan tablet 160mg, 320mg, 40mg, 80mg	6	
Angiotensin-converting Enzyme (ACE) Inhibitors		
benazepril hydrochloride tablet 10mg, 20mg, 40mg, 5mg	6	
captopril tablet 100mg, 12.5mg, 25mg, 50mg	6	
enalapril maleate tablet 10mg, 2.5mg, 20mg, 5mg	6	
fosinopril sodium tablet 10mg, 20mg, 40mg	6	
lisinopril tablet 10mg, 2.5mg, 20mg, 30mg, 40mg, 5mg	6	
moexipril hydrochloride tablet 15mg, 7.5mg	6	
perindopril erbumine tablet 2mg, 4mg, 8mg	6	
quinapril hydrochloride tablet 10mg, 20mg, 40mg, 5mg	6	
ramipril capsule 1.25mg, 10mg, 2.5mg, 5mg	6	
trandolapril tablet 1mg, 2mg, 4mg	6	
Antiarrhythmics		

Formulary ID: 26218, Version: 14, Effective Date: 07/01/2026

Last Updated: 06/02/2026

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>amiodarone hydrochloride tablet 200mg</i>	2	
<i>amiodarone hydrochloride tablet 100mg</i>	4	
<i>digoxin solution 0.05mg/ml</i>	4	
<i>digoxin 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	
PACERONE TABLET 200MG	2	
PACERONE TABLET 100MG	4	
<i>propafenone hcl tablet 150mg, 225mg, 300mg</i>	2	
<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, 80mg</i>	2	
Beta-adrenergic Blocking Agents		
<i>acebutolol hydrochloride capsule 200mg, 400mg</i>	2	
<i>atenolol tablet 100mg, 25mg, 50mg</i>	1	
<i>betaxolol hcl tablet 10mg, 20mg</i>	4	
<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>	2	
<i>metoprolol tartrate tablet 100mg, 25mg, 37.5mg, 50mg</i>	1	
<i>metoprolol tartrate tablet 75mg</i>	2	
<i>nadolol tablet 20mg, 40mg, 80mg</i>	3	
<i>nebivolol hydrochloride tablet 10mg, 2.5mg, 20mg, 5mg</i>	4	
<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>	3	
<i>propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg</i>	2	
Calcium Channel Blocking Agents, Dihydropyridines		
<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>nifedipine er tablet extended release 24 hour 30mg, 60mg, 90mg</i>	2	
<i>nimodipine capsule 30mg</i>	4	
Calcium Channel Blocking Agents, Nondihydropyridines		
<i>cartia xt capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg</i>	2	

Formulary ID: 26218, Version: 14, Effective Date: 07/01/2026

Last Updated: 06/02/2026

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>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 24 hour 120mg, 180mg, 240mg, 420mg</i>	2	
<i>diltiazem hcl er tablet extended release 24 hour 240mg, 300mg, 360mg</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 240mg, 300mg, 360mg</i>	4	
<i>diltiazem hydrochloride tablet 120mg, 90mg</i>	2	
<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>	4	
<i>verapamil hcl er tablet extended release 120mg</i>	2	
<i>verapamil hcl sr capsule extended release 24 hour 120mg, 180mg, 240mg, 360mg</i>	4	
<i>verapamil hydrochloride er tablet extended release 180mg, 240mg</i>	2	
<i>verapamil hydrochloride sr capsule extended release 24 hour 240mg, 360mg</i>	4	
<i>verapamil hydrochloride tablet 120mg, 40mg, 80mg</i>	2	
Cardiovascular Agents, Other		
<i>aliskiren tablet 150mg, 300mg</i>	6	
<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>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	

Formulary ID: 26218, Version: 14, Effective Date: 07/01/2026
Last Updated: 06/02/2026

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>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>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	
<i>telmisartan/hydrochlorothiazide tablet 12.5mg; 40mg, 12.5mg; 80mg, 25mg; 80mg</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
Diuretics, Loop		
<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>	2	
Diuretics, Potassium-sparing		
<i>amiloride hcl tablet 5mg</i>	2	
<i>triamterene capsule 100mg, 50mg</i>	4	
Diuretics, Thiazide		
<i>chlorthalidone tablet 25mg, 50mg</i>	2	
<i>hydrochlorothiazide capsule 12.5mg</i>	1	

Formulary ID: 26218, Version: 14, Effective Date: 07/01/2026

Last Updated: 06/02/2026

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>hydrochlorothiazide tablet 12.5mg, 25mg, 50mg</i>	1	
<i>indapamide tablet 1.25mg, 2.5mg</i>	2	
<i>metolazone tablet 10mg, 2.5mg, 5mg</i>	2	
<i>Dyslipidemics, Fibric Acid Derivatives</i>		
<i>fenofibrate micronized capsule 134mg, 200mg, 67mg</i>	2	
<i>fenofibrate capsule 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	
<i>Dyslipidemics, HMG CoA Reductase Inhibitors</i>		
<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	
<i>Dyslipidemics, Other</i>		
<i>cholestyramine light packet 4gm</i>	4	
<i>cholestyramine light powder 4gm/dose</i>	4	
<i>cholestyramine packet 4gm</i>	4	
<i>cholestyramine powder 4gm/dose</i>	4	
<i>colestipol hydrochloride granules 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>	4	
<i>omega-3-acid ethyl esters capsule 375mg; 465mg; 1gm</i>	4	
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
<i>Mineralocorticoid Receptor Antagonists</i>		
<i>eplerenone tablet 25mg, 50mg</i>	3	
KERENDIA TABLET 10MG, 20MG, 40MG	4	QL(30 EA per 30 days); PA

Formulary ID: 26218, Version: 14, Effective Date: 07/01/2026

Last Updated: 06/02/2026

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>spironolactone tablet 100mg, 25mg, 50mg</i>	2	
Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)		
<i>dapagliflozin tablet 10mg, 5mg</i>	3	QL(30 EA per 30 days)
JARDIANCE TABLET 10MG, 25MG	3	QL(30 EA per 30 days)
Vasodilators, Direct-acting Arterial/Venous		
<i>isosorbide dinitrate tablet 10mg, 20mg, 30mg, 5mg</i>	3	
<i>isosorbide mononitrate er tablet extended release 24 hour 120mg, 30mg, 60mg</i>	2	
<i>isosorbide mononitrate tablet 10mg, 20mg</i>	2	
<i>nitroglycerin transdermal patch 24 hour 0.1mg/hr, 0.2mg/hr, 0.4mg/hr, 0.6mg/hr</i>	2	
<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
Vasodilators, Direct-acting Arterial		
<i>hydralazine hydrochloride tablet 100mg, 10mg, 25mg, 50mg</i>	2	
<i>minoxidil tablet 10mg, 2.5mg</i>	2	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 2.5mg; 2.5mg; 2.5mg; 2.5mg</i>	4	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>	4	QL(60 EA per 30 days); Extended-release capsule 15mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 5mg; 5mg; 5mg; 5mg</i>	4	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>	4	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>	4	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>	4	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 tablet 10mg</i>	3	QL(180 EA per 30 days)
<i>dextroamphetamine sulfate tablet 5mg</i>	3	QL(90 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
<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)

Formulary ID: 26218, Version: 14, Effective Date: 07/01/2026

Last Updated: 06/02/2026

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>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>	4	
<i>methylphenidate hydrochloride solution 5mg/5ml</i>	4	
<i>methylphenidate hydrochloride tablet 10mg, 20mg, 5mg</i>	2	QL(90 EA per 30 days)
Central Nervous System, Other		
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
Fibromyalgia Agents		
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)
Multiple Sclerosis Agents		
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
<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

Formulary ID: 26218, Version: 14, Effective Date: 07/01/2026
Last Updated: 06/02/2026

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
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
Dental and Oral Agents		
<i>Dental and Oral Agents</i>		
<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	
Dermatological Agents		
<i>Acne and Rosacea Agents</i>		
<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>	3	
<i>erythromycin/benzoyl peroxide gel 5%; 3%</i>	4	
FINACEA FOAM 15%	4	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	
<i>Dermatitis and Pruritus Agents</i>		
ADBRY INJECTION 150MG/ML	5	QL(6 ML per 28 days); PA
ADBRY INJECTION 300MG/2ML	5	QL(8 ML per 28 days); PA

Formulary ID: 26218, Version: 14, Effective Date: 07/01/2026

Last Updated: 06/02/2026

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>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>	3	
<i>betamethasone dipropionate augmented ointment 0.05%</i>	4	
<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>	3	
<i>clobetasol propionate e cream 0.05%</i>	2	
<i>clobetasol propionate cream 0.05%</i>	2	
<i>clobetasol propionate foam 0.05%</i>	3	
<i>clobetasol propionate gel 0.05%</i>	3	
<i>clobetasol propionate ointment 0.05%</i>	2	
<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	
EBGLYSS INJECTION 250MG/2ML	5	PA
EUCRISA OINTMENT 2%	4	PA
<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	
<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)

Formulary ID: 26218, Version: 14, Effective Date: 07/01/2026

Last Updated: 06/02/2026

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>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>	2	
<i>triamcinolone acetonide lotion 0.1%</i>	2	
<i>triamcinolone acetonide lotion 0.025%</i>	3	
<i>triamcinolone acetonide ointment 0.025%, 0.1%, 0.5%</i>	2	
<i>triderm cream 0.5%</i>	2	
<i>Dermatological Agents, Other</i>		
<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>	4	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>	3	
<i>nystatin/triamcinolone acetonide ointment 100000unit/gm; 0.1%</i>	2	
<i>nystatin/triamcinolone cream 100000unit/gm; 1mg/gm</i>	3	
<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	
<i>Pediculicides/Scabicides</i>		
<i>malathion lotion 0.5%</i>	4	
<i>permethrin cream 5%</i>	3	
<i>Topical Anti-infectives</i>		
<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	

Formulary ID: 26218, Version: 14, Effective Date: 07/01/2026

Last Updated: 06/02/2026

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>ciclopirox suspension 0.77%</i>	3	
<i>clindamycin phosphate external solution 1%</i>	3	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)
Electrolytes/Minerals/Metals/Vitamins		
<i>Electrolyte/Mineral Replacement</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, 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
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	
<i>klor-con m10 tablet extended release 10meq</i>	2	
<i>klor-con m15 tablet extended release 15meq</i>	3	
<i>klor-con m20 tablet extended release 20meq</i>	2	
<i>klor-con/ef tablet effervescent 25meq</i>	2	
<i>magnesium sulfate injection 50%</i>	3	

Formulary ID: 26218, Version: 14, Effective Date: 07/01/2026
Last Updated: 06/02/2026

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
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 er tablet extended release 15meq</i>	3	
<i>potassium chloride injection 10meq/100ml, 20meq/100ml, 40meq/100ml</i>	2	
<i>potassium chloride oral solution 10%</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	
Electrolyte/Mineral/Metal Modifiers		
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
Phosphate Binders		
<i>calcium acetate capsule 667mg</i>	4	
<i>calcium acetate tablet 667mg</i>	3	
VELPHORO TABLET CHEWABLE 500MG	5	
Potassium Binders		
KIONEX SUSPENSION 15GM/60ML	3	
LOKELMA PACKET 10GM, 5GM	4	QL(90 EA per 30 days)
<i>sodium polystyrene sulfonate powder 0</i>	3	
<i>sodium polystyrene sulfonate suspension 15gm/60ml</i>	3	
<i>sps suspension 15gm/60ml</i>	3	
VELTASSA PACKET 16.8GM, 1GM, 25.2GM, 8.4GM	4	
Vitamins		

Formulary ID: 26218, Version: 14, Effective Date: 07/01/2026
Last Updated: 06/02/2026

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>prenatal tablet 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg</i>	2	
Gastrointestinal Agents		
<i>Anti-Constipation Agents</i>		
<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)
MOVANTIK TABLET 12.5MG, 25MG	3	QL(30 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
<i>Anti-Diarrheal Agents</i>		
<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
<i>Antispasmodics, Gastrointestinal</i>		
<i>dicyclomine hydrochloride capsule 10mg</i>	2	
<i>dicyclomine hydrochloride tablet 20mg</i>	2	
<i>glycopyrrolate tablet 1mg, 2mg</i>	3	PA
<i>Gastrointestinal Agents, Other</i>		
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	
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
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	

Formulary ID: 26218, Version: 14, Effective Date: 07/01/2026

Last Updated: 06/02/2026

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>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 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
<i>Histamine2 (H2) Receptor Antagonists</i>		
<i>famotidine tablet 20mg, 40mg</i>	2	
<i>nizatidine capsule 150mg, 300mg</i>	4	
<i>Protectants</i>		
<i>misoprostol tablet 100mcg, 200mcg</i>	3	
<i>sucralfate tablet 1gm</i>	2	
<i>Proton Pump Inhibitors</i>		
<i>esomeprazole magnesium capsule delayed release 20mg, 40mg</i>	3	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>	2	QL(60 EA per 30 days)
<i>omeprazole capsule delayed release 10mg, 20mg, 40mg</i>	2	QL(60 EA per 30 days)
<i>pantoprazole sodium tablet delayed release 20mg, 40mg</i>	2	QL(60 EA per 30 days)
<i>rabeprazole sodium tablet delayed release 20mg</i>	3	QL(60 EA per 30 days)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
<i>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</i>		
<i>betaine anhydrous powder 0</i>	5	
CERDELGA CAPSULE 84MG	5	PA
CHOLBAM CAPSULE 250MG, 50MG	5	PA
CREON CAPSULE DELAYED RELEASE PARTICLES 12000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	3	
<i>cromolyn sodium concentrate 100mg/5ml</i>	4	
CYSTAGON 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	

Formulary ID: 26218, Version: 14, Effective Date: 07/01/2026
Last Updated: 06/02/2026

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
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	
STRENSIQ INJECTION 18MG/0.45ML, 28MG/0.7ML, 40MG/ML, 80MG/0.8ML	5	PA
SUCRAID SOLUTION 8500UNIT/ML	5	PA
WELIREG TABLET 40MG	5	PA NSO
<i>yargesa capsule 100mg</i>	5	PA
<i>zelvysia packet 100mg, 500mg</i>	5	PA
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 252600UNIT; 60000UNIT; 189600UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	3	
Genitourinary Agents		
<i>Antispasmodics, Urinary</i>		
<i>fesoterodine fumarate er tablet extended release 24 hour 4mg, 8mg</i>	4	
GEMTESA TABLET 75MG	4	
MYRBETRIQ SUSPENSION RECONSTITUTED ER 8MG/ML	3	
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR 25MG, 50MG	3	
<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>Benign Prostatic Hypertrophy Agents</i>		
<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>	2	
<i>tadalafil tablet 2.5mg, 5mg</i>	3	QL(30 EA per 30 days); PA
<i>tamsulosin hydrochloride capsule 0.4mg</i>	2	

Formulary ID: 26218, Version: 14, Effective Date: 07/01/2026

Last Updated: 06/02/2026

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>terazosin hcl capsule 10mg, 1mg, 5mg</i>	2	
<i>terazosin hydrochloride capsule 2mg</i>	2	
Genitourinary Agents, Other		
<i>acetic acid 0.25% solution 0.25%</i>	2	
<i>bethanechol chloride tablet 10mg, 25mg, 50mg, 5mg</i>	3	
ELMIRON CAPSULE 100MG	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</i>		
<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	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i>		
<i>desmopressin acetate solution 0.01%</i>	4	
<i>desmopressin acetate tablet 0.1mg, 0.2mg</i>	3	
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
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
<i>Androgens</i>		
<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%, 1.62%</i>	4	PA
<i>testosterone gel 25mg/2.5gm, 50mg/5gm</i>	4	PA
<i>Estrogens</i>		
<i>abigale lo tablet 0.5mg; 0.1mg</i>	4	
<i>abigale tablet 1mg; 0.5mg</i>	4	

Formulary ID: 26218, Version: 14, Effective Date: 07/01/2026

Last Updated: 06/02/2026

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>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	
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 0.075MG/24HR, 0.1MG/24HR	4	
<i>dotti patch twice weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr</i>	4	
<i>elonest 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	

Formulary ID: 26218, Version: 14, Effective Date: 07/01/2026

Last Updated: 06/02/2026

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>estradiol/norethindrone acetate tablet 0.5mg; 0.1mg, 1mg; 0.5mg</i>	4	
<i>estradiol cream 0.1mg/gm</i>	3	
<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	
<i>fyavolv tablet 2.5mcg; 0.5mg, 5mcg; 1mg</i>	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	
<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	

Formulary ID: 26218, Version: 14, Effective Date: 07/01/2026

Last Updated: 06/02/2026

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>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>luteru 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	
MENEST TABLET 2.5MG	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	
<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>pimtrea 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	

Formulary ID: 26218, Version: 14, Effective Date: 07/01/2026
Last Updated: 06/02/2026

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
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	
<i>valtya 1/35 tablet 35mcg; 1mg</i>	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	
<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	
Progestins		
<i>camila tablet 0.35mg</i>	3	
<i>deblitane tablet 0.35mg</i>	3	
DEPO-SUBQ PROVERA 104 INJECTION 104MG/0.65ML	3	QL(0.65 ML per 90 days)
<i>emzahh tablet 0.35mg</i>	3	
<i>errin tablet 0.35mg</i>	3	
<i>gallifrey tablet 5mg</i>	2	
<i>heather tablet 0.35mg</i>	3	
<i>incassia tablet 0.35mg</i>	3	
<i>jencycla tablet 0.35mg</i>	3	
LILETTA INTRAUTERINE DEVICE 20.1MCG/DAY	3	
<i>lyleq tablet 0.35mg</i>	3	
<i>lyza tablet 0.35mg</i>	3	
<i>medroxyprogesterone acetate injection 150mg/ml</i>	2	QL(1 ML per 90 days)

Formulary ID: 26218, Version: 14, Effective Date: 07/01/2026

Last Updated: 06/02/2026

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>medroxyprogesterone acetate tablet 10mg, 2.5mg, 5mg</i>	1	
<i>megestrol acetate suspension 40mg/ml</i>	3	
<i>megestrol acetate tablet 20mg, 40mg</i>	2	
<i>meleya tablet 0.35mg</i>	3	
NEXPLANON INJECTION 68MG	3	
<i>nora-be tablet 0.35mg</i>	3	
<i>norethindrone acetate tablet 5mg</i>	2	
<i>norethindrone tablet 0.35mg</i>	3	
<i>norlyroc tablet 0.35mg</i>	3	
<i>orquidea tablet 0.35mg</i>	3	
<i>progesterone capsule 100mg, 200mg</i>	2	
<i>sharobel tablet 0.35mg</i>	3	
Selective Estrogen Receptor Modifying Agents		
OSPHENA TABLET 60MG	3	QL(30 EA per 30 days); PA
<i>raloxifene hydrochloride tablet 60mg</i>	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>euthyrox tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	2	
<i>levo-t tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg</i>	4	
<i>levothyroxine sodium tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg</i>	1	
<i>levoxyl tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	2	
<i>liomny tablet 25mcg, 50mcg, 5mcg</i>	2	
<i>liothyronine sodium tablet 25mcg, 50mcg, 5mcg</i>	2	
REZDIFFRA TABLET 100MG, 60MG, 80MG	5	QL(30 EA per 30 days); PA
<i>unithroid tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg</i>	2	
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
<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

Formulary ID: 26218, Version: 14, Effective Date: 07/01/2026
Last Updated: 06/02/2026

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
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
<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
Hormonal Agents, Suppressant (Thyroid)		
<i>Antithyroid Agents</i>		
<i>methimazole tablet 10mg, 5mg</i>	2	
<i>propylthiouracil tablet 50mg</i>	2	
Immunological Agents		
<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
EBGLYSS INJECTION 250MG/2ML	5	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

Formulary ID: 26218, Version: 14, Effective Date: 07/01/2026

Last Updated: 06/02/2026

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
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
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
TREMFYA INDUCTION PACK FOR CROHNS DISEASE/ULCERATIVE COLITIS INJECTION 200MG/2ML	5	QL(4 ML per 28 days); PA
TREMFYA PEN INJECTION 100MG/ML	5	QL(2 ML per 56 days); PA
TREMFYA INJECTION 200MG/20ML	5	PA
TREMFYA INJECTION 100MG/ML	5	QL(2 ML per 56 days); PA
TREMFYA INJECTION 200MG/2ML	5	QL(4 ML per 28 days); PA
TYENNE INJECTION 162MG/0.9ML	5	QL(3.6 ML per 28 days); PA
USTEKINUMAB INJECTION 130MG/26ML	5	QL(104 ML per 365 days); PA
USTEKINUMAB INJECTION 45MG/0.5ML, 90MG/ML	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
<i>Immunostimulants</i>		
ACTIMMUNE INJECTION 100MCG/0.5ML	5	PA NSO
BESREMI INJECTION 500MCG/ML	5	PA NSO
PEGASYS INJECTION 180MCG/ML	5	PA
<i>Immunosuppressants</i>		

Formulary ID: 26218, Version: 14, Effective Date: 07/01/2026
Last Updated: 06/02/2026

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-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
ADALIMUMAB-AATY CD/UC/HS STARTER INJECTION 80MG/0.8ML	5	QL(3 EA per 28 days); PA
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
<i>adalimumab-adbm injection 40mg/0.4ml</i>	5	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only
<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

Formulary ID: 26218, Version: 14, Effective Date: 07/01/2026
Last Updated: 06/02/2026

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
ENVARUSUS 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
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
<i>infliximab injection 100mg</i>	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
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

Formulary ID: 26218, Version: 14, Effective Date: 07/01/2026

Last Updated: 06/02/2026

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>sirolimus tablet 0.5mg, 1mg, 2mg</i>	4	B/D
<i>tacrolimus er capsule extended release 24 hour 0.5mg, 1mg, 5mg</i>	4	B/D
<i>tacrolimus capsule 0.5mg, 1mg, 5mg</i>	4	B/D
XATMEP SOLUTION 2.5MG/ML	4	PA NSO
Vaccines		
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	
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	
IPOX 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	
<i>menquadfi injection 0.5ml</i>	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	

Formulary ID: 26218, Version: 14, Effective Date: 07/01/2026

Last Updated: 06/02/2026

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
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	
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	
Inflammatory Bowel Disease Agents		
<i>Aminosaliclates</i>		
<i>balsalazide disodium capsule 750mg</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	
<i>Glucocorticoids</i>		
<i>budesonide er tablet extended release 24 hour 9mg</i>	5	
<i>budesonide capsule delayed release particles 3mg</i>	4	

Formulary ID: 26218, Version: 14, Effective Date: 07/01/2026

Last Updated: 06/02/2026

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>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	
Metabolic Bone Disease Agents		
<i>Metabolic Bone Disease Agents</i>		
<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
<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)
OSEVELT INJECTION 120MG/1.7ML	5	PA
<i>paricalcitol capsule 1mcg, 2mcg</i>	3	
<i>paricalcitol capsule 4mcg</i>	4	
RAYALDEE CAPSULE EXTENDED RELEASE 30MCG	5	
<i>risedronate sodium tablet 35mg</i>	4	QL(4 EA per 28 days)
STOBOCLO INJECTION 60MG/ML	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
Miscellaneous Therapeutic Agents		
<i>Miscellaneous Therapeutic Agents</i>		
ALCOHOL PREP PADS PAD 70%	3	
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16" MISCELLANEOUS	3	QL(200 EA per 30 days)
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2" MISCELLANEOUS	3	QL(200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM MISCELLANEOUS	3	QL(200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM MISCELLANEOUS	3	QL(200 EA per 30 days)
BD INSULIN SYRINGE/1ML/29G X 12.7MM MISCELLANEOUS	3	QL(200 EA per 30 days)
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM MISCELLANEOUS	3	QL(200 EA per 30 days)
BD VEO INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 6MM MISCELLANEOUS	3	QL(200 EA per 30 days)
CURITY GAUZE PADS 2"X2" 12 PLY PAD	3	

Formulary ID: 26218, Version: 14, Effective Date: 07/01/2026
Last Updated: 06/02/2026

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
EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 1/2" MISCELLANEOUS	3	QL(200 EA per 30 days)
EASY COMFORT PEN NEEDLES 29GX4MM MISCELLANEOUS	3	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)
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	
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
Ophthalmic Agents		
<i>Ophthalmic Agents, Other</i>		
<i>atropine sulfate solution 1%</i>	3	
<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	
MIEBO SOLUTION 1.338GM/ML	4	QL(12 ML per 30 days)

Formulary ID: 26218, Version: 14, Effective Date: 07/01/2026
Last Updated: 06/02/2026

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>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/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	
<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>	2	
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	
<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	
<i>Ophthalmic Anti-allergy Agents</i>		
<i>azelastine hcl ophthalmic solution 0.05%</i>	2	
<i>cromolyn sodium solution 4%</i>	2	
<i>Ophthalmic Anti-Infectives</i>		
<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	
<i>levofloxacin ophthalmic solution 0.5%</i>	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>	2	
<i>trifluridine solution 1%</i>	4	

Formulary ID: 26218, Version: 14, Effective Date: 07/01/2026
Last Updated: 06/02/2026

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
XDEMVIY SOLUTION 0.25%	5	QL(10 ML per 42 days)
ZIRGAN GEL 0.15%	4	
Ophthalmic Anti-inflammatories		
<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	
<i>flurbiprofen sodium solution 0.03%</i>	2	
<i>ketorolac tromethamine ophthalmic solution 0.5%</i>	2	
LOTEMAX SM GEL 0.38%	4	QL(20 GM per 365 days)
<i>prednisolone acetate suspension 1%</i>	3	
Ophthalmic Beta-Adrenergic Blocking Agents		
<i>betaxolol hcl solution 0.5%</i>	4	
<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	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
<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>dorzolamide hydrochloride solution 2%</i>	2	
<i>pilocarpine hcl solution 1%, 2%, 4%</i>	3	
<i>pilocarpine hydrochloride solution 1%, 2%, 4%</i>	3	
RHOPRESSA SOLUTION 0.02%	3	QL(2.5 ML per 25 days)
Ophthalmic Prostaglandin and Prostanoid Analogs		
<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)
Otic Agents		
Otic Agents		
<i>acetic acid solution 2%</i>	2	
<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	
Respiratory Tract/Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
ARNUIITY 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)

Formulary ID: 26218, Version: 14, Effective Date: 07/01/2026
Last Updated: 06/02/2026

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 120 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 220MCG/INH	4	QL(1 EA per 30 days)
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>fluticasone propionate suspension 50mcg/act</i>	2	
<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)
Antihistamines		
<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	
Antileukotrienes		
<i>montelukast sodium packet 4mg</i>	2	
<i>montelukast sodium tablet chewable 4mg, 5mg</i>	2	
<i>montelukast sodium tablet 10mg</i>	2	
<i>zafirlukast tablet 10mg, 20mg</i>	4	
Bronchodilators, Anticholinergic		
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)

Formulary ID: 26218, Version: 14, Effective Date: 07/01/2026
Last Updated: 06/02/2026

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
YUPELRI NEBULIZATION SOLUTION 175MCG/3ML	5	QL(90 ML per 30 days); B/D
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	2	QL(13.4 GM per 30 days)
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	2	QL(17 GM per 30 days)
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	2	QL(48 GM per 30 days)
<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>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)
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)
Cystic Fibrosis Agents		
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
Mast Cell Stabilizers		
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	3	B/D
Phosphodiesterase Inhibitors, Airways Disease		
<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	
Pulmonary Antihypertensives		
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
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

Formulary ID: 26218, Version: 14, Effective Date: 07/01/2026
Last Updated: 06/02/2026

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 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
<i>Pulmonary Fibrosis Agents</i>		
<i>nintedanib esylate capsule 100mg, 150mg</i>	5	PA
OFEV CAPSULE 100MG, 150MG	5	PA
<i>pirfenidone capsule 267mg</i>	5	PA
PIRFENIDONE TABLET 534MG	5	PA
<i>pirfenidone tablet 267mg, 801mg</i>	5	PA
<i>Respiratory Tract Agents, Other</i>		
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)
<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

Formulary ID: 26218, Version: 14, Effective Date: 07/01/2026
Last Updated: 06/02/2026

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
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)
Skeletal Muscle Relaxants		
<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	
Sleep Disorder Agents		
<i>Sleep Promoting Agents</i>		
BELSOMRA TABLET 10MG, 15MG, 20MG, 5MG	3	QL(30 EA per 30 days)
ESZOPICLONE TABLET 1MG, 2MG, 3MG	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)
<i>Wakefulness Promoting Agents</i>		
ARMODAFINIL TABLET 150MG, 200MG, 250MG	4	QL(30 EA per 30 days); PA
ARMODAFINIL TABLET 50MG	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: 26218, Version: 14, Effective Date: 07/01/2026
Last Updated: 06/02/2026

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

	Drug Name	Page #
	ADEMPAS	65
	ADV AIR HFA	66
	<i>afirmelle</i>	49
	AIMOVIG	14
	AIRSUPRA	66
	AKEEGA	16
	<i>ala-cort</i>	41
	<i>albendazole</i>	20
	<i>albuterol sulfate</i>	65
	<i>albuterol sulfate hfa</i>	65
	<i>alclometasone dipropionate</i>	41
	ALCOHOL PREP PADS	60
	ALECENSA	16
	<i>alendronate sodium</i>	60
	<i>alfuzosin hcl er</i>	47
	ALINIA	21
	<i>aliskiren</i>	35
	<i>allopurinol</i>	14
	<i>alose tron hydrochloride</i>	45
	<i>alprazolam</i>	28
	<i>altavera</i>	49
	ALUNBRIG	16
	<i>alyacen 1/35</i>	49
	<i>alyacen 7/7/7</i>	49
	<i>alyq</i>	65
	<i>amabelz</i>	49
	<i>amantadine hcl</i>	27
	<i>ambrisentan</i>	65
	<i>amethia</i>	49
	<i>amethyst</i>	49
	<i>amikacin sulfate</i>	3
	<i>amiloride hcl</i>	36
	<i>amiloride/hydrochlorothiazide</i>	35
	AMINOSYN II	43
	AMINOSYN-PF	43
	<i>amiodarone hydrochloride</i>	34
	<i>amitriptyline hcl</i>	12
	<i>amitriptyline hydrochloride</i>	12
	<i>amlodipine besylate</i>	34
	<i>amlodipine besylate/benazepril</i>	35
	<i>hydrochloride</i>	
	<i>amlodipine besylate/valsartan</i>	35
	<i>ammonium lactate</i>	41
	<i>amnesteem</i>	40
	<i>amoxapine</i>	12
	<i>amoxicillin</i>	5
Drug Name	Page #	
<i>abacavir</i>	26	
<i>abacavir sulfate/lamivudine</i>	26	
ABELCET	13	
<i>abigale</i>	48	
<i>abigale lo</i>	48	
ABILIFY MAINTENA	22	
<i>abiraterone acetate</i>	15	
<i>abirtega</i>	15	
ABRYSVO	58	
<i>acamprosate calcium dr</i>	2	
<i>acarbose</i>	28	
<i>acebutolol hydrochloride</i>	34	
<i>acetaminophen/codeine</i>	1	
<i>acetaminophen/codeine phosphate</i>	1	
<i>acetazolamide</i>	63	
<i>acetazolamide er</i>	63	
<i>acetic acid</i>	63	
<i>acetic acid 0.25%</i>	48	
<i>acitretin</i>	40	
ACTHIB	58	
ACTIMMUNE	55	
<i>acyclovir</i>	27	
<i>acyclovir</i>	42	
<i>acyclovir sodium</i>	27	
ADACEL	58	
ADALIMUMAB-AATY 1-PEN KIT	56	
ADALIMUMAB-AATY 2-PEN KIT	56	
ADALIMUMAB-AATY 2-SYRINGE	56	
ADALIMUMAB-AATY CD/UC/HS	56	
STARTER		
ADALIMUMAB-ADBM	56	
ADALIMUMAB-ADBM CROHNS/UC/HS	56	
STARTER		
ADALIMUMAB-ADBM	56	
PSORIASIS/UVEITIS STARTER		
ADALIMUMAB-ADBM STARTER	56	
PACKAGE FOR CROHNS		
DISEASE/UC/HS		
ADALIMUMAB-ADBM STARTER	56	
PACKAGE FOR PSORIASIS/UVEITIS		
<i>adapalene/benzoyl peroxide</i>	40	
ADBRY	40	
<i>adefovir dipivoxil</i>	24	

Formulary ID: 26218, Version: 14, Effective Date: 07/01/2026

Last Updated: 06/02/2026

Drug Name	Page #	Drug Name	Page #
<i>amoxicillin/clavulanate potassium</i>	5	<i>atropine sulfate</i>	61
<i>amoxicillin/clavulanate potassium er</i>	5	ATROVENT HFA	64
<i>amphetamine/dextroamphetamine</i>	38	<i>aubra eq</i>	49
<i>amphotericin b</i>	13	AUGMENTIN	5
<i>amphotericin b liposome</i>	13	AUGTYRO	17
<i>ampicillin</i>	5	<i>aurovela 1.5/30</i>	49
<i>ampicillin sodium</i>	5	<i>aurovela 1/20</i>	49
<i>ampicillin/sulbactam</i>	5	<i>aurovela fe 1.5/30</i>	49
<i>ampicillin-sulbactam</i>	5	<i>aurovela fe 1/20</i>	49
<i>anagrelide hydrochloride</i>	32	AUSTEDO	39
<i>anastrozole</i>	16	AUSTEDO XR	39
ANORO ELLIPTA	66	AUSTEDO XR PATIENT TITRATION	39
<i>aprepitant</i>	12	KIT	
APTIVUS	27	AUVELITY	10
AREXVY	58	<i>aviane</i>	49
<i>arformoterol tartrate</i>	65	AVMAPKI FAKZYNJA CO-PACK	16
<i>arikayce</i>	3	AVONEX	39
<i>aripiprazole</i>	22	AVONEX PEN	39
<i>aripiprazole odt</i>	22	<i>ayuna</i>	49
ARISTADA	22	AYVAKIT	17
ARISTADA INITIO	22	<i>azathioprine</i>	56
ARMODAFINIL	67	<i>azelaic acid</i>	40
ARNUITY ELLIPTA	63	<i>azelastine hcl</i>	62
<i>asenapine maleate sl</i>	22	<i>azelastine hcl</i>	64
<i>ashlyna</i>	49	<i>azelastine hydrochloride</i>	64
ASMANEX HFA	63	<i>azithromycin</i>	6
ASMANEX TWISTHALER 120	64	<i>aztreonam</i>	3
METERED DOSES		<i>azurette</i>	49
ASMANEX TWISTHALER 14 METERED	64	<i>bacitracin</i>	62
DOSES		<i>bacitracin/polymyxin b</i>	61
ASMANEX TWISTHALER 30 METERED	64	<i>baclofen</i>	24
DOSES		<i>balsalazide disodium</i>	59
ASMANEX TWISTHALER 60 METERED	64	BALVERSA	17
DOSES		<i>balziva</i>	49
<i>aspirin/dipyridamole</i>	33	BAQSIMI ONE PACK	30
<i>aspirin/dipyridamole er</i>	33	BAQSIMI TWO PACK	30
<i>atazanavir</i>	27	BARACLUDGE	24
<i>atazanavir sulfate</i>	27	<i>bcg vaccine</i>	58
<i>atenolol</i>	34	BD INSULIN SYRINGE	60
<i>atenolol/chlorthalidone</i>	35	SAFETYGLIDE/1ML/29G X 1/2"	
<i>atomoxetine</i>	38	B-D INSULIN SYRINGE ULTRAFINE	60
<i>atomoxetine hydrochloride</i>	38	II/0.3ML/31G X 5/16"	
<i>atorvastatin calcium</i>	37	BD INSULIN SYRINGE ULTRA-	60
<i>atovaquone</i>	21	FINE/0.5ML/30G X 12.7MM	
<i>atovaquone/proguanil hcl</i>	21	BD INSULIN SYRINGE ULTRA-	60
<i>atovaquone/proguanil hydrochloride</i>	21	FINE/1ML/31G X 8MM	

Formulary ID: 26218, Version: 14, Effective Date: 07/01/2026

Last Updated: 06/02/2026

Drug Name	Page #	Drug Name	Page #
BD INSULIN SYRINGE/1ML/29G X 12.7MM	60	<i>bromocriptine mesylate</i>	21
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	60	BRONCHITOL	66
BD VEO INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 6MM	60	BRUKINSA	17
BELSOMRA	67	<i>budesonide</i>	59
<i>benazepril hydrochloride</i>	33	<i>budesonide</i>	64
<i>benazepril hydrochloride/hydrochlorothiazide</i>	35	<i>budesonide er</i>	59
BENLYSTA	54	<i>budesonide/formoterol fumarate dihydrate</i>	66
<i>benznidazole</i>	21	<i>bumetanide</i>	36
<i>benztropine mesylate</i>	21	<i>buprenorphine</i>	1
BESIVANCE	62	<i>buprenorphine hcl</i>	3
BESREMI	55	<i>buprenorphine hcl/naloxone hcl</i>	3
<i>betaine anhydrous</i>	46	<i>buprenorphine hydrochloride/naloxone hydrochloride</i>	3
<i>betamethasone dipropionate</i>	41	<i>bupropion hydrochloride</i>	10
<i>betamethasone dipropionate augmented</i>	41	<i>bupropion hydrochloride er (sr)</i>	3
<i>betamethasone valerate</i>	41	<i>bupropion hydrochloride er (sr)</i>	10
BETASERON	39	<i>bupropion hydrochloride er (xl)</i>	10
<i>betaxolol hcl</i>	34	<i>bupirone hcl</i>	28
<i>betaxolol hcl</i>	63	<i>bupirone hydrochloride</i>	28
<i>bethanechol chloride</i>	48	<i>butalbital/acetaminophen/caffeine</i>	39
<i>bexarotene</i>	20	BYSANTI	23
BEXSERO	58	BYSANTI TITRATION PACK A	22
<i>bicalutamide</i>	15	BYSANTI TITRATION PACK B	23
BICILLIN L-A	6	BYSANTI TITRATION PACK C	23
BIKTARVY	25	CABENUVA	25
<i>bisoprolol fumarate</i>	34	<i>cabergoline</i>	53
<i>bisoprolol fumarate/hydrochlorothiazide</i>	35	CABLIVI	33
BIVIGAM	54	CABOMETYX	17
<i>blisovi fe 1.5/30</i>	49	<i>calcipotriene</i>	42
<i>blisovi fe 1/20</i>	49	<i>calcitonin-salmon</i>	60
BONSITY	60	<i>calcitriol</i>	60
BOOSTRIX	58	<i>calcium acetate</i>	44
BOSULIF	17	CALQUENCE	17
BRAFTOVI	17	<i>camila</i>	52
BREO ELLIPTA	66	<i>camrese</i>	49
<i>breyna</i>	66	<i>camrese lo</i>	49
BREZTRI AEROSPHERE	66	<i>candesartan cilexetil</i>	33
<i>briellyn</i>	49	<i>candesartan cilexetil/hydrochlorothiazide</i>	35
BRIMONIDINE TARTRATE	63	CAPLYTA	23
<i>brimonidine tartrate/timolol maleate</i>	61	CAPRELSA	17
<i>brivaracetam</i>	7	<i>captopril</i>	33
BRIVIACT	7	<i>captopril/hydrochlorothiazide</i>	35
<i>bromfenac sodium</i>	63	<i>carbamazepine</i>	9
		<i>carbamazepine er</i>	9
		<i>carbidopa</i>	21
		<i>carbidopa/levodopa</i>	21

Drug Name	Page #	Drug Name	Page #
<i>carbidopa/levodopa er</i>	21	<i>cinacalcet hydrochloride</i>	60
<i>carbidopa/levodopa odt</i>	21	CINRYZE	54
<i>carglumic acid</i>	43	<i>ciprofloxacin hcl</i>	6
<i>carteolol hcl</i>	63	<i>ciprofloxacin hydrochloride</i>	6
<i>cartia xt</i>	34	<i>ciprofloxacin hydrochloride</i>	62
<i>carvedilol</i>	34	<i>ciprofloxacin i.v.-in d5w</i>	6
CASPOFUNGIN ACETATE	13	<i>cisplatin</i>	15
CAYSTON	65	<i>citalopram hydrobromide</i>	11
<i>cefaclor</i>	4	<i>claravis</i>	40
<i>cefadroxil</i>	4	<i>clarithromycin</i>	6
CEFAZOLIN	4	<i>clarithromycin er</i>	6
<i>cefazolin sodium</i>	4	CLENPIQ	45
<i>cefdinir</i>	4	CLIMARA PRO	49
<i>cefepime</i>	4	<i>clindacin etz pledgets</i>	3
<i>cefepime hydrochloride</i>	4	<i>clindacin-p</i>	3
<i>cefepime/dextrose</i>	4	<i>clindamycin hcl</i>	3
<i>cefixime</i>	4	<i>clindamycin hydrochloride</i>	3
<i>cefotaxime sodium</i>	5	<i>clindamycin palmitate hydrochloride</i>	3
<i>cefotetan</i>	5	<i>clindamycin phosphate</i>	3
<i>cefoxitin sodium</i>	5	<i>clindamycin phosphate</i>	43
<i>cefpodoxime proxetil</i>	5	<i>clindamycin phosphate/benzoyl peroxide</i>	40
<i>cefprozil</i>	5	<i>clobazam</i>	8
<i>ceftaroline fosamil</i>	5	<i>clobetasol propionate</i>	41
<i>ceftazidime</i>	5	<i>clobetasol propionate e</i>	41
<i>ceftriaxone sodium</i>	5	<i>clomipramine hydrochloride</i>	12
<i>cefuroxime axetil</i>	5	<i>clonazepam</i>	8
<i>cefuroxime sodium</i>	5	<i>clonazepam odt</i>	8
<i>celecoxib</i>	1	<i>clonidine</i>	33
<i>cephalexin</i>	5	<i>clonidine hydrochloride</i>	33
CERDELGA	46	<i>clopidogrel</i>	33
<i>cetirizine hydrochloride</i>	64	<i>clorazepate dipotassium</i>	28
<i>chateal eq</i>	49	<i>clotrimazole</i>	13
CHEMET	44	<i>clotrimazole/betamethasone dipropionate</i>	42
<i>chlorhexidine gluconate</i>	40	<i>clozapine</i>	24
<i>chloroquine phosphate</i>	21	<i>clozapine odt</i>	24
<i>chlorpromazine hydrochloride</i>	22	COARTEM	21
<i>chlorthalidone</i>	36	COBENFY	39
CHOLBAM	46	COBENFY STARTER PACK	39
<i>cholestyramine</i>	37	<i>colchicine</i>	14
<i>cholestyramine light</i>	37	<i>colestipol hydrochloride</i>	37
<i>ciclodan</i>	42	<i>colistimethate sodium</i>	4
<i>ciclopirox</i>	42	COMBIGAN	61
<i>ciclopirox nail lacquer</i>	42	COMBIVENT RESPIMAT	66
<i>ciclopirox olamine</i>	42	COMETRIQ	17
<i>cilostazol</i>	33	<i>compro</i>	12
CIMDUO	26	<i>conjugated estrogens</i>	49

Drug Name	Page #	Drug Name	Page #
<i>constulose</i>	45	<i>demeclocycline hydrochloride</i>	7
COPIKTRA	17	DENGVAXIA	58
<i>cortisone acetate</i>	48	DEPO-SUBQ PROVERA 104	52
COSENTYX	54	DESCOVY	26
COSENTYX SENSOREADY PEN	54	<i>desipramine hydrochloride</i>	12
COSENTYX UNOREADY	54	<i>desmopressin acetate</i>	48
COTELLIC	17	<i>desogestrel/ethinyl estradiol</i>	49
CREON	46	<i>desonide</i>	41
CRESEMBA	13	<i>desoximetasone</i>	41
<i>cromolyn sodium</i>	46	<i>desvenlafaxine er</i>	11
<i>cromolyn sodium</i>	62	<i>dexamethasone</i>	48
<i>cromolyn sodium</i>	65	<i>dexamethasone sodium phosphate</i>	63
<i>cryselle</i>	49	<i>dexmethylphenidate hcl</i>	38
<i>cryselle-28</i>	49	<i>dexmethylphenidate hydrochloride</i>	39
CTEXLI	45	<i>dextroamphetamine sulfate</i>	38
CURITY GAUZE PADS 2"X2" 12 PLY	60	<i>dextrose 5%</i>	43
<i>cyclobenzaprine hydrochloride</i>	67	<i>dextrose 5%/sodium chloride 0.45%</i>	43
<i>cyclophosphamide</i>	15	<i>dextrose 5%/sodium chloride 0.9%</i>	43
<i>cycloserine</i>	14	DIACOMIT	8
<i>cyclosporine</i>	56	<i>diazepam</i>	8
<i>cyclosporine</i>	61	<i>diazepam</i>	28
<i>cyclosporine modified</i>	56	<i>diazepam intensol</i>	28
<i>cyproheptadine hydrochloride</i>	64	<i>diazoxide</i>	30
CYSTAGON	46	<i>diclofenac sodium</i>	1
CYSTARAN	61	<i>diclofenac sodium</i>	42
<i>dabigatran etexilate</i>	31	<i>diclofenac sodium</i>	63
<i>dalfampridine er</i>	39	<i>diclofenac sodium dr</i>	1
<i>danazol</i>	48	<i>dicloxacillin sodium</i>	6
<i>dantrolene sodium</i>	24	<i>dicyclomine hydrochloride</i>	45
DANZITEN	17	DIFICID	6
<i>dapagliflozin</i>	38	<i>digoxin</i>	34
<i>dapsone</i>	14	<i>dihydroergotamine mesylate</i>	14
DAPTACEL	58	DILANTIN	9
<i>daptomycin</i>	4	<i>diltiazem hcl</i>	35
DAPTOMYCIN/SODIUM CHLORIDE	4	<i>diltiazem hcl cd</i>	35
<i>darunavir</i>	27	<i>diltiazem hcl er</i>	35
<i>dasatinib</i>	17	<i>diltiazem hydrochloride</i>	35
<i>dasetta 1/35</i>	49	<i>diltiazem hydrochloride er</i>	35
<i>dasetta 7/7/7</i>	49	<i>dilt-xr</i>	35
DAURISMO	17	<i>dimethyl fumarate</i>	39
<i>daysee</i>	49	<i>dimethyl fumarate starterpack</i>	39
<i>deblitane</i>	52	<i>diphenhydramine hydrochloride</i>	64
<i>deferasirox</i>	44	<i>diphenoxylate hydrochloride/atropine</i>	45
DELSTRIGO	25	<i>sulfate</i>	
<i>delyla</i>	49	<i>disulfiram</i>	2
<i>demeclocycline hcl</i>	7	<i>divalproex sodium dr</i>	8

Drug Name	Page #	Drug Name	Page #
<i>divalproex sodium er</i>	8	<i>eltrombopag olamine</i>	32
<i>dofetilide</i>	34	<i>eluryng</i>	49
<i>dolishale</i>	49	EMCYT	15
<i>donepezil hcl</i>	10	EMGALITY	14
<i>donepezil hydrochloride</i>	10	EMPAVELI	54
DOPTELET	33	EMSAM	11
<i>dorzolamide hcl/timolol maleate</i>	61	<i>emtricitabine</i>	26
<i>dorzolamide hydrochloride</i>	63	<i>emtricitabine/rilpivirine/tenofovir disoproxil fumarate</i>	25
DOTTI	49	<i>emtricitabine/tenofovir disoproxil fumarate</i>	26
DOVATO	25	<i>emtricitabine/tenofovir disoproxil fumarate</i>	26
<i>doxazosin mesylate</i>	47	EMTRIVA	26
<i>doxepin hcl</i>	12	<i>emzahh</i>	52
<i>doxepin hydrochloride</i>	12	<i>enalapril maleate</i>	33
<i>doxycycline</i>	7	<i>enalapril maleate/hydrochlorothiazide</i>	36
<i>doxycycline hyclate</i>	7	ENBREL	56
<i>doxycycline hyclate</i>	40	ENBREL MINI	56
<i>doxycycline monohydrate</i>	7	ENBREL SURECLICK	56
DRIZALMA SPRINKLE	11	<i>endocet</i>	2
<i>dronabinol</i>	12	ENGERIX-B	58
DROXIA	15	<i>enilloring</i>	49
<i>droxidopa</i>	33	<i>enoxaparin sodium</i>	32
DULERA	66	<i>enpresse-28</i>	49
<i>duloxetine hydrochloride dr</i>	11	ENSACOVE	17
DUPIXENT	54	<i>entacapone</i>	21
<i>dutasteride</i>	47	<i>entecavir</i>	24
EASY COMFORT INSULIN	61	ENTRESTO	36
SYRINGE/0.3ML/31G X 1/2"		<i>enulose</i>	45
EASY COMFORT PEN NEEDLES	61	ENVARUSUS XR	56
29GX4MM		EPIDIOLEX	7
EBGLYSS	41	<i>epinephrine</i>	65
EBGLYSS	54	<i>epitol</i>	9
<i>ec-naproxen</i>	1	<i>eplerenone</i>	37
<i>econazole nitrate</i>	13	EPRONTIA	7
EDURANT	25	<i>ergoloid mesylates</i>	10
EDURANT PED	25	<i>ergotamine tartrate/caffeine</i>	14
<i>efavirenz</i>	25	ERIVEDGE	17
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	25	ERLEADA	15
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	25	<i>erlotinib hydrochloride</i>	17
<i>effe-k</i>	43	<i>errin</i>	52
<i>elinest</i>	49	<i>ertapenem sodium</i>	6
ELIQUIS	31	<i>ery</i>	43
ELIQUIS STARTER PACK	31	<i>erythromycin</i>	43
ELLA	61	<i>erythromycin</i>	62
ELMIRON	48	<i>erythromycin dr</i>	6
		<i>erythromycin/benzoyl peroxide</i>	40

Drug Name	Page #	Drug Name	Page #
<i>escitalopram oxalate</i>	11	FETZIMA	11
<i>eslicarbazepine acetate</i>	9	FETZIMA TITRATION PACK	11
<i>esomeprazole magnesium</i>	46	FIASP	30
<i>estarylla</i>	49	FIASP FLEXTOUCH	30
<i>estradiol</i>	50	FIASP PENFILL	30
<i>estradiol/norethindrone acetate</i>	50	<i>fidaxomicin</i>	6
ESTRING	50	FINACEA	40
ESZOPICLONE	67	<i>finasteride</i>	47
<i>ethambutol hydrochloride</i>	14	<i>fingolimod hydrochloride</i>	39
<i>ethosuximide</i>	8	FINTEPLA	7
<i>ethynodiol diacetate/ethinyl estradiol</i>	50	FIRMAGON	53
<i>etonogestrel/ethinyl estradiol</i>	50	FLAREX	63
<i>etravirine</i>	25	<i>flecainide acetate</i>	34
EUCRISA	41	<i>fluconazole</i>	13
EULEXIN	15	<i>fluconazole in sodium chloride</i>	13
<i>euthyrox</i>	53	<i>flucytosine</i>	13
<i>everolimus</i>	17	<i>fludrocortisone acetate</i>	48
<i>everolimus</i>	57	<i>fluocinolone acetonide</i>	41
EVOTAZ	27	<i>fluocinonide</i>	41
EVRYSOI	46	FLUOROURACIL	42
<i>exemestane</i>	16	<i>fluoxetine hydrochloride</i>	11
EXKIVITY	17	<i>fluphenazine decanoate</i>	22
EXXUA	10	<i>fluphenazine hcl</i>	22
EXXUA TITRATION PACK	10	<i>fluphenazine hydrochloride</i>	22
<i>ezetimibe</i>	37	<i>flurbiprofen</i>	1
<i>ezetimibe/simvastatin</i>	37	<i>flurbiprofen sodium</i>	63
FABRAZYME	46	<i>fluticasone propionate</i>	41
<i>falmina</i>	50	<i>fluticasone propionate</i>	64
<i>famciclovir</i>	27	<i>fluticasone propionate/salmeterol</i>	66
<i>famotidine</i>	46	<i>fluticasone propionate/salmeterol diskus</i>	66
FANAPT	23	<i>fluvastatin</i>	37
FANAPT TITRATION PACK A	23	<i>fluvastatin sodium er</i>	37
FANAPT TITRATION PACK B	23	<i>fluvoxamine maleate</i>	11
FANAPT TITRATION PACK C	23	<i>fondaparinux sodium</i>	32
FASENRA	66	FORTEO	60
FASENRA PEN	66	<i>fosamprenavir calcium</i>	27
<i>feirza 1.5/30</i>	50	<i>fosfomycin tromethamine</i>	4
<i>feirza 1/20</i>	50	<i>fosinopril sodium</i>	33
<i>felbamate</i>	7	<i>fosinopril sodium/hydrochlorothiazide</i>	36
<i>felodipine er</i>	34	FOTIVDA	17
<i>fenofibrate</i>	37	FRAGMIN	32
<i>fenofibrate micronized</i>	37	FRUZAQLA	17
<i>fenofibric acid dr</i>	37	<i>furosemide</i>	36
<i>fentanyl</i>	1	FUZEON	26
<i>fentanyl citrate oral transmucosal</i>	2	<i>fyavolv</i>	50
<i>fesoterodine fumarate er</i>	47	FYCOMPA	7

Drug Name	Page #	Drug Name	Page #
<i>gabapentin</i>	8	<i>hailey fe 1.5/30</i>	50
<i>galantamine hydrobromide</i>	10	<i>hailey fe 1/20</i>	50
<i>galantamine hydrobromide er</i>	10	<i>halobetasol propionate</i>	41
<i>gallifrey</i>	52	<i>haloette</i>	50
GAMASTAN	54	<i>haloperidol</i>	22
<i>ganciclovir</i>	24	<i>haloperidol decanoate</i>	22
GARDASIL 9	58	<i>haloperidol lactate</i>	22
<i>gatifloxacin</i>	62	HAVRIX	58
<i>gavilyte-c</i>	45	<i>heather</i>	52
<i>gavilyte-g</i>	45	<i>heparin sodium</i>	32
GAVRETO	17	HEPLISAV-B	58
<i>gefitinib</i>	17	HERNEXEOS	17
<i>gemfibrozil</i>	37	HIBERIX	58
GEMTESA	47	HIZENTRA	54
<i>generlac</i>	45	HUMALOG	30
<i>engraf</i>	57	HUMALOG JUNIOR KWIKPEN	30
GENOTROPIN	48	HUMALOG KWIKPEN	30
GENOTROPIN MINIQUICK	48	HUMALOG MIX 50/50	30
<i>gentamicin sulfate</i>	3	HUMALOG MIX 50/50 KWIKPEN	30
<i>gentamicin sulfate</i>	62	HUMALOG MIX 75/25	30
<i>gentamicin sulfate pediatric</i>	3	HUMALOG MIX 75/25 KWIKPEN	30
GENVOYA	25	HUMATIN	3
GILOTRIF	17	HUMIRA	57
<i>glatiramer acetate</i>	39	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	57
GLEOSTINE	15	HUMIRA PEN	57
<i>glimepiride</i>	28	HUMIRA PEN-CD/UC/HS STARTER	57
<i>glipizide</i>	28	HUMIRA PEN-PEDIATRIC UC STARTER PACK	57
<i>glipizide er</i>	28	HUMIRA PEN-PS/UV STARTER	57
<i>glipizide xl</i>	28	HUMULIN 70/30	30
<i>glipizide/metformin hydrochloride</i>	28	HUMULIN 70/30 KWIKPEN	30
<i>glucagon emergency kit</i>	30	HUMULIN N	30
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	30	HUMULIN N KWIKPEN	30
<i>glyburide</i>	29	HUMULIN R	30
<i>glyburide/metformin hydrochloride</i>	29	HUMULIN R U-500 (CONCENTRATED)	30
<i>glycopyrrolate</i>	45	HUMULIN R U-500 KWIKPEN	30
GLYXAMBI	29	<i>hydralazine hydrochloride</i>	38
GOMEKLI	17	<i>hydrochlorothiazide</i>	36
<i>griseofulvin microsize</i>	13	<i>hydrocodone bitartrate/acetaminophen</i>	2
<i>griseofulvin ultramicrosize</i>	13	<i>hydrocodone/acetaminophen</i>	2
<i>guanfacine hydrochloride er</i>	39	<i>hydrocortisone</i>	41
GVOKE HYPOPEN 1-PACK	30	<i>hydrocortisone</i>	48
GVOKE HYPOPEN 2-PACK	30	<i>hydrocortisone</i>	60
GVOKE KIT	30	<i>hydrocortisone valerate</i>	41
GVOKE PFS	30	<i>hydromorphone hcl</i>	2
<i>hailey 1.5/30</i>	50		

Drug Name	Page #	Drug Name	Page #
<i>hydromorphone hydrochloride</i>	2	INSULIN ASPART PENFILL	30
<i>hydroxychloroquine sulfate</i>	21	<i>insulin lispro</i>	30
<i>hydroxyurea</i>	15	INTELENCE	25
<i>hydroxyzine hcl</i>	64	<i>introvale</i>	50
<i>hydroxyzine hydrochloride</i>	64	INVEGA HAFYERA	23
<i>hydroxyzine pamoate</i>	64	INVEGA SUSTENNA	23
HYPERHEP B	54	INVEGA TRINZA	23
HYRNUO	17	IPOL INACTIVATED IPV	58
<i>ibandronate sodium</i>	60	<i>ipratropium bromide</i>	64
IBRANCE	16	<i>ipratropium bromide/albuterol sulfate</i>	66
IBRANCE	17	<i>irbesartan</i>	33
IBTROZI	17	<i>irbesartan/hydrochlorothiazide</i>	36
<i>ibu</i>	1	ISENTRESS	25
<i>ibuprofen</i>	1	ISENTRESS HD	25
<i>icatibant acetate</i>	54	ISONIAZID	14
<i>iclevia</i>	50	<i>isosorbide dinitrate</i>	38
ICLUSIG	17	<i>isosorbide mononitrate</i>	38
<i>icosapent ethyl</i>	37	<i>isosorbide mononitrate er</i>	38
IDHIFA	17	<i>isotretinoin</i>	40
IDVYNZO	25	ISTURISA	48
IGALMI	28	ITOVEBI	16
<i>imatinib mesylate</i>	17	<i>itraconazole</i>	13
IMBRUVICA	17	<i>ivabradine hydrochloride</i>	36
<i>imipenem/cilastatin</i>	6	<i>ivermectin</i>	21
<i>imipramine hcl</i>	12	IWILFIN	16
<i>imipramine hydrochloride</i>	12	IXIARO	58
<i>imiquimod</i>	42	<i>jaimiess</i>	50
IMKELDI	18	JAKAFI	18
IMOVAX RABIES (H.D.C.V.)	58	JAKAFI XR	18
IMPAVIDO	4	<i>jantoven</i>	32
INBRIJA	21	JANUMET	29
<i>incassia</i>	52	JANUMET XR	29
INCRELEX	48	JANUVIA	29
INCRUSE ELLIPTA	64	JARDIANCE	38
<i>indapamide</i>	37	JAYPIRCA	18
<i>indomethacin</i>	1	<i>jencycla</i>	52
<i>indomethacin er</i>	1	JENTADUETO	29
INFANRIX	58	JENTADUETO XR	29
<i>infliximab</i>	57	<i>jinteli</i>	50
INGREZZA	39	<i>jolessa</i>	50
INLURIYO	15	JOURNAVX	1
INLYTA	18	JUBBONTI	60
INQOVI	18	JUBLIA	13
INREBIC	16	JULUCA	25
INSULIN ASPART	30	<i>junel 1.5/30</i>	50
INSULIN ASPART FLEXPEN	30	<i>junel 1/20</i>	50

Drug Name	Page #	Drug Name	Page #
<i>junel fe 1.5/30</i>	50	<i>lamotrigine starter kit/orange</i>	7
<i>junel fe 1/20</i>	50	<i>lansoprazole</i>	46
JYLAMVO	57	LANTUS	30
JYNARQUE	44	LANTUS SOLOSTAR	30
JYNNEOS	58	<i>lapatinib ditosylate</i>	18
KALETRA	27	<i>larin 1.5/30</i>	50
KALYDECO	65	<i>larin 1/20</i>	50
<i>kariva</i>	50	<i>larin fe 1.5/30</i>	50
<i>kelnor 1/35</i>	50	<i>larin fe 1/20</i>	50
<i>kelnor 1/50</i>	50	<i>latanoprost</i>	63
KERENDIA	37	LAZCLUZE	16
KESIMPTA	39	<i>leflunomide</i>	57
<i>ketoconazole</i>	13	<i>lenalidomide</i>	15
<i>ketorolac tromethamine</i>	1	LENVIMA 10 MG DAILY DOSE	18
<i>ketorolac tromethamine</i>	63	LENVIMA 12MG DAILY DOSE	18
<i>ketorolac tromethamine +rfid</i>	1	LENVIMA 14 MG DAILY DOSE	18
KINERET	54	LENVIMA 18 MG DAILY DOSE	18
KINRIX	58	LENVIMA 20 MG DAILY DOSE	18
KIONEX	44	LENVIMA 24 MG DAILY DOSE	18
KISQALI	18	LENVIMA 4 MG DAILY DOSE	18
KISQALI FEMARA 200 DOSE	16	LENVIMA 8 MG DAILY DOSE	18
KISQALI FEMARA 400 DOSE	16	<i>lessina</i>	50
KISQALI FEMARA 600 DOSE	16	<i>letrozole</i>	16
<i>klayesta</i>	13	<i>leucovorin calcium</i>	16
<i>klor-con 10</i>	43	LEUKERAN	15
<i>klor-con 8</i>	43	<i>leuprolide acetate</i>	53
<i>klor-con m10</i>	43	<i>levalbuterol hydrochloride</i>	65
<i>klor-con m15</i>	43	<i>levalbuterol tartrate hfa</i>	65
<i>klor-con m20</i>	43	<i>levetiracetam</i>	7
<i>klor-con/ef</i>	43	<i>levetiracetam er</i>	7
KLOXXADO	3	<i>levobunolol hcl</i>	63
KOMZIFTI	16	<i>levocetirizine dihydrochloride</i>	64
KOSELUGO	18	<i>levofloxacin</i>	6
<i>kourzeq</i>	40	<i>levofloxacin</i>	62
KRAZATI	18	<i>levofloxacin in d5w</i>	6
<i>kurvelo</i>	50	<i>levonest</i>	50
<i>labetalol hydrochloride</i>	34	<i>levonorgestrel and ethinyl estradiol</i>	50
<i>lacosamide</i>	9	<i>levonorgestrel/ethinyl estradiol</i>	51
<i>lactulose</i>	45	<i>levora 0.15/30-28</i>	51
LAGEVRIO	27	<i>levo-t</i>	53
<i>lamivudine</i>	24	<i>levothyroxine sodium</i>	53
<i>lamivudine</i>	26	<i>levoxyl</i>	53
<i>lamivudine/zidovudine</i>	26	LEXIVA	27
<i>lamotrigine</i>	7	<i>l-glutamine</i>	46
<i>lamotrigine starter kit/blue</i>	7	LIBERVANT	8
<i>lamotrigine starter kit/green</i>	7	<i>lidocaine</i>	2

Formulary ID: 26218, Version: 14, Effective Date: 07/01/2026

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Drug Name	Page #	Drug Name	Page #
<i>lidocaine hydrochloride viscous</i>	40	<i>lyllana</i>	51
<i>lidocaine viscous</i>	40	LYNPARZA	18
<i>lidocaine/prilocaine</i>	2	LYSODREN	16
LIFYORLI	18	LYTGOBI	18
LILETTA	52	LYUMJEV	31
<i>linezolid</i>	4	LYUMJEV KWIKPEN	31
LINZESS	45	<i>lyza</i>	52
<i>liomny</i>	53	<i>magnesium sulfate</i>	43
<i>liothyronine sodium</i>	53	<i>malathion</i>	42
<i>lisinopril</i>	33	<i>maraviroc</i>	26
<i>lisinopril/hydrochlorothiazide</i>	36	<i>marlissa</i>	51
<i>lithium</i>	28	MARPLAN	11
<i>lithium carbonate</i>	28	MATULANE	15
<i>lithium carbonate er</i>	28	MAVYRET	24
LIVMARLI	45	MAYZENT	40
LIVTENCITY	24	MAYZENT STARTER PACK	40
<i>lojaimiess</i>	51	<i>meclizine hcl</i>	12
LOKELMA	44	<i>meclizine hydrochloride</i>	12
<i>lomustine</i>	15	<i>medroxyprogesterone acetate</i>	52
LONSURF	16	<i>mefloquine hydrochloride</i>	21
<i>loperamide hydrochloride</i>	45	<i>megestrol acetate</i>	53
<i>lopinavir/ritonavir</i>	27	MEKINIST	18
<i>lorazepam</i>	28	MEKTOVI	18
<i>lorazepam intensol</i>	28	<i>meleya</i>	53
LORBRENA	18	<i>meloxicam</i>	1
<i>losartan potassium</i>	33	<i>memantine hcl titration pak</i>	10
<i>losartan potassium/hydrochlorothiazide</i>	36	<i>memantine hydrochloride</i>	10
LOTEMAX SM	63	<i>memantine/donepezil hydrochloride er</i>	10
<i>lovastatin</i>	37	MENACTRA	58
<i>low-ogestrel</i>	51	MENEST	51
<i>loxapine</i>	22	<i>menquadfi</i>	58
<i>lubiprostone</i>	45	MENVEO	58
<i>luizza 1.5/30</i>	51	<i>mercaptopurine</i>	15
<i>luizza 1/20</i>	51	<i>meropenem</i>	6
LUMAKRAS	18	<i>mesalamine</i>	59
LUMIGAN	63	<i>mesalamine er</i>	59
LUPRON DEPOT (1-MONTH)	53	<i>mesna</i>	20
LUPRON DEPOT (3-MONTH)	53	<i>metformin hydrochloride</i>	29
LUPRON DEPOT (4-MONTH)	53	<i>metformin hydrochloride er</i>	29
LUPRON DEPOT (6-MONTH)	53	<i>methadone hcl</i>	1
LUPRON DEPOT-PED (1-MONTH)	54	<i>methadone hydrochloride</i>	1
LUPRON DEPOT-PED (3-MONTH)	54	<i>methadone hydrochloride intensol</i>	1
<i>lurasidone hydrochloride</i>	23	<i>methimazole</i>	54
<i>lutra</i>	51	<i>methocarbamol</i>	67
LYBALVI	23	<i>methotrexate</i>	57
<i>lyleq</i>	52	<i>methotrexate sodium</i>	57

Drug Name	Page #	Drug Name	Page #
<i>methsuximide</i>	8	<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	6
<i>methyldopa</i>	33	<i>moxifloxacin hydrochloride</i>	6
<i>methylphenidate hydrochloride</i>	39	<i>moxifloxacin hydrochloride</i>	62
<i>methylprednisolone</i>	48	MRESVIA	58
<i>methylprednisolone dose pack</i>	48	<i>mupirocin</i>	43
<i>metoclopramide hcl</i>	45	<i>mycophenolate mofetil</i>	57
<i>metoclopramide hydrochloride</i>	45	<i>mycophenolic acid dr</i>	57
<i>metolazone</i>	37	MYRBETRIQ	47
<i>metoprolol succinate er</i>	34	<i>nabumetone</i>	1
<i>metoprolol tartrate</i>	34	<i>nadolol</i>	34
<i>metronidazole</i>	4	<i>nafcillin sodium</i>	6
<i>metronidazole</i>	40	<i>naloxone hcl</i>	3
<i>metronidazole vaginal</i>	4	<i>naloxone hydrochloride</i>	3
<i>metyrosine</i>	36	<i>naltrexone hydrochloride</i>	2
<i>mexiletine hydrochloride</i>	34	<i>naproxen</i>	1
<i>micafungin</i>	13	<i>naproxen dr</i>	1
<i>microgestin 1.5/30</i>	51	NATACYN	62
<i>microgestin 1/20</i>	51	<i>nateglinide</i>	29
<i>microgestin fe 1.5/30</i>	51	NAYZILAM	7
<i>microgestin fe 1/20</i>	51	<i>nebivolol hydrochloride</i>	34
<i>midodrine hydrochloride</i>	33	<i>necon 0.5/35-28</i>	51
MIEBO	61	<i>nefazodone hydrochloride</i>	11
<i>mifepristone</i>	54	<i>neomycin sulfate</i>	3
<i>miglustat</i>	46	<i>neomycin/polymyxin/bacitracin</i>	62
<i>mili</i>	51	<i>neomycin/polymyxin/bacitracin/hydrocortis one</i>	62
<i>mimvey</i>	51	<i>neomycin/polymyxin/dexamethasone</i>	62
<i>minocycline hcl</i>	7	<i>neomycin/polymyxin/gramicidin</i>	62
<i>minocycline hydrochloride</i>	7	<i>neomycin/polymyxin/hc</i>	63
<i>minoxidil</i>	38	<i>neomycin/polymyxin/hydrocortisone</i>	63
<i>mirtazapine</i>	10	<i>neo-polycin</i>	62
<i>mirtazapine odt</i>	10	<i>neo-polycin hc</i>	62
<i>misoprostol</i>	46	NERLYNX	19
M-M-R II	58	NEULASTA	32
<i>modafinil</i>	67	NEULASTA ONPRO KIT	32
MODEYSO	16	<i>nevirapine</i>	25
<i>moexipril hydrochloride</i>	33	<i>nevirapine er</i>	25
<i>molindone hydrochloride</i>	22	NEXLETOL	37
<i>момetasone furoate</i>	42	NEXLIZET	37
<i>момetasone furoate</i>	64	NEXPLANON	53
<i>mono-lynyah</i>	51	<i>niacin er</i>	37
<i>montelukast sodium</i>	64	NICOTROL NS	3
<i>morphine sulfate</i>	2	<i>nifedipine er</i>	34
<i>morphine sulfate er</i>	1	NILOTINIB D-TARTRATE	19
MOUNJARO	29	<i>nilotinib hydrochloride</i>	19
MOVANTIK	45		

Drug Name	Page #	Drug Name	Page #
<i>nilutamide</i>	15	NOVOLOG MIX 70/30 PREFILLED	31
<i>nimodipine</i>	34	FLEXPEN RELION	
NINLARO	19	NOVOLOG MIX 70/30 RELION	31
<i>nintedanib esylate</i>	66	NOVOLOG PENFILL	31
<i>nitazoxanide</i>	21	NOVOLOG RELION	31
<i>nitisinone</i>	46	NUBEQA	15
<i>nitrofurantoin macrocrystals</i>	4	NUCALA	67
<i>nitrofurantoin monohydrate</i>	4	NUEDEXTA	39
<i>nitrofurantoin monohydrate/macrocrystals</i>	4	NUPLAZID	23
<i>nitroglycerin</i>	38	NURTEC	14
<i>nitroglycerin</i>	45	NUTRILIPID	61
<i>nitroglycerin transdermal</i>	38	<i>nyamyc</i>	13
<i>nizatidine</i>	46	<i>nylia 1/35</i>	51
<i>nora-be</i>	53	<i>nylia 7/7/7</i>	51
<i>norelgestromin/ethinyl estradiol</i>	51	<i>nystatin</i>	13
<i>norethindrone</i>	53	<i>nystatin/triamcinolone</i>	42
<i>norethindrone acetate</i>	53	<i>nystatin/triamcinolone acetonide</i>	42
<i>norethindrone acetate/ethinyl estradiol</i>	51	<i>nystop</i>	13
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	51	<i>octreotide acetate</i>	54
<i>norgestimate/ethinyl estradiol</i>	51	ODACTRA	54
<i>norlyroc</i>	53	ODEFSEY	26
<i>nortrel 0.5/35 (28)</i>	51	ODOMZO	19
<i>nortrel 1/35</i>	51	OFEV	66
<i>nortrel 7/7/7</i>	51	<i>ofloxacin</i>	62
<i>nortriptyline hcl</i>	12	<i>ofloxacin</i>	63
<i>nortriptyline hydrochloride</i>	12	OGSIVEO	16
NORVIR	27	OJEMDA	16
NOVOLIN 70/30	31	OJJAARA	19
NOVOLIN 70/30 FLEXPEN	31	<i>olanzapine</i>	23
NOVOLIN 70/30 FLEXPEN RELION	31	<i>olanzapine odt</i>	23
NOVOLIN 70/30 RELION	31	<i>olmesartan medoxomil</i>	33
NOVOLIN N	31	<i>olmesartan medoxomil/hydrochlorothiazide</i>	36
NOVOLIN N FLEXPEN	31	<i>omega-3-acid ethyl esters</i>	37
NOVOLIN N FLEXPEN RELION	31	<i>omeprazole</i>	46
NOVOLIN N RELION	31	<i>omeprazole dr</i>	46
NOVOLIN R	31	OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5)	61
NOVOLIN R FLEXPEN	31	OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5)	61
NOVOLIN R FLEXPEN RELION	31	OMNIPOD 5 G7 INTRO KIT (GEN 5)	61
NOVOLIN R RELION	31	OMNIPOD 5 G7 PODS (GEN 5)	61
NOVOLOG	31	OMNIPOD 5 LIBRE2 PLUS G6 INTRO GEN 5	61
NOVOLOG FLEXPEN	31	OMNIPOD 5 LIBRE2 PLUS G6 PODS	61
NOVOLOG FLEXPEN RELION	31	OMNIPOD CLASSIC PODS (GEN 3)	61
NOVOLOG MIX 70/30	31	OMNIPOD DASH INTRO KIT (GEN 4)	61
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	31		

Drug Name	Page #	Drug Name	Page #
OMNIPOD DASH PDM KIT (GEN 4)	61	<i>paliperidone er</i>	23
OMNIPOD DASH PODS (GEN 4)	61	PANRETIN	20
OMNIPOD GO 10 UNITS/DAY	61	<i>pantoprazole sodium</i>	46
OMNIPOD GO 15 UNITS/DAY	61	<i>paricalcitol</i>	60
OMNIPOD GO 20 UNITS/DAY	61	<i>paroxetine hcl</i>	11
OMNIPOD GO 25 UNITS/DAY	61	<i>paroxetine hydrochloride</i>	11
OMNIPOD GO 30 UNITS/DAY	61	PAXLOVID	28
OMNIPOD GO 35 UNITS/DAY	61	<i>pazopanib hydrochloride</i>	19
OMNIPOD GO 40 UNITS/DAY	61	PEDIARIX	58
<i>ondansetron hcl</i>	12	PEDVAX HIB	58
<i>ondansetron hydrochloride</i>	12	<i>peg-3350/electrolytes</i>	45
<i>ondansetron odt</i>	13	<i>peg-3350/nacl/na bicarbonate/kcl</i>	46
ONPATTRO	47	PEGASYS	55
ONUREG	16	PEGASYS	57
OPIPZA	23	PEMAZYRE	19
OPSUMIT	65	PENBRAYA	58
OPVEE	3	<i>penicillamine</i>	44
<i>oralone dental paste</i>	40	<i>penicillin g sodium</i>	6
ORENCIA	54	<i>penicillin v potassium</i>	6
ORENCIA	57	PENMENVY	58
ORENCIA CLICKJECT	54	PENTACEL	58
ORENITRAM	66	<i>pentamidine isethionate</i>	21
ORENITRAM TITRATION KIT MONTH	65	<i>pentoxifylline er</i>	36
1		<i>perampanel</i>	7
ORENITRAM TITRATION KIT MONTH	65	<i>perindopril erbumine</i>	33
2		<i>perio gard</i>	40
ORENITRAM TITRATION KIT MONTH	65	<i>permethrin</i>	42
3		<i>perphenazine</i>	22
ORGOVYX	54	PERSERIS	23
ORKAMBI	65	<i>phenelzine sulfate</i>	11
<i>orphenadrine citrate er</i>	67	<i>phenobarbital</i>	8
<i>orquidea</i>	53	PHENYTEK	9
ORSERDU	15	<i>phenytoin</i>	9
<i>oseltamivir phosphate</i>	27	<i>phenytoin sodium extended</i>	9
OSENVELT	60	PHESGO	16
OSPHENA	53	<i>philith</i>	51
OTEZLA	42	PIFELTRO	25
OTEZLA	55	<i>pilocarpine hcl</i>	63
<i>oxaprozin</i>	1	<i>pilocarpine hydrochloride</i>	40
<i>oxcarbazepine</i>	9	<i>pilocarpine hydrochloride</i>	63
<i>oxybutynin chloride</i>	47	<i>pimecrolimus</i>	42
<i>oxybutynin chloride er</i>	47	<i>pimozide</i>	22
<i>oxycodone hydrochloride</i>	2	<i>pimtrea</i>	51
<i>oxycodone/acetaminophen</i>	2	<i>pindolol</i>	34
OZEMPIC	29	<i>pioglitazone hcl</i>	29
PACERONE	34	<i>pioglitazone hcl/metformin hcl</i>	29

Drug Name	Page #	Drug Name	Page #
<i>pioglitazone hydrochloride</i>	29	<i>probenecid</i>	14
<i>piperacillin sodium/tazobactam sodium</i>	6	<i>probenecid/colchicine</i>	14
PIQRAY 200MG DAILY DOSE	19	<i>prochlorperazine</i>	12
PIQRAY 250MG DAILY DOSE	19	<i>prochlorperazine maleate</i>	12
PIQRAY 300MG DAILY DOSE	19	PROCRIT	32
<i>pirfenidone</i>	66	<i>procto-med hc</i>	60
<i>piroxicam</i>	1	<i>proctosol hc</i>	60
<i>pitavastatin calcium</i>	37	<i>proctozone-hc</i>	60
PLENAMINE	44	<i>progesterone</i>	53
<i>podofilox</i>	42	PROGRAF	57
<i>polycin</i>	62	PROLASTIN-C	47
<i>polymyxin b sulfate/trimethoprim sulfate</i>	62	<i>promethazine hcl</i>	12
<i>pomalidomide</i>	15	<i>promethazine hydrochloride</i>	12
POMALYST	15	<i>promethazine hydrochloride plain</i>	12
<i>portia-28</i>	51	<i>promethegan</i>	12
<i>posaconazole</i>	13	<i>propafenone hcl</i>	34
<i>posaconazole dr</i>	13	<i>propafenone hydrochloride</i>	34
<i>potassium chloride</i>	44	<i>propranolol hcl</i>	34
<i>potassium chloride er</i>	44	<i>propranolol hydrochloride</i>	34
<i>potassium citrate er</i>	44	<i>propranolol hydrochloride er</i>	34
PRALUENT	37	<i>propylthiouracil</i>	54
<i>pramipexole dihydrochloride</i>	21	PROQUAD	59
<i>prasugrel hydrochloride</i>	33	<i>protriptyline hcl</i>	12
<i>pravastatin sodium</i>	37	<i>prucalopride</i>	45
<i>praziquantel</i>	21	PULMOZYME	65
<i>prazosin hydrochloride</i>	33	<i>pyrazinamide</i>	14
<i>prednisolone</i>	48	<i>pyridostigmine bromide</i>	14
<i>prednisolone acetate</i>	63	<i>pyrimethamine</i>	21
<i>prednisolone sodium phosphate</i>	48	PYRUKYND	47
<i>prednisone</i>	48	PYRUKYND TAPER PACK	47
<i>pregabalin</i>	8	QINLOCK	19
PREHEVBRIO	59	QUADRACEL	59
PREMARIN	51	<i>quetiapine fumarate</i>	23
PREMPHASE	51	<i>quetiapine fumarate er</i>	23
PREMPRO	52	<i>quinapril hydrochloride</i>	33
<i>prenatal</i>	45	<i>quinapril/hydrochlorothiazide</i>	36
<i>prevalite</i>	37	<i>quinidine sulfate</i>	34
PREVYMIS	24	<i>quinine sulfate</i>	21
PREZCOBIX	27	QULIPTA	14
PREZISTA	27	QVAR REDIHALER	64
PRIFTIN	14	RABAVERT	59
<i>primaquine phosphate</i>	21	<i>rabeprazole sodium</i>	46
<i>primidone</i>	9	RALDESY	11
PRIORIX	59	<i>raloxifene hydrochloride</i>	53
PRIVIGEN	54	<i>ramipril</i>	33
PROAIR RESPICLICK	65	<i>ranolazine er</i>	36

Drug Name	Page #	Drug Name	Page #
<i>rasagiline mesylate</i>	22	<i>ropinirole hcl</i>	21
RAYALDEE	60	<i>ropinirole hydrochloride</i>	21
REBIF	40	<i>rosuvastatin calcium</i>	37
REBIF REBIDOSE	40	<i>rosyrah</i>	52
REBIF REBIDOSE TITRATION PACK	40	ROTARIX	59
REBIF TITRATION PACK	40	ROTATEQ	59
RECOMBIVAX HB	59	<i>roweepra</i>	7
RELISTOR	45	ROZLYTREK	19
<i>repaglinide</i>	29	RUBRACA	19
REPATHA	37	<i>rufinamide</i>	9
REPATHA PUSHTRONEX SYSTEM	37	RUKOBIA	26
REPATHA SURECLICK	37	RYBELSUS	29
RESTASIS	62	RYDAPT	19
RESTASIS MULTIDOSE	62	RYTARY	22
RETACRIT	32	<i>sacubitril/valsartan</i>	36
RETEVMO	19	SANDIMMUNE	57
REVCOVI	47	SANTYL	42
REVUFORJ	16	<i>sapropterin dihydrochloride</i>	47
REXTOVY	3	SAVELLA	39
REXULTI	23	SAVELLA TITRATION PACK	39
REYATAZ	27	SCSEMBLIX	19
REZDIFFRA	53	<i>scopolamine</i>	12
REZLIDHIA	19	SECUADO	24
REZUROCK	57	<i>selegiline hcl</i>	22
RHOPRESSA	63	<i>selenium sulfide</i>	42
<i>ribavirin</i>	25	SELZENTRY	26
<i>rifabutin</i>	14	SEREVENT DISKUS	65
<i>rifampin</i>	14	<i>sertraline hcl</i>	11
<i>rilpivirine hydrochloride</i>	26	<i>sertraline hydrochloride</i>	11
<i>riluzole</i>	39	<i>setlakin</i>	52
RINVOQ	55	SFROWASA	59
RINVOQ LQ	55	<i>sharobel</i>	53
<i>risedronate sodium</i>	60	SHINGRIX	59
<i>risperidone</i>	24	SIGNIFOR	54
<i>risperidone er</i>	23	<i>sildenafil citrate</i>	66
<i>risperidone odt</i>	24	<i>silver sulfadiazine</i>	42
<i>ritonavir</i>	27	SIMBRINZA	62
<i>rivastigmine tartrate</i>	10	<i>simliya</i>	52
<i>rivastigmine transdermal system</i>	10	<i>simpesse</i>	52
<i>rivelsa</i>	52	<i>simvastatin</i>	37
RIVFLOZA	61	<i>sirolimus</i>	57
<i>rizatriptan benzoate</i>	14	SIRTURO	15
<i>rizatriptan benzoate odt</i>	14	SKYCLARYS	61
ROCKLATAN	62	SKYRIZI	55
<i>roflumilast</i>	65	SKYRIZI PEN	55
ROMVIMZA	19	<i>sodium chloride</i>	44

Drug Name	Page #	Drug Name	Page #
<i>sodium chloride 0.45%</i>	44	<i>sulfadiazine</i>	6
<i>sodium chloride 0.9%</i>	61	<i>sulfamethoxazole/trimethoprim</i>	6
<i>sodium oxybate</i>	67	<i>sulfamethoxazole/trimethoprim ds</i>	6
<i>sodium phenylbutyrate</i>	47	<i>sulfasalazine</i>	59
<i>sodium polystyrene sulfonate</i>	44	<i>sulindac</i>	1
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	46	<i>sumatriptan</i>	14
<i>sofosbuvir/velpatasvir</i>	25	<i>sumatriptan succinate</i>	14
<i>solifenacin succinate</i>	47	<i>sunitinib malate</i>	19
SOLQUA 100/33	29	SUNLENCA	26
SOLTAMOX	15	SUTAB	46
SOMAVERT	54	SYMPAZAN	9
<i>sorafenib</i>	19	SYMTUZA	27
<i>sorafenib tosylate</i>	19	SYNJARDY	29
<i>sotalol hcl</i>	34	SYNJARDY XR	29
<i>sotalol hydrochloride</i>	34	TABLOID	16
<i>sotalol hydrochloride (af)</i>	34	TABRECTA	19
SPEVIGO	42	<i>tacrolimus</i>	42
SPIRIVA RESPIMAT	64	<i>tacrolimus</i>	58
<i>spironolactone</i>	38	<i>tacrolimus er</i>	58
<i>spironolactone/hydrochlorothiazide</i>	36	<i>tadalafil</i>	47
SPRAVATO 56MG DOSE	10	<i>tadalafil</i>	66
SPRAVATO 84MG DOSE	10	TAFINLAR	19
<i>sprintec 28</i>	52	TAGRISSO	19
SPRITAM	8	TALZENNA	19
<i>sps</i>	44	<i>tamoxifen citrate</i>	15
<i>sronyx</i>	52	<i>tamsulosin hydrochloride</i>	47
<i>ssd</i>	42	<i>tarina fe 1/20 eq</i>	52
STAMARIL	59	TAVNEOS	55
STELARA	55	<i>tazarotene</i>	40
STEQEYMA	55	TAZICEF	5
STIOLTO RESPIMAT	67	<i>taztia xt</i>	35
STIVARGA	19	TAZVERIK	19
STOBOCLO	60	TDVAX	59
STRENSIQ	47	TEFLARO	5
<i>streptomycin sulfate</i>	3	<i>telmisartan</i>	33
STRIBILD	25	<i>telmisartan/hydrochlorothiazide</i>	36
SUBVENITE	8	<i>temazepam</i>	67
<i>subvenite starter kit/blue</i>	8	TENIVAC	59
<i>subvenite starter kit/green</i>	8	<i>tenofovir disoproxil fumarate</i>	26
<i>subvenite starter kit/orange</i>	8	TEPMETKO	19
SUCRAID	47	<i>terazosin hcl</i>	48
<i>sucrafate</i>	46	<i>terazosin hydrochloride</i>	48
<i>sulfacetamide sodium</i>	62	<i>terbinafine hcl</i>	13
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	62	<i>terconazole</i>	13
		<i>teriparatide</i>	60
		<i>testosterone</i>	48

Drug Name	Page #	Drug Name	Page #
<i>testosterone cypionate</i>	48	<i>trazodone hydrochloride</i>	11
<i>testosterone enanthate</i>	48	TRECATOR	15
<i>testosterone pump</i>	48	TRELEGY ELLIPTA	67
TETANUS/DIPHThERIA TOXOIDS- ADSORBED ADULT	59	TRELSTAR MIXJECT	54
<i>tetrabenazine</i>	39	TREMFYA	55
<i>tetracycline hydrochloride</i>	7	TREMFYA INDUCTION PACK FOR CROHNS DISEASE/ULCERATIVE COLITIS	55
TEVIMBRA	20	TREMFYA PEN	55
THALOMID	15	TRESIBA	31
<i>theophylline er</i>	65	TRESIBA FLEXTOUCH	31
<i>thioridazine hydrochloride</i>	22	<i>tretinoin</i>	20
<i>thiothixene</i>	22	<i>tretinoin</i>	40
<i>tiadylt er</i>	35	<i>triamcinolone acetonide</i>	42
<i>tiagabine hydrochloride</i>	9	<i>triamcinolone acetonide dental paste</i>	40
TIBSOVO	20	<i>triamterene</i>	36
<i>ticagrelor</i>	33	<i>triamterene/hydrochlorothiazide</i>	36
TICOVAC	59	<i>triderm</i>	42
<i>tigecycline</i>	4	<i>trientine hydrochloride</i>	44
<i>timolol maleate</i>	14	<i>tri-estarylla</i>	52
<i>timolol maleate</i>	63	<i>trifluoperazine hcl</i>	22
<i>tinidazole</i>	4	<i>trifluoperazine hydrochloride</i>	22
<i>tiotropium bromide</i>	64	<i>trifluridine</i>	62
TIVICAY	25	<i>trihexyphenidyl hydrochloride</i>	21
TIVICAY PD	25	TRIJARDY XR	29
<i>tizanidine hcl</i>	24	TRIKAFTA	65
<i>tizanidine hydrochloride</i>	24	<i>tri-linyah</i>	52
TOBRADEX ST	62	<i>trimethoprim</i>	4
<i>tobramycin</i>	62	<i>tri-mili</i>	52
<i>tobramycin</i>	65	<i>trimipramine maleate</i>	12
<i>tobramycin sulfate</i>	3	TRINTELLIX	11
<i>tobramycin/dexamethasone</i>	62	<i>tri-nymyo</i>	52
<i>tolvaptan</i>	44	<i>tri-sprintec</i>	52
<i>topiramate</i>	8	TRIUMEQ	26
<i>topotecan hcl</i>	16	TRIUMEQ PD	26
<i>topotecan hydrochloride</i>	16	<i>trivora-28</i>	52
<i>toremifene citrate</i>	15	<i>tri-vylibra</i>	52
TORPENZ	20	TRULICITY	29
<i>torse mide</i>	36	TRUMENBA	59
TOUJEO MAX SOLOSTAR	31	TRUQAP	20
TOUJEO SOLOSTAR	31	TRYNGOLZA	37
TRADJENTA	29	TUKYSA	20
<i>tramadol hydrochloride</i>	2	TURALIO	20
<i>tramadol hydrochloride/acetaminophen</i>	2	<i>turqoz</i>	52
<i>trandolapril</i>	33	TWINRIX	59
<i>tranexamic acid</i>	33	TYBOST	27
<i>tranlycypromine sulfate</i>	11		

Drug Name	Page #	Drug Name	Page #
TYENNE	55	<i>verapamil hydrochloride sr</i>	35
TYMLOS	60	VERQUVO	38
TYPHIM VI	59	VERSACLOZ	24
TYRVAYA	3	VERZENIO	20
UBRELVY	14	V-GO 20	61
UDENYCA	32	V-GO 30	61
UDENYCA ONBODY	32	V-GO 40	61
<i>unithroid</i>	53	<i>vienva</i>	52
<i>urea</i>	42	<i>vigabatrin</i>	9
<i>ursodiol</i>	46	<i>vigadrone</i>	9
USTEKINUMAB	55	VIGAFYDE	9
<i>valacyclovir hydrochloride</i>	27	<i>vigpoder</i>	9
VALCHLOR	15	<i>vilazodone hydrochloride</i>	12
<i>valganciclovir</i>	24	VIMKUNYA	59
<i>valganciclovir hydrochloride</i>	24	<i>viorele</i>	52
<i>valproic acid</i>	8	VIRACEPT	27
<i>valsartan</i>	33	VIREAD	26
<i>valsartan/hydrochlorothiazide</i>	36	VISTOGARD	61
VALTOCO 10 MG DOSE	9	VITRAKVI	20
VALTOCO 15 MG DOSE	9	VIVITROL	2
VALTOCO 20 MG DOSE	9	VIVOTIF	59
VALTOCO 5 MG DOSE	9	VIZIMPRO	20
<i>valtya 1/35</i>	52	VOCABRIA	25
<i>valtya 1/50</i>	52	<i>volnea</i>	52
<i>vancomycin hcl</i>	4	VONJO	16
<i>vancomycin hydrochloride</i>	4	VOQUEZNA	46
VANFLYTA	20	VOQUEZNA DUAL PAK	4
VAQTA	59	VOQUEZNA TRIPLE PAK	4
<i>varenicline starting month</i>	3	VORANIGO	20
<i>varenicline tartrate</i>	3	<i>voriconazole</i>	13
VARIVAX	59	VOSEVI	25
VAXCHORA	59	VOWST	46
VAXELIS	59	VRAYLAR	24
VELPHORO	44	VUMERITY	40
VELTASSA	44	<i>vyfemla</i>	52
VENCLEXTA	20	VYJUVEK	27
VENCLEXTA STARTING PACK	20	<i>vylibra</i>	52
<i>venlafaxine hydrochloride</i>	12	VYNDAMAX	36
<i>venlafaxine hydrochloride er</i>	11	VYVGART HYTRULO	14
VENTAVIS	66	VYVGART HYTRULO	55
VEOPOZ	55	VYZULTA	63
VEOZAH	39	<i>warfarin sodium</i>	32
<i>verapamil hcl er</i>	35	WELIREG	47
<i>verapamil hcl sr</i>	35	<i>wera</i>	52
<i>verapamil hydrochloride</i>	35	WEZLANA	55
<i>verapamil hydrochloride er</i>	35	WINREVAIR	66

Drug Name	Page #	Drug Name	Page #
<i>wixela inhub</i>	67	<i>zolpidem tartrate</i>	67
WYOST	60	<i>zolpidem tartrate er</i>	67
XALKORI	20	ZONISADE	10
XARELTO	32	<i>zonisamide</i>	10
XARELTO STARTER PACK	32	<i>zovia 1/35</i>	52
XATMEP	58	ZTALMY	9
XCOPRI	9	ZURZUVAE	11
XDEMVI	63	ZYDELIG	20
XELJANZ	55	ZYKADIA	20
XELJANZ XR	55	ZYLET	62
XERMELO	45	ZYPREXA RELPREVV	24
XIFAXAN	46		
XIGDUO XR	29		
XIIDRA	62		
XOFLUZA	27		
XOLAIR	55		
XOLREMDI	32		
XOSPATA	20		
XPOVIO	20		
XPOVIO 60 MG TWICE WEEKLY	20		
XPOVIO 80 MG TWICE WEEKLY	20		
XTAMPZA ER	1		
XTANDI	15		
<i>xulane</i>	52		
<i>yargesa</i>	47		
YF-VAX	59		
YONSA	15		
<i>yulithira</i>	20		
YUPELRI	65		
<i>yuvafem</i>	52		
<i>zafemy</i>	52		
<i>zafirlukast</i>	64		
<i>zaleplon</i>	67		
ZARXIO	33		
ZEJULA	20		
ZELBORAF	20		
<i>zelvysia</i>	47		
<i>zenatane</i>	40		
ZENPEP	47		
<i>zidovudine</i>	26		
<i>ziprasidone hcl</i>	24		
<i>ziprasidone mesylate</i>	24		
ZIRGAN	63		
ZOKINVY	61		
ZOLINZA	16		
<i>zolmitriptan</i>	14		

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Українська мова: УВАГА! Якщо ви розмовляєте українською мовою, вам доступні безкоштовні мовні послуги. Відповідні допоміжні засоби й послуги для надання інформації в доступних форматах також доступні безкоштовно. Зателефонуйте за номером 1- 844-641-2897 (TTY: 711) або зверніться до свого постачальника. (Ukrainian)

日本語: 注: 日本語を希望する場合、無料の言語支援サービスをご利用いただけます。アクセシブル(誰でも利用できるよう配慮された)な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-844-396-0191 (TTY: 711)までお電話ください。または、ご利用の事業者にお問い合わせください。(Japanese)

ไทย: โปรดทราบ: หากคุณพูดภาษาไทย เรามีบริการความช่วยเหลือด้านแปลภาษาฟรี นอกจากนี้ ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดโทรติดต่อที่ 1-844-641-2896 (TTY: 711) หรือปรึกษาผู้ให้บริการของคุณ (Thai)

ລາວ: ວາວ: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາຕີ-844-641-2895 (TTY: 711) ຫຼື ລົມ ກັບ ຜູ້ໃຫ້ບໍລິການຂອງທ່ານ. (Lao)

हिंदी : न दें यदि आप हिंदी बोलते हैं, तो आपके लिए निः शु भाषा सहायता सेवाएं उपलब्धी हैं। सुलभ परास्त्री में जानकारी परदान करके िलए उपयु सहायक साधन और सेवाएँ भी िनः शु उपलब्धी हैं। 1-844-641-2894 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें (Hindi)

This formulary was updated on 06/02/2026. For more recent information or other questions, please contact BlueCross Total Value at 1-855-204-2744, or, for TTY users 711, 8 a.m. to 8 p.m., Eastern Time, Monday through Friday. Our automated telephone system handles calls received after 8 p.m. and on Saturdays, Sundays, and holidays. From October 1 to March 31, we are available 8 a.m. to 8 p.m. Eastern Time, seven days a week. Or visit www.SCBluesMedAdvantage.com.



South Carolina

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