

# Mass General Brigham Medicare Group Rx (PDP) 2026 Formulary

## List of covered drugs

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

Effective: May 1, 2026

Updated: April 1, 2026

Formulary ID 26448, Version 12



This Formulary is effective May 1, 2026 and was last updated on April 1, 2026. For more recent information or other questions, please contact Mass General Brigham Health Plan Member Services. Visit [www.massgeneralbrighamadvantage.org/plans/rx-information](http://www.massgeneralbrighamadvantage.org/plans/rx-information) for the most up to date Formulary listing and more information on Medicare Part D drug coverage.

**For Medicare Advantage members:**

**855-833-3668** (TTY: 711)

October 1-March 31, 8 a.m. to 8 p.m. ET, Monday through Sunday

April 1-September 30, 8 a.m. to 8 p.m. ET, Monday through Friday

**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 refers to “we,” “us”, or “our,” it means Mass General Brigham Health Plan. When it refers to “plans” or “our plans,” it means Mass General Brigham Medicare Group Rx Plan (PDP).

This document includes a list of the drugs (Formulary) for our plan which is current as of May 1, 2026. For an updated Formulary, please contact us. Our contact information, along with the date we last updated the Formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, Formulary, pharmacy network, and/or co-payments/co-insurance may change on January 1, 2027 and from time to time during the year.

## What is the Mass General Brigham Medicare Group Rx (PDP) 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 Mass General Brigham Health Plan 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. Mass General Brigham Health Plan will generally cover the drugs listed in our Formulary as long as the drug is medically necessary, the prescription is filled at a Mass General Brigham Health Plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Our contact information, along with the date we last updated the Formulary, appears on the front and back cover pages.

## Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but Mass General Brigham Health Plan may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the Formulary are posted monthly to our website at:

**[www.massgeneralbrighamadvantage.org/plans/rx-information](http://www.massgeneralbrighamadvantage.org/plans/rx-information).**

### **Changes that can affect you this year**

In the following 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 Mass General Brigham Health Plan Medicare Part D 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 Mass General Brigham Health Plan Medicare Part D Formulary?”

### **Changes that will not affect you if you are currently taking the drug**

Generally, if you are taking a drug on our 2026 Formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed Formulary is current as of May 1, 2026. To get updated information about the drugs covered by Mass General Brigham Health Plan, please contact us. Our contact information

appears on the front and back cover pages. In the event of a change or changes to the Formulary during the year, the changes also will be posted at:

**[www.massgeneralbrighamadvantage.org/plans/rx-information](http://www.massgeneralbrighamadvantage.org/plans/rx-information)**.

The updated version of the comprehensive Formulary will be posted on this website on a monthly basis as needed. To view the list of changes, start at our home page and:

- Click the link for “Rx Information” at the very top (in the blue bar)
- At the top of the page, you will see a headline for Part D and the PDF file for the Formulary will be linked below and updated monthly

Or you may request an errata sheet (a copy of the 2026 Formulary changes) by calling Mass General Brigham Health Plan Customer Service at the phone numbers on the back of your Member ID card.

## How do I use the Formulary?

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

### **Medical condition**

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

### **Alphabetical listing**

If you are not sure what category to look under, you should look for your drug in the index that begins on page 66. The index provides an alphabetical list of all 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?

Mass General Brigham Health Plan covers both brand-name 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 3, 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**

Mass General Brigham Health Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Mass General Brigham Health Plan before you fill your prescriptions. If you don't get approval, Mass General Brigham Health Plan may not cover the drug.

### **Quantity limits**

For certain drugs, Mass General Brigham Health Plan limits the amount of the drug that Mass General Brigham Health Plan will cover. For example, Mass General Brigham Health Plan provides 30 tablets per 30 days per prescription for CAPLYTA. This may be in addition to a standard one-month or three-month supply.

### **Step therapy**

In some cases, Mass General Brigham Health Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Mass General Brigham Health Plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Mass General Brigham Health Plan will then cover Drug B.

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

You can ask Mass General Brigham Health Plan 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 Mass General Brigham Health Plan Medicare Part D 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 Customer Service and ask if your drug is covered.

If you learn that Mass General Brigham Health Plan does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by Mass General Brigham Health Plan. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by Mass General Brigham Health Plan.
- You can ask Mass General Brigham Health Plan to make an exception and cover your drug. See next section for information about how to request an exception.

## How do I request an exception to the Mass General Brigham Health Plan Medicare Part D Formulary?

You can ask Mass General Brigham Health Plan 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 cover a Formulary drug at lower cost-sharing level unless the drug is on the specialty tier.

**Note:** You may not ask us to cover a Tier 5 (Specialty Tier) Formulary drug at a lower cost-sharing level.

- You can ask us to waive a coverage restriction including prior authorization, step therapy, or limits a quantity limit on your drug. For example, for certain drugs, Mass General Brigham Health Plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

You or your prescriber should contact us to ask for a tiering or Formulary exception, including an exception to a coverage restriction.

**When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.**

Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

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

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

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

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

Members who are changing levels of care may be eligible for a transition supply of medication outside of their initial 90-day enrollment transition period. Level of care changes may include entering or leaving a long-term care facility, discharge from hospital to home, and ending a skilled nursing facility stay and reverting to Part D Formulary coverage under your plan.

## For more information

For more detailed information about your Mass General Brigham Health Plan prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Mass General Brigham Health Plan, 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 **800-MEDICARE** (800-633-4227) 24 hours a day, 7 days a week. TTY users should call 877-486-2048. Or visit <http://www.medicare.gov>.

## The Mass General Brigham Health Plan Medicare Part D Formulary

The Formulary that begins on page 1 provides coverage information about the drugs covered by Mass General Brigham Health Plan. If you have trouble finding your drug in the list, turn to the index that begins on page 66.

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

The information in the Requirements/Limits column tells you if Mass General Brigham Health Plan has any special requirements for coverage of your drug.

## Abbreviations and definitions of Formulary terms

You may find one or more of the following abbreviations in the Formulary under the Requirements/Limits column next to a drug name.

### **Prior Authorization (PA)**

For safety reasons and/or cost savings, Mass General Health Plan requires you or your doctor to get prior authorization for certain drugs. This means that you will need to get approval from Mass General Brigham Health Plan before you fill your prescriptions. If you don't get approval first, Mass General Health Plan may not cover the drug.

### **Quantity Limits (QL)**

For safety reasons and/or cost savings, for certain drugs Mass General Health Plan limits the amount of the drug that we will cover. For example, Mass General Brigham Health Plan provides one capsule per day for CAPLYTA. This limit may be applied to a standard one-month or three-month supply.

### **Step Therapy (ST)**

For safety reasons and/or cost savings, in some cases Mass General Brigham Health Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Mass General Brigham Health Plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Mass General Brigham Health Plan will then cover Drug B.

### **Part B versus Part D drug coverage (BvD)**

Some drugs could be covered under the Part B (medical) or Part D (prescription drug) benefit, depending on certain criteria. This means that you or your doctor will need to submit a request to Mass General Brigham Health Plan so we can determine, based on Medicare guidelines, if your drug will be covered as Part B or Part D. Coverage and your cost sharing will be based on this determination.

### **NDS: Non-extended Day Supply Drug**

In an effort to contain drug costs, certain high-cost drugs will be limited to a 30-day supply.

### **IRA: Inflation Reduction Act**

Under the Inflation Reduction Act (IRA), certain vaccines are covered at \$0.

## Tier descriptions

### **Tier 1–Preferred Generic Drugs**

Tier 1 includes preferred generic drugs.

### **Tier 2–Preferred Generic Drugs**

Tier 2 includes most other generic drugs on our Formulary. Generic drugs have the same active ingredients, strength, and effectiveness as the brand name versions, but generally at a much lower cost.

### **Tier 3–Preferred Brand Drugs**

Tier 3 includes preferred brand drugs that have the lowest cost sharing for brand name drugs. Certain generic drugs may appear in Tier 3 due to potential safety concerns or the high cost of the drug.

### **Tier 4–Non-Preferred Drugs**

Tier 4 includes all other non-preferred brand-name and generic drugs on our Formulary. Part Drugs excluded from our Formulary must go through an exception process in order for Mass General Brigham Health Plan to cover them. If they are approved, they will be covered in Tier 4.

### **Tier 5–Specialty Drugs**

Tier 5 includes high-cost specialty generic and brand-name drugs that cost \$950 or more for a one-month supply. Most drugs in Tier 5 are restricted to a one-month supply at retail and are excluded from the mail order program and tier exception process.

### **Tier 6–Select Care Drugs**

Tier 6 includes generic or brand drugs that are used to treat or prevent conditions like diabetes, hypertension, or osteoporosis.

Drug Name	Drug Tier	Requirements/Limits
<b>Analgesics</b>		
<b>Analgesics</b>		
JOURNAVX TABLET 50MG	4	QL(30 EA per 90 days)
<b>Nonsteroidal Anti-inflammatory Drugs</b>		
<i>celecoxib capsule 100mg, 200mg, 50mg</i>	2	QL(60 EA per 30 days)
<i>celecoxib capsule 400mg</i>	3	QL(60 EA per 30 days)
<i>diclofenac sodium dr tablet delayed release 25mg, 50mg, 75mg</i>	3	
<i>diclofenac sodium gel 1%</i>	3	QL(1000 GM per 30 days)
<i>diclofenac sodium external solution 1.5%</i>	4	PA
<i>flurbiprofen tablet 100mg, 50mg</i>	3	
<i>ibuprofen suspension 100mg/5ml</i>	2	
<i>ibuprofen tablet 400mg, 600mg, 800mg</i>	1	
<i>ibu tablet 400mg, 600mg, 800mg</i>	1	
<i>indomethacin er capsule extended release 75mg</i>	4	
<i>indomethacin capsule 25mg, 50mg</i>	2	
<i>ketorolac tromethamine +rfd injection 30mg/ml</i>	4	
<i>ketorolac tromethamine injection 15mg/ml, 30mg/ml</i>	4	
<i>ketorolac tromethamine tablet 10mg</i>	3	QL(20 EA per 30 days)
<i>meloxicam tablet 15mg, 7.5mg</i>	1	
<i>nabumetone tablet 500mg, 750mg</i>	2	
<i>naproxen sodium tablet 275mg, 550mg</i>	3	
<i>naproxen tablet 250mg, 375mg, 500mg</i>	1	
<i>oxaprozin tablet 600mg</i>	4	
<i>sulindac tablet 150mg, 200mg</i>	2	
<b>Opioid Analgesics, Long-acting</b>		
<i>buprenorphine patch weekly 10mcg/hr, 15mcg/hr, 20mcg/hr, 5mcg/hr, 7.5mcg/hr</i>	4	QL(4 EA per 28 days); NDS
<i>fentanyl patch 72 hour 100mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr</i>	4	NDS
<i>methadone hcl solution 5mg/5ml</i>	3	NDS
<i>methadone hcl tablet 10mg, 5mg</i>	2	NDS
<i>methadone hydrochloride solution 10mg/5ml</i>	3	NDS
<i>morphine sulfate er tablet extended release 15mg, 30mg, 60mg</i>	3	NDS
<i>morphine sulfate er tablet extended release 100mg, 200mg</i>	4	NDS
XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5MG, 18MG, 27MG, 36MG, 9MG	3	NDS
<b>Opioid Analgesics, Short-acting</b>		
<i>acetaminophen/codeine phosphate tablet 300mg; 60mg</i>	2	NDS

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

Drug Name	Drug Tier	Requirements/Limits
<i>acetaminophen/codeine solution 120mg/5ml; 12mg/5ml</i>	3	NDS
<i>acetaminophen/codeine tablet 300mg; 15mg, 300mg; 30mg, 300mg; 60mg</i>	2	NDS
<i>endocet tablet 325mg; 5mg</i>	2	NDS
<i>endocet tablet 325mg; 10mg, 325mg; 7.5mg</i>	3	NDS
<i>endocet tablet 325mg; 2.5mg</i>	4	NDS
<i>fentanyl citrate oral transmucosal lozenge on a handle 200mcg</i>	4	PA; NDS
<i>fentanyl citrate oral transmucosal lozenge on a handle 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	5	PA; NDS
<i>hydrocodone bitartrate/acetaminophen solution 325mg/15ml; 7.5mg/15ml</i>	3	NDS
<i>hydrocodone bitartrate/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg</i>	3	NDS
<i>hydrocodone/acetaminophen tablet 325mg; 7.5mg</i>	3	NDS
<i>hydromorphone hcl injection 10mg/ml, 4mg/ml</i>	4	NDS
<i>hydromorphone hcl tablet 2mg, 4mg</i>	2	NDS
<i>hydromorphone hcl tablet 8mg</i>	4	NDS
<i>hydromorphone hydrochloride injection 1mg/ml, 2mg/ml, 50mg/5ml</i>	4	NDS
<i>morphine sulfate injection 10mg/ml, 4mg/ml</i>	4	NDS
<i>morphine sulfate oral solution 100mg/5ml, 10mg/5ml, 20mg/5ml</i>	3	NDS
<i>morphine sulfate tablet 15mg, 30mg</i>	3	NDS
<i>oxycodone hydrochloride solution 5mg/5ml</i>	4	NDS
<i>oxycodone hydrochloride tablet 10mg, 15mg, 5mg</i>	2	NDS
<i>oxycodone hydrochloride tablet 20mg, 30mg</i>	3	NDS
<i>oxycodone/acetaminophen tablet 325mg; 5mg</i>	2	NDS
<i>oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 7.5mg</i>	3	NDS
<i>oxycodone/acetaminophen tablet 325mg; 2.5mg</i>	4	NDS
<i>tramadol hydrochloride/acetaminophen tablet 325mg; 37.5mg</i>	2	NDS
<i>tramadol hydrochloride tablet 50mg</i>	2	NDS
<b>Anesthetics</b>		
<b>Local Anesthetics</b>		
<i>lidocaine/prilocaine cream 2.5%; 2.5%</i>	3	QL(30 GM per 30 days); PA
<i>lidocaine ointment 5%</i>	3	QL(150 GM per 30 days); PA
<i>lidocaine patch 5%</i>	4	PA
<i>premium lidocaine ointment 5%</i>	3	QL(150 GM per 30 days); PA
<b>Anti-Addiction/Substance Abuse Treatment Agents</b>		
<b>Alcohol Deterrents/Anti-craving</b>		
<i>acamprosate calcium dr tablet delayed release 333mg</i>	4	
<i>disulfiram tablet 250mg, 500mg</i>	3	

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

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

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

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

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<i>moxifloxacin hydrochloride/sodium hydrochloride injection 400mg/250ml; 0.8%</i>	4	
<i>moxifloxacin hydrochloride tablet 400mg</i>	3	
<b>Sulfonamides</b>		
<i>sulfadiazine tablet 500mg</i>	5	NDS
<i>sulfamethoxazole/trimethoprim ds tablet 800mg; 160mg</i>	2	
<i>sulfamethoxazole/trimethoprim suspension 200mg/5ml; 40mg/5ml</i>	3	
<i>sulfamethoxazole/trimethoprim tablet 400mg; 80mg</i>	2	
<b>Tetracyclines</b>		
<i>demeclocycline hcl tablet 150mg, 300mg</i>	4	
<i>demeclocycline hydrochloride tablet 300mg</i>	4	
<i>doxycycline hyclate capsule 100mg, 50mg</i>	3	
<i>doxycycline hyclate injection 100mg</i>	4	
<i>doxycycline hyclate tablet 100mg</i>	2	
<i>doxycycline monohydrate capsule 100mg, 50mg</i>	3	
<i>doxycycline monohydrate tablet 100mg, 150mg, 50mg, 75mg</i>	3	
<i>doxycycline suspension reconstituted 25mg/5ml</i>	3	
<i>minocycline hcl capsule 75mg</i>	3	
<i>minocycline hydrochloride capsule 100mg, 50mg</i>	3	
<i>tetracycline hydrochloride capsule 250mg, 500mg</i>	3	
<b>Anticonvulsants</b>		
<b>Anticonvulsants, Other</b>		
BRIVIACT SOLUTION 10MG/ML	5	PA; NDS
BRIVIACT TABLET 100MG, 10MG, 25MG, 50MG, 75MG	5	PA; NDS
EPIDIOLEX SOLUTION 100MG/ML	5	PA; NDS
EPRONTIA SOLUTION 25MG/ML	4	
<i>felbamate suspension 600mg/5ml</i>	4	
<i>felbamate tablet 400mg, 600mg</i>	4	
FINTEPLA SOLUTION 2.2MG/ML	5	PA; NDS
FYCOMPA SUSPENSION 0.5MG/ML	5	NDS
FYCOMPA TABLET 2MG	4	
FYCOMPA TABLET 10MG, 12MG, 4MG, 6MG, 8MG	5	NDS
<i>lamotrigine tablet chewable 25mg, 5mg</i>	2	
<i>lamotrigine tablet 100mg, 150mg, 200mg, 25mg</i>	2	
<i>levetiracetam er tablet extended release 24 hour 500mg, 750mg</i>	3	
<i>levetiracetam solution 100mg/ml</i>	2	
LEVETIRACETAM TABLET DISINTEGRATING SOLUBLE 250MG, 500MG	4	
<i>levetiracetam tablet 1000mg, 250mg, 500mg, 750mg</i>	2	
NAYZILAM SOLUTION 5MG/0.1ML	4	QL(10 EA per 30 days)

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

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<i>phenobarbital elixir 20mg/5ml</i>	4	
<i>phenobarbital tablet 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	4	
<i>pregabalin capsule 300mg</i>	2	QL(60 EA per 30 days)
<i>pregabalin capsule 100mg, 150mg, 200mg, 225mg, 25mg, 50mg, 75mg</i>	2	QL(90 EA per 30 days)
<i>pregabalin solution 20mg/ml</i>	4	QL(900 ML per 30 days)
<i>primidone tablet 125mg, 250mg, 50mg</i>	2	
SYMPAZAN FILM 10MG, 5MG	4	
SYMPAZAN FILM 20MG	5	NDS
<i>tiagabine hydrochloride tablet 12mg, 16mg, 2mg, 4mg</i>	4	
VALTOCO 10 MG DOSE LIQUID 10MG/0.1ML	5	QL(10 EA per 30 days); NDS
VALTOCO 15 MG DOSE LIQUID THERAPY PACK 7.5MG/0.1ML	5	QL(10 EA per 30 days); NDS
VALTOCO 20 MG DOSE LIQUID THERAPY PACK 10MG/0.1ML	5	QL(10 EA per 30 days); NDS
VALTOCO 5 MG DOSE LIQUID 5MG/0.1ML	5	QL(10 EA per 30 days); NDS
<i>vigabatrin packet 500mg</i>	5	PA; NDS
<i>vigabatrin tablet 500mg</i>	5	PA; NDS
<i>vigadrone packet 500mg</i>	5	PA; NDS
<i>vigadrone tablet 500mg</i>	5	PA; NDS
VIGAFYDE SOLUTION 100MG/ML	5	PA; NDS
<i>vigpoder packet 500mg</i>	5	PA; NDS
ZTALMY SUSPENSION 50MG/ML	5	PA; NDS
<b>Sodium Channel Agents</b>		
<i>carbamazepine er capsule extended release 12 hour 100mg, 200mg, 300mg</i>	4	
<i>carbamazepine er tablet extended release 12 hour 100mg, 200mg, 400mg</i>	4	
<i>carbamazepine suspension 100mg/5ml</i>	3	
<i>carbamazepine tablet chewable 200mg</i>	3	
<i>carbamazepine tablet chewable 100mg</i>	3	
<i>carbamazepine tablet 200mg</i>	3	
DILANTIN CAPSULE 30MG	4	
<i>epitol tablet 200mg</i>	3	
<i>eslicarbazepine acetate tablet 200mg, 400mg, 600mg, 800mg</i>	4	
<i>lacosamide solution 10mg/ml</i>	4	
<i>lacosamide tablet 100mg, 150mg, 200mg, 50mg</i>	4	
<i>oxcarbazepine suspension 300mg/5ml</i>	4	
<i>oxcarbazepine tablet 150mg, 300mg, 600mg</i>	3	
<i>phenytek capsule 200mg, 300mg</i>	3	
<i>phenytoin sodium extended capsule 100mg, 200mg, 300mg</i>	3	

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<i>phenytoin suspension 125mg/5ml</i>	2	
<i>phenytoin tablet chewable 50mg</i>	2	
<i>rufinamide suspension 40mg/ml</i>	5	NDS
<i>rufinamide tablet 200mg</i>	4	
<i>rufinamide tablet 400mg</i>	5	NDS
XCOPRI TABLET THERAPY PACK 0	4	PA; (12.5mg-25mg)
XCOPRI TABLET THERAPY PACK 0	5	PA; NDS
XCOPRI TABLET THERAPY PACK 0	5	PA; NDS; (100mg-150mg)
XCOPRI TABLET 100MG, 150MG, 200MG, 25MG, 50MG	5	PA; NDS
ZONISADE SUSPENSION 100MG/5ML	4	ST
<i>zonisamide capsule 100mg, 25mg, 50mg</i>	2	
<b>Antidementia Agents</b>		
<b>Antidementia Agents, Other</b>		
<i>ergoloid mesylates tablet 1mg</i>	4	
<i>memantine/donepezil hydrochloride er capsule extended release 24 hour 10mg; 14mg, 10mg; 21mg, 10mg; 28mg</i>	3	QL(30 EA per 30 days)
<b>Cholinesterase Inhibitors</b>		
<i>donepezil hcl tablet disintegrating 10mg, 5mg</i>	3	
<i>donepezil hcl tablet 10mg</i>	2	
<i>donepezil hydrochloride tablet 10mg, 5mg</i>	2	
<i>galantamine hydrobromide er capsule extended release 24 hour 16mg, 24mg, 8mg</i>	4	
<i>galantamine hydrobromide solution 4mg/ml</i>	4	
<i>galantamine hydrobromide tablet 12mg, 4mg, 8mg</i>	3	
<i>rivastigmine tartrate capsule 1.5mg, 3mg, 4.5mg, 6mg</i>	4	
<b>N-methyl-D-aspartate (NMDA) Receptor Antagonist</b>		
<i>memantine hcl titration pak tablet 0</i>	2	
<i>memantine hydrochloride tablet 10mg, 5mg</i>	2	
<b>Antidepressants</b>		
<b>Antidepressants, Other</b>		
AUVELITY TABLET EXTENDED RELEASE 105MG; 45MG	4	QL(60 EA per 30 days); ST
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg, 200mg</i>	2	QL(60 EA per 30 days)
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg</i>	2	QL(90 EA per 30 days)
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 300mg</i>	2	QL(30 EA per 30 days)
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg</i>	2	QL(90 EA per 30 days)
<i>bupropion hydrochloride tablet 100mg, 75mg</i>	2	
EXXUA TITRATION PACK TABLET EXTENDED RELEASE 24 HOUR 18.2MG	5	ST; NDS

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EXXUA TABLET EXTENDED RELEASE 24 HOUR 36.3MG, 54.5MG, 72.6MG	5	QL(30 EA per 30 days); ST; NDS
EXXUA TABLET EXTENDED RELEASE 24 HOUR 18.2MG	5	ST; NDS
<i>mirtazapine odt tablet disintegrating 15mg, 30mg, 45mg</i>	3	
<i>mirtazapine tablet 15mg, 30mg, 45mg, 7.5mg</i>	2	
ZURZUVAE CAPSULE 30MG	5	QL(14 EA per 14 days); PA; NDS
ZURZUVAE CAPSULE 20MG, 25MG	5	QL(28 EA per 14 days); PA; NDS
<b>Monoamine Oxidase Inhibitors</b>		
EMSAM PATCH 24 HOUR 12MG/24HR, 6MG/24HR, 9MG/24HR	4	QL(30 EA per 30 days); ST
MARPLAN TABLET 10MG	4	
<i>phenelzine sulfate tablet 15mg</i>	3	
<i>tranylcypromine sulfate tablet 10mg</i>	4	
<b>SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)</b>		
<i>citalopram hydrobromide solution 10mg/5ml</i>	4	
<i>citalopram hydrobromide tablet 10mg, 20mg, 40mg</i>	1	
<i>desvenlafaxine er tablet extended release 24 hour 100mg</i>	4	QL(120 EA per 30 days)
<i>desvenlafaxine er tablet extended release 24 hour 25mg, 50mg</i>	4	QL(30 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG, 60MG	4	QL(60 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 30MG, 40MG	4	QL(90 EA per 30 days)
<i>duloxetine hydrochloride dr capsule delayed release particles 20mg, 60mg</i>	2	QL(60 EA per 30 days)
<i>duloxetine hydrochloride dr capsule delayed release particles 30mg</i>	2	QL(90 EA per 30 days)
<i>escitalopram oxalate solution 5mg/5ml</i>	4	
<i>escitalopram oxalate tablet 10mg, 20mg, 5mg</i>	2	
FETZIMA TITRATION PACK CAPSULE ER 24 HOUR THERAPY PACK 0	4	QL(56 EA per 365 days); ST
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 20MG, 40MG, 80MG	4	QL(30 EA per 30 days); ST
<i>fluoxetine hydrochloride capsule 10mg, 20mg, 40mg</i>	1	
<i>fluoxetine hydrochloride solution 20mg/5ml</i>	4	
<i>fluvoxamine maleate tablet 100mg, 25mg, 50mg</i>	3	
<i>nefazodone hydrochloride tablet 100mg, 150mg, 200mg, 250mg, 50mg</i>	4	
<i>paroxetine hcl tablet 30mg, 40mg</i>	2	
<i>paroxetine hydrochloride suspension 10mg/5ml</i>	4	
<i>paroxetine hydrochloride tablet 10mg, 20mg</i>	2	

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RALDESY SOLUTION 10MG/ML	5	NDS
<i>sertraline hcl concentrate 20mg/ml</i>	4	
<i>sertraline hcl tablet 50mg</i>	1	
<i>sertraline hydrochloride tablet 100mg, 25mg</i>	1	
<i>trazodone hydrochloride tablet 100mg, 150mg, 50mg</i>	2	
TRINTELLIX TABLET 10MG, 20MG, 5MG	4	QL(30 EA per 30 days)
<i>venlafaxine hydrochloride er capsule extended release 24 hour 150mg, 37.5mg, 75mg</i>	2	
<i>venlafaxine hydrochloride tablet 100mg, 25mg, 37.5mg, 50mg, 75mg</i>	2	
<i>vilazodone hydrochloride tablet 10mg, 20mg, 40mg</i>	4	QL(30 EA per 30 days)
<b>Tricyclics</b>		
<i>amitriptyline hcl tablet 100mg, 150mg, 25mg, 75mg</i>	3	
<i>amitriptyline hydrochloride tablet 100mg, 10mg, 25mg, 50mg, 75mg</i>	3	
<i>amoxapine tablet 100mg, 150mg, 25mg, 50mg</i>	4	
<i>clomipramine hydrochloride capsule 25mg, 50mg, 75mg</i>	4	
<i>desipramine hydrochloride tablet 100mg, 10mg, 150mg, 25mg, 50mg, 75mg</i>	4	
<i>doxepin hcl capsule 75mg</i>	3	
<i>doxepin hcl concentrate 10mg/ml</i>	4	
<i>doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg</i>	3	
<i>imipramine hcl tablet 25mg, 50mg</i>	4	
<i>imipramine hydrochloride tablet 10mg</i>	4	
<i>nortriptyline hcl capsule 25mg, 75mg</i>	2	
<i>nortriptyline hcl solution 10mg/5ml</i>	4	
<i>nortriptyline hydrochloride capsule 10mg, 50mg</i>	2	
<i>protriptyline hcl tablet 10mg, 5mg</i>	4	
<i>trimipramine maleate capsule 100mg, 25mg, 50mg</i>	4	
<b>Antiemetics</b>		
<b>Antiemetics, Other</b>		
<i>compro suppository 25mg</i>	4	
<i>meclizine hcl tablet 12.5mg, 25mg</i>	3	
<i>meclizine hydrochloride tablet 25mg</i>	3	
<i>prochlorperazine maleate tablet 10mg, 5mg</i>	2	
<i>prochlorperazine suppository 25mg</i>	4	
<i>promethazine hcl suppository 12.5mg</i>	4	
<i>promethazine hydrochloride plain solution 6.25mg/5ml</i>	4	
<i>promethazine hydrochloride solution 6.25mg/5ml</i>	4	
<i>promethazine hydrochloride tablet 12.5mg, 25mg, 50mg</i>	3	
<i>scopolamine patch 72 hour 1mg/3days</i>	4	
<b>Emetogenic Therapy Adjuncts</b>		
<i>aprepitant capsule therapy pack 0</i>	4	QL(6 EA per 30 days); B/D

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Drug Name	Drug Tier	Requirements/Limits
<i>aprepitant capsule 40mg</i>	4	QL(1 EA per 30 days); B/D
<i>aprepitant capsule 80mg</i>	4	QL(8 EA per 30 days); B/D
<i>aprepitant capsule 125mg</i>	5	QL(2 EA per 30 days); B/D; NDS
<i>dronabinol capsule 10mg, 2.5mg, 5mg</i>	4	QL(60 EA per 30 days); PA
<i>ondansetron hcl solution 4mg/5ml</i>	4	QL(450 ML per 30 days); B/D
<i>ondansetron hydrochloride tablet 4mg, 8mg</i>	2	B/D
<i>ondansetron odt tablet disintegrating 4mg, 8mg</i>	3	B/D
<b>Antifungals</b>		
<b>Antifungals</b>		
ABELCET INJECTION 5MG/ML	4	B/D
<i>amphotericin b liposome injection 50mg</i>	5	B/D; NDS
<i>amphotericin b injection 50mg</i>	4	B/D
<i>casprofungin acetate injection 50mg, 70mg</i>	4	
<i>clotrimazole cream 1%</i>	3	QL(90 GM per 30 days)
<i>clotrimazole troche 10mg</i>	4	
CRESEMBA CAPSULE 186MG, 74.5MG	5	PA; NDS
<i>econazole nitrate cream 1%</i>	3	
<i>fluconazole in sodium chloride injection 200mg/100ml; 0.9%, 400mg/200ml; 0.9%</i>	3	
<i>fluconazole suspension reconstituted 10mg/ml, 40mg/ml</i>	3	
<i>fluconazole tablet 100mg, 150mg, 200mg, 50mg</i>	2	
<i>flucytosine capsule 250mg, 500mg</i>	5	NDS
<i>griseofulvin microsize suspension 125mg/5ml</i>	4	
<i>griseofulvin microsize tablet 500mg</i>	4	
<i>griseofulvin ultramicrosize tablet 125mg, 250mg</i>	4	
<i>itraconazole capsule 100mg</i>	4	PA
JUBLIA SOLUTION 10%	4	
<i>ketoconazole cream 2%</i>	3	QL(90 GM per 30 days)
<i>ketoconazole shampoo 2%</i>	2	
<i>ketoconazole tablet 200mg</i>	3	
<i>klayesta powder 100000unit/gm</i>	3	QL(120 GM per 30 days)
<i>miconazole injection 100mg, 50mg</i>	4	
<i>nyamyc powder 100000unit/gm</i>	3	QL(120 GM per 30 days)
<i>nystatin cream 100000unit/gm</i>	2	
<i>nystatin ointment 100000unit/gm</i>	2	
<i>nystatin powder 100000unit/gm</i>	3	QL(120 GM per 30 days)
<i>nystatin suspension 100000unit/ml</i>	3	
<i>nystatin tablet 500000unit</i>	4	
<i>nystop powder 100000unit/gm</i>	3	QL(120 GM per 30 days)
<i>posaconazole dr tablet delayed release 100mg</i>	4	PA
<i>posaconazole suspension 40mg/ml</i>	5	PA; NDS
<i>terbinafine hcl tablet 250mg</i>	2	QL(84 EA per 180 days)
<i>terconazole cream 0.4%, 0.8%</i>	3	
<i>voriconazole injection 200mg</i>	4	PA

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<i>voriconazole suspension reconstituted 40mg/ml</i>	4	
<i>voriconazole tablet 200mg, 50mg</i>	4	
<b>Antigout Agents</b>		
<b>Antigout Agents</b>		
<i>allopurinol tablet 100mg, 300mg</i>	2	
<i>colchicine tablet 0.6mg</i>	3	
<i>probenecid/colchicine tablet 0.5mg; 500mg</i>	3	
<i>probenecid tablet 500mg</i>	4	
<b>Antimigraine Agents</b>		
<b>Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists</b>		
AIMOVIG INJECTION 140MG/ML	3	QL(1 ML per 28 days); PA
AIMOVIG INJECTION 70MG/ML	3	QL(2 ML per 28 days); PA
EMGALITY INJECTION 120MG/ML	3	QL(2 ML per 28 days); PA
EMGALITY INJECTION 100MG/ML	5	QL(3 ML per 28 days); PA; NDS
NURTEC TABLET DISINTEGRATING 75MG	5	QL(18 EA per 30 days); PA; NDS
QULIPTA TABLET 10MG, 30MG, 60MG	5	QL(30 EA per 30 days); PA; NDS
UBRELVY TABLET 100MG, 50MG	5	QL(16 EA per 30 days); PA; NDS
<b>Ergot Alkaloids</b>		
<i>dihydroergotamine mesylate solution 4mg/ml</i>	4	QL(8 ML per 30 days); PA
<i>ergotamine tartrate/caffeine tablet 100mg; 1mg</i>	3	QL(24 EA per 28 days)
<b>Prophylactic</b>		
<i>timolol maleate tablet 10mg, 20mg, 5mg</i>	3	
<b>Serotonin (5-HT) Receptor Agonist</b>		
<i>rizatriptan benzoate odt tablet disintegrating 10mg, 5mg</i>	3	QL(18 EA per 30 days)
<i>rizatriptan benzoate tablet 10mg, 5mg</i>	2	QL(18 EA per 30 days)
<i>sumatriptan succinate injection 6mg/0.5ml</i>	4	QL(5 ML per 30 days)
<i>sumatriptan succinate tablet 100mg, 25mg, 50mg</i>	2	QL(9 EA per 30 days)
<i>sumatriptan solution 20mg/act, 5mg/act</i>	4	QL(12 EA per 30 days)
<i>zolmitriptan tablet 2.5mg, 5mg</i>	4	QL(12 EA per 30 days)
<b>Antimyasthenic Agents</b>		
<b>Parasympathomimetics</b>		
<i>pyridostigmine bromide tablet 60mg</i>	3	
VYVGART HYTRULO INJECTION 180MG/ML; 2000UNIT/ML	5	PA; NDS
<b>Antimycobacterials</b>		
<b>Antimycobacterials, Other</b>		
<i>dapsone tablet 100mg, 25mg</i>	3	
<i>rifabutin capsule 150mg</i>	4	
<b>Antituberculars</b>		
<i>cycloserine capsule 250mg</i>	5	NDS
<i>ethambutol hydrochloride tablet 100mg, 400mg</i>	3	
ISONIAZID INJECTION 100MG/ML	4	
<i>isoniazid syrup 50mg/5ml</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>isoniazid tablet 100mg, 300mg</i>	2	
PRIFTIN TABLET 150MG	4	
<i>pyrazinamide tablet 500mg</i>	3	
<i>rifampin capsule 150mg, 300mg</i>	4	
<i>rifampin injection 600mg</i>	4	
SIRTURO TABLET 100MG, 20MG	5	NDS
TRECTOR TABLET 250MG	4	
<b>Antineoplastics</b>		
<b>Alkylating Agents</b>		
<i>cisplatin injection 100mg/100ml</i>	4	
<i>cyclophosphamide capsule 25mg, 50mg</i>	3	B/D
GLEOSTINE CAPSULE 100MG, 10MG, 40MG	4	
LEUKERAN TABLET 2MG	5	NDS
<i>lomustine capsule 100mg, 10mg, 40mg</i>	4	
MATULANE CAPSULE 50MG	5	NDS
VALCHLOR GEL 0.016%	5	PA; NDS
<b>Antiandrogens</b>		
<i>abiraterone acetate tablet 250mg, 500mg</i>	4	PA
<i>abirtega tablet 250mg</i>	4	PA
<i>bicalutamide tablet 50mg</i>	3	
ERLEADA TABLET 240MG, 60MG	5	PA; NDS
EULEXIN CAPSULE 125MG	4	
<i>nilutamide tablet 150mg</i>	5	NDS
NUBEQA TABLET 300MG	5	PA; NDS
XTANDI CAPSULE 40MG	5	PA; NDS
XTANDI TABLET 40MG, 80MG	5	PA; NDS
YONSA TABLET 125MG	5	PA; NDS
<b>Antiangiogenic Agents</b>		
<i>lenalidomide capsule 10mg, 15mg, 2.5mg, 20mg, 25mg, 5mg</i>	5	PA; NDS
POMALYST CAPSULE 3MG, 4MG	5	PA; NDS
POMALYST CAPSULE 1MG, 2MG	5	QL(30 EA per 30 days); PA; NDS
THALOMID CAPSULE 100MG, 150MG, 200MG, 50MG	5	PA; NDS
<b>Antiestrogens/Modifiers</b>		
EMCYT CAPSULE 140MG	5	NDS
INLURIYO TABLET 200MG	5	PA; NDS
ORSERDU TABLET 345MG, 86MG	5	PA; NDS
SOLTAMOX SOLUTION 10MG/5ML	4	
<i>tamoxifen citrate tablet 10mg, 20mg</i>	2	
<i>toremifene citrate tablet 60mg</i>	4	
<b>Antimetabolites</b>		
DROXIA CAPSULE 200MG, 300MG, 400MG	3	
<i>hydroxyurea capsule 500mg</i>	2	
<i>mercaptopurine suspension 2000mg/100ml</i>	5	NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>mercaptopurine tablet 50mg</i>	3	
TABLOID TABLET 40MG	4	
<b>Antineoplastics, Other</b>		
AKEEGA TABLET 500MG; 100MG, 500MG; 50MG	5	PA; NDS
IBRANCE TABLET 100MG, 125MG, 75MG	5	PA; NDS
INREBIC CAPSULE 100MG	5	PA; NDS
ITOVEBI TABLET 9MG	5	PA; NDS
ITOVEBI TABLET 3MG	5	QL(60 EA per 30 days); PA; NDS
IWILFIN TABLET 192MG	5	PA; NDS
KISQALI FEMARA 200 DOSE TABLET THERAPY PACK 2.5MG; 200MG	5	PA; NDS
KISQALI FEMARA 400 DOSE TABLET THERAPY PACK 2.5MG; 200MG	5	PA; NDS
KISQALI FEMARA 600 DOSE TABLET THERAPY PACK 2.5MG; 200MG	5	PA; NDS
KOMZIFTI CAPSULE 200MG	5	PA; NDS
LAZCLUZE TABLET 240MG	5	PA; NDS
LAZCLUZE TABLET 80MG	5	QL(60 EA per 30 days); PA; NDS
<i>leucovorin calcium tablet 10mg, 15mg, 25mg, 5mg</i>	3	
LONSURF TABLET 6.14MG; 15MG, 8.19MG; 20MG	5	PA; NDS
LYSODREN TABLET 500MG	5	NDS
MODEYSO CAPSULE 125MG	5	PA; NDS
OGSIVEO TABLET 100MG, 150MG, 50MG	5	PA; NDS
OJEMDA SUSPENSION RECONSTITUTED 25MG/ML	5	PA; NDS
OJEMDA TABLET 100MG	5	PA; NDS
ONUREG TABLET 200MG, 300MG	5	PA; NDS
PHESGO INJECTION 2000UNIT/ML; 60MG/ML; 60MG/ML, 2000UNIT/ML; 80MG/ML; 40MG/ML	5	PA; NDS
REVUFORJ TABLET 110MG, 160MG, 25MG	5	PA; NDS
VONJO CAPSULE 100MG	5	PA; NDS
ZOLINZA CAPSULE 100MG	5	PA; NDS
<b>Aromatase Inhibitors, 3rd Generation</b>		
<i>anastrozole tablet 1mg</i>	2	
<i>exemestane tablet 25mg</i>	4	
<i>letrozole tablet 2.5mg</i>	2	
<b>Enzyme Inhibitors</b>		
AVMAPKI FAKZYNJA CO-PACK THERAPY PACK 0.8MG; 200MG	5	PA; NDS
<i>topotecan hcl injection 4mg</i>	5	NDS
<i>topotecan hydrochloride injection 4mg/4ml</i>	5	NDS
<b>Molecular Target Inhibitors</b>		
ALECENSA CAPSULE 150MG	5	PA; NDS
ALUNBRIG TABLET THERAPY PACK 0	5	QL(60 EA per 365 days); PA; NDS

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ALUNBRIG TABLET 30MG	5	QL(120 EA per 30 days); PA; NDS
ALUNBRIG TABLET 180MG, 90MG	5	QL(30 EA per 30 days); PA; NDS
AUGTYRO CAPSULE 160MG, 40MG	5	PA; NDS
AYVAKIT TABLET 100MG, 200MG, 25MG, 300MG, 50MG	5	QL(30 EA per 30 days); PA; NDS
BALVERSA TABLET 3MG, 4MG, 5MG	5	PA; NDS
BOSULIF CAPSULE 100MG, 50MG	5	PA; NDS
BOSULIF TABLET 100MG, 400MG, 500MG	5	PA; NDS
BRAFTOVI CAPSULE 75MG	5	PA; NDS
BRUKINSA CAPSULE 80MG	5	PA; NDS
BRUKINSA TABLET 160MG	5	PA; NDS
CABOMETYX TABLET 40MG, 60MG	5	PA; NDS
CABOMETYX TABLET 20MG	5	QL(30 EA per 30 days); PA; NDS
CALQUENCE CAPSULE 100MG	5	PA; NDS
CALQUENCE TABLET 100MG	5	PA; NDS
CAPRELSA TABLET 300MG	5	PA; NDS
CAPRELSA TABLET 100MG	5	QL(60 EA per 30 days); PA; NDS
COMETRIQ KIT 0, 20MG	5	PA; NDS
COPIKTRA CAPSULE 15MG, 25MG	5	PA; NDS
COTELLIC TABLET 20MG	5	PA; NDS
DANZITEN TABLET 71MG, 95MG	5	PA; NDS
<i>dasatinib tablet 100mg, 140mg, 20mg, 50mg, 70mg, 80mg</i>	5	PA; NDS
DAURISMO TABLET 100MG, 25MG	5	PA; NDS
ENSACOVE CAPSULE 100MG, 25MG	5	PA; NDS
ERIVEDGE CAPSULE 150MG	5	PA; NDS
<i>erlotinib hydrochloride tablet 100mg, 150mg, 25mg</i>	4	PA
<i>everolimus tablet soluble 2mg, 3mg, 5mg</i>	5	PA; NDS
<i>everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	5	QL(30 EA per 30 days); PA; NDS
EXKIVITY CAPSULE 40MG	5	NDS
FOTIVDA CAPSULE 0.89MG, 1.34MG	5	PA; NDS
FRUZAQLA CAPSULE 1MG, 5MG	5	PA; NDS
GAVRETO CAPSULE 100MG	5	PA; NDS
<i>gefitinib tablet 250mg</i>	5	PA; NDS
GILOTRIF TABLET 20MG, 30MG, 40MG	5	QL(30 EA per 30 days); PA; NDS
GOMEKLI CAPSULE 1MG, 2MG	5	PA; NDS
GOMEKLI TABLET SOLUBLE 1MG	5	PA; NDS
HERNEXEOS TABLET 60MG	5	PA; NDS
HYRNUO TABLET 10MG	5	PA; NDS
IBRANCE CAPSULE 100MG, 125MG, 75MG	5	PA; NDS
IBTROZI CAPSULE 200MG	5	PA; NDS
ICLUSIG TABLET 30MG, 45MG	5	PA; NDS
ICLUSIG TABLET 10MG, 15MG	5	QL(30 EA per 30 days); PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
IDHIFA TABLET 100MG, 50MG	5	QL(30 EA per 30 days); PA; NDS
<i>imatinib mesylate tablet 100mg</i>	3	PA
<i>imatinib mesylate tablet 400mg</i>	4	PA
IMBRUVICA CAPSULE 140MG	5	QL(120 EA per 30 days); PA; NDS
IMBRUVICA CAPSULE 70MG	5	QL(28 EA per 28 days); PA; NDS
IMBRUVICA SUSPENSION 70MG/ML	5	PA; NDS
IMBRUVICA TABLET 420MG	5	PA; NDS
IMBRUVICA TABLET 140MG, 280MG	5	QL(28 EA per 28 days); PA; NDS
IMKELDI SOLUTION 80MG/ML	5	PA; NDS
INLYTA TABLET 1MG, 5MG	5	PA; NDS
INQOVI TABLET 100MG; 35MG	5	PA; NDS
JAKAFI TABLET 15MG, 20MG, 25MG, 5MG	5	PA; NDS
JAKAFI TABLET 10MG	5	QL(60 EA per 30 days); PA; NDS
JAYPIRCA TABLET 100MG	5	PA; NDS
JAYPIRCA TABLET 50MG	5	QL(30 EA per 30 days); PA; NDS
KISQALI TABLET THERAPY PACK 200MG	5	PA; NDS
KOSELUGO CAPSULE SPRINKLE 5MG, 7.5MG	5	PA; NDS
KOSELUGO CAPSULE 10MG, 25MG	5	PA; NDS
KRAZATI TABLET 200MG	5	PA; NDS
<i>lapatinib ditosylate tablet 250mg</i>	5	PA; NDS
LENVIMA 10 MG DAILY DOSE CAPSULE THERAPY PACK 10MG	5	PA; NDS
LENVIMA 12MG DAILY DOSE CAPSULE THERAPY PACK 4MG	5	PA; NDS
LENVIMA 14 MG DAILY DOSE CAPSULE THERAPY PACK 0	5	PA; NDS
LENVIMA 18 MG DAILY DOSE CAPSULE THERAPY PACK 0	5	PA; NDS
LENVIMA 20 MG DAILY DOSE CAPSULE THERAPY PACK 10MG	5	PA; NDS
LENVIMA 24 MG DAILY DOSE CAPSULE THERAPY PACK 0	5	PA; NDS
LENVIMA 4 MG DAILY DOSE CAPSULE THERAPY PACK 4MG	5	PA; NDS
LENVIMA 8 MG DAILY DOSE CAPSULE THERAPY PACK 4MG	5	PA; NDS
LIFYORLI CAPSULE THERAPY PACK 0	5	PA; NDS
LORBRENA TABLET 100MG, 25MG	5	PA; NDS
LUMAKRAS TABLET 120MG, 240MG, 320MG	5	PA; NDS
LYNPARZA TABLET 100MG, 150MG	5	PA; NDS
LYTGOBI TABLET THERAPY PACK 4MG	5	PA; NDS
MEKINIST SOLUTION RECONSTITUTED 0.05MG/ML	5	PA; NDS
MEKINIST TABLET 0.5MG, 2MG	5	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
MEKTOVI TABLET 15MG	5	PA; NDS
NERLYNX TABLET 40MG	5	QL(180 EA per 30 days); PA; NDS
NILOTINIB D-TARTRATE CAPSULE 150MG, 200MG, 50MG	5	PA; NDS
<i>nilotinib hydrochloride capsule 150mg, 200mg, 50mg</i>	5	PA; NDS
NINLARO CAPSULE 2.3MG, 3MG, 4MG	5	PA; NDS
ODOMZO CAPSULE 200MG	5	PA; NDS
OJJAARA TABLET 100MG, 200MG	5	PA; NDS
OJJAARA TABLET 150MG	5	QL(30 EA per 30 days); PA; NDS
<i>pazopanib hydrochloride tablet 200mg, 400mg</i>	5	PA; NDS
PEMAZYRE TABLET 13.5MG, 4.5MG, 9MG	5	QL(30 EA per 30 days); PA; NDS
PIQRAY 200MG DAILY DOSE TABLET THERAPY PACK 200MG	5	PA; NDS
PIQRAY 250MG DAILY DOSE TABLET THERAPY PACK 0	5	PA; NDS
PIQRAY 300MG DAILY DOSE TABLET THERAPY PACK 150MG	5	PA; NDS
QINLOCK TABLET 50MG	5	PA; NDS
RETEVMO CAPSULE 40MG, 80MG	5	PA; NDS
RETEVMO TABLET 120MG, 160MG	5	PA; NDS
RETEVMO TABLET 80MG	5	QL(60 EA per 30 days); PA; NDS
RETEVMO TABLET 40MG	5	QL(90 EA per 30 days); PA; NDS
REZLIDHIA CAPSULE 150MG	5	PA; NDS
ROMVIMZA CAPSULE 14MG, 20MG, 30MG	5	PA; NDS
ROZLYTREK CAPSULE 100MG, 200MG	5	PA; NDS
ROZLYTREK PACKET 50MG	5	PA; NDS
RUBRACA TABLET 250MG, 300MG	5	PA; NDS
RUBRACA TABLET 200MG	5	QL(120 EA per 30 days); PA; NDS
RYDAPT CAPSULE 25MG	5	PA; NDS
SCEMBLIX TABLET 100MG	5	QL(120 EA per 30 days); PA; NDS
SCEMBLIX TABLET 40MG	5	QL(240 EA per 30 days); PA; NDS
SCEMBLIX TABLET 20MG	5	QL(60 EA per 30 days); PA; NDS
<i>sorafenib tosylate tablet 200mg</i>	5	PA; NDS
<i>sorafenib tablet 200mg</i>	5	PA; NDS
STIVARGA TABLET 40MG	5	PA; NDS
<i>sunitinib malate capsule 12.5mg, 25mg, 37.5mg, 50mg</i>	5	PA; NDS
TABRECTA TABLET 150MG, 200MG	5	QL(120 EA per 30 days); PA; NDS
TAFINLAR CAPSULE 50MG, 75MG	5	PA; NDS
TAFINLAR TABLET SOLUBLE 10MG	5	PA; NDS

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TAGRISSE TABLET 80MG	5	PA; NDS
TAGRISSE TABLET 40MG	5	QL(30 EA per 30 days); PA; NDS
TALZENNA CAPSULE 0.1MG, 0.25MG, 0.35MG, 0.5MG, 0.75MG, 1MG	5	PA; NDS
TAZVERIK TABLET 200MG	5	PA; NDS
TEPMETKO TABLET 225MG	5	PA; NDS
TIBSOVO TABLET 250MG	5	PA; NDS
<i>torpenz tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	5	QL(30 EA per 30 days); PA; NDS
TRUQAP TABLET THERAPY PACK 160MG, 200MG	5	PA; NDS
TRUQAP TABLET 160MG, 200MG	5	PA; NDS
TUKYSA TABLET 150MG, 50MG	5	PA; NDS
TURALIO CAPSULE 125MG	5	PA; NDS
VANFLYTA TABLET 17.7MG, 26.5MG	5	PA; NDS
VENCLEXTA STARTING PACK TABLET THERAPY PACK 0	5	PA; NDS
VENCLEXTA TABLET 10MG	4	PA
VENCLEXTA TABLET 100MG, 50MG	5	PA; NDS
VERZENIO TABLET 100MG, 150MG, 200MG, 50MG	5	PA; NDS
VITRAKVI CAPSULE 100MG, 25MG	5	PA; NDS
VITRAKVI SOLUTION 20MG/ML	5	PA; NDS
VIZIMPRO TABLET 15MG, 30MG, 45MG	5	PA; NDS
XALKORI CAPSULE SPRINKLE 150MG, 20MG, 50MG	5	PA; NDS
XALKORI CAPSULE 200MG, 250MG	5	PA; NDS
XOSPATA TABLET 40MG	5	PA; NDS
XPOVIO 60 MG TWICE WEEKLY TABLET THERAPY PACK 20MG	5	PA; NDS
XPOVIO 80 MG TWICE WEEKLY TABLET THERAPY PACK 20MG	5	PA; NDS
XPOVIO TABLET THERAPY PACK 10MG, 40MG, 50MG, 60MG, 80MG	5	PA; NDS
ZEJULA TABLET 200MG, 300MG	5	PA; NDS
ZEJULA TABLET 100MG	5	QL(30 EA per 30 days); PA; NDS
ZELBORAF TABLET 240MG	5	PA; NDS
ZYDELIG TABLET 100MG, 150MG	5	PA; NDS
ZYKADIA TABLET 150MG	5	PA; NDS
<b>Monoclonal Antibodies/Antibody-Drug Conjugates</b>		
TEVIMBRA INJECTION 100MG/10ML	5	PA; NDS
<b>Retinoids</b>		
<i>bexarotene capsule 75mg</i>	5	PA; NDS
<i>bexarotene gel 1%</i>	5	PA; NDS
PANRETIN GEL 0.1%	5	NDS
<i>tretinoin capsule 10mg</i>	5	NDS
<b>Treatment Adjuncts</b>		
<i>mesna tablet 400mg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
VORANIGO TABLET 40MG	5	PA; NDS
VORANIGO TABLET 10MG	5	QL(60 EA per 30 days); PA; NDS
<b>Antiparasitics</b>		
<b>Anthelmintics</b>		
<i>albendazole tablet 200mg</i>	4	
<i>ivermectin tablet 3mg, 6mg</i>	2	PA
<i>praziquantel tablet 600mg</i>	4	
<b>Antiprotozoals</b>		
ALINIA SUSPENSION RECONSTITUTED 100MG/5ML	5	NDS
<i>atovaquone/proguanil hcl tablet 62.5mg; 25mg</i>	4	
<i>atovaquone/proguanil hydrochloride tablet 250mg; 100mg</i>	4	
<i>atovaquone suspension 750mg/5ml</i>	4	
<i>benznidazole tablet 100mg, 12.5mg</i>	4	
<i>chloroquine phosphate tablet 250mg, 500mg</i>	4	
COARTEM TABLET 20MG; 120MG	4	
<i>hydroxychloroquine sulfate tablet 100mg, 200mg</i>	3	
<i>mefloquine hydrochloride tablet 250mg</i>	3	
<i>nitazoxanide tablet 500mg</i>	5	NDS
<i>pentamidine isethionate injection 300mg</i>	4	
<i>pentamidine isethionate inhalation solution reconstituted 300mg</i>	3	B/D
<i>primaquine phosphate tablet 26.3mg</i>	3	
<i>pyrimethamine tablet 25mg</i>	5	PA; NDS
<i>quinine sulfate capsule 324mg</i>	4	PA
<b>Antiparkinson Agents</b>		
<b>Anticholinergics</b>		
<i>benztropine mesylate tablet 0.5mg, 1mg, 2mg</i>	2	
<i>trihexyphenidyl hydrochloride tablet 2mg, 5mg</i>	3	
<b>Antiparkinson Agents, Other</b>		
<i>entacapone tablet 200mg</i>	3	
<b>Dopamine Agonists</b>		
<i>bromocriptine mesylate capsule 5mg</i>	4	
<i>bromocriptine mesylate tablet 2.5mg</i>	4	
<i>pramipexole dihydrochloride tablet 0.125mg, 0.25mg, 0.5mg, 0.75mg, 1.5mg, 1mg</i>	2	
<i>ropinirole hcl tablet 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	2	
<i>ropinirole hydrochloride tablet 0.25mg, 3mg</i>	2	
<b>Dopamine Precursors and/or L-Amino Acid</b>		
<b>Decarboxylase Inhibitors</b>		
<i>carbidopa/levodopa er tablet extended release 25mg; 100mg, 50mg; 200mg</i>	3	
<i>carbidopa/levodopa odt tablet disintegrating 10mg; 100mg, 25mg; 100mg, 25mg; 250mg</i>	4	

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<i>carbidopa/levodopa tablet 10mg; 100mg, 25mg; 100mg, 25mg; 250mg</i>	2	
INBRIJA CAPSULE 42MG	5	PA; NDS
<b>Monoamine Oxidase B (MAO-B) Inhibitors</b>		
<i>rasagiline mesylate tablet 0.5mg, 1mg</i>	4	
<i>selegiline hcl capsule 5mg</i>	3	
<i>selegiline hcl tablet 5mg</i>	3	
<b>Antipsychotics</b>		
<b>1st Generation/Typical</b>		
<i>chlorpromazine hydrochloride concentrate 100mg/ml, 30mg/ml</i>	4	
<i>chlorpromazine hydrochloride tablet 100mg, 10mg, 200mg, 25mg, 50mg</i>	4	
<i>fluphenazine decanoate injection 25mg/ml</i>	4	
<i>fluphenazine hcl concentrate 5mg/ml</i>	4	
<i>fluphenazine hydrochloride elixir 2.5mg/5ml</i>	4	
<i>fluphenazine hydrochloride injection 2.5mg/ml</i>	4	
<i>fluphenazine hydrochloride tablet 10mg, 1mg, 2.5mg, 5mg</i>	4	
<i>haloperidol decanoate injection 100mg/ml, 50mg/ml</i>	4	
<i>haloperidol lactate injection 5mg/ml</i>	4	
<i>haloperidol concentrate 2mg/ml</i>	2	
<i>haloperidol tablet 0.5mg, 10mg, 1mg, 2mg, 5mg</i>	2	
<i>haloperidol tablet 20mg</i>	3	
<i>loxapine capsule 10mg, 25mg, 50mg, 5mg</i>	3	
<i>molindone hydrochloride tablet 10mg, 25mg, 5mg</i>	4	
<i>perphenazine tablet 16mg, 2mg, 4mg, 8mg</i>	4	
<i>pimozide tablet 1mg, 2mg</i>	4	
<i>thioridazine hydrochloride tablet 100mg, 10mg, 25mg, 50mg</i>	3	
<i>thiothixene capsule 10mg, 1mg, 2mg, 5mg</i>	4	
<i>trifluoperazine hcl tablet 10mg, 2mg, 5mg</i>	3	
<i>trifluoperazine hydrochloride tablet 1mg</i>	3	
<b>2nd Generation/Atypical</b>		
ABILIFY MAINTENA INJECTION 300MG, 400MG	5	NDS
<i>aripiprazole odt tablet disintegrating 10mg, 15mg</i>	4	QL(60 EA per 30 days)
<i>aripiprazole solution 1mg/ml</i>	4	QL(750 ML per 30 days)
<i>aripiprazole tablet 10mg, 15mg, 20mg, 2mg, 30mg, 5mg</i>	3	QL(30 EA per 30 days)
ARISTADA INITIO INJECTION 675MG/2.4ML	5	NDS
ARISTADA INJECTION 1064MG/3.9ML, 441MG/1.6ML, 662MG/2.4ML, 882MG/3.2ML	5	NDS
<i>asenapine maleate sl tablet sublingual 10mg, 2.5mg, 5mg</i>	4	QL(60 EA per 30 days)
CAPLYTA CAPSULE 10.5MG, 21MG, 42MG	5	QL(30 EA per 30 days); PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
FANAPT TITRATION PACK A TABLET 0	4	QL(16 EA per 365 days); ST
FANAPT TITRATION PACK B TABLET 0	4	QL(24 EA per 365 days); ST
FANAPT TITRATION PACK C TABLET 0	4	QL(16 EA per 365 days); ST
FANAPT TABLET 10MG, 12MG, 1MG, 2MG, 4MG, 6MG, 8MG	5	QL(60 EA per 30 days); ST; NDS
INVEGA HAFYERA INJECTION 1092MG/3.5ML, 1560MG/5ML	5	ST; NDS
INVEGA SUSTENNA INJECTION 39MG/0.25ML	4	
INVEGA SUSTENNA INJECTION 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	5	NDS
INVEGA TRINZA INJECTION 273MG/0.88ML, 410MG/1.32ML, 546MG/1.75ML, 819MG/2.63ML	5	NDS
<i>lurasidone hydrochloride tablet 120mg, 20mg, 40mg, 60mg</i>	4	QL(30 EA per 30 days)
<i>lurasidone hydrochloride tablet 80mg</i>	4	QL(60 EA per 30 days)
LYBALVI TABLET 10MG; 10MG, 15MG; 10MG, 20MG; 10MG, 5MG; 10MG	5	QL(30 EA per 30 days); ST; NDS
NUPLAZID CAPSULE 34MG	5	PA; NDS
NUPLAZID TABLET 10MG	5	PA; NDS
<i>olanzapine odt tablet disintegrating 10mg, 15mg, 20mg, 5mg</i>	4	QL(30 EA per 30 days)
<i>olanzapine injection 10mg</i>	4	
<i>olanzapine tablet 10mg, 15mg, 2.5mg, 20mg, 5mg, 7.5mg</i>	2	QL(30 EA per 30 days)
OPIPZA FILM 2MG	5	QL(30 EA per 30 days); PA; NDS
OPIPZA FILM 10MG, 5MG	5	QL(90 EA per 30 days); PA; NDS
<i>paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg</i>	4	QL(30 EA per 30 days)
<i>paliperidone er tablet extended release 24 hour 6mg</i>	4	QL(60 EA per 30 days)
PERSERIS INJECTION 120MG, 90MG	5	NDS
<i>quetiapine fumarate er tablet extended release 24 hour 150mg, 300mg, 400mg, 50mg</i>	4	QL(60 EA per 30 days)
<i>quetiapine fumarate er tablet extended release 24 hour 200mg</i>	4	QL(90 EA per 30 days)
<i>quetiapine fumarate tablet 300mg, 400mg</i>	2	QL(60 EA per 30 days)
<i>quetiapine fumarate tablet 150mg</i>	2	QL(90 EA per 30 days)
<i>quetiapine fumarate tablet 100mg, 200mg, 25mg, 50mg</i>	2	QL(90 EA per 30 days)
REXULTI TABLET 0.25MG, 0.5MG, 1MG, 2MG, 3MG, 4MG	5	QL(30 EA per 30 days); NDS
<i>risperidone er injection 12.5mg, 25mg</i>	4	
<i>risperidone er injection 37.5mg, 50mg</i>	5	NDS
<i>risperidone odt tablet disintegrating 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg</i>	4	QL(60 EA per 30 days)
<i>risperidone solution 1mg/ml</i>	3	QL(240 ML per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>risperidone tablet 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg</i>	2	QL(60 EA per 30 days)
SECUADO PATCH 24 HOUR 3.8MG/24HR, 5.7MG/24HR, 7.6MG/24HR	5	QL(30 EA per 30 days); ST; NDS
VRAYLAR CAPSULE 1.5MG, 3MG, 4.5MG, 6MG	5	QL(30 EA per 30 days); NDS
VRAYLAR CAPSULE 0.5MG, 0.75MG	5	QL(30 EA per 30 days); NDS
<i>ziprasidone hcl capsule 20mg, 40mg, 60mg, 80mg</i>	3	QL(60 EA per 30 days)
<i>ziprasidone mesylate injection 20mg</i>	4	QL(60 EA per 30 days)
ZYPREXA RELPREVV INJECTION 210MG	4	
ZYPREXA RELPREVV INJECTION 300MG, 405MG	5	NDS
<b>Treatment-Resistant</b>		
<i>clozapine odt tablet disintegrating 200mg</i>	4	QL(120 EA per 30 days)
<i>clozapine odt tablet disintegrating 150mg</i>	4	QL(180 EA per 30 days)
<i>clozapine odt tablet disintegrating 100mg, 25mg</i>	4	QL(270 EA per 30 days)
<i>clozapine odt tablet disintegrating 12.5mg</i>	4	QL(90 EA per 30 days)
<i>clozapine tablet 50mg</i>	3	QL(180 EA per 30 days)
<i>clozapine tablet 25mg</i>	3	QL(270 EA per 30 days)
<i>clozapine tablet 200mg</i>	4	QL(120 EA per 30 days)
<i>clozapine tablet 100mg</i>	4	QL(270 EA per 30 days)
VERSACLOZ SUSPENSION 50MG/ML	5	QL(540 ML per 30 days); NDS
<b>Antispasticity Agents</b>		
<b>Antispasticity Agents</b>		
<i>baclofen tablet 10mg, 20mg</i>	2	
<i>baclofen tablet 5mg</i>	3	
<i>dantrolene sodium capsule 100mg, 25mg</i>	4	
<i>tizanidine hcl tablet 2mg</i>	2	
<i>tizanidine hydrochloride tablet 4mg</i>	2	
<b>Antivirals</b>		
<b>Anti-cytomegalovirus (CMV) Agents</b>		
<i>ganciclovir injection 500mg</i>	3	B/D
<i>ganciclovir injection 500mg/10ml</i>	3	B/D
LIVTENCITY TABLET 200MG	5	NDS
PREVYMIS PACKET 120MG, 20MG	5	NDS
PREVYMIS TABLET 240MG, 480MG	5	NDS
<i>valganciclovir hydrochloride solution reconstituted 50mg/ml</i>	4	
<i>valganciclovir tablet 450mg</i>	3	
<b>Anti-hepatitis B (HBV) Agents</b>		
<i>adefovir dipivoxil tablet 10mg</i>	4	
BARACLUDE SOLUTION 0.05MG/ML	4	QL(600 ML per 30 days)
<i>entecavir tablet 0.5mg, 1mg</i>	4	QL(30 EA per 30 days)
<i>lamivudine tablet 100mg</i>	3	
<b>Anti-hepatitis C (HCV) Agents</b>		
MAVYRET PACKET 50MG; 20MG	5	QL(560 EA per 365 days); PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
MAVYRET TABLET 100MG; 40MG	5	QL(336 EA per 365 days); PA; NDS
<i>ribavirin tablet 200mg</i>	3	
VOSEVI TABLET 400MG; 100MG; 100MG	5	QL(84 EA per 365 days); PA; NDS
<b>Anti-HIV Agents, Integrase Inhibitors (INSTI)</b>		
BIKTARVY TABLET 30MG; 120MG; 15MG, 50MG; 200MG; 25MG	5	QL(30 EA per 30 days); NDS
DOVATO TABLET 50MG; 300MG	5	QL(30 EA per 30 days); NDS
GENVOYA TABLET 150MG; 150MG; 200MG; 10MG	5	QL(30 EA per 30 days); NDS
ISENTRESS HD TABLET 600MG	5	QL(60 EA per 30 days); NDS
ISENTRESS PACKET 100MG	5	QL(60 EA per 30 days); NDS
ISENTRESS TABLET CHEWABLE 25MG	3	QL(180 EA per 30 days)
ISENTRESS TABLET CHEWABLE 100MG	4	QL(180 EA per 30 days)
ISENTRESS TABLET 400MG	5	QL(60 EA per 30 days); NDS
JULUCA TABLET 50MG; 25MG	5	QL(30 EA per 30 days); NDS
STRIBILD TABLET 150MG; 150MG; 200MG; 300MG	5	QL(30 EA per 30 days); NDS
TIVICAY PD TABLET SOLUBLE 5MG	4	QL(180 EA per 30 days)
TIVICAY TABLET 10MG	4	QL(30 EA per 30 days)
TIVICAY TABLET 25MG	5	QL(30 EA per 30 days); NDS
TIVICAY TABLET 50MG	5	QL(60 EA per 30 days); NDS
VOCABRIA TABLET 30MG	5	NDS
<b>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</b>		
DELSTRIGO TABLET 100MG; 300MG; 300MG	5	QL(30 EA per 30 days); NDS
EDURANT PED TABLET SOLUBLE 2.5MG	5	QL(180 EA per 30 days); NDS
EDURANT TABLET 25MG	5	QL(30 EA per 30 days); NDS
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate tablet 600mg; 200mg; 300mg</i>	3	QL(30 EA per 30 days)
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate tablet 400mg; 300mg; 300mg, 600mg; 300mg; 300mg</i>	5	QL(30 EA per 30 days); NDS
<i>efavirenz capsule 200mg, 50mg</i>	4	QL(90 EA per 30 days)
<i>efavirenz tablet 600mg</i>	4	QL(30 EA per 30 days)
<i>emtricitabine/rilpivirine/tenofovir disoproxil fumarate tablet 200mg; 25mg; 300mg</i>	5	QL(30 EA per 30 days); NDS
<i>etravirine tablet 100mg</i>	4	QL(60 EA per 30 days)
<i>etravirine tablet 200mg</i>	5	QL(60 EA per 30 days); NDS
INTELENCE TABLET 25MG	4	QL(120 EA per 30 days)
<i>nevirapine er tablet extended release 24 hour 400mg</i>	4	QL(30 EA per 30 days)
<i>nevirapine suspension 50mg/5ml</i>	3	QL(1200 ML per 30 days)
<i>nevirapine tablet 200mg</i>	2	QL(60 EA per 30 days)
PIFELTRO TABLET 100MG	5	QL(30 EA per 30 days); NDS
<i>rilpivirine hydrochloride tablet 25mg</i>	5	QL(30 EA per 30 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
<b>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</b>		
<i>abacavir sulfate/lamivudine tablet 600mg; 300mg</i>	4	QL(30 EA per 30 days)
<i>abacavir sulfate tablet 300mg</i>	3	QL(60 EA per 30 days)
<i>abacavir solution 20mg/ml</i>	4	QL(960 ML per 30 days)
<i>abacavir tablet 300mg</i>	3	QL(60 EA per 30 days)
CIMDUO TABLET 300MG; 300MG	5	QL(30 EA per 30 days); NDS
DESCOVY TABLET 120MG; 15MG, 200MG; 25MG	5	QL(30 EA per 30 days); NDS
<i>emtricitabine/tenofovir disoproxil fumarate tablet 200mg; 300mg</i>	2	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg</i>	4	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 133mg; 200mg</i>	5	QL(30 EA per 30 days); NDS
<i>emtricitabine/tenofovir disoproxil tablet 167mg; 250mg</i>	4	QL(30 EA per 30 days)
<i>emtricitabine capsule 200mg</i>	4	QL(30 EA per 30 days)
EMTRIVA SOLUTION 10MG/ML	4	QL(850 ML per 30 days)
<i>lamivudine/zidovudine tablet 150mg; 300mg</i>	3	QL(60 EA per 30 days)
<i>lamivudine solution 10mg/ml</i>	4	QL(960 ML per 30 days)
<i>lamivudine tablet 150mg</i>	2	QL(60 EA per 30 days)
<i>lamivudine tablet 300mg</i>	4	QL(30 EA per 30 days)
ODEFSEY TABLET 200MG; 25MG; 25MG	5	QL(30 EA per 30 days); NDS
<i>tenofovir disoproxil fumarate tablet 300mg</i>	4	QL(30 EA per 30 days)
TRIUMEQ PD TABLET SOLUBLE 60MG; 5MG; 30MG	4	QL(180 EA per 30 days)
TRIUMEQ TABLET 600MG; 50MG; 300MG	5	QL(30 EA per 30 days); NDS
VIREAD POWDER 40MG/GM	5	QL(240 GM per 30 days); NDS
VIREAD TABLET 150MG, 200MG, 250MG	5	QL(30 EA per 30 days); NDS
<i>zidovudine capsule 100mg</i>	3	QL(180 EA per 30 days)
<i>zidovudine syrup 50mg/5ml</i>	3	QL(1920 ML per 30 days)
<i>zidovudine tablet 300mg</i>	3	QL(60 EA per 30 days)
<b>Anti-HIV Agents, Other</b>		
FUZEON INJECTION 90MG	5	NDS
<i>maraviroc tablet 300mg</i>	5	QL(120 EA per 30 days); NDS
<i>maraviroc tablet 150mg</i>	5	QL(60 EA per 30 days); NDS
RUKOBIA TABLET EXTENDED RELEASE 12 HOUR 600MG	5	QL(60 EA per 30 days); NDS
SELZENTRY SOLUTION 20MG/ML	5	NDS
SELZENTRY TABLET 25MG	4	QL(480 EA per 30 days)
SELZENTRY TABLET 75MG	5	QL(60 EA per 30 days); NDS
SUNLENCA TABLET THERAPY PACK 300MG	5	QL(10 EA per 365 days); NDS; (5 X 300 MG Pack)
SUNLENCA TABLET THERAPY PACK 300MG	5	QL(8 EA per 365 days); NDS; (4 X 300 MG Pack)
SUNLENCA TABLET 300MG	5	QL(24 EA per 168 days); NDS

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TYBOST TABLET 150MG	3	QL(30 EA per 30 days)
<b>Anti-HIV Agents, Protease Inhibitors (PI)</b>		
APTIVUS CAPSULE 250MG	5	QL(120 EA per 30 days); NDS
<i>atazanavir sulfate capsule 300mg</i>	4	QL(30 EA per 30 days)
<i>atazanavir capsule 150mg</i>	4	
<i>atazanavir capsule 200mg</i>	4	QL(60 EA per 30 days)
<i>darunavir tablet 800mg</i>	4	QL(30 EA per 30 days)
<i>darunavir tablet 600mg</i>	4	QL(60 EA per 30 days)
EVOTAZ TABLET 300MG; 150MG	5	QL(30 EA per 30 days); NDS
<i>fosamprenavir calcium tablet 700mg</i>	5	QL(120 EA per 30 days); NDS
KALETRA SOLUTION 400MG/5ML; 100MG/5ML	4	
LEXIVA SUSPENSION 50MG/ML	4	QL(1800 ML per 30 days)
<i>lopinavir/ritonavir solution 400mg/5ml; 100mg/5ml</i>	4	
<i>lopinavir/ritonavir tablet 100mg; 25mg, 200mg; 50mg</i>	4	
NORVIR PACKET 100MG	4	QL(360 EA per 30 days)
PREZCOBIX TABLET 150MG; 800MG	5	QL(30 EA per 30 days); NDS
PREZCOBIX TABLET 150MG; 675MG	5	QL(30 EA per 30 days); NDS
PREZISTA SUSPENSION 100MG/ML	5	QL(400 ML per 30 days); NDS
PREZISTA TABLET 150MG	4	QL(180 EA per 30 days)
PREZISTA TABLET 75MG	4	QL(300 EA per 30 days)
REYATAZ PACKET 50MG	5	QL(180 EA per 30 days); NDS
<i>ritonavir tablet 100mg</i>	3	QL(360 EA per 30 days)
SYMTUZA TABLET 150MG; 800MG; 200MG; 10MG	5	QL(30 EA per 30 days); NDS
VIRACEPT TABLET 625MG	5	QL(120 EA per 30 days); NDS
VIRACEPT TABLET 250MG	5	QL(300 EA per 30 days); NDS
<b>Anti-influenza Agents</b>		
<i>amantadine hcl capsule 100mg</i>	3	
<i>amantadine hcl solution 50mg/5ml</i>	2	
<i>oseltamivir phosphate capsule 75mg</i>	3	QL(110 EA per 365 days)
<i>oseltamivir phosphate capsule 30mg</i>	3	QL(168 EA per 365 days)
<i>oseltamivir phosphate capsule 45mg</i>	3	QL(84 EA per 365 days)
<i>oseltamivir phosphate suspension reconstituted 6mg/ml</i>	3	QL(1080 ML per 365 days)
XOFLUZA TABLET THERAPY PACK 40MG, 80MG	3	
<b>Antitherpetic Agents</b>		
<i>acyclovir sodium injection 50mg/ml</i>	4	B/D
<i>acyclovir capsule 200mg</i>	2	
<i>acyclovir suspension 200mg/5ml</i>	4	
<i>acyclovir tablet 400mg, 800mg</i>	2	
<i>famciclovir tablet 125mg, 250mg, 500mg</i>	3	
<i>valacyclovir hydrochloride tablet 1gm, 500mg</i>	3	QL(120 EA per 30 days)
VYJUVEK GEL 0	5	PA; NDS
<b>Antiviral, Coronavirus Agents</b>		
LAGEVRIO CAPSULE 200MG	3	QL(40 EA per 5 days)

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

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Drug Name	Drug Tier	Requirements/Limits
<i>glipizide/metformin hydrochloride tablet 2.5mg; 250mg, 2.5mg; 500mg, 5mg; 500mg</i>	6	
<i>glipizide tablet 2.5mg</i>	6	
<i>glipizide tablet 10mg, 5mg</i>	6	
<i>glyburide/metformin hydrochloride tablet 1.25mg; 250mg, 2.5mg; 500mg, 5mg; 500mg</i>	6	
<i>glyburide tablet 1.25mg, 2.5mg, 5mg</i>	6	
GLYXAMBI TABLET 10MG; 5MG, 25MG; 5MG	3	
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 100MG, 1000MG; 50MG, 500MG; 50MG	3	
JANUMET TABLET 1000MG; 50MG, 500MG; 50MG	3	
JANUVIA TABLET 100MG, 25MG, 50MG	3	QL(30 EA per 30 days)
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG, 5MG; 1000MG	3	
JENTADUETO TABLET 2.5MG; 1000MG, 2.5MG; 500MG, 2.5MG; 850MG	3	
<i>metformin hydrochloride er tablet extended release 24 hour 500mg, 750mg</i>	6	
<i>metformin hydrochloride tablet 1000mg, 500mg, 850mg</i>	6	
MOUNJARO INJECTION 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML, 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML	3	QL(2 ML per 28 days); PA
<i>nateglinide tablet 120mg, 60mg</i>	6	
OZEMPIC INJECTION 2MG/3ML	3	QL(3 ML per 28 days); PA
OZEMPIC INJECTION 4MG/3ML, 8MG/3ML	3	QL(3 ML per 28 days); PA
<i>pioglitazone hcl/metformin hcl tablet 500mg; 15mg, 850mg; 15mg</i>	6	
<i>pioglitazone hcl tablet 45mg</i>	6	
<i>pioglitazone hydrochloride tablet 15mg, 30mg</i>	6	
<i>repaglinide tablet 0.5mg, 1mg, 2mg</i>	6	
RYBELSUS TABLET 14MG, 7MG	3	QL(30 EA per 30 days); PA
RYBELSUS TABLET 3MG	3	QL(60 EA per 365 days); PA
SOLIQUA 100/33 INJECTION 100UNIT/ML; 33MCG/ML	3	
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 12.5MG; 1000MG, 25MG; 1000MG, 5MG; 1000MG	3	
SYNJARDY TABLET 12.5MG; 1000MG, 12.5MG; 500MG, 5MG; 1000MG, 5MG; 500MG	3	
TRADJENTA TABLET 5MG	3	QL(30 EA per 30 days)
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 5MG; 1000MG, 12.5MG; 2.5MG; 1000MG, 25MG; 5MG; 1000MG, 5MG; 2.5MG; 1000MG	3	
TRULICITY INJECTION 0.75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML	3	QL(2 ML per 28 days); PA

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Drug Name	Drug Tier	Requirements/Limits
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 10MG; 500MG, 2.5MG; 1000MG, 5MG; 1000MG, 5MG; 500MG	3	
<b>Glycemic Agents</b>		
BAQSIMI ONE PACK POWDER 3MG/DOSE	3	
BAQSIMI TWO PACK POWDER 3MG/DOSE	3	
<i>diazoxide suspension 50mg/ml</i>	4	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJECTION 1MG	3	
<i>glucagon emergency kit injection 1mg</i>	3	
GVOKE HYPOPEN 1-PACK INJECTION 0.5MG/0.1ML, 1MG/0.2ML	3	
GVOKE HYPOPEN 2-PACK INJECTION 0.5MG/0.1ML, 1MG/0.2ML	3	
GVOKE KIT INJECTION 1MG/0.2ML	3	
GVOKE PFS INJECTION 0.5MG/0.1ML, 1MG/0.2ML	3	
<b>Insulins</b>		
FIASP FLEXTOUCH INJECTION 100UNIT/ML	3	
FIASP PENFILL INJECTION 100UNIT/ML	3	
FIASP INJECTION 100UNIT/ML	3	
HUMALOG JUNIOR KWIKPEN INJECTION 100UNIT/ML	3	
HUMALOG KWIKPEN INJECTION 100UNIT/ML, 200UNIT/ML	3	
HUMALOG MIX 50/50 KWIKPEN INJECTION 50UNIT/ML; 50UNIT/ML	3	
HUMALOG MIX 50/50 INJECTION 50UNIT/ML; 50UNIT/ML	3	
HUMALOG MIX 75/25 KWIKPEN INJECTION 25UNIT/ML; 75UNIT/ML	3	
HUMALOG MIX 75/25 INJECTION 25UNIT/ML; 75UNIT/ML	3	
HUMALOG INJECTION 100UNIT/ML	3	
HUMULIN 70/30 KWIKPEN INJECTION 30UNIT/ML; 70UNIT/ML	3	
HUMULIN 70/30 INJECTION 30UNIT/ML; 70UNIT/ML	3	
HUMULIN N KWIKPEN INJECTION 100UNIT/ML	3	
HUMULIN N INJECTION 100UNIT/ML	3	
HUMULIN R U-500 (CONCENTRATED) INJECTION 500UNIT/ML	3	
HUMULIN R U-500 KWIKPEN INJECTION 500UNIT/ML	3	
HUMULIN R INJECTION 100UNIT/ML	3	
INSULIN ASPART FLEXPEN INJECTION 100UNIT/ML	3	
INSULIN ASPART PENFILL INJECTION 100UNIT/ML	3	

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

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Drug Name	Drug Tier	Requirements/Limits
<b>Anticoagulants</b>		
<i>dabigatran etexilate capsule 110mg, 150mg, 75mg</i>	4	QL(60 EA per 30 days)
ELIQUIS STARTER PACK TABLET THERAPY PACK 5MG	3	QL(148 EA per 365 days)
ELIQUIS CAPSULE SPRINKLE 0.15MG	3	QL(84 EA per 28 days)
ELIQUIS TABLET SOLUBLE 0.5MG	3	QL(140 EA per 28 days)
ELIQUIS TABLET SOLUBLE 0.5MG	3	QL(420 EA per 28 days); PACK 3 X 0.5 MG (1.5MG)
ELIQUIS TABLET SOLUBLE 0.5MG	3	QL(560 EA per 28 days); PACK 4 X 0.5MG (2MG)
ELIQUIS TABLET 2.5MG	3	QL(60 EA per 30 days)
ELIQUIS TABLET 5MG	3	QL(90 EA per 30 days)
<i>enoxaparin sodium injection 100mg/ml, 120mg/0.8ml, 150mg/ml, 300mg/3ml, 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml</i>	4	
<i>fondaparinux sodium injection 10mg/0.8ml, 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	4	
<i>heparin sodium injection 5000unit/ml</i>	3	
<i>jantoven tablet 10mg, 1mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg, 7.5mg</i>	1	
<i>warfarin sodium tablet 10mg, 1mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg, 7.5mg</i>	1	
XARELTO STARTER PACK TABLET THERAPY PACK 0	3	QL(102 EA per 365 days)
XARELTO SUSPENSION RECONSTITUTED 1MG/ML	3	QL(600 ML per 30 days)
XARELTO TABLET 10MG, 20MG	3	QL(30 EA per 30 days)
XARELTO TABLET 2.5MG	3	QL(360 EA per 30 days)
XARELTO TABLET 15MG	3	QL(60 EA per 30 days)
<b>Blood Products and Modifiers, Other</b>		
<i>anagrelide hydrochloride capsule 0.5mg, 1mg</i>	3	
<i>eltrombopag olamine packet 12.5mg, 25mg</i>	5	PA; NDS
<i>eltrombopag olamine tablet 12.5mg, 25mg, 50mg, 75mg</i>	5	PA; NDS
NEULASTA ONPRO KIT INJECTION 6MG/0.6ML	5	PA; NDS
NEULASTA INJECTION 4MG/0.4ML, 6MG/0.6ML	5	PA; NDS
PROCRIT INJECTION 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
PROCRIT INJECTION 20000UNIT/ML, 40000UNIT/ML	5	PA; NDS
UDENYCA ONBODY INJECTION 6MG/0.6ML	5	PA; NDS
UDENYCA INJECTION 6MG/0.6ML	5	PA; NDS
XOLREMDI CAPSULE 100MG	5	QL(120 EA per 30 days); PA; NDS
ZARXIO INJECTION 300MCG/0.5ML, 480MCG/0.8ML	5	NDS
<b>Hemostasis Agents</b>		
<i>tranexamic acid tablet 650mg</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<b>Platelet Modifying Agents</b>		
<i>aspirin/dipyridamole er capsule extended release 12 hour 25mg; 200mg</i>	4	
<i>aspirin/dipyridamole capsule extended release 12 hour 25mg; 200mg</i>	4	
CABLIVI INJECTION 11MG	5	QL(30 EA per 30 days); PA; NDS
<i>cilostazol tablet 100mg, 50mg</i>	2	
<i>clopidogrel tablet 300mg</i>	2	
<i>clopidogrel tablet 75mg</i>	2	
DOPTELET TABLET 20MG	5	PA; NDS
<i>prasugrel hydrochloride tablet 10mg, 5mg</i>	4	
<i>ticagrelor tablet 60mg, 90mg</i>	4	
<b>Cardiovascular Agents</b>		
<b>Alpha-adrenergic Agonists</b>		
<i>clonidine hydrochloride tablet 0.1mg, 0.2mg, 0.3mg</i>	2	
<i>droxidopa capsule 100mg, 200mg, 300mg</i>	4	PA
<i>methyldopa tablet 250mg, 500mg</i>	4	
<i>midodrine hydrochloride tablet 10mg, 2.5mg, 5mg</i>	3	
<b>Alpha-adrenergic Blocking Agents</b>		
<i>prazosin hydrochloride capsule 1mg, 2mg, 5mg</i>	2	
<b>Angiotensin II Receptor Antagonists</b>		
<i>candesartan cilexetil tablet 16mg, 32mg, 4mg, 8mg</i>	6	
<i>irbesartan tablet 150mg, 300mg, 75mg</i>	6	
<i>losartan potassium tablet 100mg, 25mg, 50mg</i>	6	
<i>olmesartan medoxomil tablet 20mg, 40mg, 5mg</i>	6	
<i>telmisartan tablet 20mg, 40mg, 80mg</i>	6	
<i>valsartan tablet 160mg, 320mg, 40mg, 80mg</i>	6	
<b>Angiotensin-converting Enzyme (ACE) Inhibitors</b>		
<i>benazepril hydrochloride tablet 10mg, 20mg, 40mg, 5mg</i>	6	
<i>enalapril maleate tablet 10mg, 2.5mg, 20mg, 5mg</i>	6	
<i>fosinopril sodium tablet 10mg, 20mg, 40mg</i>	6	
<i>lisinopril tablet 10mg, 2.5mg, 20mg, 30mg, 40mg, 5mg</i>	6	
<i>moexipril hydrochloride tablet 15mg, 7.5mg</i>	6	
<i>perindopril erbumine tablet 2mg, 4mg, 8mg</i>	6	
<i>quinapril hydrochloride tablet 10mg, 20mg, 40mg, 5mg</i>	6	
<i>ramipril capsule 1.25mg, 10mg, 2.5mg, 5mg</i>	6	
<i>trandolapril tablet 1mg, 2mg, 4mg</i>	6	
<b>Antiarrhythmics</b>		
<i>amiodarone hydrochloride tablet 200mg</i>	2	
<i>amiodarone hydrochloride tablet 100mg</i>	4	
<i>digoxin solution 0.05mg/ml</i>	4	
<i>digoxin tablet 125mcg, 250mcg</i>	2	
<i>dofetilide capsule 125mcg, 250mcg, 500mcg</i>	4	
<i>flecainide acetate tablet 100mg, 150mg, 50mg</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>mexiletine hydrochloride capsule 150mg, 200mg, 250mg</i>	4	
PACERONE TABLET 200MG	2	
PACERONE TABLET 100MG	4	
<i>propafenone hcl tablet 150mg, 225mg, 300mg</i>	3	
<i>propafenone hydrochloride tablet 150mg, 225mg, 300mg</i>	3	
<i>quinidine sulfate tablet 200mg, 300mg</i>	4	
<i>sotalol hcl tablet 120mg, 160mg, 240mg</i>	2	
<i>sotalol hydrochloride (af) tablet 120mg, 160mg, 80mg</i>	2	
<i>sotalol hydrochloride tablet 120mg, 160mg, 80mg</i>	2	
<b>Beta-adrenergic Blocking Agents</b>		
<i>acebutolol hydrochloride capsule 200mg, 400mg</i>	2	
<i>atenolol tablet 100mg, 25mg, 50mg</i>	1	
<i>betaxolol hcl tablet 10mg, 20mg</i>	3	
<i>bisoprolol fumarate tablet 10mg, 5mg</i>	2	
<i>carvedilol tablet 12.5mg, 25mg, 3.125mg, 6.25mg</i>	1	
<i>labetalol hydrochloride tablet 100mg, 200mg, 300mg</i>	2	
<i>metoprolol succinate er tablet extended release 24 hour 100mg, 200mg, 25mg, 50mg</i>	2	
<i>metoprolol tartrate tablet 100mg, 25mg, 37.5mg, 50mg</i>	1	
<i>metoprolol tartrate tablet 75mg</i>	2	
<i>nadolol tablet 20mg, 40mg, 80mg</i>	4	
<i>nebivolol hydrochloride tablet 10mg, 2.5mg, 20mg, 5mg</i>	4	
<i>propranolol hcl tablet 40mg</i>	2	
<i>propranolol hydrochloride er capsule extended release 24 hour 120mg, 160mg, 60mg, 80mg</i>	3	
<i>propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg</i>	2	
<b>Calcium Channel Blocking Agents, Dihydropyridines</b>		
<i>amlodipine besylate tablet 10mg, 2.5mg, 5mg</i>	1	
<i>felodipine er tablet extended release 24 hour 10mg, 2.5mg, 5mg</i>	2	
<i>nifedipine er tablet extended release 24 hour 30mg, 60mg, 90mg</i>	3	
<i>nimodipine capsule 30mg</i>	4	
<b>Calcium Channel Blocking Agents, Nondihydropyridines</b>		
<i>cartia xt capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg</i>	2	
<i>dilt-xr capsule extended release 24 hour 120mg, 180mg, 240mg</i>	2	
<i>diltiazem hcl cd capsule extended release 24 hour 360mg</i>	2	
<i>diltiazem hcl er capsule extended release 24 hour 120mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl er capsule extended release 24 hour 180mg, 240mg, 420mg</i>	2	
<i>diltiazem hcl tablet 30mg, 60mg</i>	2	
<i>diltiazem hydrochloride er capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg</i>	2	
<i>diltiazem hydrochloride tablet 120mg, 90mg</i>	2	
<i>taztia xt capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg</i>	2	
<i>tiadylt er capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	2	
<i>verapamil hcl er tablet extended release 120mg</i>	2	
<i>verapamil hcl tablet 40mg, 80mg</i>	2	
<i>verapamil hydrochloride er tablet extended release 180mg, 240mg</i>	2	
<i>verapamil hydrochloride tablet 120mg</i>	2	
<b>Cardiovascular Agents, Other</b>		
<i>aliskiren tablet 150mg, 300mg</i>	6	
<i>amiloride/hydrochlorothiazide tablet 5mg; 50mg</i>	3	
<i>amlodipine besylate/benazepril hydrochloride capsule 10mg; 20mg, 10mg; 40mg, 2.5mg; 10mg, 5mg; 10mg, 5mg; 20mg, 5mg; 40mg</i>	6	
<i>amlodipine besylate/valsartan tablet 10mg; 160mg, 10mg; 320mg, 5mg; 160mg, 5mg; 320mg</i>	6	
<i>atenolol/chlorthalidone tablet 100mg; 25mg, 50mg; 25mg</i>	2	
<i>benazepril hydrochloride/hydrochlorothiazide tablet 10mg; 12.5mg, 20mg; 12.5mg, 20mg; 25mg, 5mg; 6.25mg</i>	6	
<i>bisoprolol fumarate/hydrochlorothiazide tablet 10mg; 6.25mg, 2.5mg; 6.25mg, 5mg; 6.25mg</i>	2	
<i>enalapril maleate/hydrochlorothiazide tablet 10mg; 25mg, 5mg; 12.5mg</i>	6	
ENTRESTO CAPSULE SPRINKLE 15MG; 16MG, 6MG; 6MG	3	QL(240 EA per 30 days)
<i>fosinopril sodium/hydrochlorothiazide tablet 10mg; 12.5mg, 20mg; 12.5mg</i>	6	
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 150mg, 12.5mg; 300mg</i>	6	
<i>ivabradine hydrochloride tablet 5mg, 7.5mg</i>	4	QL(60 EA per 30 days)
<i>lisinopril/hydrochlorothiazide tablet 12.5mg; 10mg, 12.5mg; 20mg, 25mg; 20mg</i>	6	
<i>losartan potassium/hydrochlorothiazide tablet 12.5mg; 100mg, 12.5mg; 50mg, 25mg; 100mg</i>	6	
<i>metyrosine capsule 250mg</i>	5	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>olmesartan medoxomil/hydrochlorothiazide tablet 12.5mg; 20mg, 12.5mg; 40mg, 25mg; 40mg</i>	6	
<i>pentoxifylline er tablet extended release 400mg</i>	3	
<i>quinapril/hydrochlorothiazide tablet 12.5mg; 10mg, 12.5mg; 20mg, 25mg; 20mg</i>	6	
<i>ranolazine er tablet extended release 12 hour 1000mg, 500mg</i>	4	
<i>sacubitril/valsartan tablet 24mg; 26mg, 49mg; 51mg, 97mg; 103mg</i>	3	QL(60 EA per 30 days)
<i>spironolactone/hydrochlorothiazide tablet 25mg; 25mg</i>	3	
<i>triamterene/hydrochlorothiazide capsule 25mg; 37.5mg</i>	1	
<i>triamterene/hydrochlorothiazide tablet 25mg; 37.5mg, 50mg; 75mg</i>	1	
<i>valsartan/hydrochlorothiazide tablet 12.5mg; 160mg, 12.5mg; 320mg, 12.5mg; 80mg, 25mg; 160mg, 25mg; 320mg</i>	6	
VYNDAMAX CAPSULE 61MG	5	QL(30 EA per 30 days); PA; NDS
<b>Diuretics, Loop</b>		
<i>bumetanide injection 0.25mg/ml</i>	2	
<i>bumetanide tablet 0.5mg, 1mg, 2mg</i>	3	
<i>furosemide injection 10mg/ml</i>	3	
<i>furosemide oral solution 10mg/ml, 40mg/5ml</i>	1	
<i>furosemide tablet 20mg, 40mg, 80mg</i>	1	
<i>toremide tablet 100mg, 10mg, 20mg, 5mg</i>	2	
<b>Diuretics, Potassium-sparing</b>		
<i>amiloride hcl tablet 5mg</i>	2	
<i>triamterene capsule 100mg, 50mg</i>	4	
<b>Diuretics, Thiazide</b>		
<i>chlorthalidone tablet 25mg, 50mg</i>	2	
<i>hydrochlorothiazide capsule 12.5mg</i>	1	
<i>hydrochlorothiazide tablet 12.5mg, 25mg, 50mg</i>	1	
<i>indapamide tablet 1.25mg, 2.5mg</i>	2	
<i>metolazone tablet 10mg, 2.5mg, 5mg</i>	3	
<b>Dyslipidemics, Fibric Acid Derivatives</b>		
<i>fenofibrate micronized capsule 134mg, 200mg, 67mg</i>	2	
<i>fenofibrate capsule 200mg, 67mg</i>	2	
<i>fenofibrate tablet 145mg, 160mg, 48mg, 54mg</i>	2	
<i>gemfibrozil tablet 600mg</i>	2	
<b>Dyslipidemics, HMG CoA Reductase Inhibitors</b>		
<i>atorvastatin calcium tablet 10mg, 20mg, 40mg, 80mg</i>	6	
<i>lovastatin tablet 10mg, 20mg, 40mg</i>	6	
<i>pravastatin sodium tablet 10mg, 20mg, 40mg, 80mg</i>	6	
<i>rosuvastatin calcium tablet 10mg, 20mg, 40mg, 5mg</i>	6	
<i>simvastatin tablet 10mg, 20mg, 40mg, 5mg, 80mg</i>	6	

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

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<i>hydralazine hydrochloride tablet 100mg, 10mg, 25mg, 50mg</i>	2	
<i>minoxidil tablet 10mg, 2.5mg</i>	3	
<b>Central Nervous System Agents</b>		
<b>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</b>		
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 2.5mg; 2.5mg; 2.5mg; 2.5mg</i>	4	QL(60 EA per 30 days); Extended-release capsule 10mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 3.75mg; 3.75mg; 3.75mg; 3.75mg</i>	4	QL(60 EA per 30 days); Extended-release capsule 15mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 5mg; 5mg; 5mg; 5mg</i>	4	QL(60 EA per 30 days); Extended-release capsule 20mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 6.25mg; 6.25mg; 6.25mg; 6.25mg</i>	4	QL(60 EA per 30 days); Extended-release capsule 25mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	4	QL(60 EA per 30 days); Extended-release capsule 30mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 1.25mg; 1.25mg; 1.25mg; 1.25mg</i>	4	QL(60 EA per 30 days); Extended-release capsule 5mg
<i>amphetamine/dextroamphetamine tablet 1.25mg; 1.25mg; 1.25mg; 1.875mg; 1.875mg; 1.875mg; 1.875mg, 2.5mg; 2.5mg; 2.5mg; 2.5mg, 3.125mg; 3.125mg; 3.125mg, 3.75mg; 3.75mg; 3.75mg; 3.75mg, 5mg; 5mg; 5mg; 5mg, 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	3	QL(90 EA per 30 days)
<i>dextroamphetamine sulfate tablet 10mg</i>	4	QL(180 EA per 30 days)
<i>dextroamphetamine sulfate tablet 5mg</i>	4	QL(90 EA per 30 days)
<b>Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines</b>		
<i>atomoxetine hydrochloride capsule 25mg</i>	4	QL(30 EA per 30 days)
<i>atomoxetine hydrochloride capsule 10mg</i>	4	QL(60 EA per 30 days)
<i>atomoxetine capsule 100mg, 18mg, 25mg, 40mg, 60mg, 80mg</i>	4	QL(30 EA per 30 days)
<i>atomoxetine capsule 10mg</i>	4	QL(60 EA per 30 days)
<i>guanfacine hydrochloride er tablet extended release 24 hour 1mg, 2mg, 3mg, 4mg</i>	3	
<i>methylphenidate hydrochloride solution 5mg/5ml</i>	4	
<i>methylphenidate hydrochloride tablet 10mg, 20mg, 5mg</i>	2	QL(90 EA per 30 days)
<b>Central Nervous System, Other</b>		
COBENFY STARTER PACK CAPSULE THERAPY PACK 20MG; 0	5	QL(112 EA per 365 days); PA; NDS
COBENFY CAPSULE 20MG; 100MG, 20MG; 50MG, 30MG; 125MG	5	QL(60 EA per 30 days); PA; NDS
NUDEXTA CAPSULE 20MG; 10MG	4	PA
<i>riluzole tablet 50mg</i>	4	

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<i>tetrabenazine tablet 12.5mg</i>	4	PA
<i>tetrabenazine tablet 25mg</i>	5	PA; NDS
VEOZAH TABLET 45MG	4	QL(30 EA per 30 days); PA
<b>Fibromyalgia Agents</b>		
SAVELLA TITRATION PACK MISCELLANEOUS 0	3	QL(110 EA per 365 days)
SAVELLA TABLET 100MG, 12.5MG, 25MG, 50MG	3	QL(60 EA per 30 days)
<b>Multiple Sclerosis Agents</b>		
BETASERON INJECTION 0.3MG	5	QL(15 EA per 30 days); PA; NDS
<i>dalfampridine er tablet extended release 12 hour 10mg</i>	3	QL(60 EA per 30 days); PA
<i>dimethyl fumarate starterpack capsule delayed release therapy pack 0</i>	4	QL(120 EA per 365 days); PA
<i>dimethyl fumarate capsule delayed release 120mg, 240mg</i>	4	QL(60 EA per 30 days); PA
<i> fingolimod hydrochloride capsule 0.5mg</i>	5	QL(30 EA per 30 days); PA; NDS
<i>glatiramer acetate injection 40mg/ml</i>	5	QL(12 ML per 28 days); PA; NDS
<i>glatiramer acetate injection 20mg/ml</i>	5	QL(30 ML per 30 days); PA; NDS
KESIMPTA INJECTION 20MG/0.4ML	5	QL(0.4 ML per 28 days); PA; NDS
<b>Dental and Oral Agents</b>		
<b>Dental and Oral Agents</b>		
<i>chlorhexidine gluconate solution 0.12%</i>	2	
<i>doxycycline hyclate tablet 20mg</i>	3	
<i>kourzeq paste 0.1%</i>	3	
<i>lidocaine hydrochloride viscous solution 2%</i>	2	
<i>lidocaine viscous solution 2%</i>	2	
<i>perlogard solution 0.12%</i>	2	
<i>pilocarpine hydrochloride tablet 5mg, 7.5mg</i>	4	
<i>triamcinolone acetonide dental paste paste 0.1%</i>	3	
<b>Dermatological Agents</b>		
<b>Acne and Rosacea Agents</b>		
<i>acitretin capsule 10mg, 17.5mg, 25mg</i>	4	
<i>amnestem capsule 10mg, 20mg, 30mg, 40mg</i>	4	
<i>azelaic acid gel 15%</i>	4	QL(100 GM per 30 days)
<i>claravis capsule 10mg, 20mg, 30mg, 40mg</i>	4	
<i>erythromycin/benzoyl peroxide gel 5%; 3%</i>	4	
FINACEA FOAM 15%	4	QL(50 GM per 30 days)
<i>isotretinoin capsule 10mg, 20mg, 30mg, 40mg</i>	4	
<i>metronidazole cream 0.75%</i>	2	
<i>metronidazole gel 0.75%</i>	4	
<i>tazarotene cream 0.1%</i>	4	QL(60 GM per 30 days)
<i>tretinoin cream 0.025%</i>	3	PA
<i>tretinoin cream 0.05%</i>	4	PA
<i>zenatane capsule 10mg, 20mg, 30mg, 40mg</i>	4	
<b>Dermatitis and Pruritus Agents</b>		

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<i>alclometasone dipropionate cream 0.05%</i>	3	
<i>alclometasone dipropionate ointment 0.05%</i>	3	
<i>ammonium lactate cream 12%</i>	3	
<i>ammonium lactate lotion 12%</i>	3	
<i>betamethasone dipropionate augmented cream 0.05%</i>	2	
<i>betamethasone dipropionate augmented ointment 0.05%</i>	4	
<i>betamethasone dipropionate cream 0.05%</i>	3	
<i>betamethasone dipropionate lotion 0.05%</i>	3	
<i>betamethasone dipropionate ointment 0.05%</i>	4	
<i>betamethasone valerate cream 0.1%</i>	3	
<i>betamethasone valerate lotion 0.1%</i>	3	
<i>betamethasone valerate ointment 0.1%</i>	3	
<i>clobetasol propionate e cream 0.05%</i>	3	
<i>clobetasol propionate cream 0.05%</i>	3	
<i>clobetasol propionate gel 0.05%</i>	3	
<i>clobetasol propionate ointment 0.05%</i>	3	
<i>clobetasol propionate solution 0.05%</i>	3	
<i>desonide cream 0.05%</i>	3	
<i>desonide ointment 0.05%</i>	3	QL(120 GM per 30 days)
EUCRISA OINTMENT 2%	4	PA
<i>fluocinolone acetonide cream 0.01%, 0.025%</i>	3	
<i>fluocinolone acetonide ointment 0.025%</i>	3	
<i>fluocinolone acetonide solution 0.01%</i>	3	
<i>fluocinonide cream 0.1%</i>	3	QL(120 GM per 30 days)
<i>fluocinonide cream 0.05%</i>	3	QL(60 GM per 30 days)
<i>fluocinonide gel 0.05%</i>	3	QL(60 GM per 30 days)
<i>fluocinonide ointment 0.05%</i>	3	QL(60 GM per 30 days)
<i>fluocinonide solution 0.05%</i>	3	QL(60 ML per 30 days)
<i>fluticasone propionate cream 0.05%</i>	3	
<i>fluticasone propionate ointment 0.005%</i>	3	
<i>halobetasol propionate ointment 0.05%</i>	4	
<i>hydrocortisone valerate cream 0.2%</i>	3	QL(60 GM per 30 days)
<i>hydrocortisone cream 1%, 2.5%</i>	2	
<i>hydrocortisone lotion 2.5%</i>	2	
<i>hydrocortisone ointment 2.5%</i>	2	
<i>hydrocortisone ointment 1%</i>	2	QL(100 GM per 30 days)
<i>mometasone furoate cream 0.1%</i>	2	
<i>mometasone furoate ointment 0.1%</i>	2	
<i>mometasone furoate solution 0.1%</i>	3	
<i>pimecrolimus cream 1%</i>	4	
<i>selenium sulfide lotion 2.5%</i>	2	
SPEVIGO INJECTION 150MG/ML, 300MG/2ML	5	QL(4 ML per 28 days); PA; NDS
<i>tacrolimus ointment 0.03%, 0.1%</i>	4	

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<i>triamcinolone acetonide cream 0.025%, 0.1%, 0.5%</i>	2	
<i>triamcinolone acetonide lotion 0.1%</i>	2	
<i>triamcinolone acetonide lotion 0.025%</i>	3	
<i>triamcinolone acetonide ointment 0.025%, 0.1%, 0.5%</i>	2	
<i>triderm cream 0.5%</i>	2	
<b>Dermatological Agents, Other</b>		
<i>calcipotriene cream 0.005%</i>	4	QL(120 GM per 30 days)
<i>calcipotriene ointment 0.005%</i>	4	QL(120 GM per 30 days)
<i>calcipotriene solution 0.005%</i>	3	QL(60 ML per 30 days)
<i>clotrimazole/betamethasone dipropionate cream 0.05%; 1%</i>	2	QL(90 GM per 30 days)
<i>diclofenac sodium gel 3%</i>	4	QL(300 GM per 30 days); ST
<i>fluorouracil cream 0.5%</i>	4	
<i>fluorouracil cream 5%</i>	4	QL(40 GM per 30 days)
<i>fluorouracil solution 2%, 5%</i>	3	
<i>imiquimod cream 5%</i>	3	QL(48 EA per 30 days)
<i>nystatin/triamcinolone acetonide cream 100000unit/gm; 1mg/gm</i>	3	
<i>nystatin/triamcinolone acetonide ointment 100000unit/gm; 0.1%</i>	3	
<i>nystatin/triamcinolone cream 100000unit/gm; 1mg/gm</i>	3	
<i>nystatin/triamcinolone ointment 100000unit/gm; 0.1%</i>	3	
OTEZLA TABLET 20MG, 30MG	5	QL(60 EA per 30 days); PA; NDS
<i>podofilox solution 0.5%</i>	3	
SANTYL OINTMENT 250UNIT/GM	4	
<i>silver sulfadiazine cream 1%</i>	2	
<i>ssd cream 1%</i>	2	
<i>urea lotion 40%</i>	4	
<b>Pediculicides/Scabicides</b>		
<i>malathion lotion 0.5%</i>	4	
<i>permethrin cream 5%</i>	3	
<b>Topical Anti-infectives</b>		
<i>acyclovir ointment 5%</i>	3	QL(60 GM per 30 days)
<i>ciclodan solution 8%</i>	3	PA
<i>ciclopirox nail lacquer solution 8%</i>	3	PA
<i>ciclopirox olamine cream 0.77%</i>	2	
<i>ciclopirox gel 0.77%</i>	3	
<i>ciclopirox shampoo 1%</i>	3	
<i>ciclopirox suspension 0.77%</i>	3	
<i>clindamycin phosphate external solution 1%</i>	3	QL(60 ML per 30 days)
ERY PAD 2%	3	
<i>erythromycin gel 2%</i>	4	
<i>erythromycin solution 2%</i>	3	
<i>mupirocin cream 2%</i>	3	

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<i>mupirocin ointment 2%</i>	2	QL(110 GM per 30 days)
<b>Electrolytes/Minerals/Metals/Vitamins</b>		
<b>Electrolyte/Mineral Replacement</b>		
<i>aminosyn ii injection 107.6meq/l; 1490mg/100ml; 1527mg/100ml; 1050mg/100ml; 1107mg/100ml; 750mg/100ml; 450mg/100ml; 990mg/100ml; 1500mg/100ml; 1575mg/100ml; 258mg/100ml; 405mg/100ml; 447mg/100ml; 1083mg/100ml; 795mg/100ml; 50meq/l; 600mg/100ml; 300mg/100ml; 750mg/100ml</i>	4	B/D
<i>carglumic acid tablet soluble 200mg</i>	5	NDS
<i>dextrose 5%/sodium chloride 0.45% injection 5%; 0.45%</i>	4	
<i>dextrose 5%/sodium chloride 0.9% injection 5%; 0.9%</i>	4	
<i>dextrose 5% injection 5%</i>	4	
EFFER-K TABLET EFFERVESCENT 25MEQ	2	
<i>klor-con 10 tablet extended release 10meq</i>	2	
<i>klor-con 8 tablet extended release 8meq</i>	2	
<i>klor-con m10 tablet extended release 10meq</i>	2	
<i>klor-con m15 tablet extended release 15meq</i>	3	
<i>klor-con m20 tablet extended release 20meq</i>	2	
<i>klor-con/ef tablet effervescent 25meq</i>	2	
<i>magnesium sulfate injection 50%</i>	3	
PLENAMINE INJECTION 147.4MEQ/L; 2.17GM/100ML; 1.47GM/100ML; 434MG/100ML; 749MG/100ML; 1.04GM/100ML; 894MG/100ML; 749MG/100ML; 1.04GM/100ML; 1.18GM/100ML; 749MG/100ML; 1.04GM/100ML; 894MG/100ML; 592MG/100ML; 749MG/100ML; 250MG/100ML; 39MG/100ML; 960MG/100ML	4	B/D
<i>potassium chloride er capsule extended release 10meq, 8meq</i>	2	
<i>potassium chloride er tablet extended release 15meq</i>	2	
<i>potassium chloride er tablet extended release 10meq, 20meq, 8meq</i>	2	
<i>potassium chloride er tablet extended release 15meq (microencapsulated crystals)</i>	3	
<i>potassium chloride injection 10meq/100ml, 20meq/100ml, 40meq/100ml</i>	2	
<i>potassium chloride oral solution 10%</i>	4	
<i>potassium citrate er tablet extended release 1080mg, 15meq, 540mg</i>	4	
<i>sodium chloride 0.45% injection 0.45%</i>	3	
<i>sodium chloride injection 0.45%, 0.9%</i>	3	
<b>Electrolyte/Mineral/Metal Modifiers</b>		

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CHEMET CAPSULE 100MG	5	NDS
<i>deferasirox packet 180mg, 360mg, 90mg</i>	5	PA; NDS
<i>deferasirox tablet soluble 125mg, 250mg</i>	4	PA
<i>deferasirox tablet soluble 500mg</i>	5	PA; NDS
<i>deferasirox tablet 90mg</i>	3	PA
<i>deferasirox tablet 180mg</i>	4	PA
<i>deferasirox tablet 360mg</i>	4	PA
JYNARQUE TABLET 15MG, 30MG	5	QL(120 EA per 30 days); PA; NDS
<i>penicillamine tablet 250mg</i>	5	NDS
<i>tolvaptan tablet 15mg, 30mg</i>	5	QL(120 EA per 30 days); PA; NDS; Generic for Jynarque
<i>trientine hydrochloride capsule 250mg</i>	5	PA; NDS
<b>Phosphate Binders</b>		
<i>calcium acetate capsule 667mg</i>	4	
<i>calcium acetate tablet 667mg</i>	3	
<b>Potassium Binders</b>		
<i>kionex suspension 15gm/60ml</i>	3	
LOKELMA PACKET 10GM, 5GM	4	QL(90 EA per 30 days)
<i>sodium polystyrene sulfonate powder 0</i>	3	
<i>sodium polystyrene sulfonate suspension 15gm/60ml</i>	3	
<i>sps suspension 15gm/60ml</i>	3	
VELTASSA PACKET 1GM	4	
VELTASSA PACKET 16.8GM, 25.2GM, 8.4GM	4	
<b>Vitamins</b>		
<i>prenatal tablet 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg</i>	2	
<b>Gastrointestinal Agents</b>		
<b>Anti-Constipation Agents</b>		
<i>constulose solution 10gm/15ml</i>	2	
<i>enulose solution 10gm/15ml</i>	2	
<i>generlac solution 10gm/15ml</i>	2	
<i>lactulose solution 10gm/15ml</i>	2	
LINZESS CAPSULE 145MCG, 290MCG, 72MCG	3	QL(30 EA per 30 days)
<i>lubiprostone capsule 24mcg, 8mcg</i>	4	QL(60 EA per 30 days)
<i>prucalopride tablet 1mg, 2mg</i>	3	QL(30 EA per 30 days)
RELISTOR INJECTION 8MG/0.4ML	5	QL(12 ML per 30 days); ST; NDS
RELISTOR INJECTION 12MG/0.6ML	5	QL(18 ML per 30 days); ST; NDS
RELISTOR TABLET 150MG	5	QL(90 EA per 30 days); ST; NDS
<b>Anti-Diarrheal Agents</b>		
<i>alosetron hydrochloride tablet 0.5mg</i>	4	PA
<i>alosetron hydrochloride tablet 1mg</i>	5	PA; NDS

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<i>diphenoxylate hydrochloride/atropine sulfate tablet 0.025mg; 2.5mg</i>	3	
<i>loperamide hydrochloride capsule 2mg</i>	3	
XERMELO TABLET 250MG	5	QL(90 EA per 30 days); PA; NDS
<b>Antispasmodics, Gastrointestinal</b>		
<i>dicyclomine hydrochloride capsule 10mg</i>	2	
<i>dicyclomine hydrochloride tablet 20mg</i>	2	
<i>glycopyrrolate tablet 1mg, 2mg</i>	3	PA
<b>Gastrointestinal Agents, Other</b>		
CLENPIQ SOLUTION 12GM/175ML; 3.5GM/175ML; 10MG/175ML	3	
CTEXLI TABLET 250MG	5	PA; NDS
<i>gavilyte-c solution reconstituted 240gm; 2.98gm; 6.72gm; 5.84gm; 22.72gm</i>	2	
<i>gavilyte-g solution reconstituted 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>	2	
LIVMARLI SOLUTION 19MG/ML	5	QL(60 ML per 30 days); PA; NDS
LIVMARLI SOLUTION 9.5MG/ML	5	QL(90 ML per 30 days); PA; NDS
LIVMARLI TABLET 30MG	5	QL(30 EA per 30 days); PA; NDS
LIVMARLI TABLET 10MG, 15MG, 20MG	5	QL(60 EA per 30 days); PA; NDS
<i>metoclopramide hcl solution 5mg/5ml</i>	2	
<i>metoclopramide hydrochloride tablet 10mg, 5mg</i>	2	
<i>nitroglycerin ointment 0.4%</i>	4	
<i>peg-3350/electrolytes solution reconstituted 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>	2	
<i>peg-3350/nacl/na bicarbonate/kcl solution reconstituted 420gm; 1.48gm; 5.72gm; 11.2gm</i>	2	
<i>sodium sulfate/potassium sulfate/magnesium sulfate solution 1.6gm/177ml; 3.13gm/177ml; 17.5gm/177ml</i>	3	
SUTAB TABLET 225MG; 188MG; 1479MG	3	
<i>ursodiol tablet 250mg, 500mg</i>	3	
VOQUEZNA TABLET 10MG	4	QL(30 EA per 30 days); PA
VOQUEZNA TABLET 20MG	4	QL(60 EA per 30 days); PA
VOWST CAPSULE 0	5	PA; NDS
XIFAXAN TABLET 200MG	4	PA
XIFAXAN TABLET 550MG	5	PA; NDS
<b>Histamine2 (H2) Receptor Antagonists</b>		
<i>famotidine tablet 20mg, 40mg</i>	2	
<i>nizatidine capsule 150mg, 300mg</i>	4	
<b>Protectants</b>		
<i>misoprostol tablet 100mcg, 200mcg</i>	3	
<i>sucralfate tablet 1gm</i>	3	
<b>Proton Pump Inhibitors</b>		

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<i>esomeprazole magnesium capsule delayed release 20mg, 40mg</i>	3	QL(60 EA per 30 days)
<i>lansoprazole capsule delayed release 15mg, 30mg</i>	2	QL(60 EA per 30 days)
<i>omeprazole dr capsule delayed release 10mg</i>	2	QL(60 EA per 30 days)
<i>omeprazole capsule delayed release 10mg, 20mg, 40mg</i>	2	QL(60 EA per 30 days)
<i>pantoprazole sodium tablet delayed release 20mg, 40mg</i>	2	QL(60 EA per 30 days)
<i>rabeprazole sodium tablet delayed release 20mg</i>	3	QL(60 EA per 30 days)
<b>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</b>		
<b>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</b>		
<i>betaine anhydrous powder 0</i>	5	NDS
CERDELGA CAPSULE 84MG	5	PA; NDS
CHOLBAM CAPSULE 250MG, 50MG	5	PA; NDS
CREON CAPSULE DELAYED RELEASE PARTICLES 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 18000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	3	
<i>cromolyn sodium concentrate 100mg/5ml</i>	4	
CYSTAGON CAPSULE 150MG, 50MG	4	
EVRYSDI SOLUTION RECONSTITUTED 0.75MG/ML	5	QL(240 ML per 30 days); PA; NDS
FABRAZYME INJECTION 35MG, 5MG	5	PA; NDS
<i>l-glutamine packet 5gm</i>	5	PA; NDS
<i>miglustat capsule 100mg</i>	5	PA; NDS
<i>nitisinone capsule 10mg, 2mg, 5mg</i>	5	NDS
<i>nitisinone capsule 20mg</i>	5	NDS
ONPATTRO INJECTION 10MG/5ML	5	PA; NDS
PROLASTIN-C INJECTION 1000MG/20ML	5	PA; NDS
PYRUKYND TAPER PACK TABLET THERAPY PACK 0, 5MG	5	QL(30 EA per 30 days); PA; NDS
PYRUKYND TABLET 50MG	5	QL(120 EA per 30 days); PA; NDS
PYRUKYND TABLET 20MG, 5MG	5	QL(60 EA per 30 days); PA; NDS
REVCovi INJECTION 2.4MG/1.5ML	5	PA; NDS
<i>sapropterin dihydrochloride packet 100mg, 500mg</i>	5	PA; NDS
<i>sapropterin dihydrochloride tablet 100mg</i>	5	PA; NDS
<i>sodium phenylbutyrate powder 3gm/tsp</i>	5	NDS
SUCRAID SOLUTION 8500UNIT/ML	5	PA; NDS
WELIREG TABLET 40MG	5	PA; NDS
<i>yargesa capsule 100mg</i>	5	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>zelvysia packet 100mg, 500mg</i>	5	PA; NDS
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 252600UNIT; 60000UNIT; 189600UNIT	3	
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	3	
<b>Genitourinary Agents</b>		
<b>Antispasmodics, Urinary</b>		
GEMTESA TABLET 75MG	4	
MYRBETRIQ SUSPENSION RECONSTITUTED ER 8MG/ML	3	
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR 25MG, 50MG	3	
<i>oxybutynin chloride er tablet extended release 24 hour 10mg, 15mg, 5mg</i>	2	
<i>oxybutynin chloride solution 5mg/5ml</i>	2	
<i>oxybutynin chloride tablet 5mg</i>	2	
<b>Benign Prostatic Hypertrophy Agents</b>		
<i>alfuzosin hcl er tablet extended release 24 hour 10mg</i>	2	
<i>doxazosin mesylate tablet 1mg, 2mg, 4mg, 8mg</i>	2	
<i>dutasteride capsule 0.5mg</i>	3	
<i>finasteride tablet 5mg</i>	2	
<i>tadalafil tablet 2.5mg, 5mg</i>	4	QL(30 EA per 30 days); PA
<i>tamsulosin hydrochloride capsule 0.4mg</i>	2	
<i>terazosin hcl capsule 10mg, 1mg, 5mg</i>	2	
<i>terazosin hydrochloride capsule 2mg</i>	2	
<b>Genitourinary Agents, Other</b>		
<i>acetic acid 0.25% solution 0.25%</i>	2	
<i>bethanechol chloride tablet 10mg, 25mg, 50mg, 5mg</i>	3	
ELMIRON CAPSULE 100MG	4	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>		
<i>dexamethasone elixir 0.5mg/5ml</i>	3	
<i>dexamethasone solution 0.5mg/5ml</i>	3	
<i>dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	2	
<i>fludrocortisone acetate tablet 0.1mg</i>	2	
<i>hydrocortisone tablet 10mg, 20mg, 5mg</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>methylprednisolone dose pack tablet therapy pack 4mg</i>	2	
<i>methylprednisolone tablet 16mg, 32mg, 4mg, 8mg</i>	2	
<i>prednisolone sodium phosphate solution 15mg/5ml</i>	2	
<i>prednisolone sodium phosphate solution 25mg/5ml, 5mg/5ml</i>	4	
<i>prednisolone solution 15mg/5ml</i>	2	
<i>prednisone tablet therapy pack 10mg, 5mg</i>	2	
<i>prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	2	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>		
<i>desmopressin acetate solution 0.01%</i>	4	
<i>desmopressin acetate tablet 0.1mg, 0.2mg</i>	3	
GENOTROPIN MINIQUICK INJECTION 0.2MG	4	PA
GENOTROPIN MINIQUICK INJECTION 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	5	PA; NDS
GENOTROPIN INJECTION 12MG, 5MG	5	PA; NDS
INCRELEX INJECTION 40MG/4ML	5	PA; NDS
ISTURISA TABLET 1MG	5	QL(240 EA per 30 days); PA; NDS
ISTURISA TABLET 5MG	5	QL(360 EA per 30 days); PA; NDS
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)</b>		
<b>Androgens</b>		
<i>danazol capsule 100mg, 200mg, 50mg</i>	4	
<i>testosterone cypionate injection 100mg/ml, 200mg/ml</i>	2	PA
<i>testosterone enanthate injection 200mg/ml</i>	3	PA
<i>testosterone pump gel 1%, 1.62%</i>	4	PA
<i>testosterone gel 25mg/2.5gm, 50mg/5gm</i>	4	PA
<b>Estrogens</b>		
<i>afirmelle tablet 20mcg; 0.1mg</i>	3	
<i>altavera tablet 30mcg; 0.15mg</i>	3	
<i>alyacen 1/35 tablet 35mcg; 1mg</i>	3	
<i>alyacen 7/7/7 tablet 35mcg; 0</i>	3	
<i>amethia tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>amethyst tablet 20mcg; 90mcg</i>	4	
<i>ashlyna tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>aubra eq tablet 20mcg; 0.1mg</i>	3	
<i>aurovela 1.5/30 tablet 30mcg; 1.5mg</i>	3	
<i>aurovela 1/20 tablet 20mcg; 1mg</i>	3	
<i>aurovela fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	3	
<i>aurovela fe 1/20 tablet 20mcg; 75mg; 1mg</i>	3	

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<i>aviane tablet 20mcg; 0.1mg</i>	3	
<i>ayuna tablet 0.03mg; 0.15mg</i>	3	
<i>azurette tablet 0; 0</i>	3	
<i>balziva tablet 35mcg; 0.4mg</i>	3	
<i>blisovi fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	3	
<i>blisovi fe 1/20 tablet 20mcg; 75mg; 1mg</i>	3	
<i>briellyn tablet 35mcg; 0.4mg</i>	3	
<i>camrese lo tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>camrese tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>chateal eq tablet 30mcg; 0.15mg</i>	3	
CLIMARA PRO PATCH WEEKLY 0.045MG/DAY; 0.015MG/DAY	4	
<i>conjugated estrogens tablet 0.3mg, 0.45mg, 0.625mg, 0.9mg, 1.25mg</i>	4	
<i>cryselle-28 tablet 30mcg; 0.3mg</i>	3	
<i>cryselle tablet 30mcg; 0.3mg</i>	3	
<i>dasetta 1/35 tablet 35mcg; 1mg</i>	3	
<i>dasetta 7/7/7 tablet 35mcg; 0</i>	3	
<i>daysee tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>delyla tablet 20mcg; 0.1mg</i>	3	
<i>desogestrel/ethinyl estradiol tablet 0; 0</i>	3	
<i>dolishale tablet 20mcg; 90mcg</i>	4	
<i>dotti patch twice weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr</i>	4	
<i>elinst tablet 30mcg; 0.3mg</i>	3	
<i>eluryng ring 0.015mg/24hr; 0.12mg/24hr</i>	4	
<i>enilloring ring 0.015mg/24hr; 0.12mg/24hr</i>	4	
<i>enpresse-28 tablet 0; 0</i>	3	
<i>estarylla tablet 35mcg; 0.25mg</i>	3	
<i>estradiol cream 0.1mg/gm</i>	4	
<i>estradiol gel 0.06%, 0.25mg/0.25gm, 0.5mg/0.5gm, 0.75mg/0.75gm, 1.25mg/1.25gm, 1mg/gm</i>	4	
<i>estradiol patch twice weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr</i>	4	
<i>estradiol patch weekly 0.025mg/24hr, 0.05mg/24hr, 0.06mg/24hr, 0.075mg/24hr, 0.1mg/24hr, 37.5mcg/24hr</i>	3	
<i>estradiol oral tablet 0.5mg, 1mg, 2mg</i>	2	
<i>estradiol vaginal tablet 10mcg</i>	4	
ESTRING RING 7.5MCG/24HR	4	QL(1 EA per 90 days)
<i>ethynodiol diacetate/ethinyl estradiol tablet 35mcg; 1mg, 50mcg; 1mg</i>	3	
<i>etonogestrel/ethinyl estradiol ring 0.015mg/24hr; 0.12mg/24hr</i>	3	

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<i>falmina tablet 20mcg; 0.1mg</i>	3	
<i>feirza 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	3	
<i>feirza 1/20 tablet 20mcg; 75mg; 1mg</i>	3	
<i>fyavolv tablet 5mcg; 1mg</i>	3	
<i>fyavolv tablet 2.5mcg; 0.5mg</i>	4	
<i>hailey 1.5/30 tablet 30mcg; 1.5mg</i>	3	
<i>hailey fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	3	
<i>hailey fe 1/20 tablet 20mcg; 75mg; 1mg</i>	3	
<i>haloette ring 0.015mg/24hr; 0.12mg/24hr</i>	4	
<i>iclevia tablet 0.03mg; 0.15mg</i>	4	QL(91 EA per 91 days)
<i>introvale tablet 0.03mg; 0.15mg</i>	4	QL(91 EA per 91 days)
<i>jaimiess tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>jinteli tablet 5mcg; 1mg</i>	3	
<i>jolessa tablet 0.03mg; 0.15mg</i>	4	QL(91 EA per 91 days)
<i>junel 1.5/30 tablet 30mcg; 1.5mg</i>	3	
<i>junel 1/20 tablet 20mcg; 1mg</i>	3	
<i>junel fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	3	
<i>junel fe 1/20 tablet 20mcg; 75mg; 1mg</i>	3	
<i>kariva tablet 0; 0</i>	3	
<i>kelnor 1/35 tablet 35mcg; 1mg</i>	3	
<i>kelnor 1/50 tablet 50mcg; 1mg</i>	3	
<i>kurvelo tablet 0.03mg; 0.15mg</i>	3	
<i>larin 1.5/30 tablet 30mcg; 1.5mg</i>	3	
<i>larin 1/20 tablet 20mcg; 1mg</i>	3	
<i>larin fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	3	
<i>larin fe 1/20 tablet 20mcg; 75mg; 1mg</i>	3	
<i>lessina tablet 20mcg; 0.1mg</i>	3	
<i>levonest tablet 0; 0</i>	3	
<i>levonorgestrel and ethinyl estradiol tablet 20mcg; 90mcg</i>	4	
<i>levonorgestrel and ethinyl estradiol tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0, 20mcg; 0.1mg</i>	3	
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0</i>	4	QL(91 EA per 91 days)
<i>levora 0.15/30-28 tablet 0.03mg; 0.15mg</i>	3	
<i>lojaimiess tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>low-ogestrel tablet 30mcg; 0.3mg</i>	3	
<i>luizza 1.5/30 tablet 30mcg; 1.5mg</i>	3	
<i>luizza 1/20 tablet 20mcg; 1mg</i>	3	
<i>luteru tablet 20mcg; 0.1mg</i>	3	
<i>lyllana patch twice weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr</i>	4	
<i>marlissa tablet 0.03mg; 0.15mg</i>	3	

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MENEST TABLET 2.5MG	4	
<i>microgestin 1.5/30 tablet 30mcg; 1.5mg</i>	3	
<i>microgestin 1/20 tablet 20mcg; 1mg</i>	3	
<i>microgestin fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	3	
<i>microgestin fe 1/20 tablet 20mcg; 75mg; 1mg</i>	3	
<i>mili tablet 35mcg; 0.25mg</i>	3	
<i>mono-linyah tablet 35mcg; 0.25mg</i>	3	
<i>necon 0.5/35-28 tablet 35mcg; 0.5mg</i>	3	
<i>norelgestromin/ethinyl estradiol patch weekly 35mcg/24hr; 150mcg/24hr</i>	4	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 20mcg; 75mg; 1mg, 30mcg; 75mg; 1.5mg</i>	3	
<i>norethindrone acetate/ethinyl estradiol tablet 20mcg; 1mg, 30mcg; 1.5mg, 5mcg; 1mg</i>	3	
<i>norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg</i>	4	
<i>norgestimate/ethinyl estradiol tablet 0; 0, 35mcg; 0.25mg</i>	3	
<i>nortrel 0.5/35 (28) tablet 35mcg; 0.5mg</i>	3	
<i>nortrel 1/35 tablet 35mcg; 1mg</i>	3	
<i>nortrel 7/7/7 tablet 35mcg; 0</i>	3	
<i>nylia 1/35 tablet 35mcg; 1mg</i>	3	
<i>nylia 7/7/7 tablet 35mcg; 0</i>	3	
<i>orsythia tablet 20mcg; 0.1mg</i>	3	
<i>philith tablet 35mcg; 0.4mg</i>	3	
<i>pimtrea tablet 0; 0</i>	3	
<i>portia-28 tablet 0.03mg; 0.15mg</i>	3	
PREMARIN CREAM 0.625MG/GM	4	
PREMARIN TABLET 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	4	
PREMPHASE TABLET 0.625MG; 5MG	4	
PREMPRO TABLET 0.3MG; 1.5MG, 0.45MG; 1.5MG, 0.625MG; 2.5MG, 0.625MG; 5MG	4	
<i>rivelsa tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>rosyrah tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>setlakin tablet 0.03mg; 0.15mg</i>	4	QL(91 EA per 91 days)
<i>simliya tablet 0; 0</i>	3	
<i>simpesse tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>sprintec 28 tablet 35mcg; 0.25mg</i>	3	
<i>sronyx tablet 20mcg; 0.1mg</i>	3	
<i>tarina fe 1/20 eq tablet 20mcg; 75mg; 1mg</i>	3	
<i>tri femynor tablet 0; 0</i>	3	
<i>tri-estarylla tablet 0; 0</i>	3	
<i>tri-linyah tablet 0; 0</i>	3	
<i>tri-mili tablet 0; 0</i>	3	

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<i>tri-nymyo tablet 0; 0</i>	3	
<i>tri-sprintec tablet 0; 0</i>	3	
<i>tri-vylibra tablet 0; 0</i>	3	
<i>trivora-28 tablet 0; 0</i>	3	
<i>turqoz tablet 30mcg; 0.3mg</i>	3	
<i>valtya 1/35 tablet 35mcg; 1mg</i>	3	
<i>valtya 1/50 tablet 50mcg; 1mg</i>	3	
<i>vienva tablet 20mcg; 0.1mg</i>	3	
<i>viorele tablet 0; 0</i>	3	
<i>volnea tablet 0; 0</i>	3	
<i>vyfemla tablet 35mcg; 0.4mg</i>	3	
<i>vylibra tablet 35mcg; 0.25mg</i>	3	
<i>wera tablet 35mcg; 0.5mg</i>	3	
<i>xulane patch weekly 35mcg/24hr; 150mcg/24hr</i>	3	
<i>yuvaferm tablet 10mcg</i>	4	
<i>zafemy patch weekly 35mcg/24hr; 150mcg/24hr</i>	4	
<i>zovia 1/35 tablet 35mcg; 1mg</i>	3	
<b>Progestins</b>		
<i>camila tablet 0.35mg</i>	3	
<i>deblitane tablet 0.35mg</i>	3	
DEPO-SUBQ PROVERA 104 INJECTION 104MG/0.65ML	3	QL(0.65 ML per 90 days)
<i>emzahh tablet 0.35mg</i>	3	
<i>errin tablet 0.35mg</i>	3	
<i>gallifrey tablet 5mg</i>	2	
<i>heather tablet 0.35mg</i>	3	
<i>incassia tablet 0.35mg</i>	3	
<i>jencycla tablet 0.35mg</i>	3	
LILETTA INTRAUTERINE DEVICE 20.1MCG/DAY	3	
<i>lyleq tablet 0.35mg</i>	3	
<i>lyza tablet 0.35mg</i>	3	
<i>medroxyprogesterone acetate injection 150mg/ml (vial)</i>	3	QL(1 ML per 90 days)
<i>medroxyprogesterone acetate injection 150mg/ml (syringe)</i>	4	QL(1 ML per 90 days)
<i>medroxyprogesterone acetate tablet 10mg, 2.5mg, 5mg</i>	1	
<i>megestrol acetate suspension 40mg/ml</i>	4	
<i>megestrol acetate tablet 20mg, 40mg</i>	3	
<i>meleya tablet 0.35mg</i>	3	
NEXPLANON INJECTION 68MG	3	
<i>nora-be tablet 0.35mg</i>	3	
<i>norethindrone acetate tablet 5mg</i>	2	
<i>norethindrone tablet 0.35mg</i>	3	
<i>norlyda tablet 0.35mg</i>	3	
<i>norlyroc tablet 0.35mg</i>	3	

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<i>orquidea tablet 0.35mg</i>	3	
<i>sharobel tablet 0.35mg</i>	3	
<b>Selective Estrogen Receptor Modifying Agents</b>		
OSPHENA TABLET 60MG	4	QL(30 EA per 30 days); PA
<i>raloxifene hydrochloride tablet 60mg</i>	3	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
<i>euthyrox tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	1	
<i>levothyroxine sodium tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg</i>	1	
LEVOXYL TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	3	
<i>liomny tablet 25mcg, 50mcg, 5mcg</i>	3	
<i>liothyronine sodium tablet 25mcg, 50mcg, 5mcg</i>	3	
REZDIFFRA TABLET 100MG, 60MG, 80MG	5	QL(30 EA per 30 days); PA; NDS
<b>Hormonal Agents, Suppressant (Adrenal or Pituitary)</b>		
<b>Hormonal Agents, Suppressant (Adrenal or Pituitary)</b>		
<i>cabergoline tablet 0.5mg</i>	3	
FIRMAGON INJECTION 80MG	4	QL(1 EA per 28 days); PA
FIRMAGON INJECTION 120MG/VIAL	5	QL(4 EA per 365 days); PA; NDS
<i>leuprolide acetate injection 1mg/0.2ml</i>	4	PA
LUPRON DEPOT (1-MONTH) INJECTION 3.75MG, 7.5MG	5	QL(1 EA per 28 days); PA; NDS
LUPRON DEPOT (3-MONTH) INJECTION 11.25MG, 22.5MG	5	QL(1 EA per 84 days); PA; NDS
LUPRON DEPOT (4-MONTH) INJECTION 30MG	5	QL(1 EA per 112 days); PA; NDS
LUPRON DEPOT (6-MONTH) INJECTION 45MG	5	QL(1 EA per 168 days); PA; NDS
LUPRON DEPOT-PED (1-MONTH) INJECTION 11.25MG, 15MG, 7.5MG	5	QL(1 EA per 28 days); PA; NDS
LUPRON DEPOT-PED (3-MONTH) INJECTION 30MG	5	QL(1 EA per 84 days); PA; NDS
<i>mifepristone tablet 200mg</i>	4	
<i>mifepristone tablet 300mg</i>	5	QL(120 EA per 30 days); PA; NDS
<i>octreotide acetate injection 1000mcg/ml, 100mcg/ml, 200mcg/ml, 500mcg/ml, 50mcg/ml</i>	4	PA
ORGOVYX TABLET 120MG	5	PA; NDS
SIGNIFOR INJECTION 0.3MG/ML, 0.6MG/ML, 0.9MG/ML	5	QL(60 ML per 30 days); PA; NDS

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SOMAVERT INJECTION 10MG, 15MG, 20MG, 25MG, 30MG	5	PA; NDS
TRELSTAR MIXJECT INJECTION 22.5MG	4	QL(1 EA per 168 days); PA
TRELSTAR MIXJECT INJECTION 11.25MG	4	QL(1 EA per 84 days); PA
<b>Hormonal Agents, Suppressant (Thyroid)</b>		
<b>Antithyroid Agents</b>		
<i>methimazole tablet 10mg, 5mg</i>	2	
<i>propylthiouracil tablet 50mg</i>	3	
<b>Immunological Agents</b>		
<b>Angioedema Agents</b>		
CINRYZE INJECTION 500UNIT	5	PA; NDS
<i>icatibant acetate injection 30mg/3ml</i>	5	PA; NDS
<b>Immunoglobulins</b>		
BIVIGAM INJECTION 5GM/50ML	5	PA; NDS
GAMASTAN INJECTION 0	3	PA
HYPERHEP B INJECTION 110UNIT/0.5ML	4	B/D
PRIVIGEN INJECTION 10GM/100ML, 20GM/200ML, 40GM/400ML, 5GM/50ML	5	PA; NDS
<b>Immunological Agents, Other</b>		
BENLYSTA INJECTION 200MG/ML	5	PA; NDS
COSENTYX SENSOREADY PEN INJECTION 150MG/ML	5	QL(10 ML per 28 days); PA; NDS
COSENTYX UNOREADY INJECTION 300MG/2ML	5	QL(10 ML per 28 days); PA; NDS
COSENTYX INJECTION 125MG/5ML	5	PA; NDS
COSENTYX INJECTION 150MG/ML, 75MG/0.5ML	5	QL(10 ML per 28 days); PA; NDS
DUPIXENT INJECTION 200MG/1.14ML	5	QL(4.56 ML per 28 days); PA; NDS
DUPIXENT INJECTION 300MG/2ML	5	QL(8 ML per 28 days); PA; NDS
EMPAVELI INJECTION 1080MG/20ML	5	PA; NDS
KINERET INJECTION 100MG/0.67ML	5	PA; NDS
ODACTRA TABLET SUBLINGUAL 0; 0	3	QL(30 EA per 30 days); PA
ORENCIA CLICKJECT INJECTION 125MG/ML	5	QL(4 ML per 28 days); PA; NDS
ORENCIA INJECTION 50MG/0.4ML	5	QL(1.6 ML per 28 days); PA; NDS
ORENCIA INJECTION 87.5MG/0.7ML	5	QL(2.8 ML per 28 days); PA; NDS
ORENCIA INJECTION 125MG/ML	5	QL(4 ML per 28 days); PA; NDS
OTEZLA TABLET THERAPY PACK 0	5	QL(110 EA per 365 days); PA; NDS
RINVOQ LQ SOLUTION 1MG/ML	5	QL(360 ML per 30 days); PA; NDS
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15MG, 30MG, 45MG	5	QL(30 EA per 30 days); PA; NDS
SKYRIZI PEN INJECTION 150MG/ML	5	QL(1 ML per 28 days); PA; NDS

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

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ADALIMUMAB-AATY 2-SYRINGE INJECTION 20MG/0.2ML	5	QL(2 EA per 28 days); PA; NDS
ADALIMUMAB-AATY 2-SYRINGE INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA; NDS
ADALIMUMAB-AATY CD/UC/HS STARTER INJECTION 80MG/0.8ML	5	QL(3 EA per 28 days); PA; NDS
ADALIMUMAB-ADB M CROHNS/UC/HS STARTER INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA; NDS; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADB M PSORIASIS/UEVITIS STARTER INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA; NDS; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADB M STARTER PACKAGE FOR CROHNS DISEASE/UC/HS INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA; NDS; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADB M STARTER PACKAGE FOR PSORIASIS/UEVITIS INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA; NDS; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADB M INJECTION 10MG/0.2ML, 20MG/0.4ML	5	QL(2 EA per 28 days); PA; NDS; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADB M INJECTION 40MG/0.4ML, 40MG/0.8ML	5	QL(6 EA per 28 days); PA; NDS; Boehringer Ingelheim labeled products only
<i>azathioprine tablet 50mg</i>	3	B/D
<i>cyclosporine modified capsule 100mg, 25mg, 50mg</i>	4	B/D
<i>cyclosporine modified solution 100mg/ml</i>	4	B/D
<i>cyclosporine capsule 100mg, 25mg</i>	4	B/D
ENBREL MINI INJECTION 50MG/ML	5	QL(8 ML per 28 days); PA; NDS
ENBREL SURECLICK INJECTION 50MG/ML	5	QL(8 ML per 28 days); PA; NDS
ENBREL INJECTION 25MG/0.5ML	5	QL(4 ML per 28 days); PA; NDS
ENBREL INJECTION 50MG/ML	5	QL(8 ML per 28 days); PA; NDS
ENVAR SUS XR TABLET EXTENDED RELEASE 24 HOUR 0.75MG, 1MG	4	B/D
ENVAR SUS XR TABLET EXTENDED RELEASE 24 HOUR 4MG	5	B/D; NDS
<i>everolimus tablet 0.25mg</i>	4	B/D
<i>everolimus tablet 0.5mg, 0.75mg, 1mg</i>	5	B/D; NDS
<i>gengraf capsule 100mg, 25mg</i>	4	B/D
<i>gengraf solution 100mg/ml</i>	4	B/D
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 0	5	QL(4 EA per 365 days); PA; NDS
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 80MG/0.8ML	5	QL(6 EA per 365 days); PA; NDS

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HUMIRA PEN-CD/UC/HS STARTER INJECTION 80MG/0.8ML	5	QL(4 EA per 28 days); PA; NDS
HUMIRA PEN-CD/UC/HS STARTER INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA; NDS
HUMIRA PEN-PEDIATRIC UC STARTER PACK INJECTION 80MG/0.8ML	5	QL(4 EA per 28 days); PA; NDS
HUMIRA PEN-PS/UV STARTER INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA; NDS
HUMIRA PEN-PS/UV STARTER INJECTION 0	5	QL(6 EA per 365 days); PA; NDS
HUMIRA PEN INJECTION 80MG/0.8ML	5	QL(4 EA per 28 days); PA; NDS
HUMIRA PEN INJECTION 40MG/0.4ML, 40MG/0.8ML	5	QL(6 EA per 28 days); PA; NDS
HUMIRA INJECTION 10MG/0.1ML, 20MG/0.2ML	5	QL(2 EA per 28 days); PA; NDS
HUMIRA INJECTION 40MG/0.4ML, 40MG/0.8ML	5	QL(6 EA per 28 days); PA; NDS
JYLAMVO SOLUTION 2MG/ML	4	PA
<i>leflunomide tablet 10mg, 20mg</i>	3	
<i>methotrexate sodium injection 1gm/40ml, 250mg/10ml, 50mg/2ml</i>	2	
<i>methotrexate sodium tablet 2.5mg</i>	2	
<i>methotrexate injection 50mg/2ml</i>	2	
<i>mycophenolate mofetil capsule 250mg</i>	3	B/D
<i>mycophenolate mofetil suspension reconstituted 200mg/ml</i>	4	B/D
<i>mycophenolate mofetil tablet 500mg</i>	4	B/D
<i>mycophenolic acid dr tablet delayed release 180mg, 360mg</i>	4	B/D
ORENCIA INJECTION 250MG	5	PA; NDS
PEGASYS INJECTION 180MCG/0.5ML	5	PA; NDS
PROGRAF PACKET 0.2MG, 1MG	4	B/D
REZUROCK TABLET 200MG	5	QL(60 EA per 30 days); PA; NDS
SANDIMMUNE SOLUTION 100MG/ML	4	B/D
<i>sirolimus solution 1mg/ml</i>	4	B/D
<i>sirolimus tablet 0.5mg, 1mg, 2mg</i>	4	B/D
<i>tacrolimus capsule 0.5mg, 1mg, 5mg</i>	4	B/D
XATMEP SOLUTION 2.5MG/ML	4	PA
<b>Vaccines</b>		
ABRYSVO INJECTION 120MCG/0.5ML	1	QL(1 EA per 252 days)
ACTHIB INJECTION 0	1	
ADACEL INJECTION 2LF/0.5ML; 15.5MCG/0.5ML; 5LF/0.5ML	1	
AREXVY INJECTION 120MCG/0.5ML	1	QL(1 EA per 999 days)
<i>bcg vaccine injection 50mg</i>	1	
BEXSERO INJECTION 0.5ML	1	
BOOSTRIX INJECTION 2.5LF/0.5ML; 18.5MCG/0.5ML; 5LF/0.5ML	1	

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DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	3	
DENGVAXIA INJECTION 0	3	
ENGERIX-B INJECTION 10MCG/0.5ML, 20MCG/ML	1	B/D
GARDASIL 9 INJECTION 0.5ML	1	
HAVRIX INJECTION 1440UNIT/ML	1	
HAVRIX INJECTION 720ELU/0.5ML	3	
HEPLISAV-B INJECTION 20MCG/0.5ML	1	B/D
HIBERIX INJECTION 10MCG	1	
IMOVAX RABIES (H.D.C.V.) INJECTION 2.5UNIT/ML	1	B/D
INFANRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 10LFU/0.5ML	3	
IPOL INACTIVATED IPV INJECTION 0	1	
IXIARO INJECTION 0	1	
JYNNEOS INJECTION 0.5ML	1	
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
M-M-R II INJECTION 0; 0; 0	1	
MENACTRA INJECTION 0	1	
MENQUADFI INJECTION 0.5ML	1	
MENVEO INJECTION 0	1	
MRESVIA INJECTION 50MCG/0.5ML	1	QL(0.5 ML per 999 days)
PEDIARIX INJECTION 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
PEDVAX HIB INJECTION 7.5MCG/0.5ML	3	
PENBRAYA INJECTION 0; 0	1	
PENMENVY INJECTION 0; 0	1	
PENTACEL INJECTION 15LFU/0.5ML; 0; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	
PREHEVBRIO INJECTION 10MCG/ML	1	B/D
PRIORIX INJECTION 0; 0; 0	1	
PROQUAD INJECTION 0; 0; 0; 0	3	
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	
RABAVERT INJECTION 0	1	B/D
RECOMBIVAX HB INJECTION 10MCG/ML, 40MCG/ML, 5MCG/0.5ML	1	B/D
ROTARIX SUSPENSION 0	3	
ROTATEQ SOLUTION 0	3	
SHINGRIX INJECTION 50MCG/0.5ML	1	
STAMARIL INJECTION 0	1	
TDVAX INJECTION 2LF/0.5ML; 2LF/0.5ML	1	
TENIVAC INJECTION 2LFU; 5LFU	1	

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TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT INJECTION 2LF/0.5ML; 2LF/0.5ML	1	
TICOVAC INJECTION 2.4MCG/0.5ML	1	
TICOVAC INJECTION 1.2MCG/0.25ML	3	
TRUMENBA INJECTION 0.5ML	1	
TWINRIX INJECTION 720ELU/ML; 20MCG/ML	1	
TYPHIM VI INJECTION 25MCG/0.5ML	1	
VAQTA INJECTION 50UNIT/ML	1	
VAQTA INJECTION 25UNIT/0.5ML	3	
VARIVAX INJECTION 1350PFU/0.5ML	1	
VAXCHORA SUSPENSION RECONSTITUTED 0	1	
VAXELIS INJECTION 0; 0; 0; 0; 0; 0	3	
VIMKUNYA INJECTION 40MCG/0.8ML	1	
VIVOTIF CAPSULE DELAYED RELEASE 0	1	
YF-VAX INJECTION 0	1	
<b>Inflammatory Bowel Disease Agents</b>		
<b>Aminosalicylates</b>		
<i>balsalazide disodium capsule 750mg</i>	4	
<i>mesalamine er capsule extended release 500mg</i>	4	
<i>mesalamine enema 4gm</i>	4	
<i>mesalamine kit 4gm</i>	5	NDS
<i>mesalamine suppository 1000mg</i>	4	
SFROWASA ENEMA 4GM/60ML	5	NDS
<i>sulfasalazine tablet delayed release 500mg</i>	2	
<i>sulfasalazine tablet 500mg</i>	2	
<b>Glucocorticoids</b>		
<i>budesonide er tablet extended release 24 hour 9mg</i>	5	NDS
<i>budesonide capsule delayed release particles 3mg</i>	4	
<i>hydrocortisone cream 2.5%</i>	2	
<i>hydrocortisone enema 100mg/60ml</i>	4	
<i>procto-med hc cream 2.5%</i>	2	
<i>proctosol hc cream 2.5%</i>	2	
<i>proctozone-hc cream 2.5%</i>	2	
<b>Metabolic Bone Disease Agents</b>		
<b>Metabolic Bone Disease Agents</b>		
<i>alendronate sodium tablet 10mg, 35mg, 5mg</i>	6	
<i>alendronate sodium tablet 70mg</i>	6	QL(4 EA per 28 days)
BONSITY INJECTION 560MCG/2.24ML	5	PA; NDS
<i>calcitonin-salmon solution 200unit/act</i>	3	QL(3.7 ML per 30 days)
<i>calcitriol capsule 0.25mcg, 0.5mcg</i>	2	
<i>cinacalcet hydrochloride tablet 30mg, 60mg, 90mg</i>	4	
FORTEO INJECTION 560MCG/2.24ML	5	PA; NDS
<i>ibandronate sodium tablet 150mg</i>	6	QL(1 EA per 28 days)
JUBBONTI INJECTION 60MG/ML	4	QL(2 ML per 365 days)

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OSENVELT INJECTION 120MG/1.7ML	5	PA; NDS
<i>paricalcitol capsule 1mcg, 2mcg, 4mcg</i>	4	
STOBOCLO INJECTION 60MG/ML	4	QL(2 ML per 365 days)
<i>teriparatide injection 560mcg/2.24ml</i>	5	PA; NDS
TYMLOS INJECTION 3120MCG/1.56ML	5	PA; NDS
WYOST INJECTION 120MG/1.7ML	5	PA; NDS
<b>Miscellaneous Therapeutic Agents</b>		
<b><i>Miscellaneous Therapeutic Agents</i></b>		
ALCOHOL PREP PADS PAD 70%	3	
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16" MISCELLANEOUS	3	QL(200 EA per 30 days)
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2" MISCELLANEOUS	3	QL(200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM MISCELLANEOUS	3	QL(200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM MISCELLANEOUS	3	QL(200 EA per 30 days)
BD INSULIN SYRINGE/1ML/29G X 12.7MM MISCELLANEOUS	3	QL(200 EA per 30 days)
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM MISCELLANEOUS	3	QL(200 EA per 30 days)
BD VEO INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 6MM MISCELLANEOUS	3	QL(200 EA per 30 days)
CURITY GAUZE PADS 2"X2" 12 PLY PAD	3	
EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 1/2" MISCELLANEOUS	3	QL(200 EA per 30 days)
EASY COMFORT PEN NEEDLES 29GX4MM MISCELLANEOUS	3	QL(200 EA per 30 days)
ELLA TABLET 30MG	3	
NUTRILIPID INJECTION 20GM/100ML	4	B/D
OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5) KIT	3	QL(1 EA per 365 days)
OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5) MISCELLANEOUS	3	QL(30 EA per 30 days)
OMNIPOD 5 G7 INTRO KIT (GEN 5) KIT	3	QL(1 EA per 365 days)
OMNIPOD 5 G7 PODS (GEN 5) MISCELLANEOUS	3	QL(30 EA per 30 days)
OMNIPOD 5 LIBRE2 PLUS G6 INTRO GEN 5 KIT	3	QL(1 EA per 365 days)
OMNIPOD 5 LIBRE2 PLUS G6 PODS MISCELLANEOUS	3	QL(30 EA per 30 days)
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3) KIT	3	QL(1 EA per 365 days)
OMNIPOD CLASSIC PODS (GEN 3) MISCELLANEOUS	3	QL(30 EA per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4) KIT	3	QL(1 EA per 365 days)
OMNIPOD DASH PDM KIT (GEN 4) KIT	3	QL(1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4) MISCELLANEOUS	3	QL(30 EA per 30 days)

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OMNIPOD GO 10 UNITS/DAY KIT	3	QL(10 EA per 30 days)
OMNIPOD GO 15 UNITS/DAY KIT	3	QL(10 EA per 30 days)
OMNIPOD GO 20 UNITS/DAY KIT	3	QL(10 EA per 30 days)
OMNIPOD GO 25 UNITS/DAY KIT	3	QL(10 EA per 30 days)
OMNIPOD GO 30 UNITS/DAY KIT	3	QL(10 EA per 30 days)
OMNIPOD GO 35 UNITS/DAY KIT	3	QL(10 EA per 30 days)
OMNIPOD GO 40 UNITS/DAY KIT	3	QL(10 EA per 30 days)
RIVFLOZA INJECTION 128MG/0.8ML	5	QL(0.8 ML per 28 days); PA; NDS
RIVFLOZA INJECTION 160MG/ML, 80MG/0.5ML	5	QL(1 ML per 28 days); PA; NDS
SKYCLARYS CAPSULE 50MG	5	QL(90 EA per 30 days); PA; NDS
<i>sodium chloride 0.9% solution 0.9%</i>	2	
V-GO 20 KIT	3	
V-GO 30 KIT	3	
V-GO 40 KIT	3	
VISTOGARD PACKET 10GM	5	NDS
ZOKINVY CAPSULE 50MG, 75MG	5	QL(120 EA per 30 days); PA; NDS
<b>Ophthalmic Agents</b>		
<b>Ophthalmic Agents, Other</b>		
<i>atropine sulfate solution 1%</i>	3	
<i>bacitracin/polymyxin b ointment 500unit/gm; 10000unit/gm</i>	3	
<i>brimonidine tartrate/timolol maleate solution 0.2%; 0.5%</i>	4	
COMBIGAN SOLUTION 0.2%; 0.5%	4	
<i>cyclosporine emulsion 0.05%</i>	3	
CYSTARAN SOLUTION 0.44%	5	QL(60 ML per 28 days); NDS
<i>dorzolamide hcl/timolol maleate solution 20mg/ml; 5mg/ml</i>	3	
<i>neo-polycin hc ointment 400unit/gm; 1%; 3.5mg/gm; 10000unit/gm</i>	3	
<i>neo-polycin ointment 400unit/gm; 3.5mg/gm; 10000unit/gm</i>	3	
<i>neomycin/polymyxin/bacitracin/hydrocortisone ointment 400unit/gm; 1%; 0.5%; 10000unit/gm</i>	3	
<i>neomycin/polymyxin/bacitracin ointment 400unit/gm; 5mg/gm; 10000unit/gm</i>	3	
<i>neomycin/polymyxin/dexamethasone ointment 0.1%; 3.5mg/gm; 10000unit/gm</i>	2	
<i>neomycin/polymyxin/dexamethasone suspension 0.1%; 3.5mg/ml; 10000unit/ml</i>	2	
<i>neomycin/polymyxin/gramicidin solution 0.025mg/ml; 1.75mg/ml; 10000unit/ml</i>	3	
<i>polycin ointment 500unit/gm; 10000unit/gm</i>	3	

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<i>polymyxin b sulfate/trimethoprim sulfate solution 10000unit/ml; 0.1%</i>	2	
RESTASIS MULTIDOSE EMULSION 0.05%	3	
RESTASIS EMULSION 0.05%	3	
ROCKLATAN SOLUTION 0.005%; 0.02%	3	QL(2.5 ML per 25 days)
SIMBRINZA SUSPENSION 0.2%; 1%	3	
<i>sulfacetamide sodium/prednisolone sodium phosphate solution 0.23%; 10%</i>	2	
TOBRADEX ST SUSPENSION 0.05%; 0.3%	4	
<i>tobramycin/dexamethasone suspension 0.1%; 0.3%</i>	4	
ZYLET SUSPENSION 0.5%; 0.3%	4	
<b>Ophthalmic Anti-allergy Agents</b>		
<i>azelastine hcl ophthalmic solution 0.05%</i>	3	
<i>cromolyn sodium solution 4%</i>	2	
<i>olopatadine hydrochloride solution 0.1%</i>	3	
<b>Ophthalmic Anti-Infectives</b>		
<i>bacitracin ointment 500unit/gm</i>	4	
BESIVANCE SUSPENSION 0.6%	4	
<i>ciprofloxacin hydrochloride solution 0.3%</i>	2	
<i>erythromycin ointment 5mg/gm</i>	2	
<i>gatifloxacin solution 0.5%</i>	4	
<i>gentamicin sulfate ophthalmic solution 0.3%</i>	2	
<i>moxifloxacin hydrochloride solution 0.5%</i>	3	
NATACYN SUSPENSION 5%	4	
<i>ofloxacin ophthalmic solution 0.3%</i>	2	
<i>sulfacetamide sodium ointment 10%</i>	3	
<i>sulfacetamide sodium solution 10%</i>	3	
<i>tobramycin solution 0.3%</i>	2	
<i>trifluridine solution 1%</i>	4	
XDEMVIY SOLUTION 0.25%	5	QL(10 ML per 42 days); NDS
ZIRGAN GEL 0.15%	4	
<b>Ophthalmic Anti-inflammatories</b>		
<i>bromfenac sodium solution 0.07%</i>	4	QL(12 ML per 365 days)
<i>dexamethasone sodium phosphate solution 0.1%</i>	3	
<i>diclofenac sodium ophthalmic solution 0.1%</i>	3	
<i>fluorometholone suspension 0.1%</i>	3	
<i>flurbiprofen sodium solution 0.03%</i>	2	
<i>ketorolac tromethamine ophthalmic solution 0.5%</i>	2	
LOTEMAX SM GEL 0.38%	4	QL(20 GM per 365 days)
<i>prednisolone acetate suspension 1%</i>	3	
<b>Ophthalmic Beta-Adrenergic Blocking Agents</b>		
<i>betaxolol hcl solution 0.5%</i>	3	
<i>carteolol hcl solution 1%</i>	2	
<i>levobunolol hcl solution 0.5%</i>	2	

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<i>timolol maleate solution 0.25%, 0.5%</i>	2	
<b>Ophthalmic Intraocular Pressure Lowering Agents, Other</b>		
<i>acetazolamide er capsule extended release 12 hour 500mg</i>	4	
<i>acetazolamide tablet 125mg, 250mg</i>	4	
<i>brimonidine tartrate solution 0.2%</i>	2	
<i>brimonidine tartrate solution 0.1%</i>	3	
<i>dorzolamide hydrochloride solution 2%</i>	3	
<i>pilocarpine hcl solution 1%, 2%, 4%</i>	3	
<i>pilocarpine hydrochloride solution 1%, 2%, 4%</i>	3	
RHOPRESSA SOLUTION 0.02%	3	QL(2.5 ML per 25 days)
<b>Ophthalmic Prostaglandin and Prostanoid Analogs</b>		
<i>latanoprost solution 0.005%</i>	1	
LUMIGAN SOLUTION 0.01%	3	QL(2.5 ML per 25 days)
VYZULTA SOLUTION 0.024%	4	QL(5 ML per 25 days)
<b>Otic Agents</b>		
<b>Otic Agents</b>		
<i>acetic acid solution 2%</i>	2	
<i>neomycin/polymyxin/hc solution 1%; 3.5mg/ml; 10000unit/ml</i>	4	
<i>neomycin/polymyxin/hydrocortisone suspension 1%; 3.5mg/ml; 10000unit/ml</i>	4	
<i>ofloxacin otic solution 0.3%</i>	3	
<b>Respiratory Tract/Pulmonary Agents</b>		
<b>Anti-inflammatories, Inhaled Corticosteroids</b>		
ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT, 200MCG/ACT, 50MCG/ACT	3	QL(30 EA per 30 days)
<i>budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	4	QL(120 ML per 30 days); B/D
<i>fluticasone propionate suspension 50mcg/act</i>	2	
<b>Antihistamines</b>		
<i>azelastine hcl nasal solution 0.15%</i>	3	QL(60 ML per 30 days)
<i>azelastine hydrochloride solution 0.1%</i>	2	QL(60 ML per 30 days)
<i>cetirizine hydrochloride solution 5mg/5ml</i>	2	
<i>cyproheptadine hydrochloride tablet 4mg</i>	4	
<i>diphenhydramine hydrochloride injection 50mg/ml</i>	4	
<i>hydroxyzine hcl tablet 50mg</i>	3	
<i>hydroxyzine hydrochloride syrup 10mg/5ml</i>	4	
<i>hydroxyzine hydrochloride tablet 10mg, 25mg</i>	3	
<i>hydroxyzine pamoate capsule 100mg, 25mg, 50mg</i>	4	
<i>levocetirizine dihydrochloride tablet 5mg</i>	2	
<b>Antileukotrienes</b>		

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<i>montelukast sodium tablet chewable 4mg, 5mg</i>	2	
<i>montelukast sodium tablet 10mg</i>	1	
<i>zafirlukast tablet 10mg, 20mg</i>	4	
<b>Bronchodilators, Anticholinergic</b>		
ATROVENT HFA AEROSOL SOLUTION 17MCG/ACT	4	QL(25.8 GM per 30 days)
<i>ipratropium bromide nasal solution 0.03%, 0.06%</i>	3	
<i>ipratropium bromide inhalation solution 0.02%</i>	3	QL(312.5 ML per 30 days); B/D
SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5MCG/ACT	3	
SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25MCG/ACT	3	QL(8 GM per 30 days)
<i>tiotropium bromide capsule 18mcg</i>	4	QL(30 EA per 30 days)
<b>Bronchodilators, Sympathomimetic</b>		
<i>albuterol sulfate hfa aerosol solution 180mcg/act x 6.7gm</i>	2	QL(13.4 GM per 30 days)
<i>albuterol sulfate hfa aerosol solution 180mcg/act x 8.5gm</i>	2	QL(17 GM per 30 days)
<i>albuterol sulfate hfa aerosol solution 180mcg/act x 18gm</i>	2	QL(48 GM per 30 days)
<i>albuterol sulfate nebulization solution 2.5mg/0.5ml</i>	2	QL(100 EA per 30 days); B/D
<i>albuterol sulfate nebulization solution 0.083%</i>	2	QL(525 ML per 30 days); B/D
<i>arformoterol tartrate nebulization solution 15mcg/2ml</i>	4	QL(120 ML per 30 days); PA
<i>epinephrine injection 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	3	
<i>epinephrine injection 0.3mg/0.3ml</i>	3	Applies to product manufactured by Mylan Specialty L.P. Only
<i>levalbuterol tartrate hfa aerosol 45mcg/act</i>	4	QL(30 GM per 30 days)
PROAIR RESPICLICK AEROSOL POWDER BREATH ACTIVATED 108MCG/ACT	3	QL(2 EA per 30 days)
SEREVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 50MCG/DOSE	3	QL(60 EA per 30 days)
<b>Cystic Fibrosis Agents</b>		
CAYSTON SOLUTION RECONSTITUTED 75MG	5	PA; NDS
KALYDECO PACKET 13.4MG, 25MG, 5.8MG, 50MG, 75MG	5	QL(56 EA per 28 days); PA; NDS
KALYDECO TABLET 150MG	5	QL(60 EA per 30 days); PA; NDS
ORKAMBI TABLET 125MG; 100MG, 125MG; 200MG	5	QL(112 EA per 28 days); PA; NDS
PULMOZYME SOLUTION 2.5MG/2.5ML	5	PA; NDS
<i>tobramycin nebulization solution 300mg/5ml</i>	3	B/D
TRIKAFTA TABLET THERAPY PACK 100MG; 0; 50MG	5	QL(84 EA per 28 days); PA; NDS
<b>Mast Cell Stabilizers</b>		
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	3	B/D
<b>Phosphodiesterase Inhibitors, Airways Disease</b>		
<i>roflumilast tablet 250mcg, 500mcg</i>	4	PA

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<i>theophylline er tablet extended release 12 hour 300mg, 450mg</i>	4	
<i>theophylline er tablet extended release 24 hour 400mg, 600mg</i>	3	
<b>Pulmonary Antihypertensives</b>		
ADEMPAS TABLET 0.5MG, 1.5MG, 1MG, 2.5MG, 2MG	5	QL(90 EA per 30 days); PA; NDS
<i>alyq tablet 20mg</i>	4	QL(60 EA per 30 days); PA
<i>bosentan tablet 125mg, 62.5mg</i>	5	QL(60 EA per 30 days); PA; NDS
OPSUMIT TABLET 10MG	5	QL(30 EA per 30 days); PA; NDS
ORENITRAM TITRATION KIT MONTH 1 TABLET EXTENDED RELEASE THERAPY PACK 0	5	QL(336 EA per 365 days); PA; NDS
ORENITRAM TITRATION KIT MONTH 2 TABLET EXTENDED RELEASE THERAPY PACK 0	5	QL(672 EA per 365 days); PA; NDS
ORENITRAM TITRATION KIT MONTH 3 TABLET EXTENDED RELEASE THERAPY PACK 0	5	QL(504 EA per 365 days); PA; NDS
ORENITRAM TABLET EXTENDED RELEASE 0.125MG	4	PA
ORENITRAM TABLET EXTENDED RELEASE 0.25MG, 1MG, 2.5MG, 5MG	5	PA; NDS
<i>sildenafil citrate tablet 20mg</i>	3	QL(90 EA per 30 days); PA; (20mg)
<i>tadalafil tablet 20mg</i>	4	QL(60 EA per 30 days); PA
VENTAVIS SOLUTION 10MCG/ML, 20MCG/ML	5	QL(270 ML per 30 days); PA; NDS
WINREVAIR INJECTION 0, 45MG, 60MG	5	QL(1 EA per 21 days); PA; NDS
<b>Pulmonary Fibrosis Agents</b>		
OFEV CAPSULE 100MG, 150MG	5	PA; NDS
<i>pirfenidone capsule 267mg</i>	5	PA; NDS
<i>pirfenidone tablet 267mg, 801mg</i>	5	PA; NDS
<i>pirfenidone tablet 534mg</i>	5	PA; NDS
<b>Respiratory Tract Agents, Other</b>		
AIRSUPRA AEROSOL 90MCG/ACT; 80MCG/ACT	3	QL(32.1 GM per 30 days)
ANORO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5MCG/ACT; 25MCG/ACT	3	QL(60 EA per 30 days)
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 50MCG/INH; 25MCG/INH	3	QL(60 EA per 30 days)
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT; 25MCG/ACT, 200MCG/INH; 25MCG/INH	3	QL(60 EA per 30 days)
<i>breyana aerosol 160mcg/act; 4.5mcg/act, 80mcg/act; 4.5mcg/act</i>	4	QL(10.3 GM per 30 days)
BREZTRI AEROSPHERE AEROSOL 160MCG/ACT; 4.8MCG/ACT; 9MCG/ACT	3	QL(23.6 GM per 28 days)
BRONCHITOL CAPSULE 40MG	5	QL(560 EA per 28 days); PA; NDS

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COMBIVENT RESPIMAT AEROSOL SOLUTION 100MCG/ACT; 20MCG/ACT	3	QL(8 GM per 30 days)
DULERA AEROSOL 5MCG/ACT; 50MCG/ACT	4	QL(13 GM per 30 days); PA
DULERA AEROSOL 5MCG/ACT; 100MCG/ACT, 5MCG/ACT; 200MCG/ACT	4	QL(17.6 GM per 30 days); PA
<i>fluticasone propionate/salmeterol diskus aerosol powder breath activated 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act, 500mcg/act; 50mcg/act</i>	3	QL(60 EA per 30 days)
<i>fluticasone propionate/salmeterol aerosol powder breath activated 500mcg/act; 50mcg/act</i>	3	QL(60 EA per 30 days)
<i>ipratropium bromide/albuterol sulfate solution 2.5mg/3ml; 0.5mg/3ml</i>	3	QL(540 ML per 30 days); B/D
STIOLTO RESPIMAT AEROSOL SOLUTION 2.5MCG/ACT; 2.5MCG/ACT	3	QL(24 GM per 30 days)
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT; 62.5MCG/ACT; 25MCG/ACT, 200MCG/INH; 62.5MCG/INH; 25MCG/INH	3	QL(60 EA per 30 days)
<i>wixela inhub aerosol powder breath activated 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act, 500mcg/act; 50mcg/act</i>	3	QL(60 EA per 30 days)
<b>Skeletal Muscle Relaxants</b>		
<b><i>Skeletal Muscle Relaxants</i></b>		
<i>cyclobenzaprine hydrochloride tablet 10mg, 5mg</i>	3	PA
<i>methocarbamol tablet 500mg, 750mg</i>	2	
<i>orphenadrine citrate er tablet extended release 12 hour 100mg</i>	3	
<b>Sleep Disorder Agents</b>		
<b><i>Sleep Promoting Agents</i></b>		
BELSOMRA TABLET 10MG, 15MG, 20MG, 5MG	3	QL(30 EA per 30 days)
<i>eszopiclone tablet 1mg, 2mg, 3mg</i>	3	QL(30 EA per 30 days)
<i>temazepam capsule 15mg, 30mg</i>	3	QL(30 EA per 30 days)
<i>zaleplon capsule 5mg</i>	3	QL(30 EA per 30 days)
<i>zaleplon capsule 10mg</i>	3	QL(60 EA per 30 days)
<i>zolpidem tartrate tablet 10mg, 5mg</i>	2	QL(30 EA per 30 days)
<b><i>Wakefulness Promoting Agents</i></b>		
<i>armodafinil tablet 150mg, 200mg, 250mg</i>	3	QL(30 EA per 30 days); PA
<i>armodafinil tablet 50mg</i>	3	QL(60 EA per 30 days); PA
<i>modafinil tablet 100mg, 200mg</i>	3	QL(30 EA per 30 days); PA
<i>sodium oxybate solution 500mg/ml</i>	5	QL(540 ML per 30 days); PA; NDS

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<i>aspirin/dipyridamole er</i>	33	II/0.3ML/31G X 5/16"	
<i>atazanavir</i>	27	BD INSULIN SYRINGE ULTRA-	59
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<i>chloroquine phosphate</i>	21	COBENFY STARTER PACK	38
<i>chlorpromazine hydrochloride</i>	22	<i>colchicine</i>	14
<i>chlorthalidone</i>	36	<i>colestipol hydrochloride</i>	37
CHOLBAM	45	<i>colistimethate sodium</i>	4
<i>cholestyramine</i>	37	COMBIGAN	60
<i>cholestyramine light</i>	37	COMBIVENT RESPIMAT	65
<i>ciclodan</i>	41	COMETRIQ	17
<i>ciclopirox</i>	41	<i>compro</i>	12
<i>ciclopirox nail lacquer</i>	41	<i>conjugated estrogens</i>	48
<i>ciclopirox olamine</i>	41	<i>constulose</i>	43
<i>cilostazol</i>	33	COPIKTRA	17
CIMDUO	26	COSENTYX	53
<i>cinacalcet hydrochloride</i>	58	COSENTYX SENSOREADY PEN	53
CINRYZE	53	COSENTYX UNOREADY	53
<i>ciprofloxacin hcl</i>	6	COTELLIC	17
<i>ciprofloxacin hydrochloride</i>	6	CREON	45
<i>ciprofloxacin hydrochloride</i>	61	CRESEMBA	13
<i>ciprofloxacin i.v.-in d5w</i>	6	<i>cromolyn sodium</i>	45
<i>cisplatin</i>	15	<i>cromolyn sodium</i>	61
<i>citalopram hydrobromide</i>	11	<i>cromolyn sodium</i>	63
<i>claravis</i>	39	<i>cryselle</i>	48
<i>clarithromycin</i>	6	<i>cryselle-28</i>	48
<i>clarithromycin er</i>	6	CTEXLI	44
CLENPIQ	44	CURITY GAUZE PADS 2"X2" 12 PLY	59
CLIMARA PRO	48	<i>cyclobenzaprine hydrochloride</i>	65
<i>clindamycin hcl</i>	3	<i>cyclophosphamide</i>	15
<i>clindamycin hydrochloride</i>	3	<i>cycloserine</i>	14
<i>clindamycin palmitate hydrochloride</i>	3	<i>cyclosporine</i>	55
<i>clindamycin phosphate</i>	3	<i>cyclosporine</i>	60
<i>clindamycin phosphate</i>	41	<i>cyclosporine modified</i>	55
<i>clobazam</i>	8	<i>cyproheptadine hydrochloride</i>	62
<i>clobetasol propionate</i>	40	CYSTAGON	45
<i>clobetasol propionate e</i>	40	CYSTARAN	60
<i>clomipramine hydrochloride</i>	12	<i>dabigatran etexilate</i>	32
<i>clonazepam</i>	8	<i>dalfampridine er</i>	39
<i>clonazepam odt</i>	8	<i>danazol</i>	47
<i>clonidine hydrochloride</i>	33	<i>dantrolene sodium</i>	24
<i>clopidogrel</i>	33	DANZITEN	17
<i>clorazepate dipotassium</i>	28	<i>dapagliflozin propanediol</i>	37
<i>clotrimazole</i>	13	<i>dapsone</i>	14
<i>clotrimazole/betamethasone</i>	41	DAPTACEL	57
<i>dipropionate</i>		<i>daptomycin</i>	4
<i>clozapine</i>	24	DAPTOMYCIN/SODIUM CHLORIDE	4
<i>clozapine odt</i>	24	<i>darunavir</i>	27
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DAURISMO	17	<i>diphenoxylate hydrochloride/atropine sulfate</i>	44
<i>daysee</i>	48	<i>disulfiram</i>	2
<i>deblitane</i>	51	<i>divalproex sodium dr</i>	8
<i>deferasirox</i>	43	<i>divalproex sodium er</i>	8
DELSTRIGO	25	<i>dofetilide</i>	33
<i>delyla</i>	48	<i>dolishale</i>	48
<i>demeclocycline hcl</i>	7	<i>donepezil hcl</i>	10
<i>demeclocycline hydrochloride</i>	7	<i>donepezil hydrochloride</i>	10
DENGVAXIA	57	DOPTELET	33
DEPO-SUBQ PROVERA 104	51	<i>dorzolamide hcl/timolol maleate</i>	60
DESCOVY	26	<i>dorzolamide hydrochloride</i>	62
<i>desipramine hydrochloride</i>	12	<i>dotti</i>	48
<i>desmopressin acetate</i>	47	DOVATO	25
<i>desogestrel/ethinyl estradiol</i>	48	<i>doxazosin mesylate</i>	46
<i>desonide</i>	40	<i>doxepin hcl</i>	12
<i>desvenlafaxine er</i>	11	<i>doxepin hydrochloride</i>	12
<i>dexamethasone</i>	46	<i>doxycycline</i>	7
<i>dexamethasone sodium phosphate</i>	61	<i>doxycycline hyclate</i>	7
<i>dextroamphetamine sulfate</i>	38	<i>doxycycline hyclate</i>	39
<i>dextrose 5%</i>	42	<i>doxycycline monohydrate</i>	7
<i>dextrose 5%/sodium chloride 0.45%</i>	42	DRIZALMA SPRINKLE	11
<i>dextrose 5%/sodium chloride 0.9%</i>	42	<i>dronabinol</i>	13
DIACOMIT	8	DROXIA	15
<i>diazepam</i>	8	<i>droxidopa</i>	33
<i>diazepam</i>	28	DULERA	65
<i>diazepam intensol</i>	28	<i>duloxetine hydrochloride dr</i>	11
<i>diazoxide</i>	30	DUPIXENT	53
<i>diclofenac sodium</i>	1	<i>dutasteride</i>	46
<i>diclofenac sodium</i>	41	EASY COMFORT INSULIN	59
<i>diclofenac sodium</i>	61	SYRINGE/0.3ML/31G X 1/2"	
<i>diclofenac sodium dr</i>	1	EASY COMFORT PEN NEEDLES	59
<i>dicloxacillin sodium</i>	6	29GX4MM	
<i>dicyclomine hydrochloride</i>	44	<i>econazole nitrate</i>	13
DIFICID	6	EDURANT	25
<i>digoxin</i>	33	EDURANT PED	25
<i>dihydroergotamine mesylate</i>	14	<i>efavirenz</i>	25
DILANTIN	9	<i>efavirenz/emtricitabine/tenofovir</i>	25
<i>diltiazem hcl</i>	35	<i>disoproxil fumarate</i>	
<i>diltiazem hcl cd</i>	34	<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	25
<i>diltiazem hcl er</i>	34	EFFER-K	42
<i>diltiazem hydrochloride</i>	35	<i>elinest</i>	48
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<i>eltrombopag olamine</i>	32	<i>erythromycin/benzoyl peroxide</i>	39
<i>eluryng</i>	48	<i>escitalopram oxalate</i>	11
EMCYT	15	<i>eslicarbazepine acetate</i>	9
EMGALITY	14	<i>esomeprazole magnesium</i>	45
EMPAVELI	53	<i>estarylla</i>	48
EMSAM	11	<i>estradiol</i>	48
<i>emtricitabine</i>	26	ESTRING	48
<i>emtricitabine/rilpivirine/tenofovir</i>	25	<i>eszopiclone</i>	65
<i>disoproxil fumarate</i>		<i>ethambutol hydrochloride</i>	14
<i>emtricitabine/tenofovir disoproxil</i>	26	<i>ethosuximide</i>	8
<i>emtricitabine/tenofovir disoproxil fumarate</i>	26	<i>ethynodiol diacetate/ethinyl estradiol</i>	48
EMTRIVA	26	<i>etonogestrel/ethinyl estradiol</i>	48
<i>emzahh</i>	51	<i>etravirine</i>	25
<i>enalapril maleate</i>	33	EUCRISA	40
<i>enalapril maleate/hydrochlorothiazide</i>	35	EULEXIN	15
ENBREL	55	<i>euthyrox</i>	52
ENBREL MINI	55	<i>everolimus</i>	17
ENBREL SURECLICK	55	<i>everolimus</i>	55
<i>endocet</i>	2	EVOTAZ	27
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<i>enilloring</i>	48	<i>exemestane</i>	16
<i>enoxaparin sodium</i>	32	EXKIVITY	17
<i>enpresse-28</i>	48	EXXUA	11
ENSACOVE	17	EXXUA TITRATION PACK	10
<i>entacapone</i>	21	<i>ezetimibe</i>	37
<i>entecavir</i>	24	<i>ezetimibe/simvastatin</i>	37
ENTRESTO	35	FABRAZYME	45
<i>enulose</i>	43	<i>falmina</i>	49
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<i>epinephrine</i>	63	FANAPT	23
<i>epitol</i>	9	FANAPT TITRATION PACK A	23
<i>eplerenone</i>	37	FANAPT TITRATION PACK B	23
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<i>ergotamine tartrate/caffeine</i>	14	<i>feirza 1.5/30</i>	49
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<i>erlotinib hydrochloride</i>	17	<i>felodipine er</i>	34
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<i>ertapenem sodium</i>	6	<i>fenofibrate micronized</i>	36
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FIASP FLEXTOUCH	30	GARDASIL 9	57
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<i>fidaxomicin</i>	6	<i>gavilyte-c</i>	44
FINACEA	39	<i>gavilyte-g</i>	44
<i>finasteride</i>	46	GAVRETO	17
<i>fingolimod hydrochloride</i>	39	<i>gefitinib</i>	17
FINTEPLA	7	<i>gemfibrozil</i>	36
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<i>flecainide acetate</i>	33	<i>generlac</i>	43
<i>fluconazole</i>	13	<i>gengraf</i>	55
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<i>flucytosine</i>	13	GENOTROPIN MINIQUICK	47
<i>fludrocortisone acetate</i>	46	<i>gentamicin sulfate</i>	3
<i>fluocinolone acetonide</i>	40	<i>gentamicin sulfate</i>	61
<i>fluocinonide</i>	40	GENVOYA	25
<i>fluorometholone</i>	61	GILOTRIF	17
<i>fluorouracil</i>	41	<i>glatiramer acetate</i>	39
<i>fluoxetine hydrochloride</i>	11	GLEOSTINE	15
<i>fluphenazine decanoate</i>	22	<i>glimepiride</i>	28
<i>fluphenazine hcl</i>	22	<i>glipizide</i>	29
<i>fluphenazine hydrochloride</i>	22	<i>glipizide er</i>	28
<i>flurbiprofen</i>	1	<i>glipizide xl</i>	28
<i>flurbiprofen sodium</i>	61	<i>glipizide/metformin hydrochloride</i>	29
<i>fluticasone propionate</i>	40	<i>glucagon emergency kit</i>	30
<i>fluticasone propionate</i>	62	GLUCAGON EMERGENCY KIT FOR	30
<i>fluticasone propionate/salmeterol</i>	65	LOW BLOOD SUGAR	
<i>fluticasone propionate/salmeterol diskus</i>	65	<i>glyburide</i>	29
<i>fluvoxamine maleate</i>	11	<i>glyburide/metformin hydrochloride</i>	29
<i>fondaparinux sodium</i>	32	<i>glycopyrrolate</i>	44
FORTEO	58	GLYXAMBI	29
<i>fosamprenavir calcium</i>	27	GOMEKLI	17
<i>fosfomycin tromethamine</i>	4	<i>griseofulvin microsize</i>	13
<i>fosinopril sodium</i>	33	<i>griseofulvin ultramicrosize</i>	13
<i>fosinopril sodium/hydrochlorothiazide</i>	35	<i>guanfacine hydrochloride er</i>	38
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<i>furosemide</i>	36	GVOKE KIT	30
FUZEON	26	GVOKE PFS	30
<i>fyavolv</i>	49	<i>hailey 1.5/30</i>	49
FYCOMPA	7	<i>hailey fe 1.5/30</i>	49
<i>gabapentin</i>	8	<i>hailey fe 1/20</i>	49
<i>galantamine hydrobromide</i>	10	<i>halobetasol propionate</i>	40
<i>galantamine hydrobromide er</i>	10	<i>haloette</i>	49

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<i>haloperidol lactate</i>	22	HYRNUO	17
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<i>heather</i>	51	IBRANCE	16
<i>heparin sodium</i>	32	IBRANCE	17
HEPLISAV-B	57	IBTROZI	17
HERNEXEOS	17	<i>ibu</i>	1
HIBERIX	57	<i>ibuprofen</i>	1
HUMALOG	30	<i>icatibant acetate</i>	53
HUMALOG JUNIOR KWIKPEN	30	<i>iclevia</i>	49
HUMALOG KWIKPEN	30	ICLUSIG	17
HUMALOG MIX 50/50	30	<i>icosapent ethyl</i>	37
HUMALOG MIX 50/50 KWIKPEN	30	IDHIFA	18
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HUMALOG MIX 75/25 KWIKPEN	30	<i>imatinib mesylate</i>	18
HUMATIN	3	IMBRUVICA	18
HUMIRA	56	<i>imipenem/cilastatin</i>	6
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	55	<i>imipramine hcl</i>	12
HUMIRA PEN	56	<i>imipramine hydrochloride</i>	12
HUMIRA PEN-CD/UC/HS STARTER HUMIRA PEN-PEDIATRIC UC STARTER PACK	56	<i>imiquimod</i>	41
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HUMULIN 70/30	30	IMOVAX RABIES (H.D.C.V.)	57
HUMULIN 70/30 KWIKPEN	30	IMPAVIDO	4
HUMULIN N	30	INBRIJA	22
HUMULIN N KWIKPEN	30	<i>incassia</i>	51
HUMULIN R	30	INCRELEX	47
HUMULIN R U-500 (CONCENTRATED)	30	<i>indapamide</i>	36
HUMULIN R U-500 KWIKPEN	30	<i>indomethacin</i>	1
<i>hydralazine hydrochloride</i>	38	<i>indomethacin er</i>	1
<i>hydrochlorothiazide</i>	36	INFANRIX	57
<i>hydrocodone bitartrate/acetaminophen</i>	2	INLURIYO	15
<i>hydrocodone/acetaminophen</i>	2	INLYTA	18
<i>hydrocortisone</i>	40	INQOVI	18
<i>hydrocortisone</i>	46	INREBIC	16
<i>hydrocortisone</i>	58	INSULIN ASPART	31
<i>hydrocortisone valerate</i>	40	INSULIN ASPART FLEXPEN	30
<i>hydromorphone hcl</i>	2	INSULIN ASPART PENFILL	30
<i>hydromorphone hydrochloride</i>	2	<i>insulin lispro</i>	31
<i>hydroxychloroquine sulfate</i>	21	INTELENCE	25
<i>hydroxyurea</i>	15	<i>introvale</i>	49
<i>hydroxyzine hcl</i>	62	INVEGA HAFYERA	23
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<i>irbesartan/hydrochlorothiazide</i>	35	<i>ketoconazole</i>	13
ISENTRESS	25	<i>ketorolac tromethamine</i>	1
ISENTRESS HD	25	<i>ketorolac tromethamine</i>	61
ISONIAZID	14	<i>ketorolac tromethamine +rfid</i>	1
<i>isosorbide dinitrate</i>	37	KINERET	53
<i>isosorbide mononitrate</i>	37	KINRIX	57
<i>isosorbide mononitrate er</i>	37	<i>kionex</i>	43
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<i>itraconazole</i>	13	KISQALI FEMARA 600 DOSE	16
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<i>ivermectin</i>	21	<i>klor-con 10</i>	42
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JAKAFI	18	<i>klor-con m20</i>	42
<i>jantoven</i>	32	<i>klor-con/ef</i>	42
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JANUVIA	29	KOSELUGO	18
JARDIANCE	37	<i>kourzeq</i>	39
JAYPIRCA	18	KRAZATI	18
<i>jencycla</i>	51	<i>kurvelo</i>	49
JENTADUETO	29	<i>labetalol hydrochloride</i>	34
JENTADUETO XR	29	<i>lacosamide</i>	9
<i>jinteli</i>	49	<i>lactulose</i>	43
<i>jolessa</i>	49	LAGEVRIO	27
JOURNAVX	1	<i>lamivudine</i>	24
JUBBONTI	58	<i>lamivudine</i>	26
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JULUCA	25	<i>lamotrigine</i>	7
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<i>junel 1/20</i>	49	LANTUS	31
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LENVIMA 20 MG DAILY DOSE	18	<i>loperamide hydrochloride</i>	44
LENVIMA 24 MG DAILY DOSE	18	<i>lopinavir/ritonavir</i>	27
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<i>letrozole</i>	16	<i>losartan potassium</i>	33
<i>leucovorin calcium</i>	16	<i>losartan potassium/hydrochlorothiazide</i>	35
LEUKERAN	15	LOTEMAX SM	61
<i>leuprolide acetate</i>	52	<i>lovastatin</i>	36
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<i>levetiracetam</i>	7	<i>loxapine</i>	22
<i>levetiracetam er</i>	7	<i>lubiprostone</i>	43
<i>levobunolol hcl</i>	61	<i>luizza 1.5/30</i>	49
<i>levocetirizine dihydrochloride</i>	62	<i>luizza 1/20</i>	49
<i>levofloxacin</i>	6	LUMAKRAS	18
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<i>levonest</i>	49	LUPRON DEPOT (1-MONTH)	52
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<i>levothyroxine sodium</i>	52	LUPRON DEPOT-PED (1-MONTH)	52
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<i>lidocaine viscous</i>	39	LYNPARZA	18
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LILETTA	51	LYUMJEV	31
<i>linezolid</i>	4	LYUMJEV KWIKPEN	31
LINZESS	43	<i>lyza</i>	51
<i>liomny</i>	52	<i>magnesium sulfate</i>	42
<i>liothyronine sodium</i>	52	<i>malathion</i>	41
<i>lisinopril</i>	33	<i>maraviroc</i>	26
<i>lisinopril/hydrochlorothiazide</i>	35	<i>marlissa</i>	49
<i>lithium</i>	28	MARPLAN	11
<i>lithium carbonate</i>	28	MATULANE	15
<i>lithium carbonate er</i>	28	MAVYRET	24
LIVMARLI	44	<i>meclizine hcl</i>	12
LIVTENCITY	24	<i>meclizine hydrochloride</i>	12

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<i>medroxyprogesterone acetate</i>	51	<i>microgestin fe 1/20</i>	50
<i>mefloquine hydrochloride</i>	21	<i>midodrine hydrochloride</i>	33
<i>megestrol acetate</i>	51	<i>mifepristone</i>	52
MEKINIST	18	<i>miglustat</i>	45
MEKTOVI	19	<i>mili</i>	50
<i>meleya</i>	51	<i>minocycline hcl</i>	7
<i>meloxicam</i>	1	<i>minocycline hydrochloride</i>	7
<i>memantine hcl titration pak</i>	10	<i>minoxidil</i>	38
<i>memantine hydrochloride</i>	10	<i>mirtazapine</i>	11
<i>memantine/donepezil hydrochloride er</i>	10	<i>mirtazapine odt</i>	11
MENACTRA	57	<i>misoprostol</i>	44
MENEST	50	M-M-R II	57
MENQUADFI	57	<i>modafinil</i>	65
MENVEO	57	MODEYSO	16
<i>mercaptapurine</i>	15	<i>moexipril hydrochloride</i>	33
<i>meropenem</i>	6	<i>molindone hydrochloride</i>	22
<i>mesalamine</i>	58	<i>mometasone furoate</i>	40
<i>mesalamine er</i>	58	<i>mono-lynyah</i>	50
<i>mesna</i>	20	<i>montelukast sodium</i>	63
<i>metformin hydrochloride</i>	29	<i>morphine sulfate</i>	2
<i>metformin hydrochloride er</i>	29	<i>morphine sulfate er</i>	1
<i>methadone hcl</i>	1	MOUNJARO	29
<i>methadone hydrochloride</i>	1	<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	7
<i>methimazole</i>	53	<i>moxifloxacin hydrochloride</i>	7
<i>methocarbamol</i>	65	<i>moxifloxacin hydrochloride</i>	61
<i>methotrexate</i>	56	MRESVIA	57
<i>methotrexate sodium</i>	56	<i>mupirocin</i>	41
<i>methsuximide</i>	8	<i>mycophenolate mofetil</i>	56
<i>methyldopa</i>	33	<i>mycophenolic acid dr</i>	56
<i>methylphenidate hydrochloride</i>	38	MYRBETRIQ	46
<i>methylprednisolone</i>	47	<i>nabumetone</i>	1
<i>methylprednisolone dose pack</i>	47	<i>nadolol</i>	34
<i>metoclopramide hcl</i>	44	<i>nafcillin sodium</i>	6
<i>metoclopramide hydrochloride</i>	44	<i>naloxone hcl</i>	3
<i>metolazone</i>	36	<i>naloxone hydrochloride</i>	3
<i>metoprolol succinate er</i>	34	<i>naltrexone hydrochloride</i>	3
<i>metoprolol tartrate</i>	34	<i>naproxen</i>	1
<i>metronidazole</i>	4	<i>naproxen sodium</i>	1
<i>metronidazole</i>	39	NATACYN	61
<i>metronidazole vaginal</i>	4	<i>nateglinide</i>	29
<i>metyrosine</i>	35	NAYZILAM	7
<i>mexiletine hydrochloride</i>	34	<i>nebivolol hydrochloride</i>	34
<i>micafungin</i>	13	<i>necon 0.5/35-28</i>	50
<i>microgestin 1.5/30</i>	50	<i>nefazodone hydrochloride</i>	11
<i>microgestin 1/20</i>	50	<i>neomycin sulfate</i>	3
<i>microgestin fe 1.5/30</i>	50		

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<i>neomycin/polymyxin/bacitracin</i>	60	<i>nortrel 1/35</i>	50
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	60	<i>nortrel 7/7/7</i>	50
<i>neomycin/polymyxin/dexamethasone</i>	60	<i>nortriptyline hcl</i>	12
<i>neomycin/polymyxin/gramicidin</i>	60	<i>nortriptyline hydrochloride</i>	12
<i>neomycin/polymyxin/hc</i>	62	NORVIR	27
<i>neomycin/polymyxin/hydrocortisone</i>	62	NOVOLIN 70/30	31
<i>neo-polycin</i>	60	NOVOLIN 70/30 FLEXPEN	31
<i>neo-polycin hc</i>	60	NOVOLIN 70/30 FLEXPEN RELION	31
NERLYNX	19	NOVOLIN 70/30 RELION	31
NEULASTA	32	NOVOLIN N	31
NEULASTA ONPRO KIT	32	NOVOLIN N FLEXPEN	31
<i>nevirapine</i>	25	NOVOLIN N FLEXPEN RELION	31
<i>nevirapine er</i>	25	NOVOLIN N RELION	31
NEXLETOL	37	NOVOLIN R	31
NEXLIZET	37	NOVOLIN R FLEXPEN	31
NEXPLANON	51	NOVOLIN R FLEXPEN RELION	31
<i>niacin er</i>	37	NOVOLIN R RELION	31
NICOTROL NS	3	NOVOLOG	31
<i>nifedipine er</i>	34	NOVOLOG FLEXPEN	31
NILOTINIB D-TARTRATE	19	NOVOLOG FLEXPEN RELION	31
<i>nilotinib hydrochloride</i>	19	NOVOLOG MIX 70/30	31
<i>nilutamide</i>	15	NOVOLOG MIX 70/30 PREFILLED	31
<i>nimodipine</i>	34	FLEXPEN	
NINLARO	19	NOVOLOG MIX 70/30 PREFILLED	31
<i>nitazoxanide</i>	21	FLEXPEN RELION	
<i>nitisinone</i>	45	NOVOLOG MIX 70/30 RELION	31
<i>nitrofurantoin macrocrystals</i>	4	NOVOLOG PENFILL	31
<i>nitrofurantoin monohydrate</i>	4	NOVOLOG RELION	31
<i>nitrofurantoin monohydrate/macrocrystals</i>	4	NUBEQA	15
<i>nitroglycerin</i>	37	NUDEXTA	38
<i>nitroglycerin</i>	44	NUPLAZID	23
<i>nitroglycerin transdermal</i>	37	NURTEC	14
<i>nizatidine</i>	44	NUTRILIPID	59
<i>nora-be</i>	51	<i>nyamyc</i>	13
<i>norelgestromin/ethinyl estradiol</i>	50	<i>nylia 1/35</i>	50
<i>norethindrone</i>	51	<i>nylia 7/7/7</i>	50
<i>norethindrone acetate</i>	51	<i>nystatin</i>	13
<i>norethindrone acetate/ethinyl estradiol</i>	50	<i>nystatin/triamcinolone</i>	41
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	50	<i>nystatin/triamcinolone acetamide</i>	41
<i>norgestimate/ethinyl estradiol</i>	50	<i>nystop</i>	13
<i>norlyda</i>	51	<i>octreotide acetate</i>	52
<i>norlyroc</i>	51	ODACTRA	53
<i>nortrel 0.5/35 (28)</i>	50	ODEFSEY	26
		ODOMZO	19
		OFEV	64
		<i>ofloxacin</i>	61

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<i>ofloxacin</i>	62	ORENITRAM	64
OGSIVEO	16	ORENITRAM TITRATION KIT MONTH	64
OJEMDA	16	1	
OJJAARA	19	ORENITRAM TITRATION KIT MONTH	64
<i>olanzapine</i>	23	2	
<i>olanzapine odt</i>	23	ORENITRAM TITRATION KIT MONTH	64
<i>olmesartan medoxomil</i>	33	3	
<i>olmesartan</i>	36	ORGOVYX	52
<i>medoxomil/hydrochlorothiazide</i>		ORKAMBI	63
<i>olopatadine hydrochloride</i>	61	<i>orphenadrine citrate er</i>	65
<i>omega-3-acid ethyl esters</i>	37	<i>orquidea</i>	52
<i>omeprazole</i>	45	ORSERDU	15
<i>omeprazole dr</i>	45	<i>orsythia</i>	50
OMNIPOD 5 DEXCOM G7G6 INTRO	59	<i>oseltamivir phosphate</i>	27
KIT (GEN 5)		OSENVELT	59
OMNIPOD 5 DEXCOM G7G6 PODS	59	OSPHENA	52
(GEN 5)		OTEZLA	41
OMNIPOD 5 G7 INTRO KIT (GEN 5)	59	OTEZLA	53
OMNIPOD 5 G7 PODS (GEN 5)	59	<i>oxaprozin</i>	1
OMNIPOD 5 LIBRE2 PLUS G6 INTRO	59	<i>oxcarbazepine</i>	9
GEN 5		<i>oxybutynin chloride</i>	46
OMNIPOD 5 LIBRE2 PLUS G6 PODS	59	<i>oxybutynin chloride er</i>	46
OMNIPOD CLASSIC PDM STARTER	59	<i>oxycodone hydrochloride</i>	2
KIT (GEN 3)		<i>oxycodone/acetaminophen</i>	2
OMNIPOD CLASSIC PODS (GEN 3)	59	OZEMPIC	29
OMNIPOD DASH INTRO KIT (GEN 4)	59	PACERONE	34
OMNIPOD DASH PDM KIT (GEN 4)	59	<i>paliperidone er</i>	23
OMNIPOD DASH PODS (GEN 4)	59	PANRETIN	20
OMNIPOD GO 10 UNITS/DAY	60	<i>pantoprazole sodium</i>	45
OMNIPOD GO 15 UNITS/DAY	60	<i>paricalcitol</i>	59
OMNIPOD GO 20 UNITS/DAY	60	<i>paroxetine hcl</i>	11
OMNIPOD GO 25 UNITS/DAY	60	<i>paroxetine hydrochloride</i>	11
OMNIPOD GO 30 UNITS/DAY	60	PAXLOVID	28
OMNIPOD GO 35 UNITS/DAY	60	<i>pazopanib hydrochloride</i>	19
OMNIPOD GO 40 UNITS/DAY	60	PEDIARIX	57
<i>ondansetron hcl</i>	13	PEDVAX HIB	57
<i>ondansetron hydrochloride</i>	13	<i>peg-3350/electrolytes</i>	44
<i>ondansetron odt</i>	13	<i>peg-3350/nacl/na bicarbonate/kcl</i>	44
ONPATTRO	45	PEGASYS	54
ONUREG	16	PEGASYS	56
OPIPZA	23	PEMAZYRE	19
OPSUMIT	64	PENBRAYA	57
OPVEE	3	<i>penicillamine</i>	43
ORENCIA	53	<i>penicillin g sodium</i>	6
ORENCIA	56	<i>penicillin v potassium</i>	6
ORENCIA CLICKJECT	53	PENMENVY	57

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PENTACEL	57	prazosin hydrochloride	33
pentamidine isethionate	21	prednisolone	47
pentoxifylline er	36	prednisolone acetate	61
perampanel	8	prednisolone sodium phosphate	47
perindopril erbumine	33	prednisone	47
periogard	39	pregabalin	9
permethrin	41	PREHEVBRIO	57
perphenazine	22	PREMARIN	50
PERSERIS	23	premium lidocaine	2
phenelzine sulfate	11	PREMPHASE	50
phenobarbital	9	PREMPRO	50
phenytek	9	prenatal	43
phenytoin	10	prevalite	37
phenytoin sodium extended	9	PREVYMIS	24
PHESGO	16	PREZCOBIX	27
philith	50	PREZISTA	27
PIFELTRO	25	PRIFTIN	15
pilocarpine hcl	62	primaquine phosphate	21
pilocarpine hydrochloride	39	primidone	9
pilocarpine hydrochloride	62	PRIORIX	57
pimecrolimus	40	PRIVIGEN	53
pimozide	22	PROAIR RESPICLICK	63
pimtreea	50	probenecid	14
pioglitazone hcl	29	probenecid/colchicine	14
pioglitazone hcl/metformin hcl	29	prochlorperazine	12
pioglitazone hydrochloride	29	prochlorperazine maleate	12
piperacillin sodium/tazobactam sodium	6	PROCRIT	32
PIQRAY 200MG DAILY DOSE	19	procto-med hc	58
PIQRAY 250MG DAILY DOSE	19	proctosol hc	58
PIQRAY 300MG DAILY DOSE	19	proctozone-hc	58
pirfenidone	64	PROGRAF	56
PLENAMINE	42	PROLASTIN-C	45
podofilox	41	promethazine hcl	12
polycin	60	promethazine hydrochloride	12
polymyxin b sulfate/trimethoprim sulfate	61	promethazine hydrochloride plain	12
POMALYST	15	propafenone hcl	34
portia-28	50	propafenone hydrochloride	34
posaconazole	13	propranolol hcl	34
posaconazole dr	13	propranolol hydrochloride	34
potassium chloride	42	propranolol hydrochloride er	34
potassium chloride er	42	propylthiouracil	53
potassium citrate er	42	PROQUAD	57
pramipexole dihydrochloride	21	protriptyline hcl	12
prasugrel hydrochloride	33	prucalopride	43
pravastatin sodium	36	PULMOZYME	63
praziquantel	21	pyrazinamide	15

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<i>pyridostigmine bromide</i>	14	<i>risperidone odt</i>	23
<i>pyrimethamine</i>	21	<i>ritonavir</i>	27
PYRUKYND	45	<i>rivastigmine tartrate</i>	10
PYRUKYND TAPER PACK	45	<i>rivelsa</i>	50
QINLOCK	19	RIVFLOZA	60
QUADRACEL	57	<i>rizatriptan benzoate</i>	14
<i>quetiapine fumarate</i>	23	<i>rizatriptan benzoate odt</i>	14
<i>quetiapine fumarate er</i>	23	ROCKLATAN	61
<i>quinapril hydrochloride</i>	33	<i>roflumilast</i>	63
<i>quinapril/hydrochlorothiazide</i>	36	ROMVIMZA	19
<i>quinidine sulfate</i>	34	<i>ropinirole hcl</i>	21
<i>quinine sulfate</i>	21	<i>ropinirole hydrochloride</i>	21
QULIPTA	14	<i>rosuvastatin calcium</i>	36
RABAVERT	57	<i>rosyrah</i>	50
<i>rabeprazole sodium</i>	45	ROTARIX	57
RALDESY	12	ROTATEQ	57
<i>raloxifene hydrochloride</i>	52	<i>rowepra</i>	8
<i>ramipril</i>	33	ROZLYTREK	19
<i>ranolazine er</i>	36	RUBRACA	19
<i>rasagiline mesylate</i>	22	<i>rufinamide</i>	10
RECOMBIVAX HB	57	RUKOBIA	26
RELISTOR	43	RYBELSUS	29
<i>repaglinide</i>	29	RYDAPT	19
REPATHA	37	<i>sacubitril/valsartan</i>	36
REPATHA PUSHTRONEX SYSTEM	37	SANDIMMUNE	56
REPATHA SURECLICK	37	SANTYL	41
RESTASIS	61	<i>sapropterin dihydrochloride</i>	45
RESTASIS MULTIDOSE	61	SAVELLA	39
RETEVMO	19	SAVELLA TITRATION PACK	39
REVCOVI	45	SCSEMBLIX	19
REVUFORJ	16	<i>scopolamine</i>	12
REXULTI	23	SECUADO	24
REYATAZ	27	<i>selegiline hcl</i>	22
REZDIFFRA	52	<i>selenium sulfide</i>	40
REZLIDHIA	19	SELZENTRY	26
REZUROCK	56	SEREVENT DISKUS	63
RHOPRESSA	62	<i>sertraline hcl</i>	12
<i>ribavirin</i>	25	<i>sertraline hydrochloride</i>	12
<i>rifabutin</i>	14	<i>setlakin</i>	50
<i>rifampin</i>	15	SFROWASA	58
<i>rilpivirine hydrochloride</i>	25	<i>sharobel</i>	52
<i>riluzole</i>	38	SHINGRIX	57
RINVOQ	53	SIGNIFOR	52
RINVOQ LQ	53	<i>sildenafil citrate</i>	64
<i>risperidone</i>	23	<i>silver sulfadiazine</i>	41
<i>risperidone er</i>	23	SIMBRINZA	61

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<i>simliya</i>	50	<i>sucralfate</i>	44
<i>simpesse</i>	50	<i>sulfacetamide sodium</i>	61
<i>simvastatin</i>	36	<i>sulfacetamide sodium/prednisolone</i>	61
<i>sirolimus</i>	56	<i>sodium phosphate</i>	
SIRTURO	15	<i>sulfadiazine</i>	7
SKYCLARYS	60	<i>sulfamethoxazole/trimethoprim</i>	7
SKYRIZI	54	<i>sulfamethoxazole/trimethoprim ds</i>	7
SKYRIZI PEN	53	<i>sulfasalazine</i>	58
<i>sodium chloride</i>	42	<i>sulindac</i>	1
<i>sodium chloride 0.45%</i>	42	<i>sumatriptan</i>	14
<i>sodium chloride 0.9%</i>	60	<i>sumatriptan succinate</i>	14
<i>sodium oxybate</i>	65	<i>sunitinib malate</i>	19
<i>sodium phenylbutyrate</i>	45	SUNLENCA	26
<i>sodium polystyrene sulfonate</i>	43	SUTAB	44
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	44	SYMPAZAN	9
SOLQUA 100/33	29	SYMTUZA	27
SOLTAMOX	15	SYNJARDY	29
SOMAVERT	53	SYNJARDY XR	29
<i>sorafenib</i>	19	TABLOID	16
<i>sorafenib tosylate</i>	19	TABRECTA	19
<i>sotalol hcl</i>	34	<i>tacrolimus</i>	40
<i>sotalol hydrochloride</i>	34	<i>tacrolimus</i>	56
<i>sotalol hydrochloride (af)</i>	34	<i>tadalafil</i>	46
SPEVIGO	40	<i>tadalafil</i>	64
SPIRIVA RESPIMAT	63	TAFINLAR	19
<i>spironolactone</i>	37	TAGRISSO	20
<i>spironolactone/hydrochlorothiazide</i>	36	TALZENNA	20
<i>sprintec 28</i>	50	<i>tamoxifen citrate</i>	15
SPRITAM	8	<i>tamsulosin hydrochloride</i>	46
<i>sps</i>	43	<i>tarina fe 1/20 eq</i>	50
<i>sronyx</i>	50	<i>tazarotene</i>	39
<i>ssd</i>	41	TAZICEF	5
STAMARIL	57	<i>taztia xt</i>	35
STELARA	54	TAZVERIK	20
STEQEYMA	54	TDVAX	57
STIOLTO RESPIMAT	65	TEFLARO	5
STIVARGA	19	<i>telmisartan</i>	33
STOBOCLO	59	<i>temazepam</i>	65
<i>streptomycin sulfate</i>	3	TENIVAC	57
STRIBILD	25	<i>tenofovir disoproxil fumarate</i>	26
SUBVENITE	8	TEPMETKO	20
<i>subvenite starter kit/blue</i>	8	<i>terazosin hcl</i>	46
<i>subvenite starter kit/green</i>	8	<i>terazosin hydrochloride</i>	46
<i>subvenite starter kit/orange</i>	8	<i>terbinafine hcl</i>	13
SUCRAID	45	<i>terconazole</i>	13
		<i>teriparatide</i>	59

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<i>testosterone</i>	47	<i>tranylcypromine sulfate</i>	11
<i>testosterone cypionate</i>	47	<i>trazodone hydrochloride</i>	12
<i>testosterone enanthate</i>	47	TRECATOR	15
<i>testosterone pump</i>	47	TRELEGY ELLIPTA	65
TETANUS/DIPHThERIA TOXOIDS- ADSORBED ADULT	58	TRELSTAR MIXJECT	53
<i>tetrabenazine</i>	39	TRESIBA	31
<i>tetracycline hydrochloride</i>	7	TRESIBA FLEXTOUCH	31
TEVIMBRA	20	<i>tretinoin</i>	20
THALOMID	15	<i>tretinoin</i>	39
<i>theophylline er</i>	64	<i>tri femynor</i>	50
<i>thioridazine hydrochloride</i>	22	<i>triamcinolone acetonide</i>	41
<i>thiothixene</i>	22	<i>triamcinolone acetonide dental paste</i>	39
<i>tiadylt er</i>	35	<i>triamterene</i>	36
<i>tiagabine hydrochloride</i>	9	<i>triamterene/hydrochlorothiazide</i>	36
TIBSOVO	20	<i>triderm</i>	41
<i>ticagrelor</i>	33	<i>trientine hydrochloride</i>	43
TICOVAC	58	<i>tri-estarylla</i>	50
<i>tigecycline</i>	4	<i>trifluoperazine hcl</i>	22
<i>timolol maleate</i>	14	<i>trifluoperazine hydrochloride</i>	22
<i>timolol maleate</i>	62	<i>trifluridine</i>	61
<i>tinidazole</i>	4	<i>trihexyphenidyl hydrochloride</i>	21
<i>tiotropium bromide</i>	63	TRIJARDY XR	29
TIVICAY	25	TRIKAFTA	63
TIVICAY PD	25	<i>tri-lynyah</i>	50
<i>tizanidine hcl</i>	24	<i>trimethoprim</i>	4
<i>tizanidine hydrochloride</i>	24	<i>tri-mili</i>	50
TOBRADEX ST	61	<i>trimipramine maleate</i>	12
<i>tobramycin</i>	61	TRINTELLIX	12
<i>tobramycin</i>	63	<i>tri-nymyo</i>	51
<i>tobramycin sulfate</i>	3	<i>tri-sprintec</i>	51
<i>tobramycin/dexamethasone</i>	61	TRIUMEQ	26
<i>tolvaptan</i>	43	TRIUMEQ PD	26
<i>topiramate</i>	8	<i>trivora-28</i>	51
<i>topotecan hcl</i>	16	<i>tri-vylibra</i>	51
<i>topotecan hydrochloride</i>	16	TRULICITY	29
<i>toremifene citrate</i>	15	TRUMENBA	58
<i>torpenz</i>	20	TRUQAP	20
<i>torseamide</i>	36	TRYNGOLZA	37
TOUJEO MAX SOLOSTAR	31	TUKYSA	20
TOUJEO SOLOSTAR	31	TURALIO	20
TRADJENTA	29	<i>turqoz</i>	51
<i>tramadol hydrochloride</i>	2	TWINRIX	58
<i>tramadol hydrochloride/acetaminophen</i>	2	TYBOST	27
<i>trandolapril</i>	33	TYENNE	54
<i>tranexamic acid</i>	32	TYMLOS	59
		TYPHIM VI	58

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## Multi-language Interpreter Services

**English:** ATTENTION: Free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats, for example large print, braille, or audio, are also available free of charge. Call **1-855-833-3668 (TTY: 711)** or speak to your provider.

**Español (Spanish):** ATENCIÓN: Tiene a su disposición servicios de asistencia lingüística sin cargo. También hay disponibles, sin cargo, ayudas y servicios auxiliares adecuados para proporcionar información en formatos accesibles, como letra grande, braille o audio. Llame al **1-855-833-3668 (TTY: 711)** o hable con su proveedor.

**Português (Portuguese):** ATENÇÃO: você tem à disposição serviços gratuitos de assistência em diferentes idiomas. Além disso, estão disponíveis gratuitamente assistência e serviços auxiliares adequados para apresentar informações em formatos acessíveis, por exemplo, em letras grandes, braile ou áudio. Ligue para **1-855-833-3668 (TTY: 711)** ou fale com seu prestador.

**简体中文 (Chinese Mandarin):** 注意：您可享受免费语言协助服务。我们还免费提供适当的辅助工具和服务，用于以无障碍格式（例如大字印刷文本、盲文或音频）提供信息。请拨打 **1-855-833-3668 (TTY: 711)** 或咨询您的医疗服务提供者。

**繁體中文 (Chinese Cantonese):** 注意：您可以使用免費的語言協助服務。另外，也可免費獲得相應的輔助工具和服务，以諸如大字印刷版、盲文版或語音版等無障礙格式了解資訊。請致電 **1-855-833-3668 (TTY: 711)**（聽語障專線: 711）或聯絡您的服務提供者。

**Français (French):** ATTENTION : des services d'assistance linguistique gratuits sont à votre disposition. Des aides et des services auxiliaires appropriés pour fournir des informations dans des formats accessibles, par exemple en gros caractères, en braille ou en audio, sont également disponibles gratuitement. Appelez le **1-855-833-3668 (TTY: 711)** ou consultez votre fournisseur.

**Kreyòl Ayisyen (Haitian/French Creole):** ATANSYON: Gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòm aksesib yo disponib gratis tou, pa egzanp an gwo karaktè, bray oswa odyo. Rele nan **1-855-833-3668 (TTY: 711)** oswa pale avèk founisè w la.

**Tiếng Việt (Vietnamese):** CHÚ Ý: Dịch vụ hỗ trợ ngôn ngữ miễn phí được cung cấp cho quý vị. Các dịch vụ và thiết bị hỗ trợ bổ sung thích hợp để cung cấp thông tin ở các định dạng dễ tiếp cận, ví dụ như chữ in lớn, chữ nổi hoặc âm thanh, cũng được cung cấp miễn phí. Hãy gọi **1-855-833-3668 (TTY: 711)** hoặc nói chuyện với nhà cung cấp của quý vị.

**العربية (Arabic):** تنبيه: خدمات المساعدة اللغوية المجانية متاحة لك مجاناً. كما تتوفر مجاناً الوسائط والخدمات المساعدة الـمعداة الـمنا بة لتوفير المعلومات بتدبيقا يسهل استخدامها، مثل الـباعة بحروف الكبيرة أو طريقة برايل أو الصوت. اتصل على الـقم 1-855-833-3668 (TTY: 711) أو تحدث إلى مقدم الرعاية الصحي الـتابع لك

**Русский (Russian):** ВНИМАНИЕ! Вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах, например, крупным шрифтом, шрифтом Брайля или в аудиоформате, также доступны бесплатно. Позвоните по телефону 1-855-833-3668 (TTY: 711) или обратитесь к своему поставщику услуг.

**हिंदी (Hindi):** ध्यान दें: आपके लिए निःशुल्क भाषा सहायता सेवाएँ उपलब्ध हैं। सुलभ फॉर्मेट्स में जानकारी उपलब्ध कराने के लिए उपयुक्त सहायक उपकरण और सेवाएँ, उदाहरण के लिए बड़े प्रिंट, ब्रेल या ऑडियो, भी निःशुल्क उपलब्ध हैं। 1-855-833-3668 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।

**한국어 (Korean):** 수신: 무료 언어 지원 서비스를 이용하실 수 있습니다. 큰 활자, 점자 또는 오디오와 같이 접근 가능한 형식으로 정보를 제공하기 위한 적절한 보조 도구 및 서비스도 무료로 이용할 수 있습니다. 1-855-833-3668 (TTY: 711) 번으로 전화하거나 서비스 제공자와 상의하십시오.

**Italiano (Italian):** ATTENZIONE: Sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente adeguati servizi e supporti ausiliari per fornire informazioni in formati accessibili, ad esempio caratteri grandi, braille o audio. Chiama il numero 1-855-833-3668 (TTY: 711) o parla con il tuo fornitore.

**Ελληνικά (Greek):** ΠΡΟΣΟΧΗ: Διατίθενται για εσάς δωρεάν υπηρεσίες γλωσσικής υποστήριξης. Διατίθενται επίσης δωρεάν κατάλληλα βοηθήματα και υπηρεσίες που παρέχουν πληροφορίες σε προσβάσιμες μορφές, για παράδειγμα μεγάλη γραμματοσειρά, μπράιλι ή ήχο. Καλέστε το 1-855-833-3668 (TTY: 711) ή μιλήστε με τον πάροχό σας.

**ខ្មែរ (Khmer/Cambodian)** សម្គាល់: មានផ្តល់ជូនដល់អ្នកនូវសេវាជំនួយផ្នែកភាសាដោយឥតគិតថ្លៃ។ ជំនួយបន្ថែម និងសេវាបន្ថែមដែលមានលក្ខណៈសមស្រប ដើម្បីផ្តល់ព័ត៌មាននៅក្នុងទម្រង់ដែលអាចប្រើប្រាស់បានដូចជា ការព្រីនអក្សរធំ អក្សរស្តាប ឬសំឡេង ក៏មានផ្តល់ជូនដោយឥតគិតថ្លៃដែរ។ ទូរសព្ទទៅលេខ 1-855-833-3668 (TTY: 711) ឬ និយាយទៅកាន់អ្នកផ្តល់សេវាកម្មរបស់អ្នក។

**Deutsch (German):** ACHTUNG: Kostenlose Sprachunterstützung steht Ihnen zur Verfügung. Geeignete Hilfsmittel und Dienstleistungen zur Bereitstellung von Informationen in zugänglichen Formaten, z. B. Großdruck, Blindenschrift oder Audio, sind ebenfalls kostenlos erhältlich. Rufen Sie 1-855-833-3668 (TTY: 711) an oder sprechen Sie mit Ihrem Anbieter.

**Polski (Polish):** UWAGA: Dostępne są bezpłatne usługi pomocy językowej. Odpowiednie pomoce i usługi w celu dostarczenia informacji w dostępnych formatach, na przykład dużym drukiem, alfabetem Braille'a lub audio, są również dostępne bezpłatnie. Zadzwoń pod numer 1-855-833-3668 (TTY: 711) lub porozmawiaj ze swoim świadczeniodawcą.

**Soomaali (Somali):** FIIRO GAAR AH: Waxaad heli kartaa adeeg bilaash ah oo la xiriira taageerada luuqadda. Sidoo kale waxaa bilaash lagu heli karaa taageerada iyo adeegyo habboon oo bilaash ah kuwaasoo la xiriira helitaanka qaababka xogta macluumaadka, tusaale ahaan sida daabacaadda waaweyn, nooca daabacaadda ee loogu talo-galey indhoolayaasha, ama maqalka. Fadlan soo wac lanbarkal **1-855-833-3668 (TTY: 711)** ama la hadal bixiyaha qaabbilsan adeegga daryeelkaaga.

**ગુજરાતી (Gujarati):** ધ્યાન આપો: તમારા માટે નિ:શુલ્ક ભાષા સહાય સેવાઓ ઉપલબ્ધ છે. મોટી પ્રિન્ટ, બ્રેઇલ અથવા ઓડિઓ જેવા સુલભ ફોર્મેટમાં માહિતી પૂરી પાડવા માટે યોગ્ય સહાયક સહાય અને સેવાઓ પણ નિ:શુલ્ક ઉપલબ્ધ છે. **1-855-833-3668 (TTY: 711)** પર કૉલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.

**Tagalog (Tagalog):** ATENSYON: Available ang mga libreng serbisyong tulong sa wika para sa iyo. Available din ang mga libreng naaangkop na auxiliary na tulong at serbisyo upang makapagbigay ng impormasyon sa mga naa-access na format, halimbawa malalaking print, braille, o audio. Tumawag sa **1-855-833-3668 (TTY: 711)** o makipag-usap sa iyong tagapagbigay ng serbisyo.

**ລາວ (Laotian):** ກະລຸນາຮັບຊາບ: ມີບໍລິການພາສາແບບບໍ່ຮຸ້ນຮຸ້ນໃຫ້ແກ່ທ່ານ. ເຄື່ອງຊ່ວຍເຫຼືອ ແລະ ບໍລິການເສີມທິດໝາະສົມ ໃນການໃຫ້ຂໍ້ມູນໃນຮູບແບບເຂົ້າເຖິງໄດ້ ເຊັ່ນ: ຕົວອັກສອນຂະໜາດໃຫຍ່, ຕົວໜັງສືພູນ ຫຼື ສຽງ ກໍ່ມີໃຫ້ແບບບໍ່ຮຸ້ນຮຸ້ນກັນ. ໂທຫາເບີ **1-855-833-3668 (TTY: 711)** ຫຼື ວິມັກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.

**日本語 (Japanese):** 注意：無料の言語サポートサービスをご利用いただけます。大きい活字、点字、音声など、アクセスしやすい形で情報を提供するための適切な補助器具やサービスも無料でご利用いただけます。 **1-855-833-3668 (TTY: 711)** までお電話いただくか、ご利用のプロバイダーにお問い合わせください。

**MGBAdvantage.org**

This plan is underwritten by Mass General Brigham Health Plan, Inc  
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This Formulary was updated on April 1, 2026. For more recent information or other questions, please contact Mass General Brigham Health Plan Member Services.

**For Medicare Advantage members:**

**855-833-3668 (TTY: 711)**

October 1-March 31, 8 a.m. to 8 p.m. ET, Monday through Sunday

April 1-September 30, 8 a.m. to 8 p.m. ET, Monday through Friday

Visit [www.massgeneralbrighamadvantage.org/plans/rx-information](http://www.massgeneralbrighamadvantage.org/plans/rx-information) for the most up to date Formulary listing and more information on Medicare Part D drug coverage.