

2026 VillageHealth (HMO POS C-SNP) Formulary

List of Covered Drugs or “Drug List”



This formulary was updated on 8/22/2025. For more recent information or other questions, please contact VillageHealth Member Services at 1-800-399-7226 (TTY users should call 711), 8 a.m. to 8 p.m., 7 days a week from October 1 to March 31. From April 1 to September 30, hours are 8 a.m. to 8 p.m., Monday through Friday (messages received on holidays and outside of our business hours will be returned within one business day), or visit www.villagehealthca.com.

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VillageHealth (HMO POS C-SNP)

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

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

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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 SCAN Health Plan. When it refers to “plan” or “our plan,” it means VillageHealth (HMO POS C-SNP).

This document includes a Drug List (formulary) for our plan which is current as of August 2025. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

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

You can get prescription drugs shipped to your home through our network mail-order delivery program. Express Scripts PharmacySM is our Preferred mail order pharmacy. While you can fill your prescription medications at any of our network mail order pharmacies, you may pay less at the Preferred mail order pharmacy. Typically, you should expect to receive your prescription drugs within 14 days from the time that Express Scripts mail-order pharmacy receives the order. If you do not receive your prescription drug(s) within this time, please contact VillageHealth’s Member Services. For your mail order prescriptions, you have the option to sign up for an automatic refill program by contacting Express Scripts Pharmacy at 1-866-553-4125, 24 hours a day, 7 days a week. TTY users should call 711. You may opt out of automatic deliveries at any time.

VillageHealth (HMO POS C-SNP) is an HMO plan with a Medicare contract. Enrollment in SCAN Health Plan depends on contract renewal.

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Table of Contents

What is the VillageHealth formulary?	III
Can the formulary change?	III
How do I use the formulary?	IV
What are generic drugs?	IV
What are original biological products and how are they related to biosimilars?	V
Are there any restrictions on my coverage?	V
What if my drug is not on the formulary?	V
How do I request an exception to the VillageHealth's formulary?	VI
What can I do if my drug is not on the formulary or has a restriction?	VI
For more information	VII
VillageHealth formulary	X
Formulary Drugs Arranged by Therapeutic Class	1
Index	52

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

Can the formulary change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: www.villagehealthca.com/members/get-the-most-out-of-your-plan.

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 VillageHealth’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 VillageHealth'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 August 2025. To get updated information about the drugs covered by VillageHealth, please contact us. Our contact information appears on the front and back cover pages.

How do I use the formulary?

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

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Agents". If you know what your drug is used for, look for the category name in the list that begins on page number 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 52. 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?

VillageHealth 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:** VillageHealth requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from VillageHealth before you fill your prescriptions. If you don't get approval, VillageHealth may not cover the drug.
- **Quantity Limits:** For certain drugs, VillageHealth limits the amount of the drug that VillageHealth will cover. For example, VillageHealth provides 30 tablets per prescription for ramelteon. This may be in addition to a standard one-month or three-month supply.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online a document that explain our prior authorization restriction. 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 VillageHealth 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 VillageHealth’s formulary?” on page VI for information about how to request an exception.

What if my drug is not on the formulary?

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

If you learn that VillageHealth does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by VillageHealth. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by VillageHealth.
- You can ask VillageHealth 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 VillageHealth's formulary?

You can ask VillageHealth 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, VillageHealth 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, VillageHealth 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 you are not in a long-term care facility or a 31-day supply if you are a resident of a long-term care facility. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication if you are not in a long-term care facility or a 31-day supply of medication if you are a resident of a long-term care facility. If coverage is not approved, after your first 30-day supply if you are not in a long-term care facility or a 31-day supply if you are a resident of a long-term care facility, 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.

If you are a current member transitioning to a different level of care, you may be prescribed medications not on Date of last formulary update 8/22/2025

our formulary or your ability to get your drugs may be limited. In these instances, you need to talk with your doctor about the appropriate alternative therapies available on our formulary. If there are no appropriate alternative therapies on our formulary, you or your doctor can request an exception and ask the plan to cover the drug or remove restrictions from the drug. While you are talking with your doctor to determine the course of action, you are eligible to receive a 30-day transition supply of the drug if you are moving from a long-term care facility or a hospital stay to home or a 31-day transition supply of the drug if you are moving from home or a hospital stay to a long-term care facility.

For more information

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

If you have questions about VillageHealth, 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>.

The charts below list what you will pay as your share of the costs for covered prescription drugs at our network pharmacies when you are in the Initial Coverage Stage. For more information about your drug costs, including any deductible that may apply, please refer to your Evidence of Coverage and other plan materials.

Preferred cost-sharing is lower cost-sharing that may be available to you for certain covered Part D drugs at certain network pharmacies. For more information, please visit our online searchable Pharmacy Directory at www.villagehealthca.com or call Member Services. Our contact information appears on the front and back cover pages.

Please refer to your Evidence of Coverage for information about the costs at Long-Term Care (LTC) pharmacies and out-of-network pharmacies.

If you receive "Extra Help," your share of the cost for covered prescription drugs may vary based on the level of "Extra Help" you receive. For more information about your drug costs, look at the "LIS Rider".

You won't pay more than \$35 for a one-month supply and no more than \$105 for a three-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

Most adult Part D vaccines are covered by our plan at no cost to you, even if you haven't paid your deductible.

VillageHealth (HMO POS C-SNP): Los Angeles County

Drug Tier	Tier Name	Retail & Mail Order			
		Preferred		Standard	
		30-day supply	100-day supply	30-day supply	100-day supply
1	Preferred Generic	\$0	\$0	\$3	\$9
2	Generic	\$1	\$3	\$6	\$18
3	Preferred Brand	Insulin	\$35	\$105	\$35
		Other Drugs	25%	25%	25%
4	Non-Preferred Drug	25%	25%	25%	25%
5	Specialty Tier	25%	N/A	25%	N/A

VillageHealth (HMO POS C-SNP): Riverside and San Bernardino Counties

Drug Tier	Tier Name	Retail & Mail Order			
		Preferred		Standard	
		30-day supply	100-day supply	30-day supply	100-day supply
1	Preferred Generic	\$0	\$0	\$5	\$15
2	Generic	\$2	\$6	\$7	\$21
3	Preferred Brand	Insulin	\$35	\$105	\$35
		Other Drugs	25%	25%	25%
4	Non-Preferred Drug	25%	25%	25%	25%
5	Specialty Tier	25%	N/A	25%	N/A

VillageHealth formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by VillageHealth. If you have trouble finding your drug in the list, turn to the Index that begins on page 52.

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., *metformin*).

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

- The symbol **PA = Prior Authorization** indicates that prior authorization applies.
- The symbol **B vs D = B versus D** indicates that this drug may be covered under Medicare Part B or Part D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
- The symbol **QL = Quantity Limit** indicates that quantities dispensed are limited.
- The symbol **LD = Limited Distribution** indicates that limited distribution applies. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Member Services at 1-800-399-7226 (TTY users should call 711), 8 a.m. to 8 p.m., 7 days a week from October 1 to March 31. From April 1 to September 30, hours are 8 a.m. to 8 p.m., Monday through Friday (messages received on holidays and outside of our business hours will be returned within one business day), or visit www.villagehealthca.com.
- The symbol **EDS = Extended Day Supply** indicates that this drug is available for an extended day supply at mail-order and many retail pharmacies.

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS		
celecoxib	2	EDS
diclofenac potassium oral tablet 50 mg	1	EDS
diclofenac sodium oral	1	EDS
diclofenac sodium topical drops	4	QL (450 ML per 28 days); EDS
diclofenac sodium topical solution in metered-dose pump	4	QL (224 GM per 28 days); EDS
diflunisal	2	EDS
etodolac	2	EDS
ibu oral tablet 600 mg, 800 mg	1	EDS
ibuprofen oral suspension	1	EDS
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	EDS
indomethacin oral capsule	2	EDS
indomethacin oral capsule, extended release	2	EDS
ketorolac oral	2	EDS
LODINE ORAL TABLET	2	EDS
meloxicam oral tablet	1	EDS
nabumetone	2	EDS
naproxen oral tablet	1	EDS

Drug Name	Drug Tier	Requirements/Limits
naproxen oral tablet, delayed release (dr/ec) 500 mg	1	EDS
naproxen sodium oral tablet 275 mg, 550 mg	1	EDS
piroxicam	2	EDS
sulindac	2	EDS
OPIOID ANALGESICS, LONG-ACTING		
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	3	QL (15 EA per 30 days); EDS
methadone oral solution	2	EDS
methadone oral tablet	2	EDS
morphine oral tablet extended release	3	QL (120 EA per 30 days); EDS
tramadol oral tablet extended release 24 hr	3	QL (30 EA per 30 days); EDS
OPIOID ANALGESICS, SHORT-ACTING		
acetaminophen-codeine oral solution 120-12 mg/5 ml	2	QL (5000 ML per 30 days); EDS
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg	2	QL (360 EA per 30 days); EDS
acetaminophen-codeine oral tablet 300-60 mg	2	QL (180 EA per 30 days); EDS
butorphanol nasal	2	QL (10 ML per 30 days); EDS
codeine sulfate	2	EDS

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Date of last formulary update: 08/22/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>endocet oral tablet 10-325 mg</i>	3	QL (180 EA per 30 days); EDS
<i>endocet oral tablet 2.5-325 mg, 5-325 mg</i>	3	QL (360 EA per 30 days); EDS
<i>endocet oral tablet 7.5-325 mg</i>	3	QL (240 EA per 30 days); EDS
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml</i>	3	QL (5500 ML per 30 days); EDS
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	2	QL (5500 ML per 30 days); EDS
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>	2	QL (180 EA per 30 days); EDS
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	2	QL (360 EA per 30 days); EDS
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	2	QL (150 EA per 30 days); EDS
<i>hydromorphone oral liquid</i>	2	EDS
<i>hydromorphone oral tablet</i>	2	EDS
<i>morphine concentrate oral solution</i>	2	EDS
<i>morphine oral solution</i>	2	EDS
<i>morphine oral tablet</i>	2	EDS
<i>oxycodone oral capsule</i>	2	EDS
<i>oxycodone oral concentrate</i>	2	EDS
<i>oxycodone oral solution</i>	2	EDS

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone oral tablet</i>	2	EDS
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	3	QL (180 EA per 30 days); EDS
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	3	QL (360 EA per 30 days); EDS
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	3	QL (240 EA per 30 days); EDS
<i>tramadol oral tablet 100 mg</i>	2	QL (120 EA per 30 days); EDS
<i>tramadol oral tablet 50 mg</i>	2	EDS
<i>tramadol-acetaminophen</i>	2	QL (240 EA per 30 days); EDS
ANESTHETICS		
LOCAL ANESTHETICS		
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	2	QL (50 ML per 30 days); EDS
<i>lidocaine topical adhesive patch,medicated 5 %</i>	3	PA; EDS
<i>lidocaine topical ointment</i>	4	QL (50 GM per 30 days); EDS
<i>lidocaine-prilocaine topical cream</i>	3	QL (30 GM per 30 days); EDS
<i>lidocan iii</i>	3	PA; EDS
<i>tridacaine ii</i>	3	PA; EDS
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
ALCOHOL DETERRENTS/ANTI-CRAVING		
<i>acamprosate</i>	2	EDS
<i>disulfiram</i>	2	EDS

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Drug Name	Drug Tier	Requirements/ Limits
<i>naltrexone</i>	1	EDS
OPIOID DEPENDENCE		
<i>buprenorphine hcl sublingual</i>	1	EDS
<i>buprenorphine- naloxone</i>	2	EDS
OPIOID REVERSAL AGENTS		
<i>KLOXXADO</i>	3	EDS
<i>naloxone injection solution</i>	2	EDS
<i>naloxone injection syringe</i>	2	EDS
<i>OPVEE</i>	4	EDS
SMOKING CESSATION AGENTS		
<i>bupropion hcl (smoking deter)</i>	2	EDS
<i>NICOTROL NS</i>	4	EDS
<i>varenicline tartrate</i>	4	EDS
ANTIBACTERIALS		
AMINOGLYCOSIDES		
<i>amikacin injection solution 500 mg/2 ml</i>	2	EDS
<i>ARIKAYCE</i>	5	PA
<i>gentamicin injection</i>	2	EDS
<i>gentamicin topical</i>	2	EDS
<i>neomycin</i>	2	EDS
<i>STREPTOMYCIN</i>	4	EDS
<i>tobramycin sulfate injection solution</i>	2	EDS
ANTIBACTERIALS, OTHER		
<i>aztreonam</i>	4	EDS
<i>CLEOCIN VAGINAL SUPPOSITORY</i>	3	EDS
<i>clindamycin hcl</i>	2	EDS

Drug Name	Drug Tier	Requirements/ Limits
<i>clindamycin in 5 % dextrose</i>	2	EDS
<i>clindamycin pediatric</i>	2	EDS
<i>clindamycin phosphate injection</i>	2	EDS
<i>clindamycin phosphate topical swab</i>	2	EDS
<i>clindamycin phosphate vaginal</i>	2	EDS
<i>colistimethate inj</i>	4	EDS
<i>DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG</i>	5	
<i>daptomycin intravenous recon soln 500 mg</i>	5	
<i>fosfomycin tromethamine</i>	4	EDS
<i>IMPAVIDO</i>	5	PA
<i>linezolid</i>	4	EDS
<i>linezolid in dextrose 5%</i>	4	EDS
<i>methenamine hippurate</i>	2	EDS
<i>metronidazole in nacl (iso-os)</i>	2	EDS
<i>metronidazole oral capsule</i>	2	EDS
<i>metronidazole oral tablet 250 mg, 500 mg</i>	2	EDS
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	2	EDS
<i>nitrofurantoin macrocrystal</i>	2	EDS
<i>nitrofurantoin monohyd/m-cryst</i>	2	EDS

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Date of last formulary update: 08/22/2025.

Drug Name	Drug Tier	Requirements/ Limits
SIVEXTRO	5	
tigecycline	4	EDS
tinidazole	3	EDS
trimethoprim	2	EDS
vancomycin <i>intravenous recon soln 1,000 mg, 10 gram, 500 mg, 750 mg</i>	3	EDS
vancomycin oral capsule	4	EDS
vancomycin oral <i>recon soln 50 mg/ml</i>	4	EDS
vandazole	2	EDS
BETA-LACTAM, CEPHALOSPORINS		
cefaclor oral capsule	2	EDS
cefaclor oral <i>suspension for reconstitution 250 mg/5 ml</i>	2	EDS
cefaclor oral tablet <i>extended release 12 hr</i>	2	EDS
cefadroxil oral capsule	2	EDS
cefadroxil oral tablet	2	EDS
cefazolin injection <i>recon soln 1 gram, 10 gram, 500 mg</i>	2	EDS
cefdinir	2	EDS
cefepime injection	2	EDS
cefixime oral capsule	3	EDS
cefixime oral <i>suspension for reconstitution</i>	4	EDS
cefoxitin	2	EDS

Drug Name	Drug Tier	Requirements/ Limits
cefpodoxime oral tablet	2	EDS
cefprozil	2	EDS
ceftazidime	2	EDS
ceftriaxone injection <i>recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	2	EDS
cefuroxime axetil oral tablet	2	EDS
cefuroxime sodium <i>injection recon soln 750 mg</i>	2	EDS
cefuroxime sodium <i>intravenous recon soln 1.5 gram</i>	2	EDS
cephalexin oral capsule 250 mg, 500 mg	1	EDS
cephalexin oral <i>suspension for reconstitution</i>	1	EDS
tazicef injection	2	EDS
TEFLARO	5	
BETA-LACTAM, PENICILLINS		
amoxicillin oral capsule	1	EDS
amoxicillin oral <i>suspension for reconstitution</i>	1	EDS
amoxicillin oral tablet	1	EDS
amoxicillin oral tablet, chewable 125 mg, 250 mg	1	EDS
amoxicillin-pot clavulanate oral <i>suspension for reconstitution</i>	2	EDS
amoxicillin-pot clavulanate oral tablet	2	EDS

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Date of last formulary update: 08/22/2025.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	2	EDS	<i>azithromycin intravenous</i>	2	EDS
<i>ampicillin oral capsule 500 mg</i>	2	EDS	<i>azithromycin oral suspension for reconstitution</i>	2	EDS
<i>ampicillin sodium injection recon soln 1 gram, 10 gram</i>	2	EDS	<i>azithromycin oral tablet</i>	2	EDS
<i>ampicillin-sulbactam injection</i>	2	EDS	<i>clarithromycin</i>	2	EDS
BICILLIN L-A	4	EDS	DIFICID ORAL TABLET	5	QL (20 EA per 10 days)
<i>dicloxacillin</i>	2	EDS	ERYTHROGIN INTRAVENOUS RECON SOLN 500 MG	4	EDS
<i>nafcillin injection</i>	4	EDS	<i>erythromycin ethylsuccinate oral tablet</i>	4	EDS
<i>penicillin g potassium injection recon soln 20 million unit</i>	2	EDS	<i>erythromycin oral</i>	4	EDS
<i>penicillin g sodium</i>	2	EDS	QUINOLONES		
<i>penicillin v potassium</i>	2	EDS	<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	EDS
<i>piperacillin- tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	3	EDS	<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml</i>	2	EDS
ZOSYN IN DEXTROSE (ISO- OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML	4	EDS	<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	2	EDS
CARBAPENEMS			<i>levofloxacin oral solution</i>	2	EDS
<i>ertapenem</i>	4	EDS	<i>levofloxacin oral tablet</i>	1	EDS
<i>imipenem-cilastatin</i>	2	EDS	<i>moxifloxacin oral</i>	2	EDS
<i>meropenem intravenous recon soln 1 gram, 500 mg</i>	3	EDS	<i>moxifloxacin- sod.chloride(iso)</i>	4	EDS
MACROLIDES			<i>ofloxacin oral tablet 300 mg, 400 mg</i>	2	EDS
SULFONAMIDES					

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Date of last formulary update: 08/22/2025.

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
sulfacetamide sodium (acne)	2	EDS	BRIVIACT ORAL TABLET	5	PA
sulfadiazine	4	EDS	EPIDIOLEX	5	PA; LD
sulfamethoxazole-trimethoprim oral suspension	2	EDS	felbamate oral suspension	4	EDS
sulfamethoxazole-trimethoprim oral tablet	1	EDS	felbamate oral tablet 400 mg	2	EDS
TETRACYCLINES			felbamate oral tablet 600 mg	4	EDS
demeclocycline	4	EDS	FINTEPLA	5	PA
doxy-100	2	EDS	FYCOMPA	4	PA; EDS
doxycycline hyclate intravenous	4	EDS	levetiracetam oral solution 100 mg/ml	2	EDS
doxycycline hyclate oral capsule	2	EDS	levetiracetam oral tablet	2	EDS
doxycycline hyclate oral tablet 100 mg	2	EDS	levetiracetam oral tablet extended release 24 hr	2	EDS
doxycycline monohydrate oral capsule	2	EDS	LEVETIRACETAM ORAL TABLET FOR SUSPENSION	4	EDS
doxycycline monohydrate oral suspension for reconstitution	2	EDS	NAYZILAM	4	PA; EDS
doxycycline monohydrate oral tablet	2	EDS	roweepra oral tablet 500 mg	2	EDS
minocycline oral capsule	2	EDS	SPRITAM	4	EDS
minocycline oral tablet	2	EDS	valproic acid	2	EDS
tetracycline oral capsule	3	EDS	valproic acid (as sodium salt) oral solution 250 mg/5 ml	2	EDS
ANTICONVULSANTS					
ANTICONVULSANTS, OTHER					
BRIVIACT ORAL SOLUTION	4	PA; EDS	CALCIUM CHANNEL MODIFYING AGENTS		
ethosuximide	2	EDS	methsuximide	4	EDS
GAMMA-AMINOBUTYRIC ACID (GABA) MODULATING AGENTS					
clobazam oral suspension	4	PA; EDS	clobazam oral tablet	4	PA; EDS

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Date of last formulary update: 08/22/2025.

Drug Name	Drug Tier	Requirements/ Limits
<i>clonazepam oral tablet</i>	3	EDS
<i>clonazepam oral tablet,disintegrating</i>	4	EDS
DIACOMIT	5	PA
<i>diazepam rectal</i>	4	EDS
<i>divalproex</i>	2	EDS
<i> gabapentin oral capsule</i>	2	EDS
<i> gabapentin oral solution 250 mg/5 ml</i>	2	EDS
<i> gabapentin oral tablet 600 mg, 800 mg</i>	2	EDS
<i> phenobarbital</i>	2	EDS
<i> pregabalin oral capsule</i>	2	EDS
<i> pregabalin oral solution</i>	2	EDS
PRIMIDONE ORAL TABLET 125 MG	3	EDS
<i> primidone oral tablet 250 mg, 50 mg</i>	2	EDS
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	PA
SYMPAZAN ORAL FILM 5 MG	4	PA; EDS
<i> tiagabine</i>	4	EDS
VALTOCO	4	PA; EDS
<i> vigabatrin</i>	5	LD
<i> vigadron</i>	5	LD
VIGAFYDE	5	
<i> vigpoder</i>	5	LD
ZTALMY	5	LD
SODIUM CHANNEL AGENTS		
APTIOM	5	PA

Drug Name	Drug Tier	Requirements/ Limits
<i> carbamazepine oral capsule, er multiphase 12 hr</i>	3	EDS
<i> carbamazepine oral suspension 100 mg/5 ml</i>	2	EDS
<i> carbamazepine oral tablet</i>	2	EDS
<i> carbamazepine oral tablet extended release 12 hr</i>	3	EDS
<i> carbamazepine oral tablet,chewable 100 mg</i>	2	EDS
CARBAMAZEPINE ORAL TABLET,CHEWABLE 200 MG	3	EDS
DILANTIN 30 MG	3	EDS
DILANTIN EXTENDED 100 MG	3	EDS
DILANTIN INFATABS	3	EDS
DILANTIN-125	3	EDS
<i> epitol</i>	2	EDS
<i> eslicarbazepine</i>	3	PA; EDS
<i> lacosamide oral</i>	4	EDS
<i> oxcarbazepine oral suspension</i>	4	EDS
<i> oxcarbazepine oral tablet</i>	2	EDS
PHENYTEK	2	EDS
<i> phenytoin oral suspension 125 mg/5 ml</i>	2	EDS
<i> phenytoin oral tablet,chewable</i>	2	EDS
<i> phenytoin sodium extended oral capsule 100 mg</i>	2	EDS

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Date of last formulary update: 08/22/2025.

Drug Name	Drug Tier	Requirements/ Limits
rufinamide	4	PA; EDS
TEGRETOL ORAL SUSPENSION	3	EDS
TEGRETOL ORAL TABLET	3	EDS
TEGRETOL XR	3	EDS
TRILEPTAL	4	EDS
XCOPRI	5	PA
XCOPRI MAINTENANCE PACK	5	PA
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)-25 MG (14)	4	PA; EDS
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)-200 MG (14), 50 MG (14)- 100 MG (14)	5	PA
ZONISADE	4	EDS
zonisamide	2	EDS

ANTIDEMENTIA AGENTS

CHOLINESTERASE INHIBITORS

Drug Name	Drug Tier	Requirements/ Limits
rivastigmine	4	QL (30 EA per 30 days); EDS
rivastigmine tartrate	3	QL (60 EA per 30 days); EDS
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST		
memantine oral solution	4	EDS
memantine oral tablet	2	EDS
MEMANTINE ORAL TABLETS,DOSE PACK	4	EDS
ANTIDEPRESSANTS		
ANTIDEPRESSANTS, OTHER		
AUVELITY	5	
bupropion hcl oral tablet	2	EDS
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	2	EDS
BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	3	EDS
bupropion hcl oral tablet sustained-release 12 hr	2	EDS
mirtazapine	1	EDS
perphenazine-amitriptyline	4	PA; EDS
ZURZUVAE	5	PA
MONOAMINE OXIDASE INHIBITORS		
EMSAM	5	
MARPLAN	4	EDS
phenelzine	2	EDS

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Date of last formulary update: 08/22/2025.

Drug Name	Drug Tier	Requirements/ Limits
<i>tranylcypromine</i>	4	EDS
SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITORS/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)		
<i>citalopram oral solution</i>	2	EDS
<i>citalopram oral tablet</i>	1	EDS
<i>DESVENLAFAXINE</i>	4	EDS
<i>desvenlafaxine succinate</i>	3	EDS
<i>DRIZALMA SPRINKLE</i>	4	EDS
<i>escitalopram oxalate</i>	2	EDS
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	4	EDS
FETZIMA ORAL CAPSULE,EXTEND ED RELEASE 24 HR	4	EDS
<i>fluoxetine (pmdd)</i>	2	EDS
<i>fluoxetine oral capsule</i>	2	EDS
<i>fluoxetine oral solution</i>	2	EDS
<i>fluoxetine oral tablet 10 mg, 20 mg</i>	2	EDS
<i>fluvoxamine oral tablet</i>	2	EDS
<i>nefazodone</i>	2	EDS
<i>paroxetine hcl oral suspension</i>	4	EDS
<i>paroxetine hcl oral tablet</i>	1	EDS

Drug Name	Drug Tier	Requirements/ Limits
<i>paroxetine hcl oral tablet extended release 24 hr</i>	4	EDS
RALDESY		
<i>sertraline oral concentrate</i>	2	EDS
<i>sertraline oral tablet</i>	1	EDS
<i>trazodone</i>	1	EDS
<i>TRINTELLIX</i>	4	EDS
<i>venlafaxine oral capsule,extended release 24hr</i>	2	EDS
<i>venlafaxine oral tablet</i>	2	EDS
<i>vilazodone</i>	3	EDS
TRICYCLICS		
<i>amitriptyline</i>	4	PA; EDS
<i>amoxapine</i>	3	EDS
<i>clomipramine</i>	4	PA; EDS
<i>desipramine</i>	4	PA; EDS
<i>doxepin oral capsule</i>	4	PA; EDS
<i>doxepin oral concentrate</i>	4	PA; EDS
<i>imipramine hcl</i>	4	PA; EDS
<i>nortriptyline</i>	4	EDS
<i>protriptyline</i>	3	EDS
<i>trimipramine</i>	2	EDS
ANTIEMETICS		
ANTIEMETICS, OTHER		
<i>compro</i>	4	EDS
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	2	EDS
<i>prochlorperazine</i>	4	EDS
<i>prochlorperazine maleate oral</i>	2	EDS
<i>promethazine oral</i>	2	EDS

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Date of last formulary update: 08/22/2025.

Drug Name	Drug Tier	Requirements/ Limits
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	3	EDS
<i>promethegan rectal suppository 25 mg, 50 mg</i>	4	EDS
<i>scopolamine base</i>	3	EDS

EMETOGENIC THERAPY ADJUNCTS

<i>aprepitant oral capsule 125 mg, 80 mg</i>	4	PA; EDS
<i>aprepitant oral capsule, dose pack</i>	4	PA; EDS
<i>dronabinol</i>	4	PA; EDS
<i>granisetron hcl oral</i>	2	B vs D; EDS
<i>ondansetron hcl oral solution</i>	2	B vs D; EDS
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	B vs D; EDS
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	2	B vs D; EDS

ANTIFUNGALS

ANTIFUNGALS		
ABELCET	4	B vs D; EDS
AMBISOME	5	B vs D
<i>amphotericin b</i>	2	B vs D; EDS
<i>amphotericin b liposome</i>	5	B vs D
<i>caspofungin</i>	4	EDS
<i>clotrimazole mucous membrane</i>	2	EDS
<i>clotrimazole topical</i>	2	EDS
CRESEMBA ORAL	5	PA
<i>econazole nitrate</i>	4	EDS
<i>fluconazole</i>	2	EDS

Drug Name	Drug Tier	Requirements/ Limits
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	2	EDS
<i>flucytosine</i>	5	
<i>griseofulvin microsize</i>	4	EDS
<i>itraconazole</i>	4	EDS
<i>ketoconazole oral</i>	2	EDS
<i>ketoconazole topical cream</i>	2	EDS
<i>ketoconazole topical shampoo</i>	2	EDS
<i>micafungin</i>	4	EDS
<i>nyamyc</i>	2	EDS
<i>nystatin</i>	2	EDS
<i>nystop</i>	2	EDS
<i>posaconazole oral suspension</i>	4	PA; EDS
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	5	PA
<i>terbinafine hcl oral</i>	2	EDS
<i>terconazole</i>	2	EDS
<i>voriconazole intravenous</i>	5	PA
<i>voriconazole oral suspension for reconstitution</i>	5	
<i>voriconazole oral tablet</i>	4	EDS

ANTIGOUT AGENTS

ANTIGOUT AGENTS		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	EDS

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Date of last formulary update: 08/22/2025.

Drug Name	Drug Tier	Requirements/Limits
colchicine oral tablet	3	QL (120 EA per 30 days); EDS
febuxostat	3	EDS
probenecid	2	EDS
probenecid-colchicine	2	EDS

ANTIMIGRAINE AGENTS

CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONISTS

AIMOVIG AUTOINJECTOR	3	PA; EDS
EMGALITY PEN	3	PA; EDS
EMGALITY SYRINGE	3	PA; EDS
NURTEC ODT	3	PA; EDS
UBRELVY	3	PA; EDS

ERGOT ALKALOIDS

dihydroergotamine nasal	5	PA; QL (8 ML per 30 days)
ergotamine-caffeine	3	EDS

PROPHYLACTIC

EPRONTIA	4	EDS
timolol maleate oral	1	EDS
topiramate oral capsule, sprinkle 15 mg, 25 mg	2	EDS
TOPIRAMATE ORAL CAPSULE, SPRINKLE 50 MG	4	EDS
topiramate oral tablet	2	EDS

SEROTONIN (5-HT) RECEPTOR AGONIST

naratriptan	2	QL (8 EA per 30 days); EDS
rizatriptan	2	EDS

Drug Name	Drug Tier	Requirements/Limits
sumatriptan	4	EDS
sumatriptan succinate oral	2	EDS
sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml	4	EDS
sumatriptan succinate subcutaneous pen injector	4	EDS
sumatriptan succinate subcutaneous solution	4	EDS
zolmitriptan oral tablet 2.5 mg	3	QL (12 EA per 30 days); EDS
zolmitriptan oral tablet 5 mg	3	QL (6 EA per 30 days); EDS
zolmitriptan oral tablet,disintegrating 2.5 mg	3	QL (12 EA per 30 days); EDS
zolmitriptan oral tablet,disintegrating 5 mg	3	QL (6 EA per 30 days); EDS
ANTIMYASTHENIC AGENTS		
PARASYMPATHOMIMETICS		
pyridostigmine bromide oral syrup	4	EDS
pyridostigmine bromide oral tablet 60 mg	3	EDS
pyridostigmine bromide oral tablet extended release 180 mg	4	EDS
ANTIMYCOBACTERIALS		
ANTIMYCOBACTERIALS, OTHER		
dapsone oral	3	EDS

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Date of last formulary update: 08/22/2025.

Drug Name	Drug Tier	Requirements/ Limits
rifabutin	4	EDS
ANTITUBERCULARS		
ethambutol	2	EDS
isoniazid oral	2	EDS
PRIFTIN	4	EDS
pyrazinamide	4	EDS
rifampin	2	EDS
SIRTURO	5	
ANTINEOPLASTICS		
ALKYLATING AGENTS		
cyclophosphamide oral capsule	3	B vs D; EDS
CYCLOPHOSPHAM IDE ORAL TABLET	3	B vs D; EDS
GLEOSTINE	4	EDS
LEUKERAN	5	PA
MATULANE	5	
VALCHLOR	5	PA
ANTIANDROGENS		
abiraterone	5	PA
abirtega	4	PA; EDS
bicalutamide	2	EDS
ERLEADA	5	PA
EULEXIN	5	PA
nilutamide	5	
NUBEQA	5	PA; LD
XTANDI	5	PA
ANTIANGIOGENIC AGENTS		
lenalidomide	5	PA; LD
POMALYST	5	PA; LD
THALOMID ORAL CAPSULE 100 MG, 50 MG	5	PA
ANTIESTROGENS/MODIFIERS		

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Date of last formulary update: 08/22/2025.

Drug Name	Drug Tier	Requirements/ Limits
ORSERDU	5	PA
SOLTAMOX	5	
tamoxifen	2	EDS
toremifene	5	
ANTIMETABOLITES		
hydroxyurea	2	EDS
mercaptopurine oral suspension	5	
mercaptopurine oral tablet	2	EDS
TABLOID	4	PA; EDS
ANTINEOPLASTICS, OTHER		
AKEEGA	5	PA; LD
AVMAPKI- FAKZYNJA	5	PA
IBRANCE ORAL TABLET	5	PA
INREBIC	5	PA; LD
ITOVEBI	5	PA
IWLIFIN	5	PA; LD
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG, 600 MG/DAY(200 MG X 3)-2.5 MG	5	PA
LAZCLUZE	5	PA; LD
LONSURF	5	PA
LYSODREN	5	
OGSIVEO	5	PA
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4), 600 MG/WEEK (100 MG X 6)	5	PA
ONUREG	5	PA
REVUFORJ	5	PA

Drug Name	Drug Tier	Requirements/ Limits
VONJO	5	PA
ZOLINZA	5	PA
AROMATASE INHIBITORS, 3RD GENERATION		
<i>anastrozole</i>	2	EDS
<i>exemestane</i>	3	EDS
<i>letrozole</i>	2	EDS
MOLECULAR TARGET INHIBITORS		
ALECENSA	5	PA
ALUNBRIG	5	PA
AUGTYRO	5	PA
AYVAKIT	5	PA; LD
BALVERSA	5	PA
BOSULIF	5	PA
BRAFTOVI	5	PA; LD
BRUKINSA ORAL CAPSULE	5	PA; LD
CABOMETYX	5	PA
CALQUENCE	5	PA; LD
CAPRELSA	5	PA
COMETRIQ	5	PA
COPIKTRA	5	PA; LD
COTELLIC	5	PA
DANZITEN	5	PA
<i>dasatinib</i>	5	PA
DAURISMO	5	PA
ERIVEDGE	5	PA
<i>erlotinib</i>	5	PA
<i>everolimus (antineoplastic)</i>	5	PA
FOTIVDA	5	PA; LD
FRUZAQLA	5	PA
GAVRETO	5	PA; LD
<i>gefitinib</i>	5	PA

Drug Name	Drug Tier	Requirements/ Limits
GILOTrif	5	PA
GOMEKLI	5	PA
IBRANCE ORAL CAPSULE	5	PA
ICLUSIG	5	PA
IDHIFA	5	PA; LD
<i>imatinib oral tablet 100 mg</i>	4	PA; EDS
<i>imatinib oral tablet 400 mg</i>	5	PA
IMBRUVICA ORAL CAPSULE	5	PA
IMBRUVICA ORAL SUSPENSION	5	PA
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	5	PA
IMKELDI	5	PA
INLYTA	5	PA
INQOVI	5	PA
JAKAFI	5	PA
JAYPIRCA	5	PA
KISQALI	5	PA
KOSELUGO	5	PA
KRAZATI	5	PA
<i>lapatinib</i>	5	PA
LENVIMA	5	PA
LORBRENA	5	PA
LUMAKRAS	5	PA
LYNPARZA	5	PA
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	5	PA; LD
MEKINIST	5	PA

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Date of last formulary update: 08/22/2025.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MEKTOVI	5	PA; LD	torpenz	5	PA
NERLYNX	5	PA; LD	TRUQAP	5	PA
<i>nilotinib hcl</i>	5	PA	TUKYSA	5	PA; LD
NINLARO	5	PA	TURALIO ORAL CAPSULE 125 MG	5	PA; LD
ODOMZO	5	PA	VANFLYTA	5	PA
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION	5	PA	VENCLEXTA ORAL TABLET 10 MG, 50 MG	3	PA; EDS
OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5)	5	PA	VENCLEXTA ORAL TABLET 100 MG	5	PA
OJJAARA	5	PA	VENCLEXTA STARTING PACK	5	PA
<i>pazopanib</i>	5	PA	VERZENIO	5	PA; LD
PEMAZYRE	5	PA; LD	VITRAKVI	5	PA; LD
PIQRAY	5	PA	VIZIMPRO	5	PA
QINLOCK	5	PA; LD	XALKORI	5	PA
RETEVMO ORAL TABLET	5	PA; LD	XOSPATA	5	PA; LD
REZLIDHIA	5	PA	XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	5	PA; LD
ROMVIMZA	5	PA; LD			
ROZLYTREK	5	PA			
RUBRACA	5	PA; LD			
RYDAPT	5	PA			
SCEMBLIX	5	PA			
<i>sorafenib</i>	5	PA			
STIVARGA	5	PA			
<i>sunitinib malate</i>	5	PA			
TABRECTA	5	PA			
TAFINLAR	5	PA	XPOVIO ORAL TABLET 40 MG/WEEK (10 MG X 4)	5	PA
TAGRISSO	5	PA			
TALZENNA	5	PA			
TASIGNA	5	PA	ZEJULA ORAL TABLET	5	PA; LD
TAZVERIK	5	PA; LD	ZELBORAF	5	PA
TEPMETKO	5	PA; LD	ZYDELIG	5	PA
TIBSOVO	5	PA			

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Date of last formulary update: 08/22/2025.

Drug Name	Drug Tier	Requirements/Limits
ZYKADIA	5	PA
RETINOIDS		
bexarotene	5	PA
PANRETIN	5	
tretinoin (antineoplastic)	5	
TREATMENT ADJUNCTS		
leucovorin calcium oral	2	EDS
mesna oral	4	EDS
VORANIGO	5	PA
ANTIPARASITICS		
ANTHELMINTICS		
albendazole	4	EDS
ivermectin oral tablet 3 mg	2	EDS
ivermectin oral tablet 6 mg	3	EDS
praziquantel	4	EDS
ANTIPROTOZOALS		
atovaquone	4	EDS
atovaquone- proguanil	2	EDS
chloroquine phosphate	2	EDS
COARTEM	3	EDS
hydroxychloroquine oral tablet 200 mg	2	EDS
mefloquine	2	EDS
NEBUPENT	4	B vs D; EDS
nitazoxanide	5	
pentamidine inhalation	3	B vs D; EDS
pentamidine injection	4	EDS

Drug Name	Drug Tier	Requirements/Limits
PRIMAQUINE	3	EDS
pyrimethamine	5	PA
quinine sulfate	3	PA; EDS
ANTIPARKINSON AGENTS		
ANTICHOLINERGICS		
benztropine oral	4	PA; EDS
trihexyphenidyl	3	EDS
ANTIPARKINSON AGENTS, OTHER		
carbidopa-levodopa- entacapone	4	EDS
entacapone	4	EDS
DOPAMINE AGONISTS		
apomorphine	5	PA
bromocriptine	2	EDS
NEUPRO	4	QL (30 EA per 30 days); EDS
pramipexole oral tablet	2	EDS
ropinirole oral tablet	2	EDS
DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS		
carbidopa	4	EDS
carbidopa-levodopa	2	EDS
MONOAMINE OXIDASE B (MAO-B) INHIBITORS		
rasagiline	4	EDS
selegiline hcl	2	EDS
ANTIPSYCHOTICS		
1ST GENERATION/TYPICAL		
chlorpromazine oral	4	PA; EDS
fluphenazine decanoate	4	EDS
fluphenazine hcl	4	EDS

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Date of last formulary update: 08/22/2025.

Drug Name	Drug Tier	Requirements/ Limits
<i>haloperidol</i>	2	EDS
<i>haloperidol decanoate</i>	2	EDS
<i>haloperidol lactate injection</i>	2	EDS
<i>haloperidol lactate oral</i>	2	EDS
<i>loxpiprazine succinate</i>	2	EDS
<i>molindone</i>	2	EDS
<i>perphenazine</i>	4	EDS
<i>pimozide</i>	2	EDS
<i>thioridazine</i>	2	EDS
<i>thiothixene</i>	2	EDS
<i>trifluoperazine</i>	2	EDS
2ND GENERATION/ATYPICAL		
<i>ABILIFY ASIMTUFII</i>	5	
<i>ABILIFY MAINTENA</i>	5	
<i>ariPIPRAZOLE oral solution</i>	3	EDS
<i>ariPIPRAZOLE oral tablet</i>	3	EDS
<i>ariPIPRAZOLE oral tablet,disintegrating</i>	4	EDS
<i>ARISTADA</i>	5	
<i>ARISTADA INITIO</i>	4	EDS
<i>asenapine maleate</i>	4	EDS
<i>CAPLYTA</i>	5	PA
<i>ERZOFRI INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 351 MG/2.25 ML, 78 MG/0.5 ML</i>	5	
<i>ERZOFRI INTRAMUSCULAR SYRINGE 39 MG/0.25 ML</i>	4	EDS

Drug Name	Drug Tier	Requirements/ Limits
<i>FANAPT</i>	4	PA; EDS
<i>FANAPT TITRATION PACK A</i>	4	PA; EDS
<i>INVEGA HAFYERA</i>	5	
<i>INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 78 MG/0.5 ML</i>	5	
<i>INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML</i>	4	EDS
<i>INVEGA TRINZA</i>	5	
<i>lurasidone</i>	4	EDS
<i>NUPLAZID</i>	5	PA
<i>olanzapine intramuscular</i>	2	EDS
<i>olanzapine oral tablet</i>	2	EDS
<i>olanzapine oral tablet,disintegrating</i>	4	EDS
<i>OPIPZA</i>	5	
<i>paliperidone</i>	4	EDS
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	2	EDS
<i>quetiapine oral tablet extended release 24 hr</i>	3	EDS
<i>REXULTI ORAL TABLET</i>	5	

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Date of last formulary update: 08/22/2025.

Drug Name	Drug Tier	Requirements/ Limits
<i>risperidone microspheres intramuscular suspension, extended rel recon 12.5 mg/2 ml, 25 mg/2 ml</i>	4	EDS
<i>risperidone microspheres intramuscular suspension, extended rel recon 37.5 mg/2 ml, 50 mg/2 ml</i>	5	
<i>risperidone oral solution</i>	2	EDS
<i>risperidone oral tablet</i>	2	EDS
<i>risperidone oral tablet,disintegrating</i>	2	EDS
SECUADO	5	PA
VRAYLAR ORAL CAPSULE	4	EDS
<i>ziprasidone hcl</i>	2	EDS
<i>ziprasidone mesylate</i>	3	EDS
TREATMENT-RESISTANT		
<i>clozapine oral tablet</i>	3	EDS
<i>clozapine oral tablet,disintegrating</i>	4	EDS
VERSACLOZ	5	
ANTISPASTICITY AGENTS		
ANTISPASTICITY AGENTS		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	2	EDS
<i>tizanidine oral capsule</i>	3	EDS
<i>tizanidine oral tablet</i>	2	EDS
ANTIVIRALS		

Drug Name	Drug Tier	Requirements/ Limits
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS		
LIVTENCITY	5	PA; QL (120 EA per 30 days); LD
PREVYMIS ORAL PELLETS IN PACKET	5	PA; QL (120 EA per 30 days)
PREVYMIS ORAL TABLET	5	PA; QL (30 EA per 30 days)
<i>valganciclovir oral recon soln</i>	4	EDS
<i>valganciclovir oral tablet</i>	3	EDS
ANTI-HEPATITIS B (HBV) AGENTS		
<i>adefovir</i>	4	EDS
BARACLUDE ORAL SOLUTION	4	EDS
<i>entecavir</i>	4	EDS
<i>lamivudine oral tablet 100 mg</i>	3	EDS
VEMLIDY	5	
ANTI-HEPATITIS C (HCV) AGENTS		
EPCLUSIA	5	PA
HARVONI	5	PA
LEDIPASVIR-SOFOSBUVIR	5	PA
<i>ribavirin oral capsule</i>	3	EDS
<i>ribavirin oral tablet 200 mg</i>	3	EDS
SOFOSBUVIR-VELPATASVIR	5	PA
VOSEVI	5	PA
ANTIHERPETIC AGENTS		
<i>acyclovir oral capsule</i>	2	EDS
<i>acyclovir oral suspension 200 mg/5 ml</i>	4	EDS

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Date of last formulary update: 08/22/2025.

Drug Name	Drug Tier	Requirements/ Limits
acyclovir oral tablet	2	EDS
acyclovir sodium intravenous solution	2	B vs D; EDS
famciclovir	2	EDS
valacyclovir	2	EDS
ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)		
BIKTARVY	5	
DOVATO	5	
GENVOYA	5	
ISENTRESS HD	5	
ISENTRESS ORAL POWDER IN PACKET	5	
ISENTRESS ORAL TABLET	5	
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	3	EDS
JULUCA	5	
STRIBILD	5	
TIVICAY ORAL TABLET 50 MG	5	
TIVICAY PD	4	EDS
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)		
COMPLERA	5	
DELSTRIGO	5	
EDURANT	5	
efavirenz oral tablet	4	EDS
efavirenz-emtricitabin-tenofovir	4	EDS

Drug Name	Drug Tier	Requirements/ Limits
efavirenz-lamivu-tenofovir disop	5	
emtricitabine-rilpivirine-tenofovir df	5	
etravirine oral tablet 100 mg	4	EDS
etravirine oral tablet 200 mg	5	
INTELENCE ORAL TABLET 25 MG	4	EDS
nevirapine oral suspension	4	EDS
nevirapine oral tablet	2	EDS
nevirapine oral tablet extended release 24 hr 400 mg	4	EDS
PIFELTRO	5	
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)		
abacavir	4	EDS
abacavir-lamivudine	4	EDS
CIMDUO	5	
DESCOVY	5	
emtricitabine	4	EDS
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 167-250 mg, 200-300 mg	4	EDS
emtricitabine-tenofovir (tdf) oral tablet 133-200 mg	5	
EMTRIVA ORAL SOLUTION	4	EDS
lamivudine oral solution	2	EDS

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Date of last formulary update: 08/22/2025.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits	
lamivudine oral tablet 150 mg, 300 mg	3	EDS	NORVIR ORAL POWDER IN PACKET	3	EDS	
lamivudine-zidovudine	3	EDS	PREZCOBIX ORAL TABLET 800-150 MG-MG	5		
ODEFSEY	5		PREZISTA ORAL SUSPENSION	4	EDS	
tenofovir disoproxil fumarate	4	EDS	PREZISTA ORAL TABLET 150 MG, 75 MG	4	EDS	
TRIUMEQ	5		REYATAZ ORAL POWDER IN PACKET	5		
TRIUMEQ PD	4	EDS	ritonavir	3	EDS	
VIREAD ORAL POWDER	4	EDS	SYMTUZA	5		
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5		VIRACEPT ORAL TABLET	5		
zidovudine	2	EDS	ANTI-INFLUENZA AGENTS			
ANTI-HIV AGENTS, OTHER						
maraviroc	5		amantadine hcl	2	EDS	
RUKOBIA	5		oseltamivir oral capsule	2	EDS	
SELZENTRY ORAL SOLUTION	3	EDS	oseltamivir oral suspension for reconstitution	3	EDS	
SUNLENCA ORAL	5		RELENZA DISKHALER	3	EDS	
TYBOST	3	EDS	rimantadine	2	EDS	
ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)						
APTVUS	5		XOFLUZA ORAL TABLET 40 MG, 80 MG	4	EDS	
atazanavir	4	EDS	ANTIVIRAL, CORONAVIRUS AGENTS			
darunavir oral tablet 600 mg	4	EDS	PAXLOVID	3	EDS	
darunavir oral tablet 800 mg	5		ANXIOLYTICS			
EVOTAZ	5		ANXIOLYTICS, OTHER			
fosamprenavir	5		buspirone	2	EDS	
KALETRA ORAL SOLUTION	4	EDS	meprobamate	4	EDS	
lopinavir-ritonavir oral tablet	4	EDS				

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Date of last formulary update: 08/22/2025.

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BENZODIAZEPINES					
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	2	QL (120 EA per 30 days); EDS	<i>glipizide oral tablet extended release 24hr</i>	1	EDS
<i>alprazolam oral tablet 2 mg</i>	2	QL (150 EA per 30 days); EDS	<i>glipizide-metformin</i>	1	EDS
<i>clorazepate dipotassium</i>	4	EDS	<i>GLYXAMBI</i>	3	QL (30 EA per 30 days); EDS
<i>diazepam intensol</i>	4	PA; EDS	<i>JANUMET</i>	3	QL (60 EA per 30 days); EDS
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	4	PA; EDS	<i>JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG</i>	3	QL (30 EA per 30 days); EDS
<i>diazepam oral tablet</i>	3	PA; EDS	<i>JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG</i>	3	QL (60 EA per 30 days); EDS
<i>lorazepam intensol</i>	3	EDS	<i>JANUVIA</i>	3	QL (30 EA per 30 days); EDS
<i>lorazepam oral tablet</i>	2	EDS	<i>JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG</i>	3	QL (60 EA per 30 days); EDS
BIPOLAR AGENTS					
MOOD STABILIZERS					
<i>lamotrigine oral tablet</i>	2	EDS	<i>JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG</i>	3	QL (60 EA per 30 days); EDS
<i>lamotrigine oral tablet, chewable disperible</i>	2	EDS	<i>JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG</i>	3	QL (30 EA per 30 days); EDS
<i>lamotrigine oral tablet,disintegrating</i>	4	EDS	<i>liraglutide</i>	4	PA; QL (9 ML per 30 days); EDS
<i>lithium carbonate</i>	2	EDS	<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	1	EDS
<i>lithium citrate</i>	2	EDS	<i>metformin oral tablet extended release 24 hr</i>	1	EDS
<i>subvenite</i>	2	EDS	<i>MOUNJARO</i>	3	PA; QL (2 ML per 30 days); EDS
BLOOD GLUCOSE REGULATORS					
ANTIDIABETIC AGENTS					
<i>acarbose</i>	2	EDS			
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	EDS			
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	EDS			

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Date of last formulary update: 08/22/2025.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
nateglinide	2	EDS	SYNJARDY XR ORAL TABLET, IR - ER, BIOPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	3	QL (60 EA per 30 days); EDS
OZEMPIK SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	3	PA; QL (3 ML per 30 days); EDS	TRADJENTA	3	QL (30 EA per 30 days); EDS
pioglitazone	1	EDS	TRIJARDY XR ORAL TABLET, IR - ER, BIOPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	3	QL (30 EA per 30 days); EDS
pioglitazone-glimepiride	2	QL (30 EA per 30 days); EDS	TRIJARDY XR ORAL TABLET, IR - ER, BIOPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	3	QL (60 EA per 30 days); EDS
pioglitazone-metformin	2	EDS	TRULICITY	3	PA; QL (2 ML per 30 days); EDS
repaglinide	2	EDS	XIGDUO XR ORAL TABLET, IR - ER, BIOPHASIC 24HR 10-1,000 MG, 10-500 MG	3	QL (30 EA per 30 days); EDS
RYBELSUS	3	PA; QL (30 EA per 30 days); EDS	XIGDUO XR ORAL TABLET, IR - ER, BIOPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	3	QL (60 EA per 30 days); EDS
saxagliptin	3	QL (30 EA per 30 days); EDS	GLYCEMIC AGENTS		
saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg	3	QL (60 EA per 30 days); EDS	diazoxide	5	
saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg	3	QL (30 EA per 30 days); EDS	glucagon emergency kit (human)	3	EDS
SOLIQUA 100/33	3	EDS	GVOKE	3	EDS
SYMLINPEN 120	5		GVOKE HYPOOPEN 2-PACK	3	EDS
SYMLINPEN 60	5				
SYNJARDY	3	QL (60 EA per 30 days); EDS			
SYNJARDY XR ORAL TABLET, IR - ER, BIOPHASIC 24HR 10-1,000 MG, 25-1,000 MG	3	QL (30 EA per 30 days); EDS			

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Date of last formulary update: 08/22/2025.

Drug Name	Drug Tier	Requirements/ Limits
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	3	EDS
ZEGALOGUE AUTOINJECTOR	3	EDS
ZEGALOGUE SYRINGE	3	EDS
INSULINS		
FIASP FLEXTOUCH U-100 INSULIN	3	EDS
FIASP PENFILL U-100 INSULIN	3	EDS
FIASP U-100 INSULIN	3	EDS
HUMALOG JUNIOR KWIKPEN U-100	3	EDS
HUMALOG KWIKPEN INSULIN	3	EDS
HUMALOG MIX 50-50 KWIKPEN	3	EDS
HUMALOG MIX 75-25 KWIKPEN	3	EDS
HUMALOG MIX 75-25(U-100)INSULN	3	EDS
HUMALOG U-100 INSULIN	3	EDS
HUMULIN 70/30 U-100 INSULIN	3	EDS
HUMULIN 70/30 U-100 KWIKPEN	3	EDS
HUMULIN N NPH INSULIN KWIKPEN	3	EDS
HUMULIN N NPH U-100 INSULIN	3	EDS
HUMULIN R REGULAR U-100 INSULN	3	EDS

Drug Name	Drug Tier	Requirements/ Limits
HUMULIN R U-500 (CONC) INSULIN	3	EDS
HUMULIN R U-500 (CONC) KWIKPEN	3	EDS
INSULIN LISPRO	3	EDS
INSULIN LISPRO PROTAMIN-LISPRO	3	EDS
LANTUS SOLOSTAR U-100 INSULIN	3	EDS
LANTUS U-100 INSULIN	3	EDS
LYUMJEV KWIKPEN U-100 INSULIN	3	EDS
LYUMJEV KWIKPEN U-200 INSULIN	3	EDS
LYUMJEV U-100 INSULIN	3	EDS
NOVOLIN 70/30 U-100 INSULIN	3	EDS
NOVOLIN 70-30 FLEXPEN U-100	3	EDS
NOVOLIN N FLEXPEN	3	EDS
NOVOLIN N NPH U-100 INSULIN	3	EDS
NOVOLIN R FLEXPEN	3	EDS
NOVOLIN R REGULAR U100 INSULIN	3	EDS
NOVOLOG FLEXPEN U-100 INSULIN	3	EDS
NOVOLOG MIX 70-30 U-100 INSULN	3	EDS
NOVOLOG MIX 70-30FLEXPEN U-100	3	EDS

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Date of last formulary update: 08/22/2025.

Drug Name	Drug Tier	Requirements/ Limits
NOVOLOG PENFILL U-100 INSULIN	3	EDS
NOVOLOG U-100 INSULIN ASPART	3	EDS
TOUJEO MAX U- 300 SOLOSTAR	3	EDS
TOUJEO SOLOSTAR U-300 INSULIN	3	EDS
TRESIBA FLEXTOUCH U-100	3	EDS
TRESIBA FLEXTOUCH U-200	3	EDS
TRESIBA U-100 INSULIN	3	EDS

BLOOD PRODUCTS AND MODIFIERS

ANTICOAGULANTS

<i>dabigatran etexilate</i>	3	QL (60 EA per 30 days); EDS
ELIQUIS	3	QL (60 EA per 30 days); EDS
ELIQUIS DVT-PE TREAT 30D START	3	QL (74 EA per 180 days); EDS
<i>enoxaparin subcutaneous syringe</i>	4	EDS
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 7.5 mg/0.6 ml</i>	5	
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml, 5 mg/0.4 ml</i>	4	EDS
<i>heparin (porcine) injection solution</i>	2	B vs D; EDS
<i>jantoven</i>	1	EDS

Drug Name	Drug Tier	Requirements/ Limits
<i>rivaroxaban oral tablet</i>	3	QL (60 EA per 30 days); EDS
<i>warfarin</i>	1	EDS
XARELTO DVT-PE TREAT 30D START	3	QL (51 EA per 180 days); EDS
XARELTO ORAL SUSPENSION FOR RECONSTITUTION	3	QL (775 ML per 30 days); EDS
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	3	QL (30 EA per 30 days); EDS
XARELTO ORAL TABLET 2.5 MG	3	QL (60 EA per 30 days); EDS
BLOOD PRODUCTS AND MODIFIERS, OTHER		
<i>anagrelide</i>	2	EDS
<i>eltrombopag olamine oral powder in packet</i>	5	PA; QL (180 EA per 30 days)
<i>eltrombopag olamine oral tablet 12.5 mg, 25 mg</i>	5	PA; QL (30 EA per 30 days)
<i>eltrombopag olamine oral tablet 50 mg, 75 mg</i>	5	PA; QL (60 EA per 30 days)
FULPHILA	5	PA
NIVESTYM	5	PA
NYVEPRIA	5	PA
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; EDS
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	5	PA

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Date of last formulary update: 08/22/2025.

Drug Name	Drug Tier	Requirements/Limits
PROMACTA ORAL POWDER IN PACKET	5	PA; QL (180 EA per 30 days); LD
PROMACTA ORAL TABLET 12.5 MG, 25 MG	5	PA; QL (30 EA per 30 days); LD
PROMACTA ORAL TABLET 50 MG, 75 MG	5	PA; QL (60 EA per 30 days); LD
RELEUKO SUBCUTANEOUS	4	PA; EDS
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; EDS
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	5	PA
UDENYCA	5	PA
UDENYCA AUTOINJECTOR	5	PA
HEMOSTASIS AGENTS		
tranexamic acid oral	3	EDS
PLATELET MODIFYING AGENTS		
aspirin-dipyridamole	4	EDS
cilostazol	2	EDS
clopidogrel oral tablet 75 mg	1	EDS
dipyridamole oral	2	EDS
prasugrel hcl	2	EDS
ticagrelor	3	EDS
CARDIOVASCULAR AGENTS		
ALPHA-ADRENERGIC AGONISTS		

Drug Name	Drug Tier	Requirements/Limits
clonidine transdermal patch	4	EDS
clonidine hcl oral tablet	1	EDS
droxidopa oral capsule 100 mg	4	PA; EDS
droxidopa oral capsule 200 mg, 300 mg	5	PA
guanfacine oral tablet	2	EDS
midodrine	3	EDS
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan	2	EDS
irbesartan	1	EDS
losartan	1	EDS
olmesartan	2	EDS
telmisartan	2	EDS
valsartan oral tablet	1	EDS
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS		
benazepril	1	EDS
captopril	1	EDS
enalapril maleate oral tablet	1	EDS
fosinopril	1	EDS
lisinopril	1	EDS
moexipril	1	EDS
perindopril erbumine	1	EDS
quinapril	1	EDS
ramipril	1	EDS
trandolapril	1	EDS
ANTIARRHYTHMICS		
amiodarone oral	2	EDS
digoxin oral solution	2	EDS

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Date of last formulary update: 08/22/2025.

Drug Name	Drug Tier	Requirements/ Limits
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	2	EDS
<i>disopyramide phosphate oral capsule</i>	4	EDS
<i>dofetilide</i>	4	EDS
<i>flecainide</i>	2	EDS
<i>LANOXIN ORAL</i>	3	EDS
<i>mexiletine</i>	2	EDS
<i>MULTAQ</i>	3	EDS
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	2	EDS
<i>propafenone oral tablet</i>	2	EDS
<i>quinidin gluconate oral</i>	4	EDS
<i>quinidin sulfate oral tablet</i>	2	EDS
<i>sotalol af</i>	2	EDS
<i>sotalol oral</i>	2	EDS
BETA-ADRENERGIC BLOCKING AGENTS		
<i>acebutolol</i>	2	EDS
<i>atenolol</i>	1	EDS
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	2	EDS
<i>carvedilol</i>	1	EDS
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	2	EDS
<i>metoprolol succinate</i>	2	EDS
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	EDS
<i>nadolol</i>	2	EDS

Drug Name	Drug Tier	Requirements/ Limits
<i>nebivolol</i>	2	EDS
<i>pindolol</i>	2	EDS
<i>propranolol oral capsule,extended release 24 hr</i>	2	EDS
<i>propranolol oral solution</i>	2	EDS
<i>propranolol oral tablet</i>	1	EDS
CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES		
<i>amlodipine</i>	1	EDS
<i>felodipine</i>	2	EDS
<i>isradipine</i>	2	EDS
<i>nicardipine oral</i>	2	EDS
<i>nifedipine</i>	2	EDS
<i>nimodipine oral capsule</i>	4	EDS
CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES		
<i>cartia xt</i>	2	EDS
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	2	EDS
<i>diltiazem hcl oral capsule,extended release 24 hr 360 mg, 420 mg</i>	2	EDS
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	2	EDS
<i>diltiazem hcl oral tablet</i>	2	EDS
<i>dilt-xr</i>	2	EDS
<i>tiadylt er</i>	2	EDS

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Date of last formulary update: 08/22/2025.

Drug Name	Drug Tier	Requirements/ Limits
verapamil oral capsule, 24 hr er pellet ct	2	EDS
verapamil oral capsule, ext rel. pellets 24 hr	2	EDS
verapamil oral tablet	1	EDS
verapamil oral tablet extended release	2	EDS
CARDIOVASCULAR AGENTS, OTHER		
aliskiren	3	EDS
amiloride-hydrochlorothiazide	1	EDS
amlodipine-atorvastatin	2	EDS
amlodipine-benazepril	1	EDS
amlodipine-olmesartan	2	EDS
amlodipine-valsartan	1	EDS
amlodipine-valsartan-hcthiazid	2	EDS
atenolol-chlorthalidone	1	EDS
benazepril-hydrochlorothiazide	1	EDS
bisoprolol-hydrochlorothiazide	2	EDS
enalapril-hydrochlorothiazide	1	EDS
ENTRESTO	3	QL (60 EA per 30 days); EDS
ENTRESTO SPRINKLE	3	QL (240 EA per 30 days); EDS
fosinopril-hydrochlorothiazide	1	EDS
irbesartan-hydrochlorothiazide	1	EDS

Drug Name	Drug Tier	Requirements/ Limits
ivabradine	4	PA; QL (60 EA per 30 days); EDS
lisinopril-hydrochlorothiazide	1	EDS
losartan-hydrochlorothiazide	1	EDS
metoprolol ta-hydrochlorothiaz	2	EDS
metyrosine	5	PA
olmesartan-amlodipin-hcthiazid	2	EDS
olmesartan-hydrochlorothiazide	2	EDS
pentoxifylline	2	EDS
quinapril-hydrochlorothiazide	1	EDS
ranolazine	3	EDS
spironolacton-hydrochlorothiaz	1	EDS
triamterene-hydrochlorothiazid	1	EDS
valsartan-hydrochlorothiazide	1	EDS
DIURETICS, LOOP		
bumetanide	2	EDS
furosemide injection solution	2	EDS
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	1	EDS
furosemide oral tablet	1	EDS
torsemide oral	2	EDS
DIURETICS, POTASSIUM-SPARING		
amiloride	2	EDS
triamterene	4	EDS

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Date of last formulary update: 08/22/2025.

Drug Name	Drug Tier	Requirements/ Limits
DIURETICS, THIAZIDE		
chlorthalidone oral tablet 25 mg, 50 mg	1	EDS
hydrochlorothiazide	1	EDS
indapamide	1	EDS
metolazone	2	EDS
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES		
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	2	EDS
fenofibrate capsule 43 mg, 130 mg	2	EDS
fenofibrate oral tablet 48 mg, 54 mg, 145 mg, 160 mg,	2	EDS
fenofibric acid (choline)	3	EDS
gemfibrozil	2	EDS
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS		
atorvastatin	1	EDS
lovastatin	1	EDS
pravastatin	1	EDS
rosuvastatin	1	EDS
simvastatin	1	EDS
DYSLIPIDEMICS, OTHER		
cholestyramine (with sugar) oral powder in packet	2	EDS
cholestyramine light oral powder in packet	2	EDS
colesevelam	4	EDS
colestipol oral packet	2	EDS
colestipol oral tablet	2	EDS

Drug Name	Drug Tier	Requirements/ Limits
ezetimibe	2	EDS
ezetimibe-simvastatin	3	EDS
icosapent ethyl	4	EDS
NEXLETOL	3	PA; EDS
NEXLIZET	3	PA; EDS
niacin oral tablet extended release 24 hr	3	QL (60 EA per 30 days); EDS
omega-3 acid ethyl esters	2	EDS
prevalite oral powder in packet	2	EDS
REPATHA	3	PA; EDS
REPATHA PUSHTRONEX	3	PA; EDS
REPATHA SURECLICK	3	PA; EDS
VASCEPA	4	EDS
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
eplerenone	3	EDS
KERENDIA ORAL TABLET 10 MG, 20 MG	3	PA; EDS
spironolactone oral tablet	1	EDS
SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS (SGLT2I)		
DAPAGLIFLOZIN PROPANEDIOL	3	QL (30 EA per 30 days); EDS
FARXIGA	3	QL (30 EA per 30 days); EDS
JARDIANCE	3	QL (30 EA per 30 days); EDS
VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS		

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Date of last formulary update: 08/22/2025.

Drug Name	Drug Tier	Requirements/ Limits
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	2	EDS
<i>isosorbide mononitrate</i>	2	EDS
<i>nitro-bid</i>	2	EDS
<i>nitroglycerin sublingual</i>	2	EDS
<i>nitroglycerin transdermal patch 24 hour</i>	2	EDS
<i>nitroglycerin translingual</i>	2	EDS
VERQUVO	3	QL (30 EA per 30 days); EDS
VASODILATORS, DIRECT-ACTING ARTERIAL		
<i>hydralazine oral</i>	2	EDS
<i>minoxidil oral</i>	2	EDS
CENTRAL NERVOUS SYSTEM AGENTS		
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES		
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg</i>	4	QL (120 EA per 30 days); EDS
<i>dextroamphetamine sulfate oral capsule, extended release 5 mg</i>	4	QL (30 EA per 30 days); EDS
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	3	QL (180 EA per 30 days); EDS
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	3	QL (120 EA per 30 days); EDS

Drug Name	Drug Tier	Requirements/ Limits
<i>dextroamphetamine-amphetamine oral tablet</i>	2	QL (60 EA per 30 days); EDS
<i>zenzedi oral tablet 10 mg</i>	3	QL (180 EA per 30 days); EDS
<i>zenzedi oral tablet 5 mg</i>	3	QL (120 EA per 30 days); EDS
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES		
<i>atomoxetine</i>	3	EDS
<i>clonidine hcl oral tablet extended release 12 hr</i>	2	EDS
<i>dexmethylphenidate oral tablet</i>	2	EDS
<i>methylphenidate hcl oral tablet</i>	2	EDS
<i>methylphenidate hcl oral tablet extended release</i>	3	EDS
CENTRAL NERVOUS SYSTEM, OTHER		
<i>AUSTEDO ORAL TABLET 12 MG, 9 MG</i>	5	PA; QL (120 EA per 30 days); LD
<i>AUSTEDO ORAL TABLET 6 MG</i>	5	PA; QL (60 EA per 30 days); LD
<i>AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 6 MG</i>	5	PA; QL (90 EA per 30 days); LD
<i>AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG</i>	5	PA; QL (60 EA per 30 days)

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Date of last formulary update: 08/22/2025.

Drug Name	Drug Tier	Requirements/ Limits
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 24 MG	5	PA; QL (60 EA per 30 days); LD
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 30 MG, 36 MG, 42 MG, 48 MG	5	PA; QL (30 EA per 30 days)
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	5	PA; QL (28 EA per 28 days)
COBENFY	4	EDS
COBENFY STARTER PACK	4	EDS
NUEDEXTA	5	PA
riluzole	3	EDS
tetrabenazine oral tablet 12.5 mg	4	PA; QL (240 EA per 30 days); EDS
tetrabenazine oral tablet 25 mg	5	PA; QL (120 EA per 30 days)
FIBROMYALGIA AGENTS		
duloxetine	2	EDS
SAVELLA	3	EDS
MULTIPLE SCLEROSIS AGENTS		
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	5	PA
AVONEX INTRAMUSCULAR SYRINGE KIT	5	PA
BETASERON SUBCUTANEOUS KIT	5	PA

Drug Name	Drug Tier	Requirements/ Limits
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	5	PA
<i>dalfampridine</i>	3	PA; EDS
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46)</i>	4	PA; EDS
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i>	5	PA
<i>fingolimod</i>	5	PA
<i>glatiramer</i>	5	PA
<i>glatopa</i>	5	PA
<i>teriflunomide</i>	5	PA
VUMERITY	5	PA
DENTAL AND ORAL AGENTS		
DENTAL AND ORAL AGENTS		
<i>cevimeline</i>	3	EDS
<i>chlorhexidine gluconate mucous membrane</i>	2	EDS
<i>doxycycline hyclate oral tablet 20 mg</i>	2	EDS
<i>kourzeq</i>	2	EDS
<i>lidocaine viscous</i>	2	EDS
<i>periogard</i>	2	EDS
<i>pilocarpine hcl oral</i>	3	EDS
<i>triamcinolone acetonide dental</i>	2	EDS
DERMATOLOGICAL AGENTS		
ACNE AND ROSACEA AGENTS		
<i>accutane oral capsule 10 mg, 20 mg, 40 mg</i>	4	EDS

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Date of last formulary update: 08/22/2025.

Drug Name	Drug Tier	Requirements/ Limits
<i>acitretin</i>	4	PA; EDS
<i>adapalene topical cream</i>	4	EDS
<i>adapalene topical gel 0.3 %</i>	4	EDS
<i>ALTRENO</i>	3	PA; EDS
<i>amnesteem</i>	4	EDS
<i>claravis</i>	4	EDS
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	4	EDS
<i>metronidazole topical cream</i>	3	EDS
<i>metronidazole topical gel</i>	3	EDS
<i>metronidazole topical lotion</i>	3	EDS
<i>tazarotene topical cream</i>	4	EDS
<i>tazarotene topical gel</i>	4	QL (100 GM per 30 days); EDS
<i>tretinoin topical</i>	3	PA; EDS
<i>zenatane</i>	4	EDS

DERMATITIS AND PRURITUS AGENTS

<i>alclometasone</i>	2	EDS
<i>ammonium lactate</i>	2	EDS
<i>betamethasone dipropionate</i>	2	EDS
<i>betamethasone valerate topical cream</i>	2	EDS
<i>betamethasone valerate topical lotion</i>	2	EDS
<i>betamethasone valerate topical ointment</i>	2	EDS

Drug Name	Drug Tier	Requirements/ Limits
<i>betamethasone, augmented</i>	2	EDS
<i>clobetasol scalp</i>	4	EDS
<i>clobetasol topical cream 0.05 %</i>	4	EDS
<i>clobetasol topical foam</i>	4	EDS
<i>clobetasol topical gel</i>	4	EDS
<i>clobetasol topical ointment</i>	4	EDS
<i>clobetasol-emollient</i>	4	EDS
<i>desonide topical cream</i>	3	QL (120 GM per 30 days); EDS
<i>desonide topical lotion</i>	3	QL (118 ML per 30 days); EDS
<i>desonide topical ointment</i>	3	QL (120 GM per 30 days); EDS
<i>desoximetasone topical cream 0.05 %</i>	4	QL (120 GM per 30 days); EDS
<i>desoximetasone topical cream 0.25 %</i>	3	QL (120 GM per 30 days); EDS
<i>desoximetasone topical gel</i>	4	QL (120 GM per 30 days); EDS
<i>desoximetasone topical ointment 0.05 %</i>	4	QL (120 GM per 30 days); EDS
<i>desoximetasone topical ointment 0.25 %</i>	3	QL (120 GM per 30 days); EDS
<i>EUCRISA</i>	4	PA; QL (120 GM per 30 days); EDS
<i>fluocinolone and shower cap</i>	3	EDS
<i>fluocinolone topical cream</i>	3	EDS
<i>fluocinolone topical ointment</i>	3	EDS

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Date of last formulary update: 08/22/2025.

Drug Name	Drug Tier	Requirements/ Limits
<i>fluocinolone topical solution</i>	3	EDS
<i>fluocinonide topical cream 0.05 %</i>	2	QL (60 GM per 30 days); EDS
<i>fluocinonide topical gel</i>	2	QL (60 GM per 30 days); EDS
<i>fluocinonide topical ointment</i>	2	QL (60 GM per 30 days); EDS
<i>fluocinonide topical solution</i>	2	EDS
<i>fluocinonide-emollient</i>	2	QL (60 GM per 30 days); EDS
<i>fluticasone propionate topical cream</i>	2	EDS
<i>fluticasone propionate topical ointment</i>	2	EDS
<i>halobetasol propionate topical cream</i>	2	EDS
<i>halobetasol propionate topical ointment</i>	2	EDS
<i>hydrocortisone butyrate topical cream</i>	2	EDS
<i>hydrocortisone butyrate topical solution</i>	2	EDS
<i>hydrocortisone topical lotion 2.5 %</i>	2	EDS
<i>hydrocortisone topical ointment 2.5 %</i>	2	EDS
<i>hydrocortisone valerate</i>	2	EDS
<i>mometasone topical</i>	2	EDS
<i>pimecrolimus</i>	4	QL (100 GM per 30 days); EDS

Drug Name	Drug Tier	Requirements/ Limits
<i>selenium sulfide topical lotion</i>	2	EDS
<i>tacrolimus topical</i>	4	QL (100 GM per 30 days); EDS
<i>triamcinolone acetonide topical cream</i>	2	EDS
<i>triamcinolone acetonide topical lotion</i>	2	EDS
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	2	EDS
DERMATOLOGICAL AGENTS, OTHER		
<i>calcipotriene scalp</i>	3	EDS
<i>calcipotriene topical cream</i>	4	QL (120 GM per 30 days); EDS
<i>calcipotriene topical ointment</i>	4	QL (120 GM per 30 days); EDS
<i>clotrimazole-betamethasone</i>	2	EDS
<i>diclofenac sodium topical gel 3 %</i>	4	PA; EDS
<i>fluorouracil topical cream 5 %</i>	3	EDS
<i>fluorouracil topical solution</i>	3	EDS
<i>imiquimod topical cream in packet 5 %</i>	3	EDS
<i>methoxsalen</i>	5	
<i>nystatin-triamcinolone</i>	3	EDS
<i>OTEZLA</i>	5	PA; QL (60 EA per 30 days)
<i>podofilox topical solution</i>	2	EDS
<i>REGRANEX</i>	5	PA; QL (30 GM per 30 days)

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Date of last formulary update: 08/22/2025.

Drug Name	Drug Tier	Requirements/Limits
SANTYL	3	QL (90 GM per 30 days); EDS
<i>silver sulfadiazine</i>	2	EDS
<i>ssd</i>	2	EDS
PEDICULICIDES/SCABICIDES		
<i>malathion</i>	4	EDS
<i>permethrin</i>	2	EDS
TOPICAL ANTI-INFECTIVES		
<i>acyclovir topical cream</i>	4	QL (5 GM per 30 days); EDS
<i>acyclovir topical ointment</i>	4	QL (30 GM per 30 days); EDS
<i>ciclopirox</i>	2	EDS
<i>clindamycin phosphate topical gel</i>	3	EDS
<i>clindamycin phosphate topical gel, once daily</i>	3	EDS
<i>clindamycin phosphate topical lotion</i>	2	EDS
<i>clindamycin phosphate topical solution</i>	2	EDS
<i>erythromycin with ethanol topical gel</i>	2	EDS
<i>erythromycin with ethanol topical solution</i>	2	EDS
<i>mupirocin</i>	2	EDS
<i>mupirocin calcium</i>	4	QL (30 GM per 30 days); EDS
ELECTROLYTES/MINERALS/METALS/VITAMINS		
ELECTROLYTE/MINERAL REPLACEMENT		
<i>carglumic acid</i>	5	PA

Drug Name	Drug Tier	Requirements/Limits
<i>CLINISOL SF 15 %</i>	4	B vs D; EDS
<i>d10 %-0.45 % sodium chloride</i>	2	EDS
<i>d2.5 %-0.45 % sodium chloride</i>	2	EDS
<i>d5 % and 0.9 % sodium chloride</i>	2	EDS
<i>d5 %-0.45 % sodium chloride</i>	2	EDS
<i>dextrose 10 % and 0.2 % nacl</i>	2	EDS
<i>dextrose 10 % in water (d10w)</i>	2	EDS
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	2	EDS
<i>dextrose 5%-0.2 % sod chloride</i>	2	EDS
<i>klor-con 10</i>	2	EDS
<i>klor-con 8</i>	2	EDS
<i>klor-con m10</i>	2	EDS
<i>klor-con m15</i>	2	EDS
<i>klor-con m20</i>	2	EDS
<i>klor-con oral packet 20</i>	4	EDS
<i>magnesium sulfate injection</i>	2	EDS
<i>PLENAMINE</i>	2	B vs D; EDS
<i>potassium chlorid-d5-0.45%nacl</i>	2	EDS
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l</i>	2	EDS
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	2	EDS

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Date of last formulary update: 08/22/2025.

Drug Name	Drug Tier	Requirements/ Limits
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 20 meq/100 ml, 40 meq/100 ml</i>	2	EDS
<i>potassium chloride intravenous</i>	2	EDS
<i>potassium chloride oral capsule, extended release</i>	2	EDS
<i>potassium chloride oral liquid</i>	4	EDS
<i>potassium chloride oral packet</i>	4	EDS
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	2	EDS
<i>potassium chloride oral tablet,er particles/crystals</i>	2	EDS
<i>potassium chloride- d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	2	EDS
<i>potassium chloride- d5-0.9%nacl</i>	2	EDS
<i>potassium citrate oral tablet extended release</i>	2	EDS
<i>PROSOL 20 %</i>	4	B vs D; EDS
<i>sodium chloride 0.45 % intravenous</i>	2	EDS
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	2	EDS
<i>sodium chloride 3 % hypertonic</i>	2	EDS
<i>sodium chloride 5 % hypertonic</i>	2	EDS

Drug Name	Drug Tier	Requirements/ Limits
TPN	3	EDS
ELECTROLYTES		
ELECTROLYTE/MINERAL/METAL MODIFIERS		
<i>deferasirox</i>	3	PA; EDS
<i>deferiprone</i>	5	PA
JYNARQUE	5	PA; LD
<i>penicillamine oral tablet</i>	5	
<i>tolvaptan (polycys kidney dis) oral tablets, sequential</i>	5	PA
<i>trientine oral capsule 250 mg</i>	5	
POTASSIUM BINDERS		
<i>kionex (with sorbitol)</i>	2	EDS
LOKELMA	3	EDS
<i>sodium polystyrene sulfonate oral powder</i>	2	EDS
<i>sps (with sorbitol) oral</i>	2	EDS
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	3	EDS
VITAMINS		
<i>prenatal vitamin oral tablet</i>	2	EDS
GASTROINTESTINAL AGENTS		
ANTI-CONSTIPATION AGENTS		
<i>constulose</i>	2	EDS
<i>enulose</i>	2	EDS
<i>generlac</i>	2	EDS

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Date of last formulary update: 08/22/2025.

Drug Name	Drug Tier	Requirements/ Limits
<i>lactulose oral solution</i>	2	EDS
LINZESS	3	EDS
<i>lubiprostone</i>	3	EDS
MOVANTIK	3	EDS
RELISTOR ORAL	5	PA
RELISTOR SUBCUTANEOUS SOLUTION	5	PA
RELISTOR SUBCUTANEOUS SYRINGE	5	PA
TRULANCE	3	EDS
ANTI-DIARRHEAL AGENTS		
<i>alosetron oral tablet 0.5 mg</i>	4	PA; EDS
<i>alosetron oral tablet 1 mg</i>	5	PA
<i>diphenoxylate-atropine</i>	4	EDS
<i>loperamide oral capsule</i>	2	EDS
XERMELO	5	PA
ANTISPASMODICS, GASTROINTESTINAL		
<i>dicyclomine oral capsule</i>	4	PA; EDS
<i>dicyclomine oral solution</i>	4	PA; EDS
<i>dicyclomine oral tablet 20 mg</i>	4	PA; EDS
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	EDS
GASTROINTESTINAL AGENTS, OTHER		
<i>gavilyte-c</i>	2	EDS
<i>gavilyte-g</i>	2	EDS
<i>gavilyte-n</i>	2	EDS

Drug Name	Drug Tier	Requirements/ Limits
<i>metoclopramide hcl oral solution</i>	2	EDS
<i>metoclopramide hcl oral tablet</i>	2	EDS
<i>nitroglycerin rectal</i>	4	EDS
<i>peg 3350-electrolytes</i>	2	EDS
<i>peg 3350-sod sul-nacl-kcl-asb-c</i>	3	EDS
<i>peg 3350-nacl-na bicarbonate-kcl</i>	2	EDS
PLENUVU	3	EDS
<i>sodium,potassium,m ag sulfates</i>	3	EDS
<i>ursodiol oral capsule 300 mg</i>	3	EDS
<i>ursodiol oral tablet</i>	3	EDS
VOWST	5	PA; LD
XIFAXAN ORAL TABLET 200 MG	3	PA; QL (9 EA per 30 days); EDS
XIFAXAN ORAL TABLET 550 MG	5	PA; QL (90 EA per 30 days)
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS		
<i>cimetidine</i>	2	EDS
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	EDS
PROTECTANTS		
<i>misoprostol</i>	2	EDS
<i>sucralfate oral tablet</i>	2	EDS
PROTON PUMP INHIBITORS		
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec)</i>	3	EDS

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Date of last formulary update: 08/22/2025.

Drug Name	Drug Tier	Requirements/ Limits
<i>lansoprazole oral capsule, delayed release (dr/ec)</i>	2	EDS
<i>omeprazole oral capsule, delayed release (dr/ec)</i>	1	EDS
<i>pantoprazole oral tablet, delayed release (dr/ec)</i>	1	EDS
<i>rabeprazole oral tablet, delayed release (dr/ec)</i>	3	EDS
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
<i>betaine</i>	5	
<i>CERDELGA</i>	5	PA
<i>CREON</i>	3	EDS
<i>cromolyn oral</i>	4	EDS
<i>CYSTAGON</i>	3	EDS
<i>L-glutamine</i>	5	PA
<i>nitisinone</i>	5	PA
<i>PROLASTIN-C INTRAVENOUS SOLUTION</i>	5	PA; LD
<i>REVCovi</i>	5	PA; LD
<i>sapropterin</i>	5	
<i>sodium phenylbutyrate</i>	5	
<i>WELIREG</i>	5	PA; LD
GENITOURINARY AGENTS		
ANTISPASMODICS, URINARY		

Drug Name	Drug Tier	Requirements/ Limits
<i>fesoterodine</i>	3	EDS
<i>GEMTESA</i>	4	EDS
<i>MYRBETRIQ</i>	3	EDS
<i>oxybutynin chloride oral syrup</i>	2	EDS
<i>oxybutynin chloride oral tablet 5 mg</i>	2	EDS
<i>oxybutynin chloride oral tablet extended release 24hr</i>	2	EDS
<i>solifenacin</i>	3	EDS
<i>tolterodine oral capsule, extended release 24hr</i>	4	QL (30 EA per 30 days); EDS
<i>trospium oral tablet</i>	2	EDS
BENIGN PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin</i>	2	EDS
<i>doxazosin</i>	2	EDS
<i>dutasteride</i>	3	EDS
<i>dutasteride- tamsulosin</i>	3	EDS
<i>finasteride oral tablet 5 mg</i>	1	EDS
<i>prazosin</i>	2	EDS
<i>tadalafil oral tablet 2.5 mg</i>	4	PA; QL (60 EA per 30 days); EDS
<i>tadalafil oral tablet 5 mg</i>	4	PA; QL (30 EA per 30 days); EDS
<i>tamsulosin</i>	1	EDS
<i>terazosin</i>	1	EDS
GENITOURINARY AGENTS, OTHER		
<i>bethanechol chloride</i>	2	EDS
<i>ELMIRON</i>	4	EDS

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Date of last formulary update: 08/22/2025.

Drug Name	Drug Tier	Requirements/ Limits
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
<i>dexamethasone oral solution</i>	2	EDS
<i>dexamethasone oral tablet</i>	2	EDS
<i>dexamethasone oral tablets,dose pack</i>	2	EDS
<i>fludrocortisone</i>	2	EDS
HEMADY	4	EDS
<i>hydrocortisone oral</i>	2	EDS
MEDROL ORAL TABLET 16 MG, 2 MG, 4 MG, 8 MG	4	B vs D; EDS
<i>methylprednisolone oral tablet</i>	2	B vs D; EDS
<i>methylprednisolone oral tablets,dose pack</i>	2	EDS
ORAPRED ODT	4	B vs D; EDS
<i>prednisolone oral solution</i>	2	B vs D; EDS
<i>prednisolone oral tablet</i>	4	B vs D; EDS
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	2	B vs D; EDS
<i>prednisone intensol</i>	4	B vs D; EDS
<i>prednisone oral solution</i>	2	B vs D; EDS

Drug Name	Drug Tier	Requirements/ Limits
<i>prednisone oral tablet</i>	1	B vs D; EDS
<i>prednisone oral tablets,dose pack</i>	1	EDS
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	4	EDS
<i>desmopressin oral</i>	2	EDS
GENOTROPIN	5	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML	4	PA; EDS
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	5	PA
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT)	5	PA
HUMATROPE INJECTION CARTRIDGE 6 MG (18 UNIT)	4	PA; EDS

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Date of last formulary update: 08/22/2025.

Drug Name	Drug Tier	Requirements/ Limits
INCRELEX	5	PA
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT	5	PA
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
ANDROGENS		
<i>danazol</i>	4	EDS
<i>testosterone cypionate</i>	2	EDS
<i>testosterone enanthate</i>	2	EDS
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %), 20.25 mg/1.25 gram (1.62 %)</i>	3	EDS
<i>testosterone transdermal gel in packet</i>	3	EDS
ESTROGENS		
<i>abigale lo</i>	2	EDS
<i>altavera (28)</i>	2	EDS
<i>alyacen 1/35 (28)</i>	2	EDS
<i>apri</i>	2	EDS
<i>aranelle (28)</i>	2	EDS
<i>aubra eq</i>	2	EDS
<i>aviane</i>	2	EDS
<i>azurette (28)</i>	2	EDS
<i>blisovi fe 1.5/30 (28)</i>	2	EDS
<i>briellyn</i>	2	EDS
<i>cyred eq</i>	2	EDS

Drug Name	Drug Tier	Requirements/ Limits
<i>dotti</i>	2	EDS
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	2	EDS
<i>eluryng</i>	3	EDS
<i>enilloring</i>	3	EDS
<i>enskyce</i>	2	EDS
<i>estarylla</i>	2	EDS
<i>estradiol oral</i>	2	EDS
<i>estradiol transdermal patch semiweekly</i>	2	EDS
<i>estradiol transdermal patch weekly</i>	2	EDS
<i>estradiol vaginal</i>	2	EDS
<i>estradiol-norethindrone acet</i>	2	EDS
ESTRING	3	EDS
<i>etonogestrel-ethinyl estradiol</i>	3	EDS
<i>falmina (28)</i>	2	EDS
<i>feirza</i>	2	EDS
<i>fyavolv</i>	2	EDS
<i>haloette</i>	3	EDS
IMVEXXY MAINTENANCE PACK	3	EDS
IMVEXXY STARTER PACK	3	EDS
<i>introvale</i>	2	EDS
<i>isibloom</i>	2	EDS
<i>jasmiel (28)</i>	2	EDS
<i>jintelii</i>	2	EDS
<i>juleber</i>	2	EDS
<i>junel 1.5/30 (21)</i>	2	EDS
<i>junel 1/20 (21)</i>	2	EDS

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Date of last formulary update: 08/22/2025.

Drug Name	Drug Tier	Requirements/ Limits
junel fe 1/20 (28)	2	EDS
kariva (28)	2	EDS
kelnor 1/35 (28)	2	EDS
kelnor 1/50 (28)	2	EDS
kurvelo (28)	2	EDS
<i>I norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	2	EDS
larin 1.5/30 (21)	2	EDS
larin 1/20 (21)	2	EDS
larin fe 1.5/30 (28)	2	EDS
larin fe 1/20 (28)	2	EDS
levonest (28)	2	EDS
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg</i>	2	EDS
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i>	2	EDS
levonorg-eth estrad triphasic	2	EDS
levora-28	2	EDS
loryna (28)	2	EDS
low-ogestrel (28)	2	EDS
lyllana	2	EDS
marlissa (28)	2	EDS
microgestin 1.5/30 (21)	2	EDS
microgestin 1/20 (21)	2	EDS
microgestin fe 1.5/30 (28)	2	EDS
microgestin fe 1/20 (28)	2	EDS

Drug Name	Drug Tier	Requirements/ Limits
milii	2	EDS
mimvey	2	EDS
necon 0.5/35 (28)	2	EDS
nikki (28)	2	EDS
<i>norelgestromin-ethin.estradiol</i>	3	EDS
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	2	EDS
<i>norgestimate-ethinyl estradiol</i>	2	EDS
nylia 1/35 (28)	2	EDS
nylia 7/7/7 (28)	2	EDS
pimtrea (28)	2	EDS
PREMARIN ORAL	3	EDS
PREMARIN VAGINAL	3	EDS
PREMPHASE	3	EDS
PREMPRO	3	EDS
reclipsen (28)	2	EDS
setlakin	2	EDS
tarina fe 1-20 eq (28)	2	EDS
tri-estarrylla	2	EDS
tri-lo-estarrylla	2	EDS
tri-lo-sprintec	2	EDS
tri-mili	2	EDS
tri-sprintec (28)	2	EDS
tri-vylibra	2	EDS
tri-vylibra lo	2	EDS
turqoz (28)	2	EDS
valtya	2	EDS
<i>velivet triphasic regimen (28)</i>	2	EDS
vestura (28)	2	EDS

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Date of last formulary update: 08/22/2025.

Drug Name	Drug Tier	Requirements/ Limits
vienna	2	EDS
vyfemla (28)	2	EDS
vylibra	2	EDS
wymzya fe	2	EDS
xulane	3	EDS
yuvafem	2	EDS
zafemy	3	EDS
zovia 1-35 (28)	2	EDS
PROGESTINS		
deblitane	2	EDS
DEPO-SUBQ PROVERA 104	3	EDS
gallifrey	2	EDS
heather	2	EDS
incassia	2	EDS
LILETTA	3	EDS
lyeq	2	EDS
lyza	2	EDS
medroxyprogesterone	2	EDS
megestrol oral suspension 400 mg/10 ml (40 mg/ml)	2	EDS
megestrol oral tablet	2	EDS
meleya	2	EDS
NEXPLANON	3	EDS
norethindrone (contraceptive)	2	EDS
norethindrone acetate	2	EDS
progesterone micronized	2	EDS
sharobel	2	EDS
SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS		
DUAVEE	3	EDS

Drug Name	Drug Tier	Requirements/ Limits
raloxifene	3	EDS
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
CYTOMEL	3	EDS
levothyroxine oral tablet	1	EDS
levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	EDS
liothyronine oral	2	EDS
REZDIFRA	5	PA; QL (30 EA per 30 days)
SYNTHROID	3	EDS
unithroid	1	EDS
HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		
HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		
cabergoline	2	EDS
ELIGARD	4	PA; EDS
ELIGARD (3 MONTH)	4	PA; EDS
ELIGARD (4 MONTH)	4	PA; EDS
ELIGARD (6 MONTH)	4	PA; EDS
leuprolide subcutaneous kit	4	PA; EDS

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Date of last formulary update: 08/22/2025.

Drug Name	Drug Tier	Requirements/ Limits
LUPRON DEPOT	5	PA
LUPRON DEPOT (3 MONTH)	5	PA
LUPRON DEPOT (4 MONTH)	5	PA
LUPRON DEPOT (6 MONTH)	5	PA
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	5	PA
LUPRON DEPOT-PED INTRAMUSCULAR KIT 7.5 MG (PED)	5	PA
<i>mifepristone oral tablet 300 mg</i>	5	PA
<i>octreotide acetate injection solution 1,000 mcg/ml</i>	5	PA
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	4	PA; EDS
ORGOVYX	5	PA; LD
SIGNIFOR	5	PA
SOMAVERT	5	PA
SYNAREL	4	EDS
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	4	PA; EDS
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	2	EDS
<i>propylthiouracil</i>	2	EDS

Drug Name	Drug Tier	Requirements/ Limits
IMMUNOLOGICAL AGENTS		
ANGIOEDEMA AGENTS		
CINRYZE	5	PA
<i>icatibant</i>	5	PA; QL (18 ML per 30 days)
<i>sajazir</i>	5	PA
IMMUNOGLOBULINS		
GAMMAGARD LIQUID	5	B vs D
GAMMAGARD S-D (IGA < 1 MCG/ML)	5	B vs D
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	5	B vs D
IMMUNOLOGICAL AGENTS, OTHER		
ARCALYST	5	PA
BENLYSTA SUBCUTANEOUS	5	PA
COSENTYX (2 SYRINGES)	5	PA; QL (10 ML per 28 days)
COSENTYX PEN (2 PENS)	5	PA; QL (10 ML per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; QL (2.5 ML per 28 days)
COSENTYX UNOREADY PEN	5	PA; QL (10 ML per 28 days)
DUPIXENT SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	5	PA; QL (3.42 ML per 28 days)
DUPIXENT SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5	PA; QL (8 ML per 28 days)

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Date of last formulary update: 08/22/2025.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	5	PA; QL (3.42 ML per 28 days)	SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	3	PA; QL (0.5 ML per 28 days); EDS
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	5	PA; QL (8 ML per 28 days)	SELARSDI SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; QL (1 ML per 28 days)
KINERET	5	PA; QL (20.1 ML per 30 days)	SKYRIZI SUBCUTANEOUS PEN INJECTOR	5	PA; QL (2 ML per 28 days)
ORENCIA CLICKJECT	5	PA; QL (4 ML per 28 days)	SKYRIZI SUBCUTANEOUS SYRINGE	5	PA; QL (2 ML per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	5	PA; QL (4 ML per 28 days)	SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	5	PA; QL (1.2 ML per 56 days)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	5	PA; QL (1.6 ML per 28 days)	SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	5	PA; QL (2.4 ML per 56 days)
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	5	PA; QL (2.8 ML per 28 days)	STELARA SUBCUTANEOUS SOLUTION	5	PA; QL (0.5 ML per 28 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)- 20 MG (4)-30 MG (47)	5	PA; QL (55 EA per 180 days)	STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	5	PA; QL (0.5 ML per 28 days)
RIDAURA	3	EDS	STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; QL (1 ML per 28 days)
RINVOQ LQ	5	PA; QL (360 ML per 30 days)	TREMFYA PEN INDUCTION PK- CROHN	5	PA; QL (12 ML per 180 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	5	PA; QL (30 EA per 30 days)	TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	5	PA; QL (2 ML per 28 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	5	PA; QL (84 EA per 180 days)			

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Date of last formulary update: 08/22/2025.

Drug Name	Drug Tier	Requirements/ Limits
TREMFYA SUBCUTANEOUS	5	PA; QL (2 ML per 28 days)
TYENNE AUTOINJECTOR	5	PA; QL (3.6 ML per 28 days)
TYENNE SUBCUTANEOUS	5	PA; QL (3.6 ML per 28 days)
USTEKINUMAB SUBCUTANEOUS SOLUTION	5	PA; QL (0.5 ML per 28 days)
USTEKINUMAB SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	5	PA; QL (0.5 ML per 28 days)
USTEKINUMAB SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; QL (1 ML per 28 days)
XELJANZ ORAL SOLUTION	5	PA; QL (300 ML per 30 days)
XELJANZ ORAL TABLET	5	PA; QL (60 EA per 30 days)
XELJANZ XR	5	PA; QL (30 EA per 30 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML	5	PA; QL (8 ML per 28 days); LD
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	5	PA; QL (1 ML per 28 days); LD
XOLAIR SUBCUTANEOUS RECON SOLN	5	PA; QL (8 EA per 28 days); LD
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML	5	PA; QL (8 ML per 28 days); LD

Drug Name	Drug Tier	Requirements/ Limits
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; QL (1 ML per 28 days); LD
YESINTEK SUBCUTANEOUS SOLUTION	3	PA; QL (0.5 ML per 28 days); EDS
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	3	PA; QL (0.5 ML per 28 days); EDS
YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; QL (1 ML per 28 days)
IMMUNOSTIMULANTS		
ACTIMMUNE	5	PA
BESREMI	5	PA; LD
PEGASYS SUBCUTANEOUS SOLUTION	5	PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL	4	B vs D; EDS
AZASAN	4	B vs D; EDS
<i>azathioprine oral tablet 100 mg, 75 mg</i>	4	B vs D; EDS
<i>azathioprine oral tablet 50 mg</i>	2	B vs D; EDS
CELLCEPT ORAL CAPSULE	4	B vs D; EDS
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION	5	B vs D
CELLCEPT ORAL TABLET	5	B vs D
<i>cyclosporine modified</i>	2	B vs D; EDS
<i>cyclosporine oral capsule</i>	3	B vs D; EDS

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Date of last formulary update: 08/22/2025.

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ENBREL MINI	5	PA; QL (8 ML per 28 days)	HUMIRA(CF) SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; QL (2 EA per 28 days)
ENBREL SUBCUTANEOUS SOLUTION	5	PA; QL (8 ML per 28 days)	HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	5	PA; QL (2 EA per 28 days)
ENBREL SUBCUTANEOUS SYRINGE	5	PA; QL (8 ML per 28 days)	HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	5	PA; QL (4 EA per 28 days)
ENBREL SURECLICK	5	PA; QL (8 ML per 28 days)	IMURAN	4	B vs D; EDS
ENVARSUS XR	4	B vs D; EDS	JYlamvo	4	EDS
everolimus (immunosuppressive) oral tablet 0.25 mg	4	B vs D; EDS	leflunomide	2	QL (30 EA per 30 days); EDS
everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg	5	B vs D	methotrexate sodium	2	EDS
gengraf oral capsule	2	B vs D; EDS	methotrexate sodium (pf) injection solution	2	EDS
HADLIMA	5	PA; QL (8 ML per 28 days)	mycophenolate mofetil oral capsule	2	B vs D; EDS
HADLIMA PUSHTOUCH	5	PA; QL (8 ML per 28 days)	mycophenolate mofetil oral suspension for reconstitution	5	B vs D
HADLIMA(CF)	5	PA; QL (4 ML per 28 days)	mycophenolate mofetil oral tablet	2	B vs D; EDS
HADLIMA(CF) PUSHTOUCH	5	PA; QL (4 ML per 28 days)	mycophenolate sodium	4	B vs D; EDS
HUMIRA PEN	5	PA; QL (4 EA per 28 days)	MYFORTIC	4	B vs D; EDS
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; QL (4 EA per 28 days)	MYHIBBIN	4	B vs D; EDS
HUMIRA(CF) PEN CROHNS-UC-HS	5	PA; QL (3 EA per 180 days)	NEORAL	4	B vs D; EDS
HUMIRA(CF) PEN PSOR-UV-ADOL HS	5	PA; QL (3 EA per 180 days)	PEGASYS SUBCUTANEOUS SYRINGE	5	PA
HUMIRA(CF) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	5	PA; QL (4 EA per 28 days)	PROGRAF ORAL	4	B vs D; EDS
			SANDIMMUNE ORAL CAPSULE	4	B vs D; EDS

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Date of last formulary update: 08/22/2025.

Drug Name	Drug Tier	Requirements/ Limits
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	5	PA; QL (4 EA per 28 days)
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	5	PA; QL (3 EA per 28 days)
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML	5	PA; QL (2 EA per 28 days)
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	5	PA; QL (4 EA per 28 days)
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	5	PA; QL (3 EA per 28 days)
<i>sirolimus</i>	4	B vs D; EDS
<i>tacrolimus oral capsule 0.5 mg, 1 mg</i>	3	B vs D; EDS
<i>tacrolimus oral capsule 5 mg</i>	4	B vs D; EDS
VACCINES		
ABRYSVO (PF)	3	EDS
ACTHIB (PF)	3	EDS
ADACEL(TDAP ADOLESN/ADULT)(PF)	3	EDS
AREXVY (PF)	3	EDS
BCG VACCINE, LIVE (PF)	3	EDS
BEXZERO	3	EDS
BOOSTRIX TDAP	3	EDS
DAPTACEL (DTAP PEDIATRIC) (PF)	3	EDS

Drug Name	Drug Tier	Requirements/ Limits
ENGERIX-B (PF)	3	B vs D; EDS
ENGERIX-B PEDIATRIC (PF)	3	B vs D; EDS
GARDASIL 9 (PF)	4	EDS
HAVRIX (PF)	3	EDS
HEPLISAV-B (PF)	3	B vs D; EDS
HIBERIX (PF)	3	EDS
IMOVAX RABIES VACCINE (PF)	3	EDS
INFANRIX (DTAP) (PF)	3	EDS
IPOL	3	EDS
IXCHIQ (PF)	3	EDS
IXIARO (PF)	4	EDS
JYNNEOS (PF)	3	B vs D; EDS
KINRIX (PF)	3	EDS
MENQUADFI (PF)	3	EDS
MENVEO A-C-Y-W- 135-DIP (PF) INTRAMUSCULAR KIT	3	EDS
M-M-R II (PF)	3	EDS
MRESVIA (PF)	3	EDS
PEDIARIX (PF)	3	EDS
PEDVAX HIB (PF)	3	EDS
PENBRAYA (PF)	3	EDS
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG- 5LF- 62 DU/0.5 ML	3	EDS
PRIORIX (PF)	3	EDS
PROQUAD (PF)	3	EDS
QUADRACEL (PF)	3	EDS
RABAVERT (PF)	3	EDS
RECOMBIVAX HB (PF)	3	B vs D; EDS

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Date of last formulary update: 08/22/2025.

Drug Name	Drug Tier	Requirements/ Limits
ROTARIX ORAL SUSPENSION	3	EDS
ROTATEQ VACCINE	3	EDS
SHINGRIX (PF)	3	EDS
TENIVAC (PF)	3	EDS
TICOVAC	4	EDS
TRUMENBA	3	EDS
TWINRIX (PF)	3	EDS
TYPHIM VI	3	EDS
VAQTA (PF)	3	EDS
VARIVAX (PF)	3	EDS
VAXCHORA VACCINE	3	EDS
VIMKUNYA	3	EDS
VIVOTIF	3	EDS
YF-VAX (PF)	3	EDS

INFLAMMATORY BOWEL DISEASE AGENTS

AMINOSALICYLATES

balsalazide	3	EDS
mesalamine dr oral capsule	4	EDS
mesalamine oral capsule, extended release	4	QL (240 EA per 30 days); EDS
mesalamine oral capsule,extended release 24hr	4	QL (120 EA per 30 days); EDS
mesalamine oral tablet,delayed release (dr/ec)	4	EDS
mesalamine rectal	4	EDS
sulfasalazine	2	EDS

GLUCOCORTICOIDS

Drug Name	Drug Tier	Requirements/ Limits
<i>budesonide oral capsule,delayed,ext end.release</i>	4	PA; EDS
<i>budesonide oral tablet,delayed and ext.release</i>	5	PA
<i>hydrocortisone rectal</i>	2	EDS
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i>	2	EDS
<i>procto-med hc</i>	2	EDS
<i>proctosol hc topical</i>	2	EDS
<i>proctozone-hc</i>	2	EDS
METABOLIC BONE DISEASE AGENTS		
METABOLIC BONE DISEASE AGENTS		
<i>alendronate oral tablet 10 mg, 35 mg, 70 mg</i>	1	EDS
BONSITY	5	PA
<i>calcitonin (salmon) nasal</i>	2	EDS
<i>calcitriol oral capsule</i>	2	B vs D; EDS
<i>cinacalcet</i>	4	B vs D; EDS
<i>doxercalciferol oral</i>	4	B vs D; EDS
<i>ibandronate oral</i>	2	EDS
JUBBONTI	4	PA; EDS
<i>paricalcitol oral</i>	3	B vs D; EDS
PROLIA	4	PA; EDS
RAYALDEE	5	
<i>risedronate</i>	3	EDS
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (560MCG/2.24ML)	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Date of last formulary update: 08/22/2025.

Drug Name	Drug Tier	Requirements/ Limits
TYMLOS	5	PA
WYOST	5	PA
XGEVA	5	PA

MISCELLANEOUS THERAPEUTIC AGENTS

MISCELLANEOUS THERAPEUTIC AGENTS

alcohol pads	2	PA; EDS
NOVO PEN NEEDLE	2	PA; EDS
GAUZE PADS 2 X 2	2	PA; EDS
EMBECTA INSULIN SYRINGE	2	PA; EDS
<i>intralipid intravenous emulsion 20 %</i>	4	B vs D; EDS
INTRALIPID INTRAVENOUS EMULSION 30 %	4	B vs D; EDS
levocarnitine (with sugar)	2	B vs D; EDS
levocarnitine oral tablet	2	B vs D; EDS
EMBECTA PEN NEEDLE	2	PA; EDS
sodium chloride irrigation	2	EDS

OPHTHALMIC AGENTS

OPHTHALMIC AGENTS, OTHER

atropine ophthalmic (eye) drops 1 %	2	EDS
bacitracin-polymyxin b	2	EDS
brimonidine-timolol	4	EDS
cyclosporine ophthalmic (eye)	3	EDS
CYSTARAN	5	
dorzolamide-timolol	2	EDS

Drug Name	Drug Tier	Requirements/ Limits
<i>neomycin-bacitracin-poly-hc</i>	2	EDS
<i>neomycin-bacitracin-polymyxin</i>	2	EDS
<i>neomycin-polymyxin b-dexameth</i>	2	EDS
<i>neomycin-polymyxin-gramicidin</i>	2	EDS
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	2	EDS
<i>neo-polycin</i>	2	EDS
<i>neo-polycin hc</i>	2	EDS
<i>polycin</i>	2	EDS
<i>polymyxin b sulf-trimethoprim</i>	2	EDS
ROCKLATAN	3	EDS
SIMBRINZA	4	EDS
<i>sulfacetamide-prednisolone</i>	2	EDS
TOBRADEX OPHTHALMIC (EYE) OINTMENT	3	EDS
<i>tobramycin-dexamethasone</i>	2	EDS
XiIDRA	3	EDS

OPHTHALMIC ANTI-ALLERGY AGENTS

<i>azelastine ophthalmic (eye)</i>	2	EDS
<i>cromolyn ophthalmic (eye)</i>	2	EDS

OPHTHALMIC ANTI-INFECTIVES

AZASITE	3	EDS
<i>bacitracin ophthalmic (eye)</i>	2	EDS
<i>ciprofloxacin hcl ophthalmic (eye)</i>	2	EDS

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Date of last formulary update: 08/22/2025.

Drug Name	Drug Tier	Requirements/ Limits
<i>erythromycin ophthalmic (eye)</i>	2	EDS
<i>gentamicin ophthalmic (eye) drops</i>	2	EDS
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	3	EDS
<i>moxifloxacin ophthalmic (eye) drops</i>	2	EDS
<i>ofloxacin ophthalmic (eye)</i>	2	EDS
<i>sulfacetamide sodium ophthalmic (eye)</i>	2	EDS
<i>tobramycin ophthalmic (eye)</i>	2	EDS
<i>trifluridine</i>	2	EDS
XDEMVY	5	PA; QL (10 ML per 42 days)
ZIRGAN	4	EDS
OPHTHALMIC ANTI-INFLAMMATORIES		
<i>bromfenac ophthalmic (eye) drops 0.07 %, 0.075 %</i>	4	EDS
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	3	EDS
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	2	EDS
<i>diclofenac sodium ophthalmic (eye)</i>	2	EDS
<i>diloprednate</i>	3	EDS
<i>fluorometholone</i>	2	EDS
<i>ketorolac ophthalmic (eye)</i>	2	EDS

Drug Name	Drug Tier	Requirements/ Limits
<i>LOTEMAX OPHTHALMIC (EYE) OINTMENT</i>	4	EDS
<i>LOTEMAX SM</i>	4	EDS
<i>PRED MILD</i>	3	EDS
<i>prednisolone acetate</i>	2	EDS
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	2	EDS
OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS		
<i>betaxolol ophthalmic (eye)</i>	2	EDS
<i>carteolol</i>	1	EDS
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	2	EDS
<i>timolol maleate ophthalmic (eye) drops (not single use)</i>	1	EDS
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	2	EDS
OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER		
<i>acetazolamide</i>	2	EDS
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %</i>	4	EDS
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	2	EDS
<i>dorzolamide</i>	2	EDS
<i>methazolamide</i>	4	EDS
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	2	EDS
RHOPRESSA	3	EDS

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Date of last formulary update: 08/22/2025.

Drug Name	Drug Tier	Requirements/ Limits
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS		
bimatoprost <i>ophthalmic</i> (eye)	3	EDS
latanoprost	1	EDS
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	EDS
travoprost	3	EDS
VYZULTA	4	EDS
OTIC AGENTS		
OTIC AGENTS		
CIPRO HC	4	EDS
ciprofloxacin hcl otic (ear)	4	EDS
ciprofloxacin-dexamethasone	4	EDS
fluocinolone acetonide oil	3	EDS
hydrocortisone-acetic acid	2	EDS
neomycin-polymyxin-hc otic (ear)	2	EDS
ofloxacin otic (ear)	2	EDS
RESPIRATORY TRACT/PULMONARY AGENTS		
ANTIHISTAMINES		
azelastine nasal spray,non-aerosol 137 mcg (0.1 %)	2	EDS
cypheptadine	4	EDS
desloratadine oral tablet	2	EDS
hydroxyzine hcl oral tablet	4	PA; EDS

Drug Name	Drug Tier	Requirements/ Limits
hydroxyzine pamoate	4	PA; EDS
levocetirizine	2	EDS
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS		
ALVESCO	3	EDS
ARNUITY ELLIPTA	3	EDS
ASMANEX HFA	3	EDS
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	3	EDS
budesonide inhalation	4	B vs D; EDS
flunisolide	2	QL (50 ML per 30 days); EDS
fluticasone propionate nasal	2	QL (32 GM per 30 days); EDS
mometasone nasal	3	QL (51 GM per 30 days); EDS
PULMICORT	4	B vs D; EDS
PULMICORT FLEXHALER	3	EDS
QVAR REDIHALER	3	EDS
ANTILEUKOTRIENES		
montelukast	2	EDS
zafirlukast	2	QL (60 EA per 30 days); EDS
BRONCHODILATORS, ANTICHOLINERGIC		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Date of last formulary update: 08/22/2025.

Drug Name	Drug Tier	Requirements/ Limits
ATROVENT HFA	3	QL (25.8 GM per 30 days); EDS
<i>ipratropium bromide inhalation</i>	2	B vs D; EDS
<i>ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %)</i>	2	QL (30 ML per 30 days); EDS
<i>ipratropium bromide nasal spray, non-aerosol 42 mcg (0.06 %)</i>	2	QL (15 ML per 30 days); EDS
SPIRIVA RESPIMAT	3	QL (4 GM per 30 days); EDS
YUPELRI	5	B vs D
BRONCHODILATORS, SYMPATHOMIMETIC		
<i>albuterol sulfate hfa inhaler 8.5 gm</i>	2	QL (17 GM per 30 days); EDS
<i>albuterol sulfate hfa inhaler 6.7 gm</i>	2	QL (13.4 GM per 30 days); EDS
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml</i>	2	B vs D; EDS
<i>albuterol sulfate oral syrup</i>	2	EDS
<i>albuterol sulfate oral tablet</i>	4	EDS
<i>arformoterol</i>	4	B vs D; EDS
BROVANA	4	B vs D; EDS
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	3	EDS
EPINEPHRINE INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	3	EDS

Drug Name	Drug Tier	Requirements/ Limits
<i>formoterol fumarate</i>	4	B vs D; EDS
<i>levalbuterol hcl</i>	2	B vs D; EDS
LEVALBUTEROL TARTRATE	4	EDS
PERFOROMIST	5	B vs D
PROAIR RESPICLICK	3	EDS
SEREVENT DISKUS	3	EDS
STRIVERDI RESPIMAT	3	EDS
<i>terbutaline oral</i>	4	EDS
CYSTIC FIBROSIS AGENTS		
BETHKIS	5	B vs D
CAYSTON	5	PA; LD
KALYDECO	5	PA
KITABIS PAK	5	B vs D
ORKAMBI	5	PA
PULMOZYME	5	B vs D
TOBI	5	B vs D
TOBI PODHALER	5	
<i>tobramycin in 0.225 % nacl</i>	5	B vs D
<i>tobramycin inhalation</i>	5	B vs D
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	5	PA; QL (56 EA per 28 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL	5	PA; QL (84 EA per 28 days)
MAST CELL STABILIZERS		
<i>cromolyn inhalation</i>	3	B vs D; EDS
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE		
OHTUVAYRE	5	B vs D

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Date of last formulary update: 08/22/2025.

Drug Name	Drug Tier	Requirements/ Limits
roflumilast	3	EDS
theophylline oral tablet extended release 12 hr	4	EDS
theophylline oral tablet extended release 24 hr	4	EDS
PULMONARY ANTIHYPERTENSIVES		
ADEMPAS	5	PA; LD
alyq	5	PA
ambrisentan	5	PA; LD
bosentan oral tablet	5	PA; LD
OPSUMIT	5	PA; LD
sildenafil (pulm.hypertension) oral tablet 20 mg	3	PA; EDS
tadalafil (pulmonary arterial hypertension) oral tablet 20 mg	4	PA; EDS
TRACLEER ORAL TABLET FOR SUSPENSION	5	PA; LD
UPTRAVI ORAL	5	PA
WINREVAIR	5	PA; QL (1 EA per 21 days)
PULMONARY FIBROSIS AGENTS		
OFEV	5	PA; QL (60 EA per 30 days)
pirfenidone oral capsule	5	PA; QL (270 EA per 30 days)
pirfenidone oral tablet 267 mg	5	PA; QL (270 EA per 30 days)
PIRFENIDONE ORAL TABLET 534 MG	5	PA; QL (90 EA per 30 days)
pirfenidone oral tablet 801 mg	5	PA; QL (90 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
RESPIRATORY TRACT AGENTS, OTHER		
acetylcysteine	2	B vs D; EDS
ADVAIR HFA	3	EDS
ANORO ELLIPTA	3	EDS
BEVESPI AEROSPHERE	3	EDS
BREO ELLIPTA	3	EDS
breyna	4	QL (10.3 GM per 30 days); EDS
BREZTRI AEROSPHERE	3	QL (10.7 GM per 30 days); EDS
budesonide-formoterol	4	QL (10.2 GM per 30 days); EDS
COMBIVENT RESPIMAT	3	QL (8 GM per 30 days); EDS
DULERA	3	EDS
FASENRA PEN	5	PA; QL (1 ML per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	5	PA; QL (0.5 ML per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	5	PA; QL (1 ML per 28 days)
fluticasone propionate-salmeterol inhalation blister with device	3	QL (60 EA per 30 days); EDS
ipratropium-albuterol	2	B vs D; EDS
STIOLTO RESPIMAT	3	EDS
TRELEGY ELLIPTA	3	QL (60 EA per 30 days); EDS
wixela inhuf	3	QL (60 EA per 30 days); EDS
SKELETAL MUSCLE RELAXANTS		

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Date of last formulary update: 08/22/2025.

Drug Name	Drug Tier	Requirements/ Limits
SKELETAL MUSCLE RELAXANTS		
<i>carisoprodol oral tablet 350 mg</i>	2	EDS
<i>chlorzoxazone oral tablet 500 mg</i>	2	EDS
<i>cyclobenzaprine oral tablet</i>	2	PA; EDS
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	2	EDS
SLEEP DISORDER AGENTS		
SLEEP PROMOTING AGENTS		

Drug Name	Drug Tier	Requirements/ Limits
<i>ramelteon</i>	3	QL (30 EA per 30 days); EDS
<i>tasimelteon</i>	5	PA
<i>temazepam</i>	4	PA; EDS
<i>zolpidem oral tablet</i>	2	EDS
WAKEFULNESS PROMOTING AGENTS		
<i>armodafinil</i>	3	PA; EDS
<i>modafinil</i>	3	PA; EDS
<i>XYWAV</i>	5	PA; LD

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Date of last formulary update: 08/22/2025.

Index

A	
abacavir	18
abacavir-lamivudine	18
ABELCET	10
abigale lo	37
ABILIFY ASIMTUFII	16
ABILIFY MAINTENA	16
abiraterone	12
abirtega	12
ABRYSVO (PF)	44
acamprosate	2
acarbose	20
accutane	29
acebutolol	25
acetaminophen-codeine	1
acetazolamide	47
acetylcysteine	50
acitretin	30
ACTHIB (PF)	44
ACTIMMUNE	42
acyclovir	17, 18, 32
acyclovir sodium	18
ADACEL(TDAP ADOLESN/ADULT)(PF)	44
adapalene	30
adefovir	17
ADEMPAS	50
ADVAIR HFA	50
AIMOVIG AUTOINJECTOR	11
AKEEGA	12
albendazole	15
albuterol sulfate	49
alclometasone	30
alcohol pads	46
ALECENSA	13
alendronate	45
alfuzosin	35
alisikiren	26
allopurinol	10
alosetron	34
alprazolam	20
altavera (28)	37
ALTRENO	30
ALUNBRIG	13
ALVESCO	48
alyacen 1/35 (28)	37
alyq	50
amantadine hcl	19
AMBISOME	10
ambrisentan	50
amikacin	3
amiloride	26
amiloride-hydrochlorothiazide	26
amiodarone	24
amitriptyline	9
amlodipine	25
amlodipine-atorvastatin	26
amlodipine-benazepril	26
amlodipine-olmesartan	26
amlodipine-valsartan	26
amlodipine-valsartan-hcthiazid	26
ammonium lactate	30
amnesteem	30
amoxapine	9
amoxicillin	4
amoxicillin-pot clavulanate	4, 5
amphotericin b	10
amphotericin b liposome	10
ampicillin	5
ampicillin sodium	5
ampicillin-sulbactam	5
anagrelide	23
anastrozole	13
ANORO ELLIPTA	50
apomorphine	15
aprepitant	10
apri	37
APTIOM	7
APTIVUS	19
aranelle (28)	37
ARCALYST	40
AREXVY (PF)	44
arformoterol	49
ARIKAYCE	3
aripiprazole	16
ARISTADA	16
ARISTADA INITIO	16
armodafinil	51
ARNUITY ELLIPTA	48
asenapine maleate	16
ASMANEX HFA	48
ASMANEX TWISTHALER	48
aspirin-dipyridamole	24
ASSURE ID INSULIN SAFETY	46
ASTAGRAF XL	42
atazanavir	19
atenolol	25
atenolol-chlorthalidone	26
atomoxetine	28
atorvastatin	27
atovaquone	15
atovaquone-proguanil	15
atropine	46
ATROVENT HFA	49
aubra eq	37
AUGTYRO	13
AUSTEDO	28
AUSTEDO XR	28, 29
AUSTEDO XR TITRATION KT(WK1-4)	29
AUVELITY	8
aviane	37
AVMAPKI-FAKZYNJA	12
AVONEX	29
AYVAKIT	13
AZASAN	42
AZASITE	46
azathioprine	42
azelastine	46, 48
azithromycin	5
aztreonam	3
azurette (28)	37
B	
bacitracin	46
bacitracin-polymyxin b	46
baclofen	17
balsalazide	45
BALVERSA	13
BARACLUDE	17
BCG VACCINE, LIVE (PF)	44
benazepril	24
benazepril-hydrochlorothiazide	26
BENLYSTA	40
benztropine	15
BESREMI	42
betaine	35
betamethasone dipropionate	30
betamethasone valerate	30
betamethasone, augmented	30
BETASERON	29
betaxolol	47
bethanechol chloride	35
BETHKIS	49
BEVESPI AEROSPHERE	50
bexarotene	15
BEXSERO	44
bicalutamide	12
BICILLIN L-A	5
BIKTARVY	18

Date of last formulary update: 08/22/2025.

<i>bimatoprost</i>	48	CAYSTON	49	<i>clorazepate dipotassium</i>	20
<i>bisoprolol fumarate</i>	25	<i>cefaclor</i>	4	<i>clotrimazole</i>	10
<i>bisoprolol-hydrochlorothiazide</i>	26	<i>cefadroxil</i>	4	<i>clotrimazole-betamethasone</i>	31
<i>blisovi fe 1.5/30 (28)</i>	37	<i>cefazolin</i>	4	<i>clozapine</i>	17
BONSITY	45	<i>cefdinir</i>	4	COARTEM	15
BOOSTRIX TDAP	44	<i>cefepime</i>	4	COBENFY	29
<i>bosentan</i>	50	<i>cefixime</i>	4	COBENFY STARTER PACK	
BOSULIF	13	<i>cefoxitin</i>	4		29
BRAFTOVI	13	<i>cefpodoxime</i>	4	<i>codeine sulfate</i>	1
BREO ELLIPTA	50	<i>cefprozil</i>	4	<i>colchicine</i>	11
<i>breyna</i>	50	<i>ceftazidime</i>	4	<i>colesevelam</i>	27
BREZTRI AEROSPHERE	50	<i>ceftriaxone</i>	4	<i>colestipol</i>	27
<i>briellyn</i>	37	<i>cefuroxime axetil</i>	4	<i>colistimethate inj</i>	3
<i>brimonidine</i>	47	<i>cefuroxime sodium</i>	4	COMBIVENT RESPIMAT	50
<i>brimonidine-timolol</i>	46	<i>celecoxib</i>	1	COMETRIQ	13
BRIVIACT	6	CELLCEPT	42	COMPLERA	18
<i>bromfenac</i>	47	<i>cephalexin</i>	4	<i>compro</i>	9
<i>bromocriptine</i>	15	CERDELGA	35	<i>constulose</i>	33
BROVANA	49	<i>cevimeline</i>	29	COPAXONE	29
BRUKINSA	13	<i>chlorhexidine gluconate</i>	29	COPIKTRA	13
<i>budesonide</i>	45, 48	<i>chloroquine phosphate</i>	15	COSENTYX	40
<i>budesonide-formoterol</i>	50	<i>chlorpromazine</i>	15	COSENTYX (2 SYRINGES)	40
<i>bumetanide</i>	26	<i>chlorthalidone</i>	27	COSENTYX PEN (2 PENS)	40
<i>buprenorphine hcl</i>	3	<i>chloroxazone</i>	51	COSENTYX UNOREADY PEN	
<i>buprenorphine-naloxone</i>	3	<i>cholestyramine (with sugar)</i>	27		40
<i>bupropion hcl</i>	8	<i>cholestyramine light</i>	27	COTELLIC	13
BUPROPION HCL	8	<i>ciclopirox</i>	32	CREON	35
<i>bupropion hcl (smoking deter)</i>	3	<i>cilostazol</i>	24	CRESEMBA	10
<i>buspirone</i>	19	CIMDUO	18	<i>cromolyn</i>	35, 46, 49
<i>butorphanol</i>	1	<i>cimetidine</i>	34	<i>cyclobenzaprine</i>	51
C		<i>cinacalcet</i>	45	<i>cyclophosphamide</i>	12
<i>cabergoline</i>	39	CINRYZE	40	CYCLOPHOSPHAMIDE	12
CABOMETYX	13	<i>cipro HC</i>	48	<i>cyclosporine</i>	42, 46
<i>calcipotriene</i>	31	<i>ciprofloxacin hcl</i>	5, 46, 48	<i>cyclosporine modified</i>	42
<i>calcitonin (salmon)</i>	45	<i>ciprofloxacin in 5 % dextrose</i>	.5	<i>cypoheptadine</i>	48
<i>calcitriol</i>	45	<i>ciprofloxacin-dexamethasone</i>		<i>cyred eq</i>	37
CALQUENCE	13	<i>citalopram</i>	9	CYSTAGON	35
<i>candesartan</i>	24	<i>claravis</i>	30	CYSTARAN	46
CAPLYTA	16	<i>clarithromycin</i>	5	CYTOMEL	39
CAPRELSA	13	CLEOCIN	3	D	
<i>captopril</i>	24	<i>clindamycin hcl</i>	3	<i>d10 %-0.45 % sodium chloride</i>	
<i>carbamazepine</i>	7	<i>clindamycin in 5 % dextrose</i>	3		32
CARBAMAZEPINE	7	<i>clindamycin pediatric</i>	3	<i>d2.5 %-0.45 % sodium chloride</i>	
<i>carbidopa</i>	15	<i>clindamycin phosphate</i>	3, 32		32
<i>carbidopa-levodopa</i>	15	CLINISOL SF 15 %	32	<i>d5 % and 0.9 % sodium</i>	
<i>carbidopa-levodopa-</i>		<i>clobazam</i>	6	<i>chloride</i>	32
<i>entacapone</i>	15	<i>clobetasol</i>	30	<i>d5 %-0.45 % sodium chloride</i>	
<i>carglumic acid</i>	32	<i>clobetasol-emollient</i>	30		32
<i>carisoprodol</i>	51	<i>clomipramine</i>	9	<i>dabigatran etexilate</i>	23
<i>carteolol</i>	47	<i>clonazepam</i>	7	<i>dalfampridine</i>	29
<i>cartia xt</i>	25	<i>clonidine hcl</i>	24, 28	<i>danazol</i>	37
<i>carvedilol</i>	25	<i>clonidine transdermal patch</i>	24	DANZITEN	13
<i>caspofungin</i>	10	<i>clopidogrel</i>	24	DAPAGLIFLOZIN	
				PROPANEDIOL	27

Date of last formulary update: 08/22/2025.

dapsone	11
DAPTACEL (DTAP PEDIATRIC) (PF)	44
daptomycin	3
DAPTOMYCIN	3
darunavir	19
dasatinib	13
DAURISMO	13
deblitane	39
deferasirox	33
deferiprone	33
DELSTRIGO	18
demeccycline	6
DEPO-SUBQ PROVERA 104	39
DESCOZY	18
desipramine	9
desloratadine	48
desmopressin	36
desonide	30
desoximetasone	30
DESVENLAFAKINE	9
desvenlafaxine succinate	9
dexamethasone	36
dexamethasone sodium phosphate	47
dexmethylphenidate	28
dextroamphetamine sulfate	28
dextroamphetamine-amphetamine	28
dextrose 10 % and 0.2 % nacl	32
dextrose 10 % in water (d10w)	32
dextrose 5 % in water (d5w)	32
dextrose 5%-0.2 % sod chloride	32
DIACOMIT	7
diazepam	7, 20
diazepam intensol	20
diazoxide	21
diclofenac potassium	1
diclofenac sodium	1, 31, 47
dicloxacillin	5
dicyclomine	34
DIFICID	5
diflunisal	1
difluprednate	47
digoxin	24, 25
dihydroergotamine	11
DILANTIN 30 MG	7
DILANTIN EXTENDED 100 MG	7
DILANTIN INFATABS	7
DILANTIN-125	7
diltiazem hcl	25
dilt-xr	25
dimethyl fumarate	29
diphenoxylate-atropine	34
dipyridamole	24
disopyramide phosphate	25
disulfiram	2
divalproex	7
dofetilide	25
donepezil	8
dorzolamide	47
dorzolamide-timolol	46
dotti	37
DOVATO	18
doxazosin	35
doxepin	9
doxercalciferol	45
doxy-100	6
doxycycline hyolate	6, 29
doxycycline monohydrate	6
DRIZALMA SPRINKLE	9
dronabinol	10
drospirenone-ethinyl estradiol	37
droxidopa	24
DUAVEE	39
DULERA	50
duloxetine	29
DUPIXENT PEN	40
DUPIXENT SYRINGE	41
dutasteride	35
dutasteride-tamsulosin	35
E	
econazole nitrate	10
EDURANT	18
efavirenz	18
efavirenz-emtricitabine-tenofovir	18
efavirenz-lamivu-tenofov disop	18
ELIGARD	39
ELIGARD (3 MONTH)	39
ELIGARD (4 MONTH)	39
ELIGARD (6 MONTH)	39
ELIQUIS	23
ELIQUIS DVT-PE TREAT 30D START	23
ELMIRON	35
eltrombopag olamine	23
eluryng	37
EMGALITY PEN	11
EMGALITY SYRINGE	11
EMSAM	8
emtricitabine	18
emtricitabine-tenofovir (tdf)	18
emtricitabine-riplivirine-tenofovir	18
EMTRIVA	18
enalapril maleate	24
enalapril-hydrochlorothiazide	26
ENBREL	43
ENBREL MINI	43
ENBREL SURECLICK	43
endocet	2
ENGERIX-B (PF)	44
ENGERIX-B PEDIATRIC (PF)	44
enilloring	37
enoxaparin	23
enskyce	37
entacapone	15
entecavir	17
ENTRESTO	26
ENTRESTO SPRINKLE	26
enulose	33
ENVARSUS XR	43
EPCLUSA	17
EPIDIOLEX	6
epinephrine	49
EPINEPHRINE	49
epitol	7
eplerenone	27
EPRONTIA	11
ergotamine-caffeine	11
ERIVEDGE	13
ERLEADA	12
erlotinib	13
ertapenem	5
ERYTHROCIN	5
erythromycin	5, 47
erythromycin ethylsuccinate	5
erythromycin with ethanol	32
ERZOFRI	16
escitalopram oxalate	9
eslicarbazepine	7
esomeprazole magnesium	34
estarrylla	37
estradiol	37
estradiol-norethindrone acet	37
ESTRING	37
ethambutol	12
ethosuximide	6
etodolac	1
etonogestrel-ethinyl estradiol	37
etravirine	18
EUCRISA	30

EULEXIN	12
everolimus (antineoplastic)	13
everolimus (immunosuppressive).....	43
EVOTAZ	19
exemestane	13
ezetimibe	27
ezetimibe-simvastatin	27
F	
falmina (28)	37
famciclovir.....	18
famotidine	34
FANAPT	16
FANAPT TITRATION PACK A	16
FARXIGA.....	27
FASENRA.....	50
FASENRA PEN	50
febuxostat	11
feirza.....	37
felbamate	6
felodipine	25
fenofibrate capsule.....	27
fenofibrate micronized.....	27
fenofibrate tablet	27
fenofibric acid (choline)	27
fentanyl.....	1
fesoterodine	35
FETZIMA	9
FIASP FLEXTOUCH U-100 INSULIN.....	22
FIASP PENFILL U-100 INSULIN.....	22
FIASP U-100 INSULIN.....	22
finasteride	35
fingolimod	29
FINTEPLA.....	6
flecainide	25
fluconazole.....	10
fluconazole in nacl (iso-osm)10	
flucytosine.....	10
fludrocortisone	36
flunisolide	48
fluocinolone	30, 31
fluocinolone acetonide oil.....	48
fluocinolone and shower cap30	
fluocinonide	31
fluocinonide-emollient	31
fluorometholone	47
fluorouracil	31
fluoxetine	9
fluoxetine (pmdd)	9
fluphenazine decanoate	16
fluphenazine hcl.....	16
fluticasone propionate	31, 48
fluticasone propion-salmeterol	50
fluvoxamine	9
fondaparinux.....	23
formoterol fumarate	49
fosamprenavir.....	19
fosfomycin tromethamine.....	3
fosinopril	24
fosinopril-hydrochlorothiazide	26
FOTIVDA.....	13
FRUZAQLA	13
FULPHILA	23
furosemide	26
fyavolv.....	37
FYCOMPA	6
G	
gabapentin	7
galantamine	8
gallifrey	39
GAMMAGARD LIQUID	40
GAMMAGARD S-D (IGA < 1 MCG/ML).....	40
GAMUNEX-C	40
GARDASIL 9 (PF)	44
GAUZE PAD.....	46
gavilyte-c	34
gavilyte-g	34
gavilyte-n	34
GAVRETO.....	13
gefitinib	13
gemfibrozil.....	27
GEMTESA.....	35
generlac	33
gengraf	43
GENOTROPIN	36
GENOTROPIN MINIQUICK.	36
gentamicin.....	3, 47
GENVOYA	18
GIOTRIF.....	13
glatiramer	29
glatopa	29
GLEOSTINE.....	12
glimepiride	20
glipizide	20
glipizide-metformin	20
glucagon emergency kit (human)	21
glycopyrrolate	34
GLYXAMBI.....	20
GOMEKLI.....	13
granisetron hcl.....	10
griseofulvin microsize	10
guanfacine	24
GVOKE	21
GVOKE HYOPEN 2-PACK	21
GVOKE PFS 1-PACK SYRINGE.....	22
H	
HADLIMA.....	43
HADLIMA PUSHTOUCH	43
HADLIMA(CF).....	43
HADLIMA(CF) PUSHTOUCH	43
halobetasol propionate	31
haloette	37
haloperidol	16
haloperidol decanoate	16
haloperidol lactate	16
HARVONI	17
HAVRIX (PF).....	44
heather.....	39
HEMADY	36
heparin (porcine)	23
HEPLISAV-B (PF).....	44
HIBERIX (PF).....	44
HUMALOG JUNIOR KWIKPEN U-100.....	22
HUMALOG KWIKPEN INSULIN.....	22
HUMALOG MIX 50-50 KWIKPEN	22
HUMALOG MIX 75-25 KWIKPEN	22
HUMALOG MIX 75-25(U- 100)INSULN.....	22
HUMALOG U-100 INSULIN	22
HUMATROPE	36
HUMIRA.....	43
HUMIRA PEN	43
HUMIRA(CF)	43
HUMIRA(CF) PEN	43
HUMIRA(CF) PEN CROHNS- UC-HS	43
HUMIRA(CF) PEN PSOR-UV- ADOL HS	43
HUMULIN 70/30 U-100 INSULIN.....	22
HUMULIN 70/30 U-100 KWIKPEN	22
HUMULIN N NPH INSULIN KWIKPEN	22
HUMULIN N NPH U-100 INSULIN.....	22
HUMULIN R REGULAR U-100 INSULN.....	22

HUMULIN R U-500 (CONC)	46
INSULIN	22
HUMULIN R U-500 (CONC)	
KwikPen	22
hydralazine	28
hydrochlorothiazide	27
hydrocodone-acetaminophen	2
hydrocodone-ibuprofen	2
hydrocortisone	31, 36, 45
hydrocortisone butyrate	31
hydrocortisone valerate	31
hydrocortisone-acetic acid	48
hydromorphone	2
hydroxychloroquine	15
hydroxyurea	12
hydroxyzine hcl	48
hydroxyzine pamoate	48
I	
ibandronate	45
IBRANCE	12, 13
ibu	1
ibuprofen	1
icatibant	40
ICLUSIG	13
icosapent ethyl	27
IDHIFA	13
imatinib	13
IMBRUVICA	13
imipenem-cilastatin	5
imipramine hcl	9
imiquimod	31
IMKELDI	13
IMOVAZ RABIES VACCINE (PF)	44
IMPAVIDO	3
IMURAN	43
IMVEXXY MAINTENANCE PACK	37
IMVEXXY STARTER PACK	37
incassia	39
INCRELEX	36
indapamide	27
indomethacin	1
INFANRIX (DTAP) (PF)	44
INLYTA	13
INQOVI	13
INREBIC	12
INSULIN LISPRO	22
INSULIN LISPRO PROTAMIN- LISPRO	22
INSULIN SYRINGE-NEEDLE U-100	46
INTELENCE	18
intralipid	46
INTRALIPID	46
introvale	37
INVEGA HAFYERA	16
INVEGA SUSTENNA	16
INVEGA TRINZA	16
IPOL	44
ipratropium bromide	49
ipratropium-albuterol	50
irbesartan	24
irbesartan-hydrochlorothiazide	26
ISENTRESS	18
ISENTRESS HD	18
isibloom	37
isoniazid	12
isosorbide dinitrate	28
isosorbide mononitrate	28
isotretinoin	30
isradipine	25
ITOVEBI	12
itraconazole	10
ivabradine	26
ivermectin	15
IWILFIN	12
IXCHIQ (PF)	44
IXIARO (PF)	44
J	
JAKAFI	13
jantoven	23
JANUMET	20
JANUMET XR	20
JANUVIA	20
JARDIANCE	27
jasmiel (28)	37
JAYPIRCA	13
JENTADUETO	20
JENTADUETO XR	20
jinteli	37
JUBBONTI	45
juleber	37
JULUCA	18
junel 1.5/30 (21)	37
junel 1/20 (21)	37
junel fe 1/20 (28)	37
JYLAMVO	43
JYNARQUE	33
JYNNEOS (PF)	44
K	
KALETRA	19
KALYDECO	49
kariva (28)	38
kelnor 1/35 (28)	38
kelnor 1/50 (28)	38
KERENDIA	27
ketoconazole	10
ketorolac	1, 47
KINERET	41
KINRIX (PF)	44
kionex (with sorbitol)	33
KISQALI	13
KISQALI FEMARA CO-PACK	12
KITABIS PAK	49
klor-con 10	32
klor-con 8	32
klor-con m10	32
klor-con m15	32
klor-con m20	32
klor-con oral packet 20	32
KLOXXADO	3
KOSELUGO	13
kourzeq	29
KRAZATI	13
kurvelo (28)	38
L	
l norgest/e.estradiol-e.estrad	38
l-glutamine	35
labetalol	25
lacosamide	7
lactulose	34
lamivudine	17, 18, 19
lamivudine-zidovudine	19
lamotrigine	20
LANOXIN	25
lansoprazole	34
LANTUS SOLOSTAR U-100 INSULIN	22
LANTUS U-100 INSULIN	22
lapatinib	13
larin 1.5/30 (21)	38
larin 1/20 (21)	38
larin fe 1.5/30 (28)	38
larin fe 1/20 (28)	38
latanoprost	48
LAZCLUZE	12
LEDIPASVIR-SOFOSBUVIR	17
leflunomide	43
lenalidomide	12
LENVIMA	13
letrozole	13
leucovorin calcium	15
LEUKERAN	12
leuprolide	39
levalbuterol hcl	49
LEVALBUTEROL TARTRATE	49
levetiracetam	6

LEVETIRACETAM	6
<i>levobunolol</i>	47
<i>levocarnitine</i>	46
<i>levocarnitine (with sugar)</i>	46
<i>levocetirizine</i>	48
<i>levofloxacin</i>	5, 47
<i>levofloxacin in d5w</i>	5
<i>levonest (28)</i>	38
<i>levonorgestrel-ethinyl estrad</i> 38	
<i>levonorg-eth estrad triphasic</i> 38	
<i>levora-28</i>	38
<i>levothyroxine</i>	39
<i>levoxyl</i>	39
<i>lidocaine</i>	2
<i>lidocaine hcl</i>	2
<i>lidocaine viscous</i>	29
<i>lidocaine-prilocaine</i>	2
<i>lidocan iii</i>	2
LILETTA	39
<i>linezolid</i>	3
<i>linezolid in dextrose 5%</i>	3
LINZESS.....	34
<i>liothyronine</i>	39
<i>liraglutide</i>	20
<i>lisinopril</i>	24
<i>lisinopril-hydrochlorothiazide</i> 26	
<i>lithium carbonate</i>	20
<i>lithium citrate</i>	20
LIVTENCITY	17
LODINE	1
LOKELMA.....	33
LONSURF.....	12
<i>loperamide</i>	34
<i>lopinavir-ritonavir</i>	19
<i>lorazepam</i>	20
<i>lorazepam intensol</i>	20
LORBRENA	13
<i>loryna (28)</i>	38
<i>losartan</i>	24
<i>losartan-hydrochlorothiazide</i> 26	
LOTEMAX.....	47
LOTEMAX SM	47
<i>lovastatin</i>	27
<i>low-ogestrel (28)</i>	38
<i>loxapine succinate</i>	16
<i>lubiprostone</i>	34
LUMAKRAS	13
LUMIGAN	48
LUPRON DEPOT.....	39
LUPRON DEPOT (3 MONTH)	40
LUPRON DEPOT (4 MONTH)	40

LUPRON DEPOT (6 MONTH)	40
LUPRON DEPOT-PED..	37, 40
LUPRON DEPOT-PED (3 MONTH).....	40
<i>lurasidone</i>	16
<i>lyeq</i>	39
<i>lyllana</i>	38
LYNPARZA	13
LYSODREN.....	12
LYTGOBI.....	13
LYUMJEV KWIKPEN U-100 INSULIN	22
LYUMJEV KWIKPEN U-200 INSULIN	22
LYUMJEV U-100 INSULIN	22
<i>lyza</i>	39
M	
<i>magnesium sulfate</i>	32
<i>malathion</i>	32
<i>maraviroc</i>	19
<i>marlissa (28)</i>	38
MARPLAN	8
MATULANE	12
<i>meclizine</i>	9
MEDROL	36
<i>medroxyprogesterone</i>	39
<i>mefloquine</i>	15
<i>megestrol</i>	39
MEKINIST	14
MEKTOVI	14
<i>meleya</i>	39
<i>meloxicam</i>	1
<i>memantine</i>	8
MEMANTINE	8
MENQUADFI (PF)	44
MENVEO A-C-Y-W-135-DIP (PF)	44
<i>meprobamate</i>	19
<i>mercaptopurine</i>	12
<i>meropenem</i>	5
<i>mesalamine</i>	45
<i>mesna</i>	15
<i>metformin</i>	20
<i>methadone</i>	1
<i>methazolamide</i>	47
<i>methenamine hippurate</i>	3
<i>methimazole</i>	40
<i>methocarbamol</i>	51
<i>methotrexate sodium</i>	43
<i>methotrexate sodium (pf)</i>	43
<i>methoxsalen</i>	31
<i>methsuximide</i>	6
<i>methylphenidate hcl</i>	28

<i>methylprednisolone</i>	36
<i>metoclopramide hcl</i>	34
<i>metolazone</i>	27
<i>metoprolol succinate</i>	25
<i>metoprolol ta-hydrochlorothiaz</i>	26
<i>metoprolol tartrate</i>	25
<i>metronidazole</i>	3, 30
<i>metronidazole in nacl (iso-os)</i> 3	
<i>metyrosine</i>	26
<i>mexiletine</i>	25
<i>micafungin</i>	10
<i>microgestin 1.5/30 (21)</i>	38
<i>microgestin 1/20 (21)</i>	38
<i>microgestin fe 1.5/30 (28)</i>	38
<i>microgestin fe 1/20 (28)</i>	38
<i>midodrine</i>	24
<i>mifepristone</i>	40
<i>mili</i>	38
<i>mimvey</i>	38
<i>minocycline</i>	6
<i>minoxidil</i>	28
<i>mirtazapine</i>	8
<i>misoprostol</i>	34
M-M-R II (PF)	44
<i>modafinil</i>	51
<i>moexipril</i>	24
<i>molindone</i>	16
<i>mometasone</i>	31, 48
<i>montelukast</i>	48
<i>morphine</i>	1, 2
<i>morphine concentrate</i>	2
MOUNJARO	20
MOVANTIK	34
<i>moxifloxacin</i>	5, 47
<i>moxifloxacin-sod.chloride(iso)</i> 5	
MRESVIA (PF)	44
MULTAQ	25
<i>mupirocin</i>	32
<i>mupirocin calcium</i>	32
<i>mycophenolate mofetil</i>	43
<i>mycophenolate sodium</i>	43
MYFORTIC	43
MYHIBBIN	43
MYRBETRIQ	35
N	
<i>nabumetone</i>	1
<i>nadolol</i>	25
<i>nafcillin</i>	5
<i>naloxone</i>	3
<i>naltrexone</i>	3
<i>naproxen</i>	1
<i>naproxen sodium</i>	1
<i>naratriptan</i>	11

<i>nateglinide</i>	21	NOVOLIN 70-30 FLEXPEN U-100	22	ORENCIA	41
NAYZILAM	6	NOVOLIN N FLEXPEN	22	ORENCIA CLICKJECT	41
<i>nebivolol</i>	25	NOVOLIN N NPH U-100	22	ORGOVYX	40
NEBUPENT	15	INSULIN	22	ORKAMBI	49
<i>necon 0.5/35 (28)</i>	38	NOVOLIN R FLEXPEN	22	ORSERDU	12
<i>nefazodone</i>	9	NOVOLIN R REGULAR U100	22	<i>oseltamivir</i>	19
<i>neomycin</i>	3	INSULIN	22	OTEZLA	31
<i>neomycin-bacitracin-poly-hc</i>	46	NOVOLOG FLEXPEN U-100	22	OTEZLA STARTER	41
<i>neomycin-bacitracin-polymyxin b-</i>	46	INSULIN	22	<i>oxcarbazepine</i>	7
<i>neomycin-polymyxin-gramicidin</i>	46	NOVOLOG MIX 70-30 U-100	22	<i>oxybutynin chloride</i>	35
<i>neomycin-polymyxin-hc.</i>	46, 48	INSULN	22	<i>oxycodone</i>	2
<i>neo-polycin</i>	46	NOVOLOG MIX 70-	22	<i>oxycodone-acetaminophen</i>	2
<i>neo-polycin hc</i>	46	30FLEXPEN U-100	22	OZEMPIC	21
NEORAL	43	NOVOLOG PENFILL U-100	23	P	
NERLYNX	14	INSULIN	23	<i>pacerone</i>	25
NEUPRO	15	NOVOLOG U-100 INSULIN	23	<i>paliperidone</i>	16
<i>nevirapine</i>	18	ASPART	23	PANRETIN	15
NEXLETOL	27	NUBEQA	12	<i>pantoprazole</i>	35
NEXLIZET	27	NUEDEXTA	29	<i>paricalcitol</i>	45
NEXPLANON	39	NUPLAZID	16	<i>paroxetine hcl</i>	9
<i>niacin</i>	27	NURTEC ODT	11	PAXLOVID	19
<i>nicardipine</i>	25	<i>nyamyc</i>	10	<i>pazopanib</i>	14
NICOTROL NS	3	<i>nylia 1/35 (28)</i>	38	PEDIARIX (PF)	44
<i>nifedipine</i>	25	<i>nylia 7/7/7 (28)</i>	38	PEDVAX HIB (PF)	44
<i>nikki (28)</i>	38	<i>nystatin</i>	10	<i>peg 3350-electrolytes</i>	34
<i>nilotinib hcl</i>	14	<i>nystatin-triamcinolone</i>	31	<i>peg 3350-sod sul-nacl-kcl-asb-c</i>	34
<i>nilutamide</i>	12	<i>nystop</i>	10	<i>peg 3350-nacl-na bicarbonate-kcl</i>	34
<i>nimodipine</i>	25	NYVEPRIA	23	PEGASYS	42, 43
NINLARO	14	O		PEMAZYRE	14
<i>nitazoxanide</i>	15	<i>octreotide acetate</i>	40	PEN NEEDLE, DIABETIC	46
<i>nitisinone</i>	35	ODEFSEY	19	PENBRAYA (PF)	44
<i>nitro-bid</i>	28	ODOMZO	14	<i>penicillamine</i>	33
<i>nitrofurantoin macrocrystal</i>	3	OFEV	50	<i>penicillin g potassium</i>	5
<i>nitrofurantoin monohyd/m-cryst</i>	3	<i>ofloxacin</i>	5, 47, 48	<i>penicillin g sodium</i>	5
<i>nitroglycerin</i>	28, 34	OGSIVEO	12	<i>penicillin v potassium</i>	5
NIVESTYM	23	OHTUVAYRE	50	PENTACEL (PF)	44
<i>norelgestromin-ethin.estradiol</i>	38	OJEMDA	12, 14	<i>pentamidine</i>	15
<i>norethindrone (contraceptive)</i>	39	OJJAARA	14	<i>pentoxifylline</i>	26
<i>norethindrone acetate</i>	39	<i>olanzapine</i>	16	PERFOROMIST	49
<i>norethindrone ac-eth estradiol</i>	38	<i>olmesartan</i>	24	<i>perindopril erbumine</i>	24
<i>norgestimate-ethinyl estradiol</i>	38	<i>olmesartanamlodipin-hcthiazid</i>	26	<i>periogard</i>	29
<i>nortriptyline</i>	9	olmesartan-		<i>permethrin</i>	32
NORVIR	19	hydrochlorothiazide	26	<i>perphenazine</i>	16
NOVOLIN 70/30 U-100		<i>omega-3 acid ethyl esters</i>	27	<i>perphenazine-amitriptyline</i>	8
INSULIN	22	<i>omeprazole</i>	35	<i>phenelzine</i>	8
		<i>ondansetron</i>	10	<i>phenobarbital</i>	7
		<i>ondansetron hcl</i>	10	PHENYTEK	7
		ONUREG	12	<i>phenytoin</i>	7
		OPIPZA	16	<i>phenytoin sodium extended</i>	7
		OPSUMIT	50	PIFELTRO	18
		OPVEE	3	<i>pilocarpine hcl</i>	29, 47
		ORAPRED ODT	36	<i>pimecrolimus</i>	31

pimozide	16	primidone	7	REGRANEX	31
pimtrea (28)	38	PRIMIDONE	7	RELENZA DISKHALER	19
pindolol	25	PRIORIX (PF)	44	RELEUKO	24
pioglitazone	21	PROAIR RESPICLICK	49	RELISTOR	34
pioglitazone-glimepiride	21	probenecid	11	repaglinide	21
pioglitazone-metformin	21	probenecid-colchicine	11	REPATHA	27
piperacillin-tazobactam	5	prochlorperazine	9	REPATHA PUSHTRONEX	27
PIQRAY	14	prochlorperazine maleate oral	9	REPATHA SURECLICK	27
pirfenidone	50	PROCIT	23	RETACRIT	24
PIRFENIDONE	50	procto-med hc	45	RETEVMO	14
piroxicam	1	proctosol hc	45	REVCORI	35
PLENAMINE	32	protozone-hc	45	REVUFORJ	12
PLENVU	34	progesterone micronized	39	REXULTI	16
podofilox	31	PROGRAF	43	REYATAZ	19
polycin	46	PROLASTIN-C	35	REZDIFFRA	39
polymyxin b sulf-trimethoprim	46	PROLIA	45	REZLIDHIA	14
POMALYST	12	PROMACTA	24	RHOPRESSA	47
posaconazole	10	promethazine	9, 10	ribavirin	17
potassium chlorid-d5-0.45%nacl	32	promethegan	10	RIDAURA	41
potassium chloride	33	propafenone	25	rifabutin	12
potassium chloride in 5 % dex	32	propranolol	25	rifampin	12
potassium chloride in lr-d5	32	propylthiouracil	40	riluzole	29
potassium chloride in water	33	PROQUAD (PF)	44	rimantadine	19
potassium chloride-d5-0.2%nacl	33	PROSOL 20 %	33	RINVOQ	41
potassium chloride-d5-0.9%nacl	33	protriptyline	9	RINVOQ LQ	41
potassium citrate	33	PULMICORT	48	risedronate	45
pramipexole	15	PULMICORT FLEXHALER	48	risperidone	17
prasugrel hcl	24	PULMOZYME	49	risperidone microspheres	17
pravastatin	27	pyrazinamide	12	ritonavir	19
praziquantel	15	pyridostigmine bromide	11	rivaroxaban	23
prazosin	35	pyrimethamine	15	rivastigmine	8
PRED MILD	47	Q		rivastigmine tartrate	8
prednisolone	36	QINLOCK	14	rizatriptan	11
prednisolone acetate	47	QUADRACEL (PF)	44	ROCKLATAN	46
prednisolone sodium phosphate	36, 47	quetiapine	16	roflumilast	50
prednisone	36	quinapril	24	ROMVIMZA	14
prednisone intensol	36	quinapril-hydrochlorothiazide	26	ropinirole	15
pregabalin	7	quinidine gluconate	25	rosuvastatin	27
PREMARIN	38	quinidine sulfate	25	ROTARIX	45
PREMPHASE	38	quinine sulfate	15	ROTATEQ VACCINE	45
PREMPRO	38	QVAR REDIHALER	48	roweepra	6
prenatal vitamin oral tablet	33	R		ROZLYTREK	14
prevalite	27	RABAVERT (PF)	44	RUBRACA	14
PREVYMIS	17	rabeprazole	35	rufinamide	8
PREZCOBIX	19	RALDESY	9	RUKOBIA	19
PREZISTA	19	raloxifene	39	RYBELSUS	21
PRIFTIN	12	ramelteon	51	RYDAPT	14
PRIMAQUINE	15	ramipril	24	S	
		ranolazine	26	sajazir	40
		rasagiline	15	SANDIMMUNE	43
		RAYALDEE	45	SANTYL	32
		reclipsen (28)	38	sapropterin	35
		RECOMBIVAX HB (PF)	44	SAVELLA	29
				saxagliptin	21

Date of last formulary update: 08/22/2025.

<i>saxagliptin-metformin</i>	21	STELARA	41	TEPMETKO	14
SCEMBLIX	14	STIOLTO RESPIMAT	50	<i>terazosin</i>	35
<i>scopolamine base</i>	10	STIVARGA	14	<i>terbinafine hcl</i>	10
SECUADO	17	STREPTOMYCIN	3	<i>terbutaline</i>	49
SELARSDI	41	STRIBILD	18	<i>terconazole</i>	10
<i>selegiline hcl</i>	15	STRIVERDI RESPIMAT	49	<i>teriflunomide</i>	29
<i>selenium sulfide</i>	31	<i>subvenite</i>	20	TERIPARATIDE	45
SELZENTRY	19	<i>sucralfate</i>	34	<i>testosterone</i>	37
SEREVENT DISKUS	49	<i>sulfacetamide sodium</i>	47	<i>testosterone cypionate</i>	37
<i>sertraline</i>	9	<i>sulfacetamide sodium (acne)</i>	6	<i>testosterone enanthate</i>	37
<i>setlakin</i>	38	<i>sulfacetamide-prednisolone</i>	46	<i>tetrabenazine</i>	29
<i>sharobel</i>	39	<i>sulfadiazine</i>	6	<i>tetracycline</i>	6
SHINGRIX (PF)	45	<i>sulfamethoxazole-trimethoprim</i>	6	THALOMID	12
SIGNIFOR	40	<i>sulfasalazine</i>	45	<i>theophylline</i>	50
<i>sildenafil (pulm.hypertension) 20 mg</i>	50	<i>sulindac</i>	1	<i>thioridazine</i>	16
<i>silver sulfadiazine</i>	32	<i>sumatriptan</i>	11	<i>thiothixene</i>	16
SIMBRINZA	46	<i>sumatriptan succinate</i>	11	<i>tiadylt er</i>	25
SIMLANDI(CF)	44	<i>sunitinib malate</i>	14	<i>tiagabine</i>	7
SIMLANDI(CF) AUTOINJECTOR	44	SUNLENCA	19	TIBSOVO	14
<i>simvastatin</i>	27	SYMLINPEN 120	21	<i>ticagrelor</i>	24
<i>sirolimus</i>	44	SYMLINPEN 60	21	TICOVAC	45
SIRTURO	12	SYMPAZAN	7	<i>tigecycline</i>	4
SIVEXTRO	4	SYMTUZA	19	<i>timolol maleate</i>	11, 47
SKYRIZI	41	SYNAREL	40	<i>tinidazole</i>	4
<i>sodium chloride</i>	46	SYNJARDY	21	TIVICAY	18
<i>sodium chloride 0.45 %</i>	33	SYNJARDY XR	21	TIVICAY PD	18
<i>sodium chloride 0.9 %</i>	33	SYNTHROID	39	<i>tizanidine</i>	17
<i>sodium chloride 3 % hypertonic</i>	33	T		TOBI	49
<i>sodium chloride 5 % hypertonic</i>	33	TABLOID	12	TOBI PODHALER	49
<i>sodium phenylbutyrate</i>	35	TABRECTA	14	TOBRADEX	46
<i>sodium polystyrene sulfonate</i>	33	<i>tacrolimus</i>	31, 44	<i>tobramycin</i>	47, 49
<i>sodium,potassium,mag sulfates</i>	34	<i>tadalafil</i>	35	<i>tobramycin in 0.225 % nacl</i>	49
SOFOBUVIR-VELPATASVIR	17	<i>tadalafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	50	<i>tobramycin sulfate</i>	3
<i>solifenacin</i>	35	TAFINLAR	14	<i>tobramycin-dexamethasone</i>	46
SOLIQUA 100/33	21	TAGRISSO	14	<i>tolterodine</i>	35
SOLTAMOX	12	TALZENNA	14	<i>tolvaptan (polycys kidney dis)</i>	33
SOMAVERT	40	<i>tamoxifen</i>	12	<i>topiramate</i>	11
<i>sorafenib</i>	14	<i>tamsulosin</i>	35	TOPIRAMATE	11
<i>sotalol</i>	25	<i>tarina fe 1-20 eq (28)</i>	38	<i>toremifene</i>	12
<i>sotalol af</i>	25	TASIGNA	14	<i>torpenz</i>	14
SPIRIVA RESPIMAT	49	<i>tasimelteon</i>	51	<i>torsemide</i>	26
<i>spironolactone</i>	27	<i>tazarotene</i>	30	TOUJEO MAX U-300 SOLOSTAR	23
<i>spironolacton-hydrochlorothiaz</i>	26	<i>tazicef</i>	4	TOUJEO SOLOSTAR U-300 INSULIN	23
SPRITAM	6	TAZVERIK	14	TPN ELECTROLYTES	33
<i>sps (with sorbitol)</i>	33	TEFLARO	4	TRACLEER	50
<i>ssd</i>	32	TEGRETOL	8	TRADJENTA	21
		TEGRETOL XR	8	<i>tramadol</i>	1, 2
		<i>telmisartan</i>	24	<i>tramadol-acetaminophen</i>	2
		<i>temazepam</i>	51	<i>trandolapril</i>	24
		TENIVAC (PF)	45	<i>tranexamic acid</i>	24
		<i>tenofovir disoproxil fumarate</i>	19	<i>tranylcypromine</i>	9

<i>travasol</i> 10 %	33
<i>travoprost</i>	48
<i>trazodone</i>	9
TRELEGY ELLIPTA.....	50
TRELSTAR	40
TREMFYA.....	42
TREMFYA PEN	41
TREMFYA PEN INDUCTION PK-CROHN.....	41
TRESIBA FLEXTOUCH U-100	23
TRESIBA FLEXTOUCH U-200	23
TRESIBA U-100 INSULIN	23
<i>tretinoin</i> (antineoplastic)	15
<i>tretinoin topical</i>	30
<i>triamcinolone acetonide</i> .29, 31	
<i>triamterene</i>	26
<i>triamterene-hydrochlorothiazid</i>	26
<i>tridacaine ii</i>	2
<i>trientine</i>	33
<i>tri-estarrylla</i>	38
<i>trifluoperazine</i>	16
<i>trifluridine</i>	47
<i>trihexyphenidyl</i>	15
TRIJARDY XR	21
TRIKAFTA	49
TRILEPTAL.....	8
<i>tri-lo-estarrylla</i>	38
<i>tri-lo-sprintec</i>	38
<i>trimethoprim</i>	4
<i>tri-mili</i>	38
<i>trimipramine</i>	9
TRINTELLIX	9
<i>tri-sprintec</i> (28).....	38
TRIUMEQ	19
TRIUMEQ PD	19
<i>tri-vylibra</i>	38
<i>tri-vylibra lo</i>	38
<i>trospium</i>	35
TRULANCE	34
TRULICITY	21
TRUMENBA.....	45
TRUQAP	14
TUKYSA	14
TURALIO	14
<i>turqoz</i> (28)	38
TWINRIX (PF).....	45
TYBOST	19
TYENNE	42
TYENNE AUTOINJECTOR	42
TYMLOS	46
TYPHIM VI.....	45
U	
UBRELVY	11
UDENYCA.....	24
UDENYCA AUTOINJECTOR	24
<i>unithroid</i>	39
UPTRAVI.....	50
<i>ursodiol</i>	34
USTEKINUMAB	42
V	
<i>valacyclovir</i>	18
VALCHLOR.....	12
<i>valganciclovir</i>	17
<i>valproic acid</i>	6
<i>valproic acid (as sodium salt)</i> 6	
<i>valsartan</i>	24
<i>valsartan-hydrochlorothiazide</i>	26
VALTOCO	7
<i>valtya</i>	38
<i>vancomycin</i>	4
<i>vandazole</i>	4
VANFLYTA.....	14
VAQTA (PF)	45
<i>varenicline tartrate</i>	3
VARIVAX (PF).....	45
VASCEPA	27
VAXCHORA VACCINE	45
<i>velvet triphasic regimen</i> (28)	38
VELTASSA.....	33
VEMLIDY	17
VENCLEXTA	14
VENCLEXTA STARTING PACK	14
<i>venlafaxine</i>	9
<i>verapamil</i>	26
VERQUVO	28
VERSACLOZ	17
VERZENIO	14
<i>vestura</i> (28)	38
<i>vienna</i>	38
<i>vigabatrin</i>	7
<i>vigadron</i>	7
VIGAFYDE	7
<i>vigpoder</i>	7
<i>vilazodone</i>	9
VIMKUNYA	45
VIRACEPT	19
VIREAD	19
VITRAKVI	14
VIVOTIF	45
VIZIMPRO	14
VONJO	13
V	
VORANIGO	15
<i>voriconazole</i>	10
VOSEVI	17
VOWST	34
VRAYLAR	17
VUMERITY	29
<i>vyfemla</i> (28)	39
<i>vylibra</i>	39
VYZULTA	48
W	
<i>warfarin</i>	23
WELIREG	35
WINREVAIR	50
<i>wixela inh</i> ub	51
<i>wymzya fe</i>	39
WYOST	46
X	
XALKORI	14
XARELTO	23
XARELTO DVT-PE TREAT 30D START	23
XCOPRI	8
XCOPRI MAINTENANCE PACK	8
XCOPRI TITRATION PACK ..	8
XDEMVY	47
XELJANZ	42
XELJANZ XR	42
XERMELO	34
XGEVA	46
XIFAXAN	34
XIGDUO XR	21
XIIDRA	46
XOFLUZA	19
XOLAIR	42
XOSPATA	14
XPOVIO	14
XTANDI	12
<i>xulane</i>	39
XYWAV	51
Y	
YESINTEK	42
YF-VAX (PF)	45
YUPELRI	49
<i>yuvafem</i>	39
Z	
<i>zafemy</i>	39
<i>zafirlukast</i>	48
ZEGALOGUE AUTOINJECTOR	22
ZEGALOGUE SYRINGE	22
ZEJULA	14
ZELBORAF	14
<i>zenatane</i>	30

<i>zenzedi</i>	28	<i>zolmitriptan</i>	11	<i>zovia 1-35 (28)</i>	39
<i>zidovudine</i>	19	<i>zolpidem</i>	51	ZTALMY	7
<i>ziprasidone hcl</i>	17	ZONISADE	8	ZURZUVAE	8
<i>ziprasidone mesylate</i>	17	<i>zonisamide</i>	8	ZYDELIG	15
ZIRGAN	47	ZOSYN IN DEXTROSE (ISO-		ZYKADIA	15
ZOLINZA	13	OSM)	5		

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SCAN Health Plan:

- Provides reasonable modifications and free aids and services to people with disabilities to ensure effective communication with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact SCAN Health Plan Member Services between 8 am to 8 pm, 7 days a week from October 1 to March 31. From April 1 to September 30, hours are 8 am to 8 pm Monday through Friday (messages received on holidays and outside of our business hours will be returned within one business day) by calling a number listed below.

SCAN Member Services	
SCAN Health Plan (California)	1-800-559-3500
SCAN Health Plan (Arizona)	1-855-650-7226
SCAN Health Plan (New Mexico)	1-855-826-7226
SCAN Health Plan (Nevada)	1-855-827-7226
SCAN Health Plan (Texas)	1-855-844-7226
SCAN Health Plan (Washington)	1-833-944-7226
VillageHealth	1-800-399-7226
TTY: 711	

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You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the OCR Complaint Portal, available at:

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>,

or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
Phone: 1-800-368-1019, TDD 1-800-537-7697

Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>

English - ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-399-7226 (TTY: 711) or speak to your provider."

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Arabic

العربية

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجاناً. اتصل على الرقم 1-800-399-7226 (711) أو تحدث إلى مقدم الخدمة".

French - ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-800-399-7226 (TTY: 711) ou parlez à votre fournisseur.

Tagalog - PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyon tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga na-access na format. Tumawag sa 1-800-399-7226 (TTY: 711) o makipag-usap sa iyong provider."

German - ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-800-399-7226 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

Hindi - हिंदी - ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-800-399-7226 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।"

Japanese - 日本語 - 注: 日本語を話される場合、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(誰もが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。1-800-399-7226 (TTY: 711)までお電話ください。または、ご利用の事業者にご相談ください。

Farsi

فارسی

توجه: اگر وارد کردن زیان صحبت می‌کنید، خدمات پشتیبانی زبان رایگان در دسترس شما قرار دارد. همچنین کمک‌ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب‌های قابل دسترس، به‌طور رایگان موجود می‌باشند. با شماره 1-800-399-7226 (تله‌تاپ: 711) تماس بگیرید یا با ارائه دهنده خود صحبت کنید.

Russian – РУССКИЙ – ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-800-399-7226 (TTY: 711) или обратитесь к своему поставщику услуг.

Telugu - తెలుగు - సావధానం: మీరు తెలుగు మాట్లాడితే, మీకు ఉచిత భాషా సహాయ సేవలు అందుబాటులో ఉంటాయి. యాకెన్ చేయగల ఫార్మాట్లలో సమాచారాన్ని అందించడానికి తగిన సహాయక సహాయాలు మరియు సేవలు కూడా ఉచితంగా అందుబాటులో ఉంటాయి. 1-800-399-7226 (TTY: 711)కి కాల్ చేయండి లేదా మీ ప్రావైడర్తో మాట్లాడండి.

Portuguese - ATENÇÃO: Se você fala [inserir idioma], serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-800-399-7226 (TTY: 711) ou fale com seu provedor.



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

This formulary was updated on 8/22/2025. For more recent information or other questions, please contact VillageHealth Member Services at 1-800-399-7226 (TTY users should call 711), 8 a.m. to 8 p.m., 7 days a week from October 1 to March 31. From April 1 to September 30, hours are 8 a.m. to 8 p.m., Monday through Friday (messages received on holidays and outside of our business hours will be returned within one business day), or visit www.villagehealthca.com.

SCAN Health Plan complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.