



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

CarePartners of Connecticut PPO Plan

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

26452 Version 6

This formulary was updated on 10/01/2025. For more recent information or other questions, please contact CarePartners of Connecticut Member Services at **1-866-632-0060** (TTY users should call 711), 8:00 a.m. to 8:00 p.m., 7 days a week from October 1 to March 31 and Monday–Friday from April 1 to September 30, or visit **www.carepartnersct.com**.

CarePartners of Connecticut PPO

2026 Formulary (List of Covered Drugs)

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

When this Drug List (formulary) refers to “we,” “us,” or “our,” it means CarePartners of Connecticut. When it refers to “plan” or “our plan,” it means CarePartners of Connecticut PPO.

This document includes the Drug List (formulary) for our plan which is current as of 10/01/2025. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

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

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

Can the formulary change?

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

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

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

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

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

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section titled *“How do I request an exception to the CarePartners of Connecticut formulary?”* on page VI.

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 entitled *“How do I request an exception to the CarePartners of Connecticut formulary?”* on page VI.

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2026 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for

those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 10/01/2025. To get updated information about the drugs covered by CarePartners of Connecticut, please contact us. Our contact information appears on the front and back cover pages. In the event of a mid-year non-maintenance formulary change, you will be notified via an errata sheet.

How do I use the formulary?

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

Medical Condition

The formulary begins on page 3. 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 Drugs.*” If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 68. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

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

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs. For discussion of drug types, please see the *Evidence of Coverage*, Chapter 5, Section 3.1, “The ‘Drug List’ tells which Part D drugs are covered.”

Are there any restrictions on my coverage?

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

- **Prior Authorization:** CarePartners of Connecticut requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from CarePartners of Connecticut before you fill your prescriptions. If you don’t get approval, CarePartners of Connecticut may not cover the drug.
- **Quantity Limits:** For certain drugs, CarePartners of Connecticut limits the amount of the drug that CarePartners of Connecticut will cover. For example, CarePartners of Connecticut provides 30 tablets per prescription for *ramelteon*. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, CarePartners of Connecticut 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, CarePartners of Connecticut may not cover Drug B unless you try Drug A first. If Drug A does not work for you, CarePartners of Connecticut 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 3. You can also get more information about the restrictions applied to specific covered drugs by visiting our web site. We have posted online a document that explains our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask CarePartners of Connecticut 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 CarePartners of Connecticut formulary?”* on page VI for information about how to request an exception.

What if my drug is not on the formulary?

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

If you learn that CarePartners of Connecticut does not cover your drug, you have two options:

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

How do I request an exception to the CarePartners of Connecticut formulary?

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

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

Generally, CarePartners of Connecticut 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 your coverage is not approved after your first one-month supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

As a current member, if you are admitted to or discharged from a long-term facility and experience an unplanned drug change, you can request that we approve a one-time, temporary fill of the non-covered medication to allow you time to discuss a transition plan with your physician. Your physician can also request an exception to coverage for the non-covered drug based on review for medical necessity following the standard exception process outlined previously. The temporary "first fill" will generally be up to a 31-day supply, but may be extended to allow you and your physician time to manage the complexities of multiple medications or when special circumstances warrant. You can request a temporary prescription fill by calling the CarePartners of Connecticut Member Services department.

For more information

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

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

If you have general questions about Medicare prescription drug coverage, please call

Medicare at **1-800-MEDICARE (1-800-633-4227)** 24 hours a day/7 days a week. TTY users should call **1-877-486-2048**. Or, visit www.medicare.gov.

CarePartners of Connecticut formulary

The formulary that begins on page 3 provides coverage information about the drugs covered by CarePartners of Connecticut. If you have trouble finding your drug in the list, turn to the Index that begins on page 68.

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

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

PA BvD: Medicare Part B or D

These drugs require prior authorization to determine appropriate coverage under Medicare Part B or Part D. Some Part B drugs may require a 20% coinsurance.

QL: Quantity Limit Applies

Because of potential safety and utilization concerns, CarePartners of Connecticut has placed dispensing limitations on a small number of prescription drugs. This means that the pharmacy will only dispense a certain quantity of a drug within a given time period. These quantities are based on recognized standards of care, such as U.S. Food and Drug Administration recommendations for use. If your doctor believes you need a quantity greater than the program limitation, your doctor can submit a request for coverage under the Medical Review Process. The Medical Review Process allows you or your doctor to ask CarePartners of Connecticut to make an exception to our coverage rules. See the section, *“How do I request an exception to the CarePartners of Connecticut formulary?”* on page VI for information about how to request an exception.

EC: Enhanced Coverage Drug

This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving Extra Help to pay for your prescriptions, you will not get any Extra Help to pay for this drug.

HI: Home Infusion Drug

This prescription drug may be covered under your medical benefit. Some Part B drugs may require a 20% coinsurance. For more information, please call CarePartners of Connecticut Member Services at **1-866-632-0060** (TTY users should call 711), 8:00 a.m. to 8:00 p.m., 7 days a week from October 1 to March 31 and Monday – Friday from April 1 to September 30, or visit www.carepartnersct.com.

PA: Prior Authorization Required

The Prior Authorization process encourages rational prescribing of drug products with significant safety and/or financial concerns. A provider can submit a request for coverage based on a member's medical need for a particular drug. If approved, the member pays the designated tier copayment. An appeal process exists for denied requests.

PA NSO: Prior Authorization for New Starts Only

The Prior Authorization restriction only applies if you are a new member or have not taken this drug before.

ST: Step Therapy Prior Authorization Applies

Step Therapy is an automated form of Prior Authorization, which uses claims history for approval of a drug at the point of sale. Step Therapy programs help encourage the clinically proven use of first-line therapies and are designed to ensure the utilization of the most therapeutically appropriate and cost-effective agents first, before other treatments may be covered.

Members who are currently on drugs that meet the initial Step Therapy criteria will automatically be able to fill their prescriptions for a stepped medication. If the member does not meet the initial Step Therapy criteria, the prescription will deny at the point of sale with a message indicating that Prior Authorization (PA) is required. Physicians may submit Prior Authorization requests to CarePartners of Connecticut for members who do not meet the Step Therapy criteria at the point of sale under the Medical Review Process. The Medical Review Process allows you or your doctor to ask CarePartners of Connecticut to make an exception to our coverage rules. See the section, *"How do I request an exception to the CarePartners of Connecticut formulary?"* on page VI for information about how to request an exception.

ST NSO: Step Therapy Prior Authorization Applies to New Starts Only

The Step Therapy Prior Authorization restriction only applies if you are a new member or have not taken this drug before.

NEDS: Non-extended Day Supply Drug

In an effort to contain drug costs, certain high-cost drugs will be limited up to a 30-day supply per fill. This limitation may also apply to certain drugs not on the formulary such as Vyndamax and Attruby.

SP: Available Through a Designated Special Pharmacy Provider

You have the option to obtain this drug through a designated Specialty Pharmacy provider. These pharmacies specialize in supplying a select number of medications directly to our members. They also provide free delivery to your home, educational support 24/7 by phone, support of nurses and pharmacists, and will work closely with your doctor. Medications include, but are not limited to, drugs used in the treatment of multiple sclerosis, hepatitis C, rheumatoid arthritis, and cancers treated with oral medications.

Optum Specialty Pharmacy: **1-844-265-1705**

Additional coverage

Diabetic Testing Supplies: Diabetic testing supplies including blood glucose monitors, blood glucose test strips, lancet devices, lancets, glucose control solutions, and Continuous Glucose Monitoring Systems (CGMs) are covered under the plan's medical benefit at participating retail or mail-order pharmacies. Our preferred coverage is as follows:

- Accu-Chek Test Strips
- Accu-Chek Meters (Quantity Limit: 1 meter per 180 days)
- Covered therapeutic Continuous Glucose Monitors (CGMs) include Dexcom and FreeStyle Libre products that are considered Durable Medical Equipment (DME) by Medicare (Requires prior authorization)

Part B Vaccines: Certain vaccines are covered under the plan's medical benefit and can be obtained at participating retail pharmacies. Vaccines covered under Part B include:

- COVID-19 vaccines
- Flu vaccines
- Pneumonia vaccines (i.e. Pneumovax 23 & Prevnar 13)

Part B Oral Anti-Cancer Drugs: Certain oral anti-cancer drugs are covered under the plan's medical benefit at participating retail or mail-order pharmacies. Oral anti-cancer drugs covered under Part B include:

- Alkeran Tablet
- Capecitabine Tablet
- Etoposide Capsule
- Hycamtin Capsule
- Melphalan Tablet
- Myleran Tablet
- Temozolomide Capsule

Prescription Drug Benefits: Deductible (for Part D prescription drugs)	CarePartners Access		
	\$550 per year for your Tier 3, Tier 4, and Tier 5 drugs.		
Prescription Drug Benefits: Initial Coverage	CarePartners Access		
Note: Tier 1 and Tier 2 drugs include enhanced coverage of select erectile dysfunction (ED) drugs.	After you pay your yearly deductible of \$550 for Tier 3, Tier 4, and Tier 5 drugs, you pay the Tier 3, Tier 4, or Tier 5 copays listed below until your total yearly drug costs reach \$2,100. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. You may get your drugs at network retail pharmacies and mail order pharmacies.		
Retail Cost Sharing—Preferred Pharmacy			
Tier	30-day supply	60-day supply	90-day supply
Tier 1 (Preferred Generic)	\$0	\$0	\$0
Tier 2 (Generic)	\$2	\$4	\$6
Tier 3 (Preferred Brand)	20% of the cost (Insulin: \$35)	20% of the cost (Insulin: \$70)	20% of the cost (Insulin: \$105)
Tier 4 (Non-Preferred Drug)	25% of the cost (Insulin: \$35)	25% of the cost (Insulin: \$70)	25% of the cost (Insulin: \$105)
Tier 5 (Specialty Tier)	25% of the cost	N/A	N/A
Tier 6 (Vaccines)	\$0	N/A	N/A
Retail Cost Sharing—Non-Preferred Pharmacy			
Tier	30-day supply	60-day supply	90-day supply
Tier 1 (Preferred Generic)	\$5	\$10	\$15
Tier 2 (Generic)	\$12	\$24	\$36
Tier 3 (Preferred Brand)	20% of the cost (Insulin: \$35)	20% of the cost (Insulin: \$70)	20% of the cost (Insulin: \$105)
Tier 4 (Non-Preferred Drug)	25% of the cost (Insulin: \$35)	25% of the cost (Insulin: \$70)	25% of the cost (Insulin: \$105)
Tier 5 (Specialty Tier)	25% of the cost	N/A	N/A
Tier 6 (Vaccines)	\$0	N/A	N/A
Mail Order Cost Sharing			
Tier	30-day supply	60-day supply	90-day supply
Tier 1 (Preferred Generic)	\$0	\$0	\$0
Tier 2 (Generic)	\$2	\$4	\$4
Tier 3 (Preferred Brand)	20% of the cost (Insulin: \$35)	20% of the cost (Insulin: \$70)	20% of the cost (Insulin: \$70)
Tier 4 (Non-Preferred Drug)	25% of the cost (Insulin: \$35)	25% of the cost (Insulin: \$70)	25% of the cost (Insulin: \$70)
Tier 5 (Specialty Tier)	25% of the cost	N/A	N/A
Tier 6 (Vaccines)	N/A	N/A	N/A
If you reside in a long-term care facility, you pay the same as at a preferred retail pharmacy. You may get drugs from an out-of-network pharmacy, but you may pay more than you pay at an in-network pharmacy. During this stage, the plan pays its share of the cost of your Tier 1, Tier 2, and Tier 6 drugs, and you pay your share of the cost. After you have met your annual \$550 Tier 3, Tier 4, and Tier 5 deductible, the plan pays its share of the cost of your			

Tier 3, Tier 4, and Tier 5 drugs, and you pay your share.

Prescription Drug Benefits: Catastrophic Coverage	CarePartners Access
	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$2,100, you pay nothing for covered Part D drugs and for excluded drugs that are covered under our enhanced benefit. During this payment stage, the plan pays the full cost for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit.

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Drug Name	Drug Tier	Requirements/Limits
Analgesics		
<i>Analgesics</i>		
JOURNAVX TABS 50MG	4	QL(30 EA per 90 days)
Nonsteroidal Anti-inflammatory Drugs		
<i>celecoxib caps 100mg, 200mg, 50mg</i>	2	
<i>celecoxib caps 400mg</i>	3	
<i>diclofenac potassium tabs 50mg</i>	3	
<i>diclofenac sodium dr tbec 50mg, 75mg</i>	2	
<i>diclofenac sodium dr tbec 25mg</i>	4	
<i>diclofenac sodium er tb24 100mg</i>	4	
<i>diclofenac sodium gel 1%</i>	3	QL(960 GM per 30 days)
<i>diclofenac sodium external soln 1.5%</i>	4	
<i>diflunisal tabs 500mg</i>	4	
<i>ec-naproxen tbec 500mg</i>	4	
<i>etodolac er tb24 400mg, 500mg, 600mg</i>	4	
<i>etodolac caps 200mg, 300mg</i>	3	
<i>etodolac tabs 400mg, 500mg</i>	2	
<i>flurbiprofen tabs 100mg</i>	3	
<i>ibuprofen susp 100mg/5ml</i>	2	
<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	1	
<i>ibu tabs 400mg, 600mg, 800mg</i>	1	
<i>indomethacin caps 25mg, 50mg</i>	2	
<i>meloxicam tabs 15mg, 7.5mg</i>	1	
<i>nabumetone tabs 500mg, 750mg</i>	2	
<i>naproxen dr tbec 375mg, 500mg</i>	4	
<i>naproxen sodium tabs 275mg, 550mg</i>	2	
<i>naproxen tabs 250mg, 375mg, 500mg</i>	1	
<i>naproxen tbec 500mg</i>	4	
<i>oxaprozin tabs 600mg</i>	2	
<i>piroxicam caps 10mg, 20mg</i>	3	
<i>salsalate tabs 500mg, 750mg</i>	4	
<i>sulindac tabs 150mg, 200mg</i>	2	
Opioid Analgesics, Long-acting		
<i>buprenorphine ptwk 10mcg/hr, 15mcg/hr, 20mcg/hr, 5mcg/hr, 7.5mcg/hr</i>	4	QL(4 EA per 28 days)
<i>fentanyl pt72 100mcg/hr, 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr</i>	4	QL(10 EA per 30 days)
<i>methadone hcl soln 5mg/5ml</i>	3	QL(1200 ML per 30 days)
<i>methadone hcl soln 10mg/5ml</i>	3	QL(600 ML per 30 days)
<i>methadone hcl tabs 10mg, 5mg</i>	2	QL(120 EA per 30 days)
<i>morphine sulfate er tbcr 15mg, 30mg, 60mg</i>	2	QL(60 EA per 30 days)
<i>morphine sulfate er tbcr 100mg, 200mg</i>	3	QL(60 EA per 30 days)
<i>tramadol hydrochloride er tb24 100mg, 200mg, 300mg</i>	4	QL(30 EA per 30 days)

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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
Opioid Analgesics, Short-acting		
<i>acetaminophen/codeine phosphate tabs 300mg; 60mg</i>	2	QL(240 EA per 30 days)
<i>acetaminophen/codeine soln 120mg/5ml; 12mg/5ml</i>	2	QL(3600 ML per 30 days)
<i>acetaminophen/codeine tabs 300mg; 15mg, 300mg; 30mg, 300mg; 60mg</i>	2	QL(240 EA per 30 days)
<i>butorphanol tartrate soln 10mg/ml</i>	4	QL(7.5 ML per 30 days)
<i>endocet tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	QL(240 EA per 30 days)
<i>fentanyl citrate oral transmucosal lpop 200mcg</i>	4	QL(120 EA per 30 days); PA
<i>fentanyl citrate oral transmucosal lpop 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	5	QL(120 EA per 30 days); PA; NEDS
<i>hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 7.5mg/15ml</i>	2	QL(3600 ML per 30 days)
<i>hydrocodone bitartrate/acetaminophen tabs 300mg; 5mg, 300mg; 7.5mg, 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg</i>	2	QL(240 EA per 30 days)
<i>hydrocodone bitartrate/acetaminophen tabs 300mg; 10mg</i>	3	QL(240 EA per 30 days)
<i>hydrocodone/acetaminophen tabs 325mg; 7.5mg</i>	2	QL(240 EA per 30 days)
<i>hydromorphone hcl liqd 1mg/ml</i>	3	QL(1350 ML per 30 days)
<i>hydromorphone hcl tabs 8mg</i>	2	QL(120 EA per 30 days)
<i>hydromorphone hcl tabs 2mg, 4mg</i>	2	QL(240 EA per 30 days)
<i>morphine sulfate soln 100mg/5ml</i>	3	QL(180 ML per 30 days)
<i>morphine sulfate soln 10mg/5ml, 20mg/5ml</i>	3	QL(900 ML per 30 days)
<i>morphine sulfate tabs 15mg, 30mg</i>	2	QL(180 EA per 30 days)
<i>oxycodone hydrochloride caps 5mg</i>	3	QL(240 EA per 30 days)
<i>oxycodone hydrochloride conc 100mg/5ml</i>	4	QL(120 ML per 30 days)
<i>oxycodone hydrochloride soln 5mg/5ml</i>	2	QL(2400 ML per 30 days)
<i>oxycodone hydrochloride tabs 20mg, 30mg</i>	2	QL(120 EA per 30 days)
<i>oxycodone hydrochloride tabs 10mg, 15mg</i>	2	QL(180 EA per 30 days)
<i>oxycodone hydrochloride tabs 5mg</i>	2	QL(240 EA per 30 days)
<i>oxycodone/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	QL(240 EA per 30 days)
<i>tramadol hydrochloride/acetaminophen tabs 325mg; 37.5mg</i>	2	QL(240 EA per 30 days)
<i>tramadol hydrochloride tabs 50mg</i>	1	QL(240 EA per 30 days)
Anesthetics		
Local Anesthetics		
<i>glydo prsy 2%</i>	2	QL(100 ML per 30 days)
<i>lidocaine hcl jelly prsy 2%</i>	2	QL(100 ML per 30 days)
<i>lidocaine hcl inj 0.5%, 1.5%, 4%</i>	2	
<i>lidocaine hcl prsy 2%</i>	2	QL(100 ML per 30 days)
<i>lidocaine hydrochloride jelly gel 2%</i>	2	QL(100 ML per 30 days)
<i>lidocaine hydrochloride inj 1%, 2%</i>	2	
<i>lidocaine hydrochloride external soln 4%</i>	3	QL(100 ML per 30 days)
<i>lidocaine/prilocaine crea 2.5%; 2.5%</i>	2	QL(60 GM per 30 days)
<i>lidocaine oint 5%</i>	3	QL(100 GM per 30 days)

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<i>lidocaine ptch 5%</i>	4	QL(90 EA per 30 days); PA
<i>premium lidocaine oint 5%</i>	3	QL(100 GM per 30 days)
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
<i>acamprosate calcium dr tbec 333mg</i>	4	
<i>disulfiram tabs 250mg, 500mg</i>	4	
<i>naltrexone hydrochloride tabs 50mg</i>	2	
VIVITROL INJ 380MG	5	NEDS
Opioid Dependence		
<i>buprenorphine hcl/naloxone hcl subl 2mg; 0.5mg, 8mg; 2mg</i>	2	
<i>buprenorphine hcl subl 2mg, 8mg</i>	2	
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 4mg; 1mg, 8mg; 2mg</i>	2	
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg</i>	2	QL(90 EA per 30 days)
Opioid Reversal Agents		
KLOXXADO LIQD 8MG/0.1ML	4	
<i>naloxone hcl inj 4mg/10ml</i>	4	
<i>naloxone hydrochloride inj 0.4mg/ml</i>	2	
<i>naloxone hydrochloride inj 2mg/2ml</i>	3	
<i>naloxone hydrochloride inj 0.4mg/ml, 4mg/10ml</i>	4	
<i>naloxone hydrochloride liqd 4mg/0.1ml</i>	3	QL(4 EA per 30 days)
OPVEE SOLN 2.7MG/0.1ML	3	QL(4 EA per 30 days)
Smoking Cessation Agents		
<i>bupropion hydrochloride er (sr) tb12 150mg</i>	3	
NICOTROL INHALER INHA 10MG	4	
NICOTROL NS SOLN 10MG/ML	4	
TYRVAYA SOLN 0.03MG/ACT	4	
<i>varenicline starting month tbpk 0</i>	4	QL(53 EA per 28 days)
<i>varenicline tartrate tabs 0.5mg, 1mg</i>	4	QL(60 EA per 30 days)
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate inj 1gm/4ml, 500mg/2ml</i>	4	HI
ARIKAYCE SUSP 590MG/8.4ML	5	PA; NEDS
<i>gentamicin sulfate/0.9% sodium chloride inj 1.2mg/ml; 0.9%, 1.6mg/ml; 0.9%, 1mg/ml; 0.9%, 2mg/ml; 0.9%</i>	4	HI
<i>gentamicin sulfate crea 0.1%</i>	3	
<i>gentamicin sulfate inj 40mg/ml</i>	4	HI
<i>gentamicin sulfate oint 0.1%</i>	2	
<i>isotonic gentamicin inj 0.8mg/ml; 0.9%</i>	4	HI
<i>neomycin sulfate tabs 500mg</i>	2	
<i>streptomycin sulfate inj 1gm</i>	5	NEDS
<i>tobramycin sulfate inj 1.2gm/30ml, 40mg/ml</i>	2	HI
<i>tobramycin sulfate inj 10mg/ml, 80mg/2ml</i>	4	HI

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Antibacterials, Other		
<i>aztreonam inj 1gm, 2gm</i>	4	HI
<i>clindamycin hcl caps 300mg</i>	2	
<i>clindamycin hydrochloride caps 150mg, 75mg</i>	2	
<i>clindamycin palmitate hydrochloride solr 75mg/5ml</i>	4	
<i>clindamycin phosphate crea 2%</i>	4	
<i>clindamycin phosphate inj 9000mg/60ml</i>	2	HI
<i>clindamycin phosphate inj 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	4	HI
<i>clindamycin phosphate swab 1%</i>	3	
<i>colistimethate sodium inj 150mg</i>	5	NEDS; HI
<i>daptomycin/sodium chloride inj 1000mg/100ml; 0.9%, 350mg/50ml; 0.9%, 500mg/50ml; 0.9%, 700mg/100ml; 0.9%</i>	4	HI
<i>daptomycin inj 350mg, 500mg</i>	5	NEDS; HI
<i>fosfomycin tromethamine pack 3gm</i>	4	
IMPAVIDO CAPS 50MG	5	NEDS
<i>linezolid inj 600mg/300ml</i>	4	HI
<i>linezolid susr 100mg/5ml</i>	5	NEDS
<i>linezolid tabs 600mg</i>	4	
<i>methenamine hippurate tabs 1gm</i>	4	
<i>methenamine mandelate tabs 0.5gm, 1gm</i>	4	
<i>metronidazole vaginal gel 0.75%</i>	3	
<i>metronidazole inj 500mg/100ml</i>	2	HI
<i>metronidazole tabs 250mg, 500mg</i>	2	
<i>nitrofurantoin macrocrystals caps 100mg, 25mg, 50mg</i>	4	
<i>nitrofurantoin monohydrate/macrocrystals caps 100mg</i>	2	
NUVESSA GEL 1.3%	4	
<i>tigecycline inj 50mg</i>	4	HI
<i>tinidazole tabs 250mg, 500mg</i>	4	
<i>trimethoprim tabs 100mg</i>	3	
<i>vancomycin hcl inj 0.9%; 1gm/200ml</i>	2	HI
<i>vancomycin hcl inj 100gm, 10gm</i>	4	HI
<i>vancomycin hydrochloride caps 125mg, 250mg</i>	3	
<i>vancomycin hydrochloride inj 1.25gm, 1.5gm, 1.75gm, 1gm, 2gm, 500mg, 5gm, 750mg</i>	4	HI
<i>vancomycin inj 0.9%; 500mg/100ml, 0.9%; 750mg/150ml</i>	2	HI
VOQUEZNA DUAL PAK THPK 500MG; 20MG	4	PA
VOQUEZNA TRIPLE PAK THPK 500MG; 500MG; 20MG	4	PA
Beta-lactam, Cephalosporins		
<i>cefaclor caps 250mg, 500mg</i>	4	
<i>cefadroxil caps 500mg</i>	2	
<i>cefadroxil susr 250mg/5ml, 500mg/5ml</i>	4	
<i>cefazolin sodium/dextrose inj 1gm; 4%, 2gm; 3%, 3gm; 2%</i>	4	HI
<i>cefazolin sodium inj 1gm/50ml; 4%</i>	2	HI

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<i>cefazolin sodium inj 10gm, 1gm, 2gm, 500mg</i>	4	HI
<i>cefazolin/dextrose inj 3gm/150ml; 4%</i>	2	HI
<i>cefazolin inj 2gm/100ml; 4%</i>	2	HI
<i>cefazolin inj 2gm, 3gm</i>	4	HI
<i>cefdinir caps 300mg</i>	2	
<i>cefdinir susr 125mg/5ml, 250mg/5ml</i>	2	
<i>cefepime hydrochloride inj 2gm</i>	4	HI
<i>cefepime/dextrose inj 1gm/50ml; 5%, 2gm/50ml; 5%</i>	4	HI
<i>cefepime inj 1gm/50ml, 1gm, 2gm/100ml, 2gm</i>	4	HI
<i>cefixime caps 400mg</i>	4	
<i>cefixime susr 100mg/5ml, 200mg/5ml</i>	4	
<i>cefotetan inj 1gm, 2gm</i>	4	HI
<i>cefoxitin sodium inj 10gm, 1gm, 2gm</i>	4	HI
<i>cefpodoxime proxetil susr 100mg/5ml, 50mg/5ml</i>	4	
<i>cefpodoxime proxetil tabs 100mg, 200mg</i>	3	
<i>cefprozil susr 125mg/5ml</i>	3	
<i>cefprozil susr 250mg/5ml</i>	4	
<i>cefprozil tabs 250mg, 500mg</i>	3	
<i>ceftazidime inj 1gm, 2gm, 6gm</i>	4	HI
<i>ceftriaxone in iso-osmotic dextrose inj 20mg/ml; 0, 40mg/ml; 0</i>	4	HI
<i>ceftriaxone sodium inj 10gm, 1gm, 250mg, 2gm, 500mg</i>	4	HI
<i>ceftriaxone/dextrose inj 1gm; 3.74%</i>	4	HI
<i>cefuroxime axetil tabs 250mg, 500mg</i>	2	
<i>cefuroxime sodium inj 1.5gm, 750mg</i>	4	HI
<i>cephalexin caps 250mg, 500mg</i>	2	
<i>cephalexin caps 750mg</i>	4	
<i>cephalexin susr 125mg/5ml, 250mg/5ml</i>	3	
<i>tazicef inj 1gm, 2gm, 6gm</i>	4	HI
TEFLARO INJ 400MG, 600MG	5	NEDS; HI
Beta-lactam, Penicillins		
<i>amoxicillin/clavulanate potassium er tb12 1000mg; 62.5mg</i>	4	
<i>amoxicillin/clavulanate potassium chew 200mg; 28.5mg, 400mg; 57mg</i>	4	
<i>amoxicillin/clavulanate potassium susr 200mg/5ml; 28.5mg/5ml, 400mg/5ml; 57mg/5ml, 600mg/5ml; 42.9mg/5ml</i>	2	
<i>amoxicillin/clavulanate potassium susr 250mg/5ml; 62.5mg/5ml</i>	4	
<i>amoxicillin/clavulanate potassium tabs 500mg; 125mg, 875mg; 125mg</i>	2	
<i>amoxicillin/clavulanate potassium tabs 250mg; 125mg</i>	4	
<i>amoxicillin caps 250mg, 500mg</i>	2	
<i>amoxicillin chew 125mg, 250mg</i>	2	

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<i>amoxicillin susr 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml</i>	2	
<i>amoxicillin tabs 500mg, 875mg</i>	2	
<i>ampicillin sodium inj 10gm, 125mg, 1gm, 250mg, 2gm, 500mg</i>	4	HI
<i>ampicillin-sulbactam inj 10gm; 5gm, 1gm; 0.5gm</i>	4	HI
<i>ampicillin/sulbactam inj 2gm; 1gm</i>	4	HI
<i>ampicillin caps 500mg</i>	2	
BICILLIN L-A INJ 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	4	
<i>dicloxacillin sodium caps 250mg, 500mg</i>	3	
<i>nafcillin sodium inj 10gm, 1gm, 2gm</i>	4	HI
<i>oxacillin sodium inj 10gm, 1gm, 2gm</i>	4	HI
<i>penicillin g potassium inj 2000000unit, 5000000unit</i>	4	HI
<i>penicillin g sodium inj 5000000unit</i>	5	NEDS; HI
<i>penicillin v potassium solr 125mg/5ml, 250mg/5ml</i>	2	
<i>penicillin v potassium tabs 250mg, 500mg</i>	2	
<i>piperacillin sodium/tazobactam sodium inj 12gm; 1.5gm, 2gm; 0.25gm, 36gm; 4.5gm, 3gm; 0.375gm, 4gm; 0.5gm</i>	4	HI
ZOSYN INJ 5%; 4GM/100ML; 0.5GM/100ML	3	HI
Carbapenems		
<i>ertapenem sodium inj 1gm</i>	4	HI
<i>imipenem/cilastatin inj 250mg; 250mg, 500mg; 500mg</i>	4	HI
<i>meropenem inj 500mg</i>	3	HI
<i>meropenem inj 1gm, 2gm</i>	4	HI
Macrolides		
<i>azithromycin inj 500mg</i>	4	HI
<i>azithromycin pack 1gm</i>	3	
<i>azithromycin susr 100mg/5ml, 200mg/5ml</i>	3	
<i>azithromycin tabs 250mg, 500mg, 600mg</i>	2	
<i>clarithromycin er tb24 500mg</i>	3	
<i>clarithromycin susr 125mg/5ml, 250mg/5ml</i>	4	
<i>clarithromycin tabs 250mg, 500mg</i>	2	
DIFICID SUSR 40MG/ML	5	NEDS
DIFICID TABS 200MG	5	NEDS
<i>erythromycin dr cpep 250mg</i>	4	
<i>erythromycin dr tbec 250mg, 333mg, 500mg</i>	4	
<i>erythromycin ethylsuccinate tabs 400mg</i>	4	
<i>fidaxomicin tabs 200mg</i>	5	NEDS
Quinolones		
<i>ciprofloxacin hcl tabs 750mg</i>	1	
<i>ciprofloxacin hydrochloride tabs 250mg, 500mg</i>	1	
<i>ciprofloxacin i.v.-in d5w inj 200mg/100ml; 5%, 400mg/200ml; 5%</i>	4	HI
<i>levofloxacin in d5w inj 5%; 250mg/50ml, 5%; 500mg/100ml</i>	3	HI

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<i>levofloxacin in d5w inj 5%; 750mg/150ml</i>	4	HI
<i>levofloxacin oral soln 25mg/ml</i>	4	
<i>levofloxacin tabs 250mg, 500mg, 750mg</i>	2	
<i>moxifloxacin hydrochloride/sodium hydrochloride inj 400mg/250ml; 0.8%</i>	4	HI
<i>moxifloxacin hydrochloride tabs 400mg</i>	2	
Sulfonamides		
<i>sulfacetamide sodium lotn 10%</i>	4	
<i>sulfadiazine tabs 500mg</i>	4	
<i>sulfamethoxazole/trimethoprim ds tabs 800mg; 160mg</i>	1	
<i>sulfamethoxazole/trimethoprim susp 200mg/5ml; 40mg/5ml</i>	3	
<i>sulfamethoxazole/trimethoprim tabs 400mg; 80mg</i>	1	
Tetracyclines		
<i>doxycycline hyclate caps 100mg, 50mg</i>	2	
<i>doxycycline hyclate inj 100mg</i>	3	HI
<i>doxycycline hyclate tabs 100mg, 20mg</i>	2	
<i>doxycycline hyclate tabs 150mg</i>	4	
<i>doxycycline monohydrate caps 100mg, 50mg</i>	2	
<i>doxycycline monohydrate tabs 100mg, 50mg, 75mg</i>	2	
<i>doxycycline monohydrate tabs 150mg</i>	4	
<i>doxycycline susr 25mg/5ml</i>	4	
<i>minocycline hcl caps 75mg</i>	3	
<i>minocycline hcl tabs 100mg, 75mg</i>	4	
<i>minocycline hydrochloride caps 100mg, 50mg</i>	3	
<i>minocycline hydrochloride tabs 50mg</i>	4	
<i>tetracycline hydrochloride caps 250mg, 500mg</i>	3	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT SOLN 10MG/ML	5	NEDS
BRIVIACT TABS 100MG, 10MG, 25MG, 50MG, 75MG	5	NEDS
EPIDIOLEX SOLN 100MG/ML	5	PA NSO; NEDS
EPRONTIA SOLN 25MG/ML	4	
<i>felbamate susp 600mg/5ml</i>	4	
<i>felbamate tabs 400mg, 600mg</i>	4	
FINTEPLA SOLN 2.2MG/ML	5	PA NSO; NEDS
FYCOMPA SUSP 0.5MG/ML	4	
FYCOMPA TABS 10MG, 12MG, 2MG, 4MG, 6MG, 8MG	4	
<i>lamotrigine er tb24 100mg, 200mg, 250mg, 25mg, 300mg, 50mg</i>	4	
<i>lamotrigine odt tbdp 100mg, 200mg, 25mg, 50mg</i>	4	
<i>lamotrigine starter kit/blue kit 25mg</i>	4	
<i>lamotrigine starter kit/green kit 0</i>	4	
<i>lamotrigine starter kit/orange kit 0</i>	4	
<i>lamotrigine chew 25mg, 5mg</i>	3	

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<i>lamotrigine tabs 100mg, 150mg, 200mg, 25mg</i>	2	
<i>levetiracetam er tb24 500mg, 750mg</i>	4	
<i>levetiracetam inj 500mg/5ml</i>	2	
<i>levetiracetam oral soln 100mg/ml</i>	2	
<i>levetiracetam tabs 1000mg, 250mg, 500mg, 750mg</i>	3	
<i>levetiracetam tb3d 250mg</i>	4	
NAYZILAM SOLN 5MG/0.1ML	4	QL(10 EA per 30 days); PA NSO
<i>perampanel tabs 10mg, 12mg, 2mg, 4mg, 6mg, 8mg</i>	4	
<i>roweepra tabs 500mg</i>	3	
SPRITAM TB3D 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	
<i>subvenite tabs 100mg, 150mg, 200mg, 25mg</i>	2	
<i>topiramate cpsp 15mg, 25mg, 50mg</i>	4	
<i>topiramate soln 25mg/ml</i>	4	
<i>topiramate tabs 100mg, 200mg, 25mg, 50mg</i>	2	
<i>valproic acid caps 250mg</i>	2	
<i>valproic acid soln 250mg/5ml</i>	2	
Calcium Channel Modifying Agents		
<i>ethosuximide caps 250mg</i>	4	
<i>ethosuximide soln 250mg/5ml</i>	3	
<i>methsuximide caps 300mg</i>	3	
Gamma-aminobutyric Acid (GABA) Modulating Agents		
<i>clobazam susp 2.5mg/ml</i>	3	
<i>clobazam tabs 10mg, 20mg</i>	3	QL(60 EA per 30 days)
<i>clonazepam odt tbdp 0.125mg, 0.25mg, 0.5mg, 1mg, 2mg</i>	3	
<i>clonazepam tabs 0.5mg, 1mg, 2mg</i>	1	
DIACOMIT CAPS 250MG, 500MG	5	PA NSO; NEDS
DIACOMIT PACK 250MG, 500MG	5	PA NSO; NEDS
<i>diazepam rectal gel gel 10mg, 2.5mg, 20mg</i>	4	
<i>divalproex sodium dr csdr 125mg</i>	3	
<i>divalproex sodium dr tbec 125mg, 250mg, 500mg</i>	2	
<i>divalproex sodium er tb24 250mg, 500mg</i>	3	
<i>gabapentin caps 100mg, 300mg, 400mg</i>	2	
<i>gabapentin soln 250mg/5ml</i>	4	
<i>gabapentin tabs 600mg, 800mg</i>	2	
LIBERVANT FILM 10MG, 12.5MG, 15MG, 5MG, 7.5MG	4	QL(10 EA per 30 days)
<i>phenobarbital elix 20mg/5ml</i>	3	
<i>phenobarbital tabs 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	2	
<i>pregabalin caps 100mg, 150mg, 200mg, 225mg, 25mg, 300mg, 50mg, 75mg</i>	2	
<i>pregabalin soln 20mg/ml</i>	4	

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<i>primidone tabs 250mg, 50mg</i>	2	
<i>primidone tabs 125mg</i>	4	
SYMPAZAN FILM 5MG	4	
SYMPAZAN FILM 10MG, 20MG	5	NEDS
<i>tiagabine hydrochloride tabs 12mg, 16mg, 2mg, 4mg</i>	4	
VALTOCO 10 MG DOSE LIQD 10MG/0.1ML	5	QL(10 EA per 30 days); PA NSO; NEDS
VALTOCO 15 MG DOSE LQPK 7.5MG/0.1ML	5	QL(10 EA per 30 days); PA NSO; NEDS
VALTOCO 20 MG DOSE LQPK 10MG/0.1ML	5	QL(10 EA per 30 days); PA NSO; NEDS
VALTOCO 5 MG DOSE LIQD 5MG/0.1ML	5	QL(10 EA per 30 days); PA NSO; NEDS
<i>vigabatrin pack 500mg</i>	5	NEDS
<i>vigabatrin tabs 500mg</i>	5	NEDS
VIGAFYDE SOLN 100MG/ML	5	PA NSO; NEDS
<i>vigpoder pack 500mg</i>	5	NEDS
ZTALMY SUSP 50MG/ML	5	PA NSO; NEDS
Sodium Channel Agents		
<i>carbamazepine er cp12 100mg, 200mg, 300mg</i>	4	
<i>carbamazepine er tb12 100mg, 200mg, 400mg</i>	4	
<i>carbamazepine chew 100mg, 200mg</i>	3	
<i>carbamazepine susp 100mg/5ml</i>	4	
<i>carbamazepine tabs 200mg</i>	3	
DILANTIN CAPS 30MG	4	
<i>epitol tabs 200mg</i>	3	
<i>eslicarbazepine acetate tabs 200mg, 400mg, 600mg, 800mg</i>	4	
<i>lacosamide inj 200mg/20ml</i>	4	
<i>lacosamide oral soln 10mg/ml</i>	4	
<i>lacosamide tabs 100mg, 150mg, 200mg, 50mg</i>	3	QL(60 EA per 30 days)
<i>oxcarbazepine susp 300mg/5ml</i>	4	
<i>oxcarbazepine tabs 150mg, 300mg, 600mg</i>	3	
<i>phenytek caps 200mg, 300mg</i>	2	
<i>phenytoin sodium extended caps 100mg, 200mg, 300mg</i>	2	
<i>phenytoin chew 50mg</i>	2	
<i>phenytoin susp 125mg/5ml</i>	2	
<i>rufinamide susp 40mg/ml</i>	5	NEDS
<i>rufinamide tabs 200mg</i>	4	
<i>rufinamide tabs 400mg</i>	5	NEDS
XCOPRI TABS 100MG, 150MG, 200MG, 25MG, 50MG	5	NEDS
XCOPRI TBPK 12.5MG-25MG	4	
XCOPRI TBPK 50MG-100MG; 150MG-200MG (28 TAB PACK); 100MG-150MG; 150MG-200MG (56 TAB PACK)	5	NEDS
ZONISADE SUSP 100MG/5ML	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>zonisamide caps 100mg, 25mg, 50mg</i>	2	
Antidementia Agents		
<i>Antidementia Agents, Other</i>		
<i>memantine/donepezil hydrochloride er cp24 10mg; 14mg, 10mg; 21mg, 10mg; 28mg</i>	3	
NAMZARIC C4PK 10MG; 0	3	
NAMZARIC CP24 10MG; 7MG	3	
<i>Cholinesterase Inhibitors</i>		
<i>donepezil hcl tabs 10mg</i>	2	
<i>donepezil hcl tabs 23mg</i>	3	
<i>donepezil hcl tbdp 10mg, 5mg</i>	3	
<i>donepezil hydrochloride tabs 5mg</i>	2	
<i>galantamine hydrobromide er cp24 16mg, 24mg, 8mg</i>	3	
<i>galantamine hydrobromide soln 4mg/ml</i>	4	
<i>galantamine hydrobromide tabs 12mg, 4mg, 8mg</i>	3	
<i>rivastigmine tartrate caps 1.5mg, 3mg, 4.5mg, 6mg</i>	3	
<i>rivastigmine transdermal system pt24 13.3mg/24hr, 4.6mg/24hr, 9.5mg/24hr</i>	4	
<i>N-methyl-D-aspartate (NMDA) Receptor Antagonist</i>		
<i>memantine hcl titration pak tabs 0</i>	2	
<i>memantine hydrochloride er cp24 14mg, 21mg, 28mg, 7mg</i>	3	
<i>memantine hydrochloride soln 2mg/ml</i>	3	
<i>memantine hydrochloride tabs 10mg, 5mg</i>	2	
Antidepressants		
<i>Antidepressants, Other</i>		
AUVELITY TBCR 105MG; 45MG	4	
<i>bupropion hydrochloride er (sr) tb12 100mg, 150mg, 200mg</i>	2	
<i>bupropion hydrochloride er (xl) tb24 150mg, 300mg</i>	2	
<i>bupropion hydrochloride tabs 100mg, 75mg</i>	2	
<i>mirtazapine odt tbdp 15mg, 30mg, 45mg</i>	3	
<i>mirtazapine tabs 15mg, 30mg, 45mg, 7.5mg</i>	2	
ZURZUVAE CAPS 30MG	5	QL(14 EA per 14 days); PA NSO; NEDS
ZURZUVAE CAPS 20MG, 25MG	5	QL(28 EA per 14 days); PA NSO; NEDS
<i>Monoamine Oxidase Inhibitors</i>		
EMSAM PT24 12MG/24HR, 6MG/24HR, 9MG/24HR	5	ST NSO; NEDS
MARPLAN TABS 10MG	4	
<i>phenelzine sulfate tabs 15mg</i>	3	
<i>tranylcypromine sulfate tabs 10mg</i>	4	
<i>SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor</i>		
<i>citalopram hydrobromide soln 10mg/5ml</i>	4	
<i>citalopram hydrobromide tabs 10mg, 20mg, 40mg</i>	1	

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<i>desvenlafaxine er tb24 100mg, 25mg, 50mg</i>	3	
DRIZALMA SPRINKLE CSDR 20MG, 60MG	4	QL(60 EA per 30 days)
DRIZALMA SPRINKLE CSDR 30MG, 40MG	4	QL(90 EA per 30 days)
<i>duloxetine hydrochloride dr cpep 20mg, 60mg</i>	2	QL(60 EA per 30 days)
<i>duloxetine hydrochloride dr cpep 30mg</i>	2	QL(90 EA per 30 days)
<i>duloxetine hydrochloride dr cpep 40mg</i>	4	QL(90 EA per 30 days)
<i>escitalopram oxalate soln 5mg/5ml</i>	4	
<i>escitalopram oxalate tabs 10mg, 20mg, 5mg</i>	2	
FETZIMA TITRATION PACK C4PK 0	4	ST NSO
FETZIMA CP24 120MG, 20MG, 40MG, 80MG	4	ST NSO
<i>fluoxetine dr cpdr 90mg</i>	4	
<i>fluoxetine hydrochloride caps 10mg, 20mg, 40mg</i>	1	
<i>fluoxetine hydrochloride soln 20mg/5ml</i>	4	
<i>fluvoxamine maleate tabs 100mg, 25mg, 50mg</i>	3	
<i>nefazodone hydrochloride tabs 100mg, 150mg, 200mg, 250mg, 50mg</i>	4	
<i>paroxetine hcl tabs 30mg, 40mg</i>	2	
<i>paroxetine hydrochloride susp 10mg/5ml</i>	4	
<i>paroxetine hydrochloride tabs 10mg, 20mg</i>	2	
RALDESY SOLN 10MG/ML	5	NEDS
<i>sertraline hcl conc 20mg/ml</i>	3	
<i>sertraline hcl tabs 50mg</i>	1	
<i>sertraline hydrochloride tabs 100mg, 25mg</i>	1	
<i>trazodone hydrochloride tabs 100mg, 150mg, 50mg</i>	2	
<i>trazodone hydrochloride tabs 300mg</i>	4	
TRINTELLIX TABS 10MG, 20MG, 5MG	4	
<i>venlafaxine hydrochloride er cp24 150mg, 37.5mg, 75mg</i>	3	
<i>venlafaxine hydrochloride tabs 100mg, 25mg, 37.5mg, 50mg, 75mg</i>	2	
<i>vilazodone hydrochloride tabs 10mg, 20mg, 40mg</i>	4	
Tricyclics		
<i>amitriptyline hcl tabs 100mg, 150mg, 25mg, 75mg</i>	2	
<i>amitriptyline hydrochloride tabs 100mg, 10mg, 25mg, 50mg, 75mg</i>	2	
<i>amoxapine tabs 100mg, 150mg, 25mg, 50mg</i>	3	
<i>clomipramine hydrochloride caps 25mg, 50mg, 75mg</i>	4	
<i>desipramine hydrochloride tabs 100mg, 10mg, 150mg, 25mg, 50mg, 75mg</i>	4	
<i>doxepin hcl caps 75mg</i>	3	
<i>doxepin hcl conc 10mg/ml</i>	2	
<i>doxepin hydrochloride caps 100mg, 10mg, 150mg, 25mg, 50mg</i>	3	
<i>imipramine hcl tabs 25mg, 50mg</i>	2	
<i>imipramine hydrochloride tabs 10mg</i>	2	

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<i>nortriptyline hcl caps 25mg, 75mg</i>	2	
<i>nortriptyline hcl soln 10mg/5ml</i>	4	
<i>nortriptyline hydrochloride caps 10mg, 50mg</i>	2	
<i>protriptyline hcl tabs 10mg, 5mg</i>	4	
<i>trimipramine maleate caps 100mg, 25mg, 50mg</i>	4	
Antiemetics		
Antiemetics, Other		
<i>meclizine hcl tabs 12.5mg, 25mg</i>	2	
<i>prochlorperazine edisylate inj 10mg/2ml</i>	2	
<i>prochlorperazine maleate tabs 10mg, 5mg</i>	2	
<i>prochlorperazine supp 25mg</i>	4	
<i>promethazine hcl inj 25mg/ml, 50mg/ml</i>	2	
<i>promethazine hydrochloride plain soln 6.25mg/5ml</i>	2	
<i>promethazine hydrochloride tabs 12.5mg, 25mg, 50mg</i>	2	
<i>scopolamine pt72 1mg/3days</i>	4	
Emetogenic Therapy Adjuncts		
<i>aprepitant caps 0, 40mg, 80mg</i>	4	PA BvD
<i>aprepitant caps 125mg</i>	5	PA BvD; NEDS
<i>dronabinol caps 10mg, 2.5mg, 5mg</i>	4	PA BvD
<i>granisetron hydrochloride tabs 1mg</i>	3	PA BvD
<i>ondansetron hcl soln 4mg/5ml</i>	2	PA BvD
<i>ondansetron hcl tabs 24mg</i>	2	PA BvD
<i>ondansetron hydrochloride tabs 4mg, 8mg</i>	2	PA BvD
<i>ondansetron odt tbdp 4mg, 8mg</i>	2	PA BvD
Antifungals		
Antifungals		
<i>ABELCET INJ 5MG/ML</i>	4	PA BvD
<i>amphotericin b liposome inj 50mg</i>	5	PA BvD; NEDS
<i>amphotericin b inj 50mg</i>	4	PA BvD
<i>clotrimazole crea 1%</i>	2	
<i>clotrimazole soln 1%</i>	3	
<i>clotrimazole troc 10mg</i>	3	
<i>CRESEMBA CAPS 186MG, 74.5MG</i>	5	PA; NEDS
<i>econazole nitrate crea 1%</i>	2	
<i>fluconazole in sodium chloride inj 200mg/100ml; 0.9%, 400mg/200ml; 0.9%</i>	4	
<i>fluconazole susr 10mg/ml, 40mg/ml</i>	4	
<i>fluconazole tabs 100mg, 150mg, 200mg, 50mg</i>	2	
<i>flucytosine caps 250mg, 500mg</i>	5	NEDS
<i>griseofulvin microsize susp 125mg/5ml</i>	4	
<i>griseofulvin microsize tabs 500mg</i>	4	
<i>griseofulvin ultramicrosize tabs 125mg, 250mg</i>	4	
<i>itraconazole caps 100mg</i>	3	
<i>ketoconazole crea 2%</i>	2	QL(120 GM per 30 days)

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<i>ketoconazole sham 2%</i>	2	
<i>ketoconazole tabs 200mg</i>	2	
<i>klayesta powd 100000unit/gm</i>	2	
<i>micafungin inj 100mg, 50mg</i>	4	
<i>miconazole 3 supp 200mg</i>	3	
<i>naftifine hydrochloride crea 1%, 2%</i>	4	
<i>nyamyc powd 100000unit/gm</i>	2	
<i>nystatin crea 100000unit/gm</i>	2	
<i>nystatin oint 100000unit/gm</i>	2	
<i>nystatin powd 100000unit/gm</i>	2	
<i>nystatin susp 100000unit/ml</i>	2	
<i>nystatin tabs 500000unit</i>	3	
<i>nystop powd 100000unit/gm</i>	2	
<i>posaconazole dr tbec 100mg</i>	5	NEDS
<i>posaconazole susp 40mg/ml</i>	5	NEDS
<i>terbinafine hcl tabs 250mg</i>	2	QL(42 EA per 42 days)
<i>terconazole crea 0.4%, 0.8%</i>	3	
<i>terconazole supp 80mg</i>	4	
<i>voriconazole inj 200mg</i>	5	PA; NEDS
<i>voriconazole susr 40mg/ml</i>	5	NEDS
<i>voriconazole tabs 200mg, 50mg</i>	4	
Antigout Agents		
<i>Antigout Agents</i>		
<i>allopurinol tabs 100mg, 300mg</i>	2	
<i>colchicine tabs 0.6mg</i>	3	
<i>probenecid/colchicine tabs 0.5mg; 500mg</i>	3	
<i>probenecid tabs 500mg</i>	3	
Antimigraine Agents		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists		
AIMOVIG INJ 140MG/ML, 70MG/ML	3	QL(1 ML per 30 days); PA
EMGALITY INJ 120MG/ML	3	QL(2 ML per 30 days); PA
EMGALITY INJ 100MG/ML	3	QL(3 ML per 30 days); PA
NURTEC TBDP 75MG	4	PA
QULIPTA TABS 10MG, 30MG, 60MG	4	PA
UBRELVY TABS 100MG, 50MG	4	PA
Ergot Alkaloids		
<i>dihydroergotamine mesylate soln 4mg/ml</i>	5	QL(8 ML per 30 days); NEDS
<i>ergotamine tartrate/caffeine tabs 100mg; 1mg</i>	3	
Prophylactic		
<i>timolol maleate tabs 10mg, 5mg</i>	3	
<i>timolol maleate tabs 20mg</i>	4	
Serotonin (5-HT) Receptor Agonist		
<i>naratriptan hcl tabs 1mg, 2.5mg</i>	2	
<i>rizatriptan benzoate odt tbdp 10mg, 5mg</i>	2	

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<i>rizatriptan benzoate tabs 10mg, 5mg</i>	2	
<i>sumatriptan succinate refill inj 6mg/0.5ml</i>	3	
<i>sumatriptan succinate inj 6mg/0.5ml</i>	3	
<i>sumatriptan succinate inj 4mg/0.5ml, 6mg/0.5ml</i>	4	
<i>sumatriptan succinate tabs 100mg, 25mg, 50mg</i>	2	
<i>sumatriptan soln 20mg/act, 5mg/act</i>	4	
Antimyasthenic Agents		
<i>Parasympathomimetics</i>		
<i>pyridostigmine bromide er tbcr 180mg</i>	4	
<i>pyridostigmine bromide tabs 60mg</i>	3	
Antimycobacterials		
<i>Antimycobacterials, Other</i>		
<i>dapsone tabs 100mg, 25mg</i>	3	
<i>rifabutin caps 150mg</i>	4	
<i>Antituberculars</i>		
<i>ethambutol hydrochloride tabs 100mg, 400mg</i>	3	
<i>isoniazid syrp 50mg/5ml</i>	4	
<i>isoniazid tabs 100mg, 300mg</i>	1	
PRIFTIN TABS 150MG	4	
<i>pyrazinamide tabs 500mg</i>	4	
<i>rifampin caps 150mg, 300mg</i>	4	
<i>rifampin inj 600mg</i>	4	
SIRTURO TABS 100MG, 20MG	5	PA; NEDS
TRECTOR TABS 250MG	4	
Antineoplastics		
<i>Alkylating Agents</i>		
<i>cyclophosphamide caps 25mg, 50mg</i>	4	PA BvD; SP-Optum Specialty
<i>cyclophosphamide tabs 25mg, 50mg</i>	3	PA BvD
GLEOSTINE CAPS 100MG, 10MG, 40MG	4	
LEUKERAN TABS 2MG	5	NEDS
MATULANE CAPS 50MG	5	NEDS
VALCHLOR GEL 0.016%	5	NEDS; SP-Optum Specialty
<i>Antiandrogens</i>		
<i>abiraterone acetate tabs 250mg, 500mg</i>	5	PA NSO; NEDS; SP-Optum Specialty
ABIRTEGA TABS 250MG	4	PA NSO
<i>bicalutamide tabs 50mg</i>	2	
ERLEADA TABS 240MG	5	PA NSO; NEDS
ERLEADA TABS 60MG	5	PA NSO; NEDS; SP-Optum Specialty
EULEXIN CAPS 125MG	4	
<i>nilutamide tabs 150mg</i>	5	NEDS
NUBEQA TABS 300MG	5	PA NSO; NEDS; SP-Optum Specialty

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XTANDI CAPS 40MG	5	PA NSO; NEDS; SP-Optum Specialty
XTANDI TABS 40MG, 80MG	5	PA NSO; NEDS; SP-Optum Specialty
YONSA TABS 125MG	5	PA NSO; NEDS
Antiangiogenic Agents		
<i>lenalidomide caps 2.5mg, 20mg</i>	5	PA NSO; NEDS
<i>lenalidomide caps 10mg, 15mg, 25mg, 5mg</i>	5	PA NSO; NEDS; SP-Optum Specialty
POMALYST CAPS 1MG, 2MG, 3MG, 4MG	5	PA NSO; NEDS; SP-Optum Specialty
THALOMID CAPS 100MG, 150MG, 200MG, 50MG	5	NEDS; SP-Optum Specialty
Antiestrogens/Modifiers		
EMCYT CAPS 140MG	5	NEDS
ORSERDU TABS 345MG, 86MG	5	PA NSO; NEDS
SOLTAMOX SOLN 10MG/5ML	5	NEDS
<i>tamoxifen citrate tabs 10mg, 20mg</i>	3	
<i>toremifene citrate tabs 60mg</i>	5	NEDS
Antimetabolites		
DROXIA CAPS 200MG, 300MG, 400MG	3	
<i>hydroxyurea caps 500mg</i>	3	
<i>mercaptopurine susp 2000mg/100ml</i>	5	NEDS
<i>mercaptopurine tabs 50mg</i>	4	
TABLOID TABS 40MG	5	NEDS; SP-Optum Specialty
Antineoplastics, Other		
AKEEGA TABS 500MG; 100MG, 500MG; 50MG	5	PA NSO; NEDS
<i>bortezomib inj 1mg, 2.5mg</i>	4	
<i>bortezomib inj 3.5mg/1.4ml, 3.5mg</i>	5	NEDS
<i>boruzu inj 3.5mg/1.4ml</i>	4	
<i>docetaxel inj 160mg/8ml, 20mg/ml, 80mg/4ml</i>	4	
IBRANCE TABS 100MG, 125MG, 75MG	5	PA NSO; NEDS; SP-Optum Specialty
INREBIC CAPS 100MG	5	PA NSO; NEDS; SP-Optum Specialty
ITOVEBI TABS 9MG	5	PA NSO; NEDS
ITOVEBI TABS 3MG	5	QL(60 EA per 30 days); PA NSO; NEDS
IWILFIN TABS 192MG	5	PA NSO; NEDS
KISQALI FEMARA 200 DOSE TBPK 2.5MG; 200MG	5	PA NSO; NEDS; SP-Optum Specialty
KISQALI FEMARA 400 DOSE TBPK 2.5MG; 200MG	5	PA NSO; NEDS; SP-Optum Specialty
KISQALI FEMARA 600 DOSE TBPK 2.5MG; 200MG	5	PA NSO; NEDS; SP-Optum Specialty

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LAZCLUZE TABS 240MG	5	PA NSO; NEDS
LAZCLUZE TABS 80MG	5	QL(60 EA per 30 days); PA NSO; NEDS
<i>leucovorin calcium tabs 10mg, 15mg, 25mg, 5mg</i>	2	
LONSURF TABS 6.14MG; 15MG, 8.19MG; 20MG	5	PA NSO; NEDS; SP-Optum Specialty
LYSODREN TABS 500MG	5	NEDS
OGSIVEO TABS 100MG, 150MG, 50MG	5	PA NSO; NEDS
OJEMDA SUSR 25MG/ML	5	PA NSO; NEDS
OJEMDA TABS 100MG	5	PA NSO; NEDS
ONUREG TABS 200MG, 300MG	5	PA NSO; NEDS; SP-Optum Specialty
<i>paclitaxel inj 100mg/16.7ml, 150mg/25ml, 300mg/50ml, 30mg/5ml</i>	2	
REVUFORJ TABS 110MG, 160MG, 25MG	5	PA NSO; NEDS
VONJO CAPS 100MG	5	PA NSO; NEDS; SP-Optum Specialty
ZOLINZA CAPS 100MG	5	PA NSO; NEDS; SP-Optum Specialty
<i>Aromatase Inhibitors, 3rd Generation</i>		
<i>anastrozole tabs 1mg</i>	3	
<i>exemestane tabs 25mg</i>	4	
<i>letrozole tabs 2.5mg</i>	3	
<i>Enzyme Inhibitors</i>		
AVMAPKI FAKZYNJA CO-PACK THPK 0.8MG; 200MG	5	PA NSO; NEDS
KYPROLIS INJ 10MG, 30MG, 60MG	5	NEDS
<i>Molecular Target Inhibitors</i>		
ALECENSA CAPS 150MG	5	PA NSO; NEDS; SP-Optum Specialty
ALUNBRIG TABS 180MG, 30MG, 90MG	5	PA NSO; NEDS
ALUNBRIG TBPK 0	5	PA NSO; NEDS
AUGTYRO CAPS 160MG, 40MG	5	PA NSO; NEDS
AYVAKIT TABS 100MG, 200MG, 25MG, 300MG, 50MG	5	QL(30 EA per 30 days); PA NSO; NEDS
BALVERSA TABS 3MG, 4MG, 5MG	5	PA NSO; NEDS
BOSULIF CAPS 50MG	5	PA NSO; NEDS
BOSULIF CAPS 100MG	5	QL(120 EA per 30 days); PA NSO; NEDS
BOSULIF TABS 100MG	5	QL(120 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
BOSULIF TABS 400MG, 500MG	5	QL(30 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
BRAFTOVI CAPS 75MG	5	PA NSO; NEDS; SP-Optum Specialty

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BRUKINSA CAPS 80MG	5	PA NSO; NEDS
BRUKINSA TABS 160MG	5	PA; NEDS
CABOMETYX TABS 20MG, 40MG, 60MG	5	PA NSO; NEDS; SP-Optum Specialty
CALQUENCE CAPS 100MG	5	PA NSO; NEDS; SP-Optum Specialty
CALQUENCE TABS 100MG	5	PA NSO; NEDS
CAPRELSA TABS 300MG	5	QL(30 EA per 30 days); PA NSO; NEDS
CAPRELSA TABS 100MG	5	QL(60 EA per 30 days); PA NSO; NEDS
COMETRIQ KIT 0, 20MG	5	PA NSO; NEDS; SP-Optum Specialty
COPIKTRA CAPS 15MG, 25MG	5	PA NSO; NEDS; SP-Optum Specialty
COTELLIC TABS 20MG	5	PA NSO; NEDS; SP-Optum Specialty
DANZITEN TABS 71MG, 95MG	5	PA NSO; NEDS
<i>dasatinib tabs 100mg, 140mg, 20mg, 50mg, 70mg, 80mg</i>	5	PA NSO; NEDS
DAURISMO TABS 100MG, 25MG	5	PA NSO; NEDS; SP-Optum Specialty
ERIVEDGE CAPS 150MG	5	PA NSO; NEDS; SP-Optum Specialty
<i>erlotinib hydrochloride tabs 150mg, 25mg</i>	5	QL(30 EA per 30 days); NEDS; SP-Optum Specialty
<i>erlotinib hydrochloride tabs 100mg</i>	5	QL(90 EA per 30 days); NEDS; SP-Optum Specialty
<i>everolimus tabs 10mg, 2.5mg, 5mg, 7.5mg</i>	5	QL(30 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
<i>everolimus tbs 2mg, 3mg, 5mg</i>	5	QL(60 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
EXKIVITY CAPS 40MG	5	PA NSO; NEDS
FOTIVDA CAPS 0.89MG, 1.34MG	5	PA NSO; NEDS
FRUZAQLA CAPS 1MG, 5MG	5	PA NSO; NEDS
GAVRETO CAPS 100MG	5	PA NSO; NEDS; SP-Optum Specialty
<i>gefitinib tabs 250mg</i>	5	PA NSO; NEDS
GILOTRIF TABS 20MG, 30MG, 40MG	5	PA NSO; NEDS
GOMEKLI CAPS 1MG, 2MG	5	PA NSO; NEDS
GOMEKLI TBSO 1MG	5	PA NSO; NEDS
IBRANCE CAPS 100MG, 125MG, 75MG	5	PA NSO; NEDS; SP-Optum Specialty
ICLUSIG TABS 10MG, 15MG, 30MG, 45MG	5	PA NSO; NEDS

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IDHIFA TABS 100MG, 50MG	5	QL(30 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
<i>imatinib mesylate tabs 100mg</i>	4	
<i>imatinib mesylate tabs 400mg</i>	5	NEDS; SP-Optum Specialty
IMBRUVICA CAPS 140MG, 70MG	5	PA NSO; NEDS; SP-Optum Specialty
IMBRUVICA SUSP 70MG/ML	5	PA NSO; NEDS
IMBRUVICA TABS 140MG, 280MG, 420MG	5	PA NSO; NEDS; SP-Optum Specialty
IMKELDI SOLN 80MG/ML	5	PA NSO; NEDS
INLYTA TABS 1MG, 5MG	5	PA NSO; NEDS; SP-Optum Specialty
INQOVI TABS 100MG; 35MG	5	PA NSO; NEDS; SP-Optum Specialty
JAKAFI TABS 10MG, 15MG, 20MG, 25MG, 5MG	5	PA NSO; NEDS; SP-Optum Specialty
JAYPIRCA TABS 100MG, 50MG	5	PA NSO; NEDS
KISQALI TBPK 200MG	5	PA NSO; NEDS; SP-Optum Specialty
KOSELUGO CAPS 10MG, 25MG	5	PA NSO; NEDS
KRAZATI TABS 200MG	5	PA NSO; NEDS
<i>lapatinib ditosylate tabs 250mg</i>	5	QL(180 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
LENVIMA 10 MG DAILY DOSE CPPK 10MG	5	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 12MG DAILY DOSE CPPK 4MG	5	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 14 MG DAILY DOSE CPPK 0	5	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 18 MG DAILY DOSE CPPK 0	5	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 20 MG DAILY DOSE CPPK 10MG	5	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 24 MG DAILY DOSE CPPK 0	5	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 4 MG DAILY DOSE CPPK 4MG	5	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 8 MG DAILY DOSE CPPK 4MG	5	PA NSO; NEDS; SP-Optum Specialty
LORBRENA TABS 100MG, 25MG	5	PA NSO; NEDS; SP-Optum Specialty
LUMAKRAS TABS 240MG, 320MG	5	PA NSO; NEDS
LUMAKRAS TABS 120MG	5	PA NSO; NEDS; SP-Optum Specialty

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LYNPARZA TABS 100MG, 150MG	5	PA NSO; NEDS; SP-Optum Specialty
LYTGOBI TBPK 4MG	5	PA NSO; NEDS
MEKINIST SOLR 0.05MG/ML	5	PA NSO; NEDS
MEKINIST TABS 0.5MG, 2MG	5	PA NSO; NEDS; SP-Optum Specialty
MEKTOVI TABS 15MG	5	PA NSO; NEDS; SP-Optum Specialty
NERLYNX TABS 40MG	5	PA NSO; NEDS; SP-Optum Specialty
<i>nilotinib hydrochloride caps 150mg, 200mg, 50mg</i>	5	PA NSO; NEDS
NINLARO CAPS 2.3MG, 3MG, 4MG	5	PA NSO; NEDS; SP-Optum Specialty
ODOMZO CAPS 200MG	5	PA NSO; NEDS; SP-Optum Specialty
OJJAARA TABS 100MG, 150MG, 200MG	5	PA NSO; NEDS
<i>pazopanib hydrochloride tabs 200mg</i>	5	QL(120 EA per 30 days); PA NSO; NEDS
PEMAZYRE TABS 13.5MG, 4.5MG, 9MG	5	PA NSO; NEDS
PIQRAY 200MG DAILY DOSE TBPK 200MG	5	PA NSO; NEDS; SP-Optum Specialty
PIQRAY 250MG DAILY DOSE TBPK 0	5	PA NSO; NEDS; SP-Optum Specialty
PIQRAY 300MG DAILY DOSE TBPK 150MG	5	PA NSO; NEDS; SP-Optum Specialty
QINLOCK TABS 50MG	5	PA NSO; NEDS
RETEVMO CAPS 40MG, 80MG	5	PA NSO; NEDS; SP-Optum Specialty
RETEVMO TABS 120MG, 160MG	5	PA NSO; NEDS
RETEVMO TABS 80MG	5	QL(60 EA per 30 days); PA NSO; NEDS
RETEVMO TABS 40MG	5	QL(90 EA per 30 days); PA NSO; NEDS
REZLIDHIA CAPS 150MG	5	PA NSO; NEDS
ROMVIMZA CAPS 14MG, 20MG, 30MG	5	PA NSO; NEDS
ROZLYTREK CAPS 100MG, 200MG	5	PA NSO; NEDS; SP-Optum Specialty
ROZLYTREK PACK 50MG	5	PA NSO; NEDS
RUBRACA TABS 200MG, 250MG, 300MG	5	QL(120 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
RYDAPT CAPS 25MG	5	PA NSO; NEDS; SP-Optum Specialty
SCEMBLIX TABS 20MG, 40MG	5	PA NSO; NEDS; SP-Optum Specialty

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SCEMBLIX TABS 100MG	5	QL(120 EA per 30 days); PA NSO; NEDS
<i>sorafenib tosylate tabs 200mg</i>	5	QL(220 EA per 30 days); PA NSO; NEDS
<i>sorafenib tabs 200mg</i>	5	QL(220 EA per 30 days); PA NSO; NEDS
STIVARGA TABS 40MG	5	QL(90 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
<i>sunitinib malate caps 12.5mg, 25mg, 37.5mg, 50mg</i>	5	PA NSO; NEDS; SP-Optum Specialty
TABRECTA TABS 150MG, 200MG	5	PA NSO; NEDS; SP-Optum Specialty
TAFINLAR CAPS 50MG, 75MG	5	PA NSO; NEDS; SP-Optum Specialty
TAFINLAR TBSO 10MG	5	PA NSO; NEDS
TAGRISSE TABS 40MG, 80MG	5	PA NSO; NEDS; SP-Optum Specialty
TALZENNA CAPS 0.1MG, 0.35MG	5	PA NSO; NEDS
TALZENNA CAPS 0.25MG, 0.5MG, 0.75MG, 1MG	5	PA NSO; NEDS; SP-Optum Specialty
TAZVERIK TABS 200MG	5	PA NSO; NEDS
TEPMETKO TABS 225MG	5	PA NSO; NEDS
TIBSOVO TABS 250MG	5	PA NSO; NEDS; SP-Optum Specialty
TRUQAP TABS 160MG, 200MG	5	PA NSO; NEDS
TRUQAP TBPB 160MG, 200MG	5	PA NSO; NEDS
TUKYSA TABS 150MG, 50MG	5	PA NSO; NEDS
TURALIO CAPS 125MG	5	PA NSO; NEDS
VANFLYTA TABS 17.7MG, 26.5MG	5	PA NSO; NEDS
VENCLEXTA STARTING PACK TBPB 0	5	PA NSO; NEDS; SP-Optum Specialty
VENCLEXTA TABS 10MG	3	PA NSO; SP-Optum Specialty
VENCLEXTA TABS 100MG, 50MG	5	PA NSO; NEDS; SP-Optum Specialty
VERZENIO TABS 100MG, 150MG, 200MG, 50MG	5	PA NSO; NEDS; SP-Optum Specialty
VITRAKVI CAPS 100MG, 25MG	5	PA NSO; NEDS
VITRAKVI SOLN 20MG/ML	5	PA NSO; NEDS
VIZIMPRO TABS 15MG, 30MG, 45MG	5	PA NSO; NEDS; SP-Optum Specialty
XALKORI CAPS 200MG, 250MG	5	PA NSO; NEDS; SP-Optum Specialty
XALKORI CPSP 150MG, 20MG, 50MG	5	PA NSO; NEDS
XOSPATA TABS 40MG	5	PA NSO; NEDS

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XPOVIO 60 MG TWICE WEEKLY TBPk 20MG	5	PA NSO; NEDS
XPOVIO 80 MG TWICE WEEKLY TBPk 20MG	5	PA NSO; NEDS
XPOVIO TBPk 10MG, 40MG, 50MG, 60MG	5	PA NSO; NEDS
ZEJULA TABS 100MG, 200MG, 300MG	5	PA NSO; NEDS
ZELBORAF TABS 240MG	5	PA NSO; NEDS; SP-Optum Specialty
ZYDELIG TABS 100MG, 150MG	5	PA NSO; NEDS; SP-Optum Specialty
ZYKADIA TABS 150MG	5	PA NSO; NEDS; SP-Optum Specialty
Monoclonal Antibodies/Antibody-Drug Conjugates		
DARZALEX INJ 100MG/5ML, 400MG/20ML	5	NEDS
OPDIVO INJ 100MG/10ML, 120MG/12ML, 240MG/24ML, 40MG/4ML	5	NEDS
YERVOY INJ 200MG/40ML, 50MG/10ML	5	NEDS
Retinoids		
<i>bexarotene caps 75mg</i>	5	NEDS; SP-Optum Specialty
<i>bexarotene gel 1%</i>	5	PA NSO; NEDS
PANRETIN GEL 0.1%	5	NEDS
<i>tretinoin caps 10mg</i>	5	NEDS; SP-Optum Specialty
Treatment Adjuncts		
<i>mesna tabs 400mg</i>	5	NEDS
VORANIGO TABS 40MG	5	PA NSO; NEDS
VORANIGO TABS 10MG	5	QL(60 EA per 30 days); PA NSO; NEDS
Antiparasitics		
Anthelmintics		
<i>albendazole tabs 200mg</i>	4	
<i>ivermectin tabs 3mg, 6mg</i>	3	
<i>praziquantel tabs 600mg</i>	3	
Antiprotozoals		
<i>atovaquone/proguanil hcl tabs 62.5mg; 25mg</i>	4	
<i>atovaquone/proguanil hydrochloride tabs 250mg; 100mg</i>	4	
<i>atovaquone susp 750mg/5ml</i>	4	
<i>chloroquine phosphate tabs 250mg</i>	3	
<i>chloroquine phosphate tabs 500mg</i>	4	
COARTEM TABS 20MG; 120MG	4	QL(24 EA per 3 days)
<i>hydroxychloroquine sulfate tabs 200mg</i>	2	
<i>mefloquine hydrochloride tabs 250mg</i>	3	
<i>nitazoxanide tabs 500mg</i>	4	
<i>pentamidine isethionate inj 300mg</i>	4	
<i>pentamidine isethionate inhalation solr 300mg</i>	4	PA BvD
<i>primaquine phosphate tabs 26.3mg</i>	4	
<i>pyrimethamine tabs 25mg</i>	5	NEDS

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<i>quinine sulfate caps 324mg</i>	4	PA
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate tabs 0.5mg, 1mg, 2mg</i>	2	
<i>trihexyphenidyl hcl soln 0.4mg/ml</i>	3	
<i>trihexyphenidyl hydrochloride tabs 2mg, 5mg</i>	2	
Antiparkinson Agents, Other		
<i>carbidopa/levodopa/entacapone tabs 12.5mg; 200mg; 50mg, 18.75mg; 200mg; 75mg, 25mg; 200mg; 100mg, 31.25mg; 200mg; 125mg, 37.5mg; 200mg; 150mg, 50mg; 200mg; 200mg</i>	4	
<i>entacapone tabs 200mg</i>	3	
Dopamine Agonists		
<i>bromocriptine mesylate caps 5mg</i>	4	
<i>bromocriptine mesylate tabs 2.5mg</i>	4	
<i>pramipexole dihydrochloride tabs 0.125mg, 0.25mg, 0.5mg, 0.75mg, 1.5mg, 1mg</i>	2	
<i>ropinirole er tb24 12mg, 2mg, 4mg, 6mg, 8mg</i>	4	
<i>ropinirole hcl tabs 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	2	
<i>ropinirole hydrochloride tabs 0.25mg, 3mg</i>	2	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa/levodopa er tbc 25mg; 100mg</i>	3	
<i>carbidopa/levodopa er tbc 50mg; 200mg</i>	4	
<i>carbidopa/levodopa odt tbdp 10mg; 100mg, 25mg; 100mg, 25mg; 250mg</i>	4	
<i>carbidopa/levodopa tabs 10mg; 100mg, 25mg; 100mg, 25mg; 250mg</i>	2	
<i>carbidopa tabs 25mg</i>	4	
Monoamine Oxidase B (MAO-B) Inhibitors		
<i>rasagiline mesylate tabs 0.5mg, 1mg</i>	4	
<i>selegiline hcl caps 5mg</i>	3	
<i>selegiline hcl tabs 5mg</i>	4	
Antipsychotics		
1st Generation/Typical		
<i>chlorpromazine hydrochloride conc 100mg/ml, 30mg/ml</i>	4	
<i>chlorpromazine hydrochloride tabs 100mg, 10mg, 200mg, 25mg, 50mg</i>	4	
<i>fluphenazine decanoate inj 25mg/ml</i>	4	
<i>fluphenazine hcl conc 5mg/ml</i>	4	
<i>fluphenazine hydrochloride elix 2.5mg/5ml</i>	4	
<i>fluphenazine hydrochloride inj 2.5mg/ml</i>	4	
<i>fluphenazine hydrochloride tabs 10mg, 1mg, 2.5mg, 5mg</i>	4	
<i>haloperidol decanoate inj 100mg/ml, 50mg/ml</i>	3	

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<i>haloperidol lactate inj 5mg/ml</i>	4	
<i>haloperidol conc 2mg/ml</i>	2	
<i>haloperidol tabs 0.5mg, 10mg, 1mg, 20mg, 2mg, 5mg</i>	2	
<i>loxapine caps 10mg, 25mg, 50mg, 5mg</i>	3	
<i>molindone hydrochloride tabs 10mg, 25mg, 5mg</i>	3	
<i>perphenazine tabs 16mg, 2mg, 4mg, 8mg</i>	3	
<i>pimozide tabs 1mg, 2mg</i>	4	
<i>thioridazine hydrochloride tabs 100mg, 10mg, 25mg, 50mg</i>	3	
<i>thiothixene caps 10mg, 1mg, 2mg, 5mg</i>	4	
<i>trifluoperazine hcl tabs 10mg, 2mg, 5mg</i>	4	
<i>trifluoperazine hydrochloride tabs 1mg</i>	4	
2nd Generation/Atypical		
ABILIFY ASIMTUFII INJ 720MG/2.4ML, 960MG/3.2ML	5	NEDS
ABILIFY MAINTENA INJ 300MG, 400MG	5	NEDS
ABILIFY MYCITE MAINTENANCE KIT TBPk 10MG	5	QL(30 EA per 30 days); PA NSO; NEDS
ABILIFY MYCITE STARTER KIT TBPk 15MG, 20MG, 2MG, 30MG, 5MG	5	QL(30 EA per 30 days); PA NSO; NEDS
<i>aripiprazole odt tbdp 10mg, 15mg</i>	4	
<i>aripiprazole soln 1mg/ml</i>	3	
<i>aripiprazole tabs 10mg, 15mg, 20mg, 2mg, 30mg, 5mg</i>	2	
ARISTADA INITIO INJ 675MG/2.4ML	5	NEDS
ARISTADA INJ 1064MG/3.9ML, 441MG/1.6ML, 662MG/2.4ML, 882MG/3.2ML	5	NEDS
<i>asenapine maleate sl subl 10mg, 2.5mg, 5mg</i>	4	ST NSO
CAPLYTA CAPS 10.5MG, 21MG, 42MG	5	QL(30 EA per 30 days); PA NSO; NEDS
FANAPT TITRATION PACK A TABS 0	4	ST NSO
FANAPT TITRATION PACK B TABS 0	4	ST NSO
FANAPT TITRATION PACK C TABS 0	4	ST NSO
FANAPT TABS 10MG, 12MG, 1MG, 2MG, 4MG, 6MG, 8MG	5	ST NSO; NEDS
INVEGA HAFYERA INJ 1092MG/3.5ML, 1560MG/5ML	5	NEDS
INVEGA SUSTENNA INJ 39MG/0.25ML	4	
INVEGA SUSTENNA INJ 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	5	NEDS
INVEGA TRINZA INJ 273MG/0.88ML, 410MG/1.32ML, 546MG/1.75ML, 819MG/2.63ML	5	NEDS
<i>lurasidone hydrochloride tabs 120mg, 20mg, 40mg, 60mg</i>	4	QL(30 EA per 30 days)
<i>lurasidone hydrochloride tabs 80mg</i>	4	QL(60 EA per 30 days)
LYBALVI TABS 10MG; 10MG, 15MG; 10MG, 20MG; 10MG, 5MG; 10MG	5	PA NSO; NEDS
NUPLAZID CAPS 34MG	5	QL(60 EA per 30 days); PA NSO; NEDS

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NUPLAZID TABS 10MG	5	QL(60 EA per 30 days); PA NSO; NEDS
<i>olanzapine odt tbdp 5mg</i>	2	
<i>olanzapine odt tbdp 10mg, 15mg, 20mg</i>	3	
<i>olanzapine inj 10mg</i>	3	
<i>olanzapine tabs 10mg, 15mg, 2.5mg, 20mg, 5mg, 7.5mg</i>	2	
OPIPZA FILM 2MG	5	QL(30 EA per 30 days); PA NSO; NEDS
OPIPZA FILM 10MG, 5MG	5	QL(90 EA per 30 days); PA NSO; NEDS
<i>paliperidone er tb24 1.5mg, 3mg, 6mg, 9mg</i>	4	
PERSERIS INJ 120MG, 90MG	5	NEDS
<i>quetiapine fumarate tabs 100mg, 150mg, 200mg, 300mg, 400mg</i>	2	
<i>quetiapine fumarate tabs 25mg, 50mg</i>	2	QL(60 EA per 30 days)
REXULTI TABS 0.25MG, 0.5MG, 1MG, 2MG, 3MG, 4MG	5	NEDS
<i>risperidone er inj 12.5mg, 25mg</i>	4	
<i>risperidone er inj 37.5mg, 50mg</i>	5	NEDS
<i>risperidone odt tbdp 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg</i>	3	
<i>risperidone soln 1mg/ml</i>	3	
<i>risperidone tabs 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg</i>	1	
SECUADO PT24 3.8MG/24HR, 5.7MG/24HR, 7.6MG/24HR	5	NEDS
VRAYLAR CAPS 1.5MG, 3MG, 4.5MG, 6MG	5	NEDS
<i>ziprasidone hcl caps 20mg, 40mg, 60mg, 80mg</i>	3	
<i>ziprasidone mesylate inj 20mg</i>	3	
ZYPREXA RELPREVV INJ 210MG	3	
ZYPREXA RELPREVV INJ 300MG, 405MG	5	NEDS
Treatment-Resistant		
<i>clozapine odt tbdp 100mg, 12.5mg, 150mg, 200mg, 25mg</i>	4	
<i>clozapine tabs 100mg, 200mg, 25mg, 50mg</i>	3	
VERSACLOZ SUSP 50MG/ML	5	NEDS
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen tabs 10mg, 20mg, 5mg</i>	2	
<i>dantrolene sodium caps 100mg, 25mg, 50mg</i>	4	
<i>tizanidine hcl tabs 2mg</i>	2	
<i>tizanidine hydrochloride tabs 4mg</i>	2	
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
<i>cidofovir inj 75mg/ml</i>	5	NEDS
LIVTENCITY TABS 200MG	5	PA; NEDS
PREVYMIS PACK 20MG	4	PA
PREVYMIS PACK 120MG	5	PA; NEDS
PREVYMIS TABS 240MG, 480MG	5	PA; NEDS

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<i>valganciclovir hydrochloride solr 50mg/ml</i>	5	NEDS
<i>valganciclovir tabs 450mg</i>	3	
Anti-hepatitis B (HBV) Agents		
<i>adefovir dipivoxil tabs 10mg</i>	4	
<i>entecavir tabs 0.5mg, 1mg</i>	4	
<i>lamivudine tabs 100mg</i>	3	
VEMLIDY TABS 25MG	5	NEDS
Anti-hepatitis C (HCV) Agents		
MAVYRET PACK 50MG; 20MG	5	PA; NEDS; SP-Optum Specialty
MAVYRET TABS 100MG; 40MG	5	PA; NEDS; SP-Optum Specialty
<i>ribavirin caps 200mg</i>	3	SP-Optum Specialty
<i>ribavirin tabs 200mg</i>	3	SP-Optum Specialty
VOSEVI TABS 400MG; 100MG; 100MG	5	PA; NEDS; SP-Optum Specialty
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
BIKTARVY TABS 30MG; 120MG; 15MG, 50MG; 200MG; 25MG	5	NEDS
DOVATO TABS 50MG; 300MG	5	NEDS
GENVOYA TABS 150MG; 150MG; 200MG; 10MG	5	NEDS
ISENTRESS HD TABS 600MG	5	QL(60 EA per 30 days); NEDS
ISENTRESS CHEW 25MG	3	QL(720 EA per 30 days)
ISENTRESS CHEW 100MG	5	QL(180 EA per 30 days); NEDS
ISENTRESS PACK 100MG	4	
ISENTRESS TABS 400MG	5	QL(120 EA per 30 days); NEDS
JULUCA TABS 50MG; 25MG	5	NEDS
STRIBILD TABS 150MG; 150MG; 200MG; 300MG	5	NEDS
TIVICAY PD TBSO 5MG	4	
TIVICAY TABS 10MG	3	
TIVICAY TABS 25MG, 50MG	5	NEDS
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
DELSTRIGO TABS 100MG; 300MG; 300MG	5	NEDS
EDURANT PED TBSO 2.5MG	5	NEDS
EDURANT TABS 25MG	5	NEDS
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate tabs 600mg; 200mg; 300mg</i>	3	
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate tabs 400mg; 300mg; 300mg, 600mg; 300mg; 300mg</i>	5	NEDS
<i>efavirenz caps 200mg, 50mg</i>	4	
<i>efavirenz tabs 600mg</i>	4	
<i>emtricitabine/rilpivirine/tenofovir disoproxil fumarate tabs 200mg; 25mg; 300mg</i>	5	NEDS
<i>etravirine tabs 100mg, 200mg</i>	5	NEDS
INTELENCE TABS 25MG	3	
<i>nevirapine er tb24 400mg</i>	4	

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<i>nevirapine susp 50mg/5ml</i>	4	
<i>nevirapine tabs 200mg</i>	2	
PIFELTRO TABS 100MG	5	NEDS
<i>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</i>		
<i>abacavir sulfate/lamivudine tabs 600mg; 300mg</i>	4	
<i>abacavir soln 20mg/ml</i>	4	
<i>abacavir tabs 300mg</i>	3	
CIMDUO TABS 300MG; 300MG	5	NEDS
DESCOVY TABS 120MG; 15MG, 200MG; 25MG	5	NEDS
<i>emtricitabine/tenofovir disoproxil fumarate tabs 100mg; 150mg, 200mg; 300mg</i>	4	
<i>emtricitabine/tenofovir disoproxil fumarate tabs 133mg; 200mg</i>	5	NEDS
<i>emtricitabine/tenofovir disoproxil tabs 167mg; 250mg</i>	4	
<i>emtricitabine caps 200mg</i>	4	
EMTRIVA SOLN 10MG/ML	4	
<i>lamivudine/zidovudine tabs 150mg; 300mg</i>	4	
<i>lamivudine soln 10mg/ml</i>	4	
<i>lamivudine tabs 150mg, 300mg</i>	3	
ODEFSEY TABS 200MG; 25MG; 25MG	5	NEDS
<i>tenofovir disoproxil fumarate tabs 300mg</i>	4	
TRIUMEQ PD TBSO 60MG; 5MG; 30MG	4	
TRIUMEQ TABS 600MG; 50MG; 300MG	5	NEDS
VIREAD POWD 40MG/GM	5	NEDS
VIREAD TABS 150MG, 200MG, 250MG	5	NEDS
<i>zidovudine caps 100mg</i>	3	
<i>zidovudine syrp 50mg/5ml</i>	3	
<i>zidovudine tabs 300mg</i>	3	
<i>Anti-HIV Agents, Other</i>		
FUZEON INJ 90MG	5	NEDS
<i>maraviroc tabs 300mg</i>	5	QL(120 EA per 30 days); NEDS
<i>maraviroc tabs 150mg</i>	5	QL(60 EA per 30 days); NEDS
RUKOBIA TB12 600MG	5	NEDS
SELZENTRY SOLN 20MG/ML	3	QL(1800 ML per 30 days)
SELZENTRY TABS 25MG	4	QL(480 EA per 30 days)
SELZENTRY TABS 75MG	5	QL(60 EA per 30 days); NEDS
SUNLENCA TABS 300MG	5	QL(24 EA per 168 days); NEDS
SUNLENCA TBPK 300MG	5	NEDS
TYBOST TABS 150MG	3	
<i>Anti-HIV Agents, Protease Inhibitors (PI)</i>		
APTIVUS CAPS 250MG	5	NEDS
<i>atazanavir sulfate caps 300mg</i>	4	
<i>atazanavir caps 150mg, 200mg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>darunavir tabs 600mg</i>	4	
<i>darunavir tabs 800mg</i>	5	NEDS
EVOTAZ TABS 300MG; 150MG	5	NEDS
<i>fosamprenavir calcium tabs 700mg</i>	5	NEDS
KALETRA SOLN 400MG/5ML; 100MG/5ML	4	
LEXIVA SUSP 50MG/ML	3	
<i>lopinavir/ritonavir soln 400mg/5ml; 100mg/5ml</i>	4	
<i>lopinavir/ritonavir tabs 100mg; 25mg, 200mg; 50mg</i>	4	
NORVIR PACK 100MG	4	
PREZCOBIX TABS 150MG; 675MG, 150MG; 800MG	5	NEDS
PREZISTA SUSP 100MG/ML	5	NEDS
PREZISTA TABS 75MG	4	
PREZISTA TABS 150MG	5	NEDS
REYATAZ PACK 50MG	5	NEDS
<i>ritonavir tabs 100mg</i>	3	
SYMTUZA TABS 150MG; 800MG; 200MG; 10MG	5	NEDS
VIRACEPT TABS 250MG	3	
VIRACEPT TABS 625MG	5	NEDS
Anti-influenza Agents		
<i>amantadine hcl caps 100mg</i>	3	
<i>amantadine hcl soln 50mg/5ml</i>	3	
<i>amantadine hcl tabs 100mg</i>	3	
<i>oseltamivir phosphate caps 30mg, 45mg, 75mg</i>	3	
<i>oseltamivir phosphate susr 6mg/ml</i>	3	
RELENZA DISKHALER AEPB 5MG/BLISTER	3	
<i>rimantadine hydrochloride tabs 100mg</i>	4	
XOFLUZA TBPB 40MG, 80MG	3	QL(1 EA per 7 days)
Antiherpetic Agents		
<i>acyclovir sodium inj 50mg/ml</i>	4	PA BvD
<i>acyclovir caps 200mg</i>	2	
<i>acyclovir susp 200mg/5ml</i>	4	
<i>acyclovir tabs 400mg, 800mg</i>	2	
<i>famciclovir tabs 125mg, 250mg, 500mg</i>	3	
<i>valacyclovir hydrochloride tabs 1gm, 500mg</i>	2	
Antiviral, Coronavirus Agents		
LAGEVRIO CAPS 200MG	3	QL(40 EA per 5 days)
PAXLOVID TBPB 300MG-100MG DAY 1; 150MG-100MG DAYS 2-5	3	QL(11 EA per 5 days)
PAXLOVID TBPB 150MG-100MG	3	QL(20 EA per 5 days)
PAXLOVID TBPB 300MG-100MG	3	QL(30 EA per 5 days)
Anxiolytics		
Anxiolytics, Other		
<i>bupirone hcl tabs 15mg</i>	2	
<i>bupirone hydrochloride tabs 10mg, 30mg, 5mg, 7.5mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
Benzodiazepines		
<i>alprazolam tabs 0.25mg, 0.5mg, 1mg, 2mg</i>	2	
<i>clorazepate dipotassium tabs 15mg, 3.75mg, 7.5mg</i>	4	
<i>diazepam intensol conc 5mg/ml</i>	3	
<i>diazepam soln 5mg/5ml</i>	3	
<i>diazepam tabs 10mg, 2mg, 5mg</i>	2	
<i>lorazepam intensol conc 2mg/ml</i>	2	
<i>lorazepam tabs 0.5mg, 1mg, 2mg</i>	2	
Bipolar Agents		
Mood Stabilizers		
<i>lithium carbonate er tbc 300mg, 450mg</i>	2	
<i>lithium carbonate caps 150mg, 300mg, 600mg</i>	2	
<i>lithium carbonate tabs 300mg</i>	2	
<i>lithium soln 8meq/5ml</i>	3	
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose tabs 100mg, 25mg, 50mg</i>	1	
<i>glimepiride tabs 1mg, 2mg, 4mg</i>	1	
<i>glipizide er tb24 10mg, 2.5mg, 5mg</i>	1	
<i>glipizide/metformin hydrochloride tabs 2.5mg; 250mg, 2.5mg; 500mg, 5mg; 500mg</i>	1	
<i>glipizide tabs 10mg, 5mg</i>	1	
<i>glyburide micronized tabs 1.5mg, 3mg, 6mg</i>	1	
<i>glyburide/metformin hydrochloride tabs 1.25mg; 250mg, 2.5mg; 500mg, 5mg; 500mg</i>	1	
<i>glyburide tabs 1.25mg, 2.5mg, 5mg</i>	1	
GLYXAMBI TABS 10MG; 5MG, 25MG; 5MG	3	
JANUMET XR TB24 1000MG; 100MG, 1000MG; 50MG, 500MG; 50MG	3	
JANUMET TABS 1000MG; 50MG, 500MG; 50MG	3	
JANUVIA TABS 100MG, 25MG, 50MG	3	
JENTADUETO XR TB24 2.5MG; 1000MG, 5MG; 1000MG	3	
JENTADUETO TABS 2.5MG; 1000MG, 2.5MG; 500MG, 2.5MG; 850MG	3	
<i>metformin hydrochloride er tb24 500mg, 750mg</i>	1	
<i>metformin hydrochloride soln 500mg/5ml</i>	2	
<i>metformin hydrochloride tabs 1000mg, 500mg, 850mg</i>	1	
<i>miglitol tabs 100mg, 25mg, 50mg</i>	2	
MOUNJARO INJ 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML, 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML	3	PA
<i>nateglinide tabs 120mg, 60mg</i>	1	
OZEMPIC INJ 2MG/3ML, 4MG/3ML, 8MG/3ML	3	PA
<i>pioglitazone hcl-glimepiride tabs 2mg; 30mg, 4mg; 30mg</i>	1	

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<i>pioglitazone hcl/metformin hcl tabs 500mg; 15mg, 850mg; 15mg</i>	1	
<i>pioglitazone hcl tabs 45mg</i>	1	
<i>pioglitazone hydrochloride tabs 15mg, 30mg</i>	1	
<i>repaglinide tabs 0.5mg, 1mg, 2mg</i>	1	
RYBELSUS TABS 1.5MG, 14MG, 3MG, 4MG, 7MG, 9MG	3	PA
<i>saxagliptin hydrochloride tabs 2.5mg, 5mg</i>	1	
SYMLINPEN 120 INJ 2700MCG/2.7ML	5	NEDS
SYMLINPEN 60 INJ 1500MCG/1.5ML	5	NEDS
SYNJARDY XR TB24 10MG; 1000MG, 12.5MG; 1000MG, 25MG; 1000MG, 5MG; 1000MG	3	
SYNJARDY TABS 12.5MG; 1000MG, 12.5MG; 500MG, 5MG; 1000MG, 5MG; 500MG	3	
TRADJENTA TABS 5MG	3	
TRULICITY INJ 0.75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML	3	PA
XIGDUO XR TB24 10MG; 1000MG, 10MG; 500MG, 2.5MG; 1000MG, 5MG; 1000MG, 5MG; 500MG	3	
Glycemic Agents		
BAQSIMI ONE PACK POWD 3MG/DOSE	3	
BAQSIMI TWO PACK POWD 3MG/DOSE	3	
<i>diazoxide susp 50mg/ml</i>	4	
GLUCAGEN HYPOKIT INJ 1MG	3	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJ 1MG/ML	3	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJ 1MG	4	
GLUCAGON EMERGENCY KIT INJ 1MG	4	
GVOKE HYPOPEN 1-PACK INJ 0.5MG/0.1ML, 1MG/0.2ML	3	
GVOKE HYPOPEN 2-PACK INJ 0.5MG/0.1ML, 1MG/0.2ML	3	
GVOKE KIT INJ 1MG/0.2ML	3	
GVOKE PFS INJ 0.5MG/0.1ML, 1MG/0.2ML	3	
Insulins		
FIASP FLEXTOUCH INJ 100UNIT/ML	3	
FIASP PENFILL INJ 100UNIT/ML	3	
FIASP INJ 100UNIT/ML	3	
HUMALOG JUNIOR KWIKPEN INJ 100UNIT/ML	3	
HUMALOG KWIKPEN INJ 100UNIT/ML, 200UNIT/ML	3	
HUMALOG MIX 50/50 KWIKPEN INJ 50UNIT/ML; 50UNIT/ML	3	
HUMALOG MIX 50/50 INJ 50UNIT/ML; 50UNIT/ML	3	

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HUMALOG MIX 75/25 KWIKPEN INJ 25UNIT/ML; 75UNIT/ML	3	
HUMALOG MIX 75/25 INJ 25UNIT/ML; 75UNIT/ML	3	
HUMALOG INJ 100UNIT/ML	3	
HUMULIN 70/30 KWIKPEN INJ 30UNIT/ML; 70UNIT/ML	3	
HUMULIN 70/30 INJ 30UNIT/ML; 70UNIT/ML	3	
HUMULIN N KWIKPEN INJ 100UNIT/ML	3	
HUMULIN N INJ 100UNIT/ML	3	
HUMULIN R U-500 (CONCENTRATED) INJ 500UNIT/ML	3	
HUMULIN R U-500 KWIKPEN INJ 500UNIT/ML	3	
HUMULIN R INJ 100UNIT/ML	3	
<i>insulin aspart flexpen inj 100unit/ml</i>	3	
<i>insulin aspart penfill inj 100unit/ml</i>	3	
<i>insulin aspart protamine/insulin aspart inj 30%; 70%</i>	3	
<i>insulin aspart inj 100unit/ml</i>	3	
<i>insulin lispro junior kwikpen inj 100unit/ml</i>	3	
<i>insulin lispro kwikpen inj 100unit/ml</i>	3	
<i>insulin lispro protamine/insulin lispro kwikpen inj 25unit/ml; 75unit/ml</i>	3	
<i>insulin lispro inj 100unit/ml</i>	3	
LANTUS SOLOSTAR INJ 100UNIT/ML	3	
LANTUS INJ 100UNIT/ML	3	
<i>novolin 70/30 flexpen inj 30unit/ml; 70unit/ml</i>	3	
<i>novolin 70/30 inj 30unit/ml; 70unit/ml</i>	3	
<i>novolin n flexpen inj 100unit/ml</i>	3	
<i>novolin n inj 100unit/ml</i>	3	
<i>novolin r flexpen inj 100unit/ml</i>	3	
<i>novolin r inj 100unit/ml</i>	3	
<i>novolog flexpen inj 100unit/ml</i>	3	
<i>novolog mix 70/30 prefilled flexpen inj 30unit/ml; 70unit/ml</i>	3	
<i>novolog mix 70/30 inj 30unit/ml; 70unit/ml</i>	3	
<i>novolog penfill inj 100unit/ml</i>	3	
<i>novolog inj 100unit/ml</i>	3	
TOUJEO MAX SOLOSTAR INJ 300UNIT/ML	3	
TOUJEO SOLOSTAR INJ 300UNIT/ML	3	
TRESIBA FLEXTOUCH INJ 100UNIT/ML, 200UNIT/ML	3	
TRESIBA INJ 100UNIT/ML	3	
Blood Products and Modifiers		
<i>Anticoagulants</i>		
<i>dabigatran etexilate caps 110mg, 150mg, 75mg</i>	4	
ELIQUIS STARTER PACK TBPK 5MG	3	
ELIQUIS TABS 2.5MG, 5MG	3	
<i>enoxaparin sodium inj 300mg/3ml</i>	3	

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<i>enoxaparin sodium inj 100mg/ml, 120mg/0.8ml, 150mg/ml, 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml</i>	4	
<i>fondaparinux sodium inj 2.5mg/0.5ml</i>	4	
<i>fondaparinux sodium inj 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	5	NEDS
<i>heparin sodium/d5w inj 5%; 40unit/ml</i>	2	
<i>heparin sodium inj 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml, 5000unit/ml</i>	3	
<i>jantoven tabs 10mg, 1mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg, 7.5mg</i>	1	
<i>rivaroxaban susr 1mg/ml</i>	3	
<i>warfarin sodium tabs 10mg, 1mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg, 7.5mg</i>	1	
XARELTO STARTER PACK TBPK 0	3	
XARELTO SUSR 1MG/ML	3	
XARELTO TABS 10MG, 15MG, 2.5MG, 20MG	3	
Blood Products and Modifiers, Other		
<i>anagrelide hydrochloride caps 0.5mg, 1mg</i>	3	
<i>eltrombopag olamine pack 12.5mg, 25mg</i>	5	PA; NEDS
<i>eltrombopag olamine tabs 12.5mg, 25mg, 50mg, 75mg</i>	5	PA; NEDS
MOZOBIL INJ 24MG/1.2ML	5	NEDS
NEULASTA ONPRO KIT INJ 6MG/0.6ML	5	NEDS
NEULASTA INJ 6MG/0.6ML	5	NEDS; SP-Optum Specialty
<i>plerixafor inj 24mg/1.2ml</i>	5	NEDS
PROCRIT INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	SP-Optum Specialty
PROCRIT INJ 20000UNIT/ML, 40000UNIT/ML	5	NEDS; SP-Optum Specialty
RETACRIT INJ 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	SP-Optum Specialty
RETACRIT INJ 40000UNIT/ML	5	NEDS; SP-Optum Specialty
UDENYCA ONBODY INJ 6MG/0.6ML	5	NEDS
UDENYCA INJ 6MG/0.6ML	5	NEDS; SP-Optum Specialty
ZARXIO INJ 300MCG/0.5ML, 480MCG/0.8ML	5	NEDS; SP-Optum Specialty
Hemostasis Agents		
<i>aminocaproic acid inj 250mg/ml</i>	2	
<i>aminocaproic acid oral soln 0.25gm/ml</i>	4	
<i>aminocaproic acid tabs 500mg</i>	2	
<i>tranexamic acid tabs 650mg</i>	3	
Platelet Modifying Agents		
<i>aspirin/dipyridamole er cp12 25mg; 200mg</i>	4	
CABLIVI INJ 11MG	5	NEDS
<i>cilostazol tabs 100mg, 50mg</i>	2	
<i>clopidogrel tabs 300mg, 75mg</i>	1	
DOPTELET TABS 20MG	5	PA; NEDS; SP-Optum Specialty

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Drug Name	Drug Tier	Requirements/Limits
<i>prasugrel hydrochloride tabs 10mg, 5mg</i>	3	
<i>ticagrelor tabs 60mg, 90mg</i>	3	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
<i>clonidine hydrochloride tabs 0.1mg, 0.2mg, 0.3mg</i>	1	
<i>clonidine ptwk 0.1mg/24hr, 0.2mg/24hr, 0.3mg/24hr</i>	4	
<i>droxidopa caps 100mg</i>	4	PA
<i>droxidopa caps 200mg, 300mg</i>	5	PA; NEDS
<i>midodrine hydrochloride tabs 10mg, 2.5mg, 5mg</i>	3	
Alpha-adrenergic Blocking Agents		
<i>prazosin hydrochloride caps 1mg, 2mg, 5mg</i>	2	
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil tabs 16mg, 32mg, 4mg, 8mg</i>	1	
<i>irbesartan tabs 150mg, 300mg, 75mg</i>	1	
<i>losartan potassium tabs 100mg, 25mg, 50mg</i>	1	
<i>olmesartan medoxomil tabs 20mg, 40mg, 5mg</i>	1	
<i>telmisartan tabs 20mg, 40mg, 80mg</i>	1	
<i>valsartan tabs 160mg, 320mg, 40mg, 80mg</i>	1	
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>benazepril hydrochloride tabs 10mg, 20mg, 40mg, 5mg</i>	1	
<i>captopril tabs 100mg, 12.5mg, 25mg, 50mg</i>	1	
<i>enalapril maleate tabs 10mg, 2.5mg, 20mg, 5mg</i>	1	
<i>fosinopril sodium tabs 10mg, 20mg, 40mg</i>	1	
<i>lisinopril tabs 10mg, 2.5mg, 20mg, 30mg, 40mg, 5mg</i>	1	
<i>moexipril hydrochloride tabs 15mg, 7.5mg</i>	1	
<i>perindopril erbumine tabs 2mg, 4mg, 8mg</i>	1	
<i>quinapril hydrochloride tabs 10mg, 20mg, 40mg, 5mg</i>	1	
<i>ramipril caps 1.25mg, 10mg, 2.5mg, 5mg</i>	1	
<i>trandolapril tabs 1mg, 2mg, 4mg</i>	1	
Antiarrhythmics		
<i>amiodarone hydrochloride tabs 200mg</i>	2	
<i>amiodarone hydrochloride tabs 100mg, 400mg</i>	3	
<i>digoxin inj 0.25mg/ml</i>	2	
<i>digoxin oral soln 0.05mg/ml</i>	2	
<i>digoxin tabs 125mcg, 250mcg</i>	2	
<i>dofetilide caps 125mcg, 250mcg, 500mcg</i>	3	
<i>flecainide acetate tabs 100mg, 150mg, 50mg</i>	2	
<i>mexiletine hydrochloride caps 150mg, 200mg, 250mg</i>	3	
MULTAQ TABS 400MG	3	
<i>propafenone hcl tabs 150mg, 225mg, 300mg</i>	3	
<i>propafenone hydrochloride er cp12 225mg, 325mg, 425mg</i>	4	
<i>propafenone hydrochloride tabs 225mg, 300mg</i>	3	
<i>quinidine sulfate tabs 200mg, 300mg</i>	4	
<i>sotalol hcl tabs 120mg, 160mg, 240mg</i>	2	

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<i>sotalol hydrochloride (af) tabs 120mg, 160mg, 80mg</i>	2	
<i>sotalol hydrochloride tabs 80mg</i>	2	
Beta-adrenergic Blocking Agents		
<i>acebutolol hydrochloride caps 200mg, 400mg</i>	3	
<i>atenolol tabs 100mg, 25mg, 50mg</i>	1	
<i>bisoprolol fumarate tabs 10mg, 5mg</i>	3	
<i>carvedilol tabs 12.5mg, 25mg, 3.125mg, 6.25mg</i>	1	
<i>labetalol hydrochloride tabs 100mg, 200mg, 300mg</i>	3	
<i>metoprolol succinate er tb24 100mg, 200mg, 25mg, 50mg</i>	2	
<i>metoprolol tartrate tabs 100mg, 25mg, 37.5mg, 50mg</i>	1	
<i>metoprolol tartrate tabs 75mg</i>	3	
<i>nadolol tabs 20mg, 40mg, 80mg</i>	2	
<i>nebivolol hydrochloride tabs 10mg, 2.5mg, 20mg, 5mg</i>	3	
<i>pindolol tabs 10mg, 5mg</i>	4	
<i>propranolol hcl soln 40mg/5ml</i>	3	
<i>propranolol hcl tabs 40mg</i>	2	
<i>propranolol hydrochloride er cp24 120mg, 160mg, 60mg, 80mg</i>	3	
<i>propranolol hydrochloride soln 20mg/5ml</i>	3	
<i>propranolol hydrochloride tabs 10mg, 20mg, 60mg, 80mg</i>	2	
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate tabs 10mg, 2.5mg, 5mg</i>	1	
<i>felodipine er tb24 10mg, 2.5mg, 5mg</i>	2	
<i>nifedipine er tb24 30mg, 60mg, 90mg</i>	3	
<i>nimodipine caps 30mg</i>	4	
Calcium Channel Blocking Agents, Nondihydropyridines		
<i>cartia xt cp24 120mg, 180mg, 240mg, 300mg</i>	3	
<i>dilt-xr cp24 120mg, 180mg, 240mg</i>	3	
<i>diltiazem hcl cd cp24 360mg</i>	3	
<i>diltiazem hcl er cp12 120mg, 60mg, 90mg</i>	4	
<i>diltiazem hcl er cp24 120mg, 180mg, 240mg, 420mg</i>	3	
<i>diltiazem hcl er tb24 300mg, 360mg, 420mg</i>	4	
<i>diltiazem hcl tabs 30mg, 60mg</i>	2	
<i>diltiazem hydrochloride er cp24 120mg, 180mg, 240mg, 300mg, 360mg</i>	3	
<i>diltiazem hydrochloride er tb24 120mg, 180mg, 240mg, 300mg, 360mg</i>	4	
<i>diltiazem hydrochloride tabs 120mg, 90mg</i>	2	
<i>matzim la tb24 180mg, 240mg, 300mg, 360mg, 420mg</i>	4	
<i>taztia xt cp24 120mg, 180mg, 240mg, 300mg, 360mg</i>	3	
<i>tiadytl er cp24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	3	
<i>verapamil hcl er cp24 100mg, 300mg</i>	4	
<i>verapamil hcl er tbcr 120mg</i>	2	
<i>verapamil hcl sr cp24 120mg, 180mg, 240mg, 360mg</i>	4	

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<i>verapamil hcl tabs 40mg, 80mg</i>	2	
<i>verapamil hydrochloride er cp24 100mg, 200mg, 300mg</i>	4	
<i>verapamil hydrochloride er tbcr 180mg, 240mg</i>	2	
<i>verapamil hydrochloride tabs 120mg</i>	2	
Cardiovascular Agents, Other		
<i>aliskiren tabs 150mg, 300mg</i>	1	
<i>amiloride/hydrochlorothiazide tabs 5mg; 50mg</i>	2	
<i>amlodipine besylate/atorvastatin calcium tabs 10mg; 10mg, 10mg; 20mg, 10mg; 40mg, 10mg; 80mg, 2.5mg; 10mg, 2.5mg; 20mg, 2.5mg; 40mg, 5mg; 10mg, 5mg; 20mg, 5mg; 40mg, 5mg; 80mg</i>	1	
<i>amlodipine besylate/benazepril hydrochloride caps 10mg; 20mg, 10mg; 40mg, 2.5mg; 10mg, 5mg; 10mg, 5mg; 20mg, 5mg; 40mg</i>	1	
<i>amlodipine besylate/valsartan tabs 10mg; 160mg, 10mg; 320mg, 5mg; 160mg, 5mg; 320mg</i>	1	
<i>amlodipine/olmesartan medoxomil tabs 10mg; 20mg, 10mg; 40mg, 5mg; 20mg, 5mg; 40mg</i>	1	
<i>amlodipine/valsartan/hydrochlorothiazide tabs 10mg; 12.5mg; 160mg, 10mg; 25mg; 160mg, 5mg; 12.5mg; 160mg, 5mg; 25mg; 160mg</i>	1	
<i>atenolol/chlorthalidone tabs 100mg; 25mg, 50mg; 25mg</i>	3	
<i>benazepril hydrochloride/hydrochlorothiazide tabs 10mg; 12.5mg, 20mg; 12.5mg, 20mg; 25mg, 5mg; 6.25mg</i>	1	
<i>bisoprolol fumarate/hydrochlorothiazide tabs 10mg; 6.25mg, 2.5mg; 6.25mg, 5mg; 6.25mg</i>	3	
<i>candesartan cilexetil/hydrochlorothiazide tabs 16mg; 12.5mg, 32mg; 12.5mg, 32mg; 25mg</i>	1	
CORLANOR SOLN 5MG/5ML	4	
<i>enalapril maleate/hydrochlorothiazide tabs 10mg; 25mg, 5mg; 12.5mg</i>	1	
ENTRESTO CPSP 15MG; 16MG, 6MG; 6MG	3	
ENTRESTO TABS 24MG; 26MG, 49MG; 51MG, 97MG; 103MG	3	
<i>fosinopril sodium/hydrochlorothiazide tabs 10mg; 12.5mg, 20mg; 12.5mg</i>	3	
<i>irbesartan/hydrochlorothiazide tabs 12.5mg; 150mg, 12.5mg; 300mg</i>	1	
<i>ivabradine hydrochloride tabs 5mg, 7.5mg</i>	4	
<i>lisinopril/hydrochlorothiazide tabs 12.5mg; 10mg, 12.5mg; 20mg, 25mg; 20mg</i>	1	
<i>losartan potassium/hydrochlorothiazide tabs 12.5mg; 100mg, 12.5mg; 50mg, 25mg; 100mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol/hydrochlorothiazide tabs 25mg; 100mg, 25mg; 50mg, 50mg; 100mg</i>	3	
<i>metyrosine caps 250mg</i>	5	NEDS
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide tabs 10mg; 12.5mg; 40mg, 10mg; 25mg; 40mg, 5mg; 12.5mg; 20mg, 5mg; 12.5mg; 40mg, 5mg; 25mg; 40mg</i>	1	
<i>olmesartan medoxomil/hydrochlorothiazide tabs 12.5mg; 20mg, 12.5mg; 40mg, 25mg; 40mg</i>	1	
<i>pentoxifylline er tbc 400mg</i>	4	
<i>quinapril/hydrochlorothiazide tabs 12.5mg; 10mg, 12.5mg; 20mg, 25mg; 20mg</i>	1	
<i>ranolazine er tb12 1000mg, 500mg</i>	3	
<i>spironolactone/hydrochlorothiazide tabs 25mg; 25mg</i>	2	
<i>telmisartan/amlodipine tabs 10mg; 40mg, 10mg; 80mg, 5mg; 40mg, 5mg; 80mg</i>	1	
<i>telmisartan/hydrochlorothiazide tabs 12.5mg; 40mg, 12.5mg; 80mg, 25mg; 80mg</i>	1	
<i>trandolapril/verapamil hcl er tbc 1mg; 240mg, 2mg; 180mg, 2mg; 240mg, 4mg; 240mg</i>	1	
<i>triamterene/hydrochlorothiazide caps 25mg; 37.5mg</i>	1	
<i>triamterene/hydrochlorothiazide tabs 25mg; 37.5mg, 50mg; 75mg</i>	1	
<i>valsartan/hydrochlorothiazide tabs 12.5mg; 160mg, 12.5mg; 320mg, 12.5mg; 80mg, 25mg; 160mg, 25mg; 320mg</i>	1	
Diuretics, Loop		
<i>bumetanide inj 0.25mg/ml</i>	2	
<i>bumetanide tabs 0.5mg, 1mg, 2mg</i>	3	
<i>ethacrynic acid tabs 25mg</i>	4	
<i>furosemide inj 10mg/ml</i>	4	
<i>furosemide oral soln 10mg/ml, 40mg/5ml</i>	2	
<i>furosemide tabs 20mg, 40mg, 80mg</i>	1	
<i>toremide tabs 100mg, 10mg, 20mg, 5mg</i>	3	
Diuretics, Potassium-sparing		
<i>amiloride hcl tabs 5mg</i>	2	
<i>triamterene caps 100mg, 50mg</i>	4	
Diuretics, Thiazide		
<i>chlorthalidone tabs 25mg, 50mg</i>	2	
<i>hydrochlorothiazide caps 12.5mg</i>	1	
<i>hydrochlorothiazide tabs 12.5mg, 25mg, 50mg</i>	1	
<i>indapamide tabs 1.25mg, 2.5mg</i>	2	
<i>metolazone tabs 10mg, 2.5mg, 5mg</i>	2	
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate micronized caps 134mg, 200mg, 67mg</i>	3	
<i>fenofibrate caps 130mg, 43mg</i>	3	

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<i>fenofibrate caps 50mg</i>	4	
<i>fenofibrate tabs 145mg, 160mg, 48mg, 54mg</i>	2	
<i>fenofibric acid dr cpdr 135mg, 45mg</i>	3	
<i>gemfibrozil tabs 600mg</i>	3	
Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium tabs 10mg, 20mg, 40mg, 80mg</i>	1	
<i>fluvastatin sodium er tb24 80mg</i>	1	
<i>fluvastatin caps 20mg, 40mg</i>	1	
<i>lovastatin tabs 10mg, 20mg, 40mg</i>	1	
<i>pitavastatin calcium tabs 1mg, 2mg, 4mg</i>	1	
<i>pravastatin sodium tabs 10mg, 20mg, 40mg, 80mg</i>	1	
<i>rosuvastatin calcium tabs 10mg, 20mg, 40mg, 5mg</i>	1	
<i>simvastatin tabs 10mg, 20mg, 40mg, 5mg, 80mg</i>	1	
Dyslipidemics, Other		
<i>cholestyramine light pack 4gm</i>	4	
<i>cholestyramine light powd 4gm/dose</i>	3	
<i>cholestyramine pack 4gm</i>	4	
<i>cholestyramine powd 4gm/dose</i>	3	
<i>colestipol hydrochloride gran 5gm</i>	4	
<i>colestipol hydrochloride pack 5gm</i>	4	
<i>colestipol hydrochloride tabs 1gm</i>	4	
<i>ezetimibe/simvastatin tabs 10mg; 10mg, 10mg; 20mg, 10mg; 40mg, 10mg; 80mg</i>	1	
<i>ezetimibe tabs 10mg</i>	2	
<i>icosapent ethyl caps 0.5gm, 1gm</i>	4	
NEXLETOL TABS 180MG	3	PA
NEXLIZET TABS 180MG; 10MG	3	PA
<i>niacin er tbcr 1000mg, 500mg, 750mg</i>	4	
<i>omega-3-acid ethyl esters caps 375mg; 465mg; 1gm</i>	3	
PRALUENT INJ 150MG/ML, 75MG/ML	3	PA
<i>prevalite pack 4gm</i>	4	
<i>prevalite powd 4gm/dose</i>	3	
REPATHA PUSHTRONEX SYSTEM INJ 420MG/3.5ML	3	PA
REPATHA SURECLICK INJ 140MG/ML	3	PA
REPATHA INJ 140MG/ML	3	PA
Mineralocorticoid Receptor Antagonists		
<i>eplerenone tabs 25mg, 50mg</i>	3	
KERENDIA TABS 10MG, 20MG, 40MG	3	PA
<i>spironolactone tabs 100mg, 25mg, 50mg</i>	2	
Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)		
<i>dapagliflozin propanediol tabs 10mg, 5mg</i>	3	
FARXIGA TABS 10MG, 5MG	3	
JARDIANCE TABS 10MG, 25MG	3	
Vasodilators, Direct-acting Arterial/Venous		

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<i>isosorbide dinitrate tabs 10mg, 20mg, 30mg, 5mg</i>	3	
<i>isosorbide dinitrate tabs 40mg</i>	4	
<i>isosorbide mononitrate er tb24 120mg, 30mg, 60mg</i>	2	
<i>isosorbide mononitrate tabs 10mg, 20mg</i>	2	
<i>nitroglycerin transdermal pt24 0.1mg/hr, 0.2mg/hr, 0.4mg/hr, 0.6mg/hr</i>	3	
<i>nitroglycerin soln 0.4mg/spray</i>	4	
<i>nitroglycerin subl 0.3mg, 0.4mg, 0.6mg</i>	2	
VERQUVO TABS 10MG, 2.5MG, 5MG	4	
Vasodilators, Direct-acting Arterial		
<i>hydralazine hydrochloride tabs 100mg, 10mg, 25mg, 50mg</i>	2	
<i>minoxidil tabs 10mg, 2.5mg</i>	2	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine/dextroamphetamine cp24 1.25mg; 1.25mg; 1.25mg; 1.25mg, 2.5mg; 2.5mg; 2.5mg; 2.5mg, 3.75mg; 3.75mg; 3.75mg, 5mg; 5mg; 5mg; 5mg, 6.25mg; 6.25mg; 6.25mg, 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	3	
<i>amphetamine/dextroamphetamine tabs 1.25mg; 1.25mg; 1.25mg; 1.25mg, 1.875mg; 1.875mg; 1.875mg; 1.875mg, 2.5mg; 2.5mg; 2.5mg; 2.5mg, 3.125mg; 3.125mg; 3.125mg; 3.125mg, 3.75mg; 3.75mg; 3.75mg; 3.75mg, 5mg; 5mg; 5mg; 5mg, 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	2	
<i>dextroamphetamine sulfate er cp24 10mg, 15mg, 5mg</i>	4	
<i>dextroamphetamine sulfate tabs 10mg, 15mg, 20mg, 30mg, 5mg</i>	4	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
<i>atomoxetine hydrochloride caps 10mg, 25mg</i>	4	QL(60 EA per 30 days)
<i>atomoxetine caps 100mg, 80mg</i>	4	QL(30 EA per 30 days)
<i>atomoxetine caps 10mg, 18mg, 25mg, 40mg, 60mg</i>	4	QL(60 EA per 30 days)
<i>clonidine hydrochloride er tb12 0.1mg</i>	3	
<i>dexmethylphenidate hcl er cp24 20mg, 35mg</i>	4	
<i>dexmethylphenidate hcl tabs 10mg, 5mg</i>	2	
<i>dexmethylphenidate hydrochloride er cp24 10mg, 15mg, 30mg, 40mg, 5mg</i>	4	
<i>dexmethylphenidate hydrochloride cp24 25mg</i>	4	
<i>dexmethylphenidate hydrochloride tabs 2.5mg</i>	2	
<i>guanfacine hydrochloride er tb24 1mg, 2mg, 3mg, 4mg</i>	3	QL(90 EA per 90 days)
<i>methylphenidate hydrochloride er (cd) cpcr 10mg, 20mg, 30mg, 40mg, 50mg, 60mg</i>	4	
<i>methylphenidate hydrochloride er (la) cp24 10mg, 20mg, 30mg, 40mg, 60mg</i>	4	

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<i>methylphenidate hydrochloride er (osm) tbc</i> 18mg, 27mg, 36mg, 54mg	4	
<i>methylphenidate hydrochloride er tb24</i> 18mg, 27mg, 36mg, 54mg	4	
<i>methylphenidate hydrochloride er tbc</i> 10mg, 20mg	4	
<i>methylphenidate hydrochloride chew</i> 10mg, 2.5mg, 5mg	4	
<i>methylphenidate hydrochloride soln</i> 10mg/5ml, 5mg/5ml	3	
<i>methylphenidate hydrochloride tabs</i> 10mg, 20mg, 5mg	2	
Central Nervous System, Other		
AUSTEDO XR PATIENT TITRATION KIT TEPK 12MG; 18MG; 24MG; 30MG	5	QL(56 EA per 365 days); PA; NEDS
AUSTEDO XR PATIENT TITRATION KIT TEPK 6MG; 12MG; 24 MG	5	QL(84 EA per 365 days); PA; NEDS
AUSTEDO XR TB24 6MG	5	QL(210 EA per 30 days); PA; NEDS
AUSTEDO XR TB24 18MG, 30MG, 36MG, 42MG, 48MG	5	QL(30 EA per 30 days); PA; NEDS
AUSTEDO XR TB24 24MG	5	QL(60 EA per 30 days); PA; NEDS
AUSTEDO XR TB24 12MG	5	QL(90 EA per 30 days); PA; NEDS
AUSTEDO TABS 12MG, 6MG, 9MG	5	PA; NEDS; SP-Optum Specialty
COBENFY STARTER PACK CPPK 20MG; 0	5	QL(112 EA per 365 days); PA NSO; NEDS
COBENFY CAPS 20MG; 100MG, 20MG; 50MG, 30MG; 125MG	5	QL(60 EA per 30 days); PA NSO; NEDS
NUEDEXTA CAPS 20MG; 10MG	5	PA; NEDS
RADICAVA ORS STARTER KIT SUSP 105MG/5ML	5	PA; NEDS
RADICAVA ORS SUSP 105MG/5ML	5	PA; NEDS; SP-Optum Specialty
<i>riluzole tabs</i> 50mg	4	
<i>tetrabenazine tabs</i> 12.5mg, 25mg	4	PA; SP-Optum Specialty
VEOZAH TABS 45MG	4	QL(30 EA per 30 days); PA
Fibromyalgia Agents		
SAVELLA TITRATION PACK MISC 0	3	
SAVELLA TABS 100MG, 12.5MG, 25MG, 50MG	3	
Multiple Sclerosis Agents		
AVONEX PEN INJ 30MCG/0.5ML	5	NEDS; SP-Optum Specialty
AVONEX INJ 30MCG/0.5ML	5	NEDS; SP-Optum Specialty
BETASERON INJ 0.3MG	5	NEDS; SP-Optum Specialty
<i>dalfampridine er tb12</i> 10mg	3	SP-Optum Specialty
<i>dimethyl fumarate cpdr</i> 120mg, 240mg	4	SP-Optum Specialty
<i> fingolimod hydrochloride caps</i> 0.5mg	5	NEDS
<i>glatiramer acetate inj</i> 40mg/ml	5	QL(12 ML per 28 days); NEDS
<i>glatiramer acetate inj</i> 20mg/ml	5	QL(30 ML per 30 days); NEDS
KESIMPTA INJ 20MG/0.4ML	5	PA; NEDS; SP-Optum Specialty
PLEGRIDY STARTER PACK INJ 0	5	NEDS; SP-Optum Specialty
PLEGRIDY INJ 125MCG/0.5ML	5	NEDS; SP-Optum Specialty
REBIF REBIDOSE TITRATION PACK INJ 0	5	ST; NEDS; SP-Optum Specialty

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REBIF REBIDOSE INJ 22MCG/0.5ML, 44MCG/0.5ML	5	ST; NEDS; SP-Optum Specialty
REBIF TITRATION PACK INJ 0	5	ST; NEDS; SP-Optum Specialty
REBIF INJ 22MCG/0.5ML, 44MCG/0.5ML	5	ST; NEDS; SP-Optum Specialty
<i>teriflunomide tabs 14mg, 7mg</i>	4	
VUMERITY CPDR 231MG	5	NEDS; SP-Optum Specialty
ZEPOSIA 7-DAY STARTER PACK CPPK 0	5	NEDS
ZEPOSIA CAPS 0.92MG	5	NEDS
Dental and Oral Agents		
<i>Dental and Oral Agents</i>		
<i>cevimeline hydrochloride caps 30mg</i>	4	
<i>chlorhexidine gluconate soln 0.12%</i>	1	
<i>kourzeq pste 0.1%</i>	3	
<i>lidocaine hydrochloride viscous soln 2%</i>	2	
<i>lidocaine viscous soln 2%</i>	2	
<i>oralone dental paste pste 0.1%</i>	3	
<i>periogard soln 0.12%</i>	1	
<i>pilocarpine hydrochloride tabs 5mg, 7.5mg</i>	4	
<i>sf 5000 plus crea 1.1%</i>	2	
<i>sodium fluoride 5000 plus crea 1.1%</i>	2	
<i>sodium fluoride 5000 ppm crea 1.1%</i>	2	
<i>sodium fluoride crea 1.1%</i>	2	
<i>triamcinolone acetonide dental paste pste 0.1%</i>	3	
Dermatological Agents		
<i>Acne and Rosacea Agents</i>		
<i>acutane caps 10mg, 20mg, 30mg, 40mg</i>	4	
<i>acitretin caps 10mg, 17.5mg, 25mg</i>	4	
<i>adapalene gel 0.1%, 0.3%</i>	4	PA
<i>amnesteem caps 10mg, 20mg, 30mg, 40mg</i>	4	
<i>azelaic acid gel 15%</i>	4	
<i>claravis caps 10mg, 20mg, 30mg, 40mg</i>	4	
<i>clindamycin phosphate/benzoyl peroxide gel 2.5%; 1.2%, 5%; 1.2%</i>	4	
<i>clindamycin/benzoyl peroxide gel 5%; 1%</i>	4	
<i>isotretinoin caps 10mg, 20mg, 25mg, 30mg, 35mg, 40mg</i>	4	
<i>metronidazole crea 0.75%</i>	2	
<i>metronidazole gel 0.75%, 1%</i>	4	
<i>metronidazole lotn 0.75%</i>	4	
<i>tazarotene crea 0.1%</i>	3	PA
<i>tazarotene crea 0.05%</i>	4	PA
<i>tazarotene gel 0.05%, 0.1%</i>	4	PA
<i>tretinoin crea 0.025%, 0.05%, 0.1%</i>	3	PA
ZENATANE CAPS 10MG, 20MG, 30MG, 40MG	4	
<i>Dermatitis and Pruritus Agents</i>		
<i>ammonium lactate crea 12%</i>	2	

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<i>ammonium lactate lotn 12%</i>	2	
<i>betamethasone dipropionate augmented crea 0.05%</i>	2	
<i>betamethasone dipropionate augmented gel 0.05%</i>	4	
<i>betamethasone dipropionate augmented lotn 0.05%</i>	2	
<i>betamethasone dipropionate augmented oint 0.05%</i>	3	
<i>betamethasone dipropionate crea 0.05%</i>	3	
<i>betamethasone dipropionate lotn 0.05%</i>	3	
<i>betamethasone dipropionate oint 0.05%</i>	4	
<i>betamethasone valerate crea 0.1%</i>	3	
<i>betamethasone valerate lotn 0.1%</i>	3	
<i>betamethasone valerate oint 0.1%</i>	3	
<i>clobetasol propionate e crea 0.05%</i>	4	QL(240 GM per 30 days)
<i>clobetasol propionate crea 0.05%</i>	2	QL(240 GM per 30 days)
<i>clobetasol propionate gel 0.05%</i>	3	QL(240 GM per 30 days)
<i>clobetasol propionate oint 0.05%</i>	2	QL(240 GM per 30 days)
<i>clobetasol propionate sham 0.05%</i>	3	QL(236 ML per 30 days)
<i>clobetasol propionate soln 0.05%</i>	3	QL(200 ML per 30 days)
<i>clodan sham 0.05%</i>	3	QL(236 ML per 30 days)
<i>desonide crea 0.05%</i>	3	
<i>desonide oint 0.05%</i>	3	
<i>desoximetasone crea 0.05%, 0.25%</i>	4	
EUCRISA OINT 2%	4	PA
<i>fluocinolone acetonide body oil 0.01%</i>	4	
<i>fluocinolone acetonide scalp oil 0.01%</i>	4	
<i>fluocinolone acetonide topical oil 0.01%</i>	4	
<i>fluocinolone acetonide crea 0.01%, 0.025%</i>	4	
<i>fluocinolone acetonide oint 0.025%</i>	3	
<i>fluocinolone acetonide soln 0.01%</i>	2	
<i>fluocinonide emulsified base crea 0.05%</i>	4	
<i>fluocinonide crea 0.05%</i>	3	
<i>fluocinonide crea 0.1%</i>	4	
<i>fluocinonide gel 0.05%</i>	3	
<i>fluocinonide oint 0.05%</i>	3	
<i>fluocinonide soln 0.05%</i>	2	
<i>fluticasone propionate crea 0.05%</i>	2	
<i>fluticasone propionate oint 0.005%</i>	3	
<i>halobetasol propionate crea 0.05%</i>	4	
<i>halobetasol propionate oint 0.05%</i>	4	
<i>hydrocortisone valerate crea 0.2%</i>	3	
<i>hydrocortisone valerate oint 0.2%</i>	4	
<i>hydrocortisone crea 1%, 2.5%</i>	1	
<i>hydrocortisone lotn 2.5%</i>	2	
<i>hydrocortisone oint 2.5%</i>	1	
<i>hydrocortisone oint 1%</i>	2	

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<i>mometasone furoate crea 0.1%</i>	2	
<i>mometasone furoate oint 0.1%</i>	2	
<i>mometasone furoate soln 0.1%</i>	3	
<i>pimecrolimus crea 1%</i>	4	
<i>selenium sulfide lotn 2.5%</i>	2	
<i>tacrolimus oint 0.03%, 0.1%</i>	4	
<i>triamcinolone acetone crea 0.025%, 0.1%, 0.5%</i>	2	
<i>triamcinolone acetone lotn 0.025%, 0.1%</i>	3	
<i>triamcinolone acetone oint 0.025%, 0.1%, 0.5%</i>	2	
Dermatological Agents, Other		
<i>calcipotriene crea 0.005%</i>	3	QL(120 GM per 30 days)
<i>calcipotriene oint 0.005%</i>	4	QL(120 GM per 30 days)
<i>calcipotriene soln 0.005%</i>	4	QL(120 ML per 30 days)
<i>calcitriol oint 3mcg/gm</i>	4	
<i>clotrimazole/betamethasone dipropionate crea 0.05%; 1%</i>	2	
<i>clotrimazole/betamethasone dipropionate lotn 0.05%; 1%</i>	4	
<i>diclofenac sodium gel 3%</i>	3	QL(200 GM per 30 days)
<i>fluorouracil crea 5%</i>	3	
<i>fluorouracil soln 2%, 5%</i>	4	
<i>imiquimod crea 5%</i>	2	
<i>imiquimod crea 3.75%</i>	4	
<i>nystatin/triamcinolone acetone oint 100000unit/gm; 0.1%</i>	2	
<i>nystatin/triamcinolone crea 100000unit/gm; 1mg/gm</i>	2	
<i>nystatin/triamcinolone oint 100000unit/gm; 0.1%</i>	2	
OTEZLA TABS 20MG, 30MG	5	QL(60 EA per 30 days); PA; NEDS
<i>podofilox gel 0.5%</i>	4	
<i>podofilox soln 0.5%</i>	4	
SANTYL OINT 250UNIT/GM	4	
<i>silver sulfadiazine crea 1%</i>	2	
<i>ssd crea 1%</i>	2	
Pediculicides/Scabicides		
<i>malathion lotn 0.5%</i>	4	
<i>permethrin crea 5%</i>	3	
Topical Anti-infectives		
<i>ciclopirox nail lacquer soln 8%</i>	3	
<i>ciclopirox olamine crea 0.77%</i>	2	
<i>ciclopirox gel 0.77%</i>	3	
<i>ciclopirox sham 1%</i>	3	
<i>ciclopirox susp 0.77%</i>	3	
<i>clindamycin phosphate gel 1%</i>	1	
<i>clindamycin phosphate lotn 1%</i>	3	
<i>clindamycin phosphate external soln 1%</i>	2	
<i>ery pads 2%</i>	4	
<i>erythromycin gel 2%</i>	3	

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<i>erythromycin soln 2%</i>	2	
<i>mupirocin crea 2%</i>	4	QL(180 GM per 30 days)
<i>mupirocin oint 2%</i>	2	QL(44 GM per 30 days)
SULFAMYLON CREA 85MG/GM	4	
Electrolytes/Minerals/Metals/Vitamins		
<i>Electrolyte/Mineral Replacement</i>		
AMINOSYN II INJ 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	3	PA BvD
AMINOSYN-PF 7% INJ 32.5MEQ/L; 490MG/100ML; 861MG/100ML; 370MG/100ML; 576MG/100ML; 270MG/100ML; 220MG/100ML; 534MG/100ML; 831MG/100ML; 475MG/100ML; 125MG/100ML; 300MG/100ML; 570MG/100ML; 347MG/100ML; 50MG/100ML; 360MG/100ML; 125MG/100ML; 44MG/100ML; 452MG/100ML	3	PA BvD
<i>carglumic acid tbs 200mg</i>	5	PA; NEDS
CLINIMIX 6/5 INJ 1242MG/100ML; 690MG/100ML; 5GM/100ML; 618MG/100ML; 288MG/100ML; 360MG/100ML; 438MG/100ML; 348MG/100ML; 240MG/100ML; 336MG/100ML; 408MG/100ML; 300MG/100ML; 252MG/100ML; 108MG/100ML; 24MG/100ML; 348MG/100ML	3	PA BvD
CLINIMIX 8/10 INJ 1656MG/100ML; 920MG/100ML; 10GM/100ML; 824MG/100ML; 384MG/100ML; 480MG/100ML; 584MG/100ML; 464MG/100ML; 320MG/100ML; 448MG/100ML; 544MG/100ML; 400MG/100ML; 336MG/100ML; 144MG/100ML; 32MG/100ML; 464MG/100ML	3	PA BvD
CLINIMIX E 8/10 INJ 83MEQ/L; 1656MG/100ML; 920MG/100ML; 33MG/100ML; 10GM/100ML; 824MG/100ML; 384MG/100ML; 480MG/100ML; 584MG/100ML; 464MG/100ML; 51MG/100ML; 320MG/100ML; 448MG/100ML; 261MG/100ML; 544MG/100ML; 400MG/100ML; 205MG/100ML; 336MG/100ML; 144MG/100ML; 32MG/100ML; 464MG/100ML	3	PA BvD
<i>dextrose 10%/sodium chloride 0.2% inj 10%; 0.2%</i>	2	
<i>dextrose 10%/sodium chloride 0.45% inj 10%; 0.45%</i>	2	
<i>dextrose 10% inj 10%</i>	2	

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<i>dextrose 2.5%/sodium chloride 0.45% inj 2.5%; 0.45%</i>	2	
<i>dextrose 5%/sodium chloride 0.2% inj 5%; 0.2%</i>	2	
<i>dextrose 5%/sodium chloride 0.3% inj 5%; 0.3%</i>	2	
<i>dextrose 5%/sodium chloride 0.33% inj 5%; 0.33%</i>	2	
<i>dextrose 5%/sodium chloride 0.45% inj 5%; 0.45%</i>	2	
<i>dextrose 5%/sodium chloride 0.9% inj 5%; 0.9%</i>	2	
<i>dextrose 5% inj 5%</i>	2	
<i>dextrose 50% inj 50%</i>	2	
<i>dextrose 70% inj 70%</i>	2	
<i>dextrose/sodium chloride inj 5%; 0.225%</i>	2	
<i>effer-k tbeq 25meq</i>	1	
<i>glucose (dextrose) 50% inj 50%</i>	2	
<i>glucose (dextrose) 70% inj 70%</i>	2	
<i>k-prime tbeq 25meq</i>	1	
<i>kcl 0.075%/d5w/nacl 0.45% inj 5%; 10meq/l; 0.45%</i>	4	
<i>kcl 0.15%/d5w/nacl 0.2% inj 5%; 20meq/l; 0.2%</i>	4	
<i>kcl 0.15%/d5w/nacl 0.45% inj 5%; 20meq/l; 0.45%</i>	4	
<i>kcl 0.15%/d5w/nacl 0.9% inj 5%; 20meq/l; 0.9%</i>	4	
<i>kcl 0.3%/d5w/nacl 0.45% inj 5%; 40meq/l; 0.45%</i>	4	
<i>kcl 0.3%/d5w/nacl 0.9% inj 5%; 40meq/l; 0.9%</i>	4	
<i>klor-con 10 tbc 10meq</i>	2	
<i>klor-con 8 tbc 8meq</i>	2	
<i>klor-con m10 tbc 10meq</i>	2	
<i>klor-con m15 tbc 15meq</i>	2	
<i>klor-con m20 tbc 20meq</i>	2	
<i>klor-con/ef tbeq 25meq</i>	2	
<i>klor-con pack 20meq</i>	3	
<i>lactated ringers inj 3meq/l; 109meq/l; 28meq/l; 4meq/l; 130meq/l</i>	2	
<i>magnesium sulfate inj 50%</i>	4	
PLENAMINE INJ 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	3	PA BvD
<i>potassium chloride er cpcr 10meq, 8meq</i>	3	
<i>potassium chloride er tbc 10meq, 15meq, 20meq, 8meq</i>	2	
<i>potassium chloride/dextrose/sodium chloride inj 5%; 10meq/l; 0.45%, 5%; 20meq/l; 0.225%, 5%; 20meq/l; 0.45%, 5%; 20meq/l; 0.9%, 5%; 30meq/l; 0.45%, 5%; 40meq/l; 0.45%, 5%; 40meq/l; 0.9%</i>	4	
<i>potassium chloride inj 10meq/50ml, 20meq/50ml</i>	2	

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<i>potassium chloride inj 2meq/ml</i>	4	
<i>potassium chloride pack 20meq</i>	3	
<i>potassium chloride oral soln 10%, 20%</i>	3	
<i>potassium citrate er tbcr 1080mg, 15meq, 540mg</i>	4	
PREMASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	3	PA BvD
PROSOL INJ 140MEQ/100ML; 2.76GM/100ML; 1.96GM/100ML; 600MG/100ML; 1.02GM/100ML; 2.06GM/100ML; 1.18GM/100ML; 1.08GM/100ML; 1.08GM/100ML; 1.35GM/100ML; 760MG/100ML; 1GM/100ML; 1.34GM/100ML; 1.02GM/100ML; 980MG/100ML; 320MG/100ML; 50MG/100ML; 1.44GM/100ML	3	PA BvD
<i>sodium chloride 0.45% inj 0.45%</i>	2	
<i>sodium chloride inj 0.9%, 3%, 5%</i>	2	
<i>sodium chloride inj 0.9%, 2.5meq/ml, 4meq/ml</i>	4	
TRAVASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 500MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	3	PA BvD
TROPHAMINE INJ 0.54GM/100ML; 1.2GM/100ML; 0.32GM/100ML; 0; 0; 0.5GM/100ML; 0.36GM/100ML; 0.48GM/100ML; 0.82GM/100ML; 1.4GM/100ML; 1.2GM/100ML; 0.34GM/100ML; 0.48GM/100ML; 0.68GM/100ML; 0.38GM/100ML; 5MEQ/L; 0.025GM/100ML; 0.42GM/100ML; 0.2GM/100ML; 0.24GM/100ML; 0.78GM/100ML	3	PA BvD
Electrolyte/Mineral/Metal Modifiers		
CHEMET CAPS 100MG	5	NEDS
<i>deferasirox pack 180mg, 360mg, 90mg</i>	5	NEDS; SP-Optum Specialty
<i>deferasirox tabs 90mg</i>	3	SP-Optum Specialty
<i>deferasirox tabs 180mg, 360mg</i>	4	SP-Optum Specialty
<i>deferasirox tbso 125mg</i>	4	SP-Optum Specialty
<i>deferasirox tbso 250mg, 500mg</i>	5	NEDS; SP-Optum Specialty
JYNARQUE TABS 15MG, 30MG	5	QL(120 EA per 30 days); PA; NEDS
<i>penicillamine tabs 250mg</i>	5	NEDS
<i>trientine hydrochloride caps 250mg, 500mg</i>	5	NEDS
Phosphate Binders		

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<i>calcium acetate caps 667mg</i>	4	
<i>calcium acetate tabs 667mg</i>	3	
<i>sevelamer carbonate pack 0.8gm, 2.4gm</i>	4	
<i>sevelamer carbonate tabs 800mg</i>	4	
VELPHORO CHEW 500MG	5	NEDS
Potassium Binders		
LOKELMA PACK 10GM, 5GM	4	QL(90 EA per 30 days)
<i>sodium polystyrene sulfonate powd 0</i>	3	
<i>sps combination susp 15gm/60ml, 15gm/60ml</i>	4	
Vitamins		
<i>prenatal tabs 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg</i>	2	
Gastrointestinal Agents		
Anti-Constipation Agents		
<i>constulose soln 10gm/15ml</i>	2	
<i>enulose soln 10gm/15ml</i>	2	
<i>generlac soln 10gm/15ml</i>	2	
<i>lactulose soln 10gm/15ml</i>	2	
LINZESS CAPS 145MCG, 290MCG, 72MCG	3	
<i>lubiprostone caps 24mcg, 8mcg</i>	4	
MOVANTIK TABS 12.5MG, 25MG	3	
Anti-Diarrheal Agents		
<i>alosetron hydrochloride tabs 0.5mg</i>	4	PA
<i>alosetron hydrochloride tabs 1mg</i>	5	PA; NEDS
<i>loperamide hydrochloride caps 2mg</i>	3	
XERMELO TABS 250MG	5	PA; NEDS; SP-Optum Specialty
Antispasmodics, Gastrointestinal		
<i>dicyclomine hcl soln 10mg/5ml</i>	4	
<i>dicyclomine hydrochloride caps 10mg</i>	2	
<i>dicyclomine hydrochloride tabs 20mg</i>	2	
<i>glycopyrrolate soln 1mg/5ml</i>	4	
<i>glycopyrrolate tabs 1mg, 2mg</i>	3	
Gastrointestinal Agents, Other		
CLENPIQ SOLN 12GM/175ML; 3.5GM/175ML; 10MG/175ML	3	
<i>gavilyte-c solr 240gm; 2.98gm; 6.72gm; 5.84gm; 22.72gm</i>	3	
<i>gavilyte-g solr 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>	3	
<i>gavilyte-n/flavor pack solr 420gm; 1.48gm; 5.72gm; 11.2gm</i>	3	
<i>metoclopramide hcl inj 5mg/ml</i>	2	
<i>metoclopramide hcl oral soln 5mg/5ml</i>	2	
<i>metoclopramide hydrochloride tabs 10mg, 5mg</i>	1	
<i>nitroglycerin oint 0.4%</i>	4	QL(30 GM per 30 days)
<i>opium tincture tinc 1%</i>	4	
<i>opium tinc 1%</i>	4	

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<i>peg-3350/electrolytes/ascorbate solr 4.7gm; 100gm; 1.015gm; 5.9gm; 2.691gm; 7.5gm</i>	4	
<i>peg-3350/electrolytes solr 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>	3	
<i>peg-3350/nacl/na bicarbonate/kcl solr 420gm; 1.48gm; 5.72gm; 11.2gm</i>	3	
<i>peg-3350/sodium sulf/naclpotassium cl/na ascorbate/ascorbic solr 4.7gm; 100gm; 1.015gm; 5.9gm; 2.691gm; 7.5gm</i>	4	
<i>sodium sulfate/potassium sulfate/magnesium sulfate soln 1.6gm/177ml; 3.13gm/177ml; 17.5gm/177ml</i>	4	
<i>ursodiol caps 300mg</i>	3	
<i>ursodiol tabs 250mg, 500mg</i>	4	
VOQUEZNA TABS 10MG	4	QL(30 EA per 30 days); PA
VOQUEZNA TABS 20MG	4	QL(60 EA per 30 days); PA
VOWST CAPS 0	5	PA; NEDS
XIFAXAN TABS 550MG	5	PA; NEDS
Histamine2 (H2) Receptor Antagonists		
<i>cimetidine tabs 200mg, 300mg, 400mg, 800mg</i>	4	
<i>famotidine tabs 20mg, 40mg</i>	2	
Protectants		
<i>misoprostol tabs 100mcg, 200mcg</i>	3	
<i>sucrafate susp 1gm/10ml</i>	4	
<i>sucrafate tabs 1gm</i>	3	
Proton Pump Inhibitors		
DEXLANSOPRAZOLE CPDR 30MG, 60MG	4	
<i>esomeprazole magnesium cpdr 20mg, 40mg</i>	2	
<i>esomeprazole magnesium pack 10mg, 20mg, 40mg</i>	4	
<i>lansoprazole cpdr 15mg, 30mg</i>	2	
<i>omeprazole dr cpdr 10mg</i>	2	
<i>omeprazole cpdr 20mg, 40mg</i>	2	
<i>pantoprazole sodium tbec 20mg, 40mg</i>	2	
<i>rabeprazole sodium tbec 20mg</i>	2	
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
<i>betaine anhydrous powd 0</i>	5	NEDS
CREON CPEP 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	3	
<i>cromolyn sodium conc 100mg/5ml</i>	4	
CYSTAGON CAPS 150MG, 50MG	4	
<i>dichlorphenamide tabs 50mg</i>	5	PA; NEDS

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<i>l</i> -glutamine pack 5gm	5	NEDS
nitisinone caps 20mg	5	PA; NEDS
nitisinone caps 10mg, 2mg, 5mg	5	PA; NEDS; SP-Optum Specialty
PROLASTIN-C INJ 1000MG/20ML	5	PA; NEDS
REVCovi INJ 2.4MG/1.5ML	5	PA; NEDS
sapropterin dihydrochloride pack 100mg, 500mg	5	PA; NEDS; SP-Optum Specialty
sapropterin dihydrochloride tabs 100mg	5	PA; NEDS; SP-Optum Specialty
sodium phenylbutyrate powd 3gm/tsp	5	NEDS
sodium phenylbutyrate tabs 500mg	5	NEDS
WELIREG TABS 40MG	5	PA NSO; NEDS
ZENPEP CPEP 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 252600UNIT; 60000UNIT; 189600UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	3	
Genitourinary Agents		
<i>Antispasmodics, Urinary</i>		
GEMTESA TABS 75MG	4	
MYRBETRIQ SRER 8MG/ML	3	
MYRBETRIQ TB24 25MG, 50MG	3	
oxybutynin chloride er tb24 10mg, 15mg, 5mg	3	
oxybutynin chloride soln 5mg/5ml	2	
oxybutynin chloride tabs 5mg	2	
oxybutynin chloride tabs 2.5mg	3	
solifenacin succinate tabs 10mg, 5mg	3	
tolterodine tartrate er cp24 2mg, 4mg	4	
tolterodine tartrate tabs 1mg, 2mg	4	
tropium chloride tabs 20mg	3	
<i>Benign Prostatic Hypertrophy Agents</i>		
alfuzosin hcl er tb24 10mg	2	
doxazosin mesylate tabs 1mg, 2mg, 4mg, 8mg	2	
dutasteride/tamsulosin hydrochloride caps 0.5mg; 0.4mg	4	
dutasteride caps 0.5mg	2	
finasteride tabs 5mg	2	
tadalafil tabs 10mg, 20mg	2	QL(6 EA per 30 days); EC
tadalafil tabs 2.5mg, 5mg	3	QL(30 EA per 30 days); PA
tamsulosin hydrochloride caps 0.4mg	2	
terazosin hcl caps 10mg, 1mg, 5mg	2	
terazosin hydrochloride caps 2mg	2	
<i>Genitourinary Agents, Other</i>		
acetic acid 0.25% soln 0.25%	2	
bethanechol chloride tabs 10mg, 25mg, 50mg, 5mg	3	

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ELMIRON CAPS 100MG	4	
<i>sildenafil citrate tabs 100mg, 25mg, 50mg</i>	1	QL(6 EA per 30 days); EC
<i>sildenafil tabs 25mg</i>	1	QL(6 EA per 30 days); EC
<i>tiopronin dr tbec 100mg, 300mg</i>	5	NEDS
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</i>		
DEPO-MEDROL INJ 20MG/ML	3	
<i>dexamethasone intensol conc 1mg/ml</i>	2	
<i>dexamethasone sodium phosphate +rfid inj 4mg/ml</i>	2	
<i>dexamethasone sodium phosphate inj 100mg/10ml, 10mg/ml, 120mg/30ml, 20mg/5ml, 4mg/ml</i>	2	
<i>dexamethasone elix 0.5mg/5ml</i>	2	
<i>dexamethasone soln 0.5mg/5ml</i>	2	
<i>dexamethasone tabs 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	2	
<i>fludrocortisone acetate tabs 0.1mg</i>	3	
<i>hydrocortisone sodium succinate inj 100mg</i>	4	
<i>hydrocortisone tabs 10mg, 20mg, 5mg</i>	3	
<i>kenalog-10 inj 10mg/ml</i>	2	
<i>methylprednisolone acetate inj 40mg/ml, 50mg/ml, 80mg/ml</i>	2	
<i>methylprednisolone dose pack tbpk 4mg</i>	2	
<i>methylprednisolone tabs 16mg, 32mg, 4mg, 8mg</i>	2	
<i>prednisolone sodium phosphate oral soln 15mg/5ml</i>	2	
<i>prednisolone sodium phosphate oral soln 5mg/5ml</i>	3	
<i>prednisolone sodium phosphate oral soln 10mg/5ml, 20mg/5ml, 25mg/5ml</i>	4	
<i>prednisolone soln 15mg/5ml</i>	4	
<i>prednisolone tabs 5mg</i>	4	
<i>prednisone soln 5mg/5ml</i>	4	
<i>prednisone tabs 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	1	
<i>prednisone tbpk 10mg, 5mg</i>	3	
<i>triamcinolone acetate inj 10mg/ml, 40mg/ml</i>	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i>		
<i>desmopressin acetate soln 0.01%</i>	2	
<i>desmopressin acetate tabs 0.1mg, 0.2mg</i>	2	
GENOTROPIN MINIQUICK INJ 0.2MG	3	PA; SP-Optum Specialty
GENOTROPIN MINIQUICK INJ 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	5	PA; NEDS; SP-Optum Specialty
GENOTROPIN INJ 12MG, 5MG	5	PA; NEDS; SP-Optum Specialty
INCRELEX INJ 40MG/4ML	5	PA; NEDS; SP-Optum Specialty
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
<i>Androgens</i>		

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<i>danazol caps 100mg, 200mg, 50mg</i>	4	
<i>testosterone cypionate inj 100mg/ml, 200mg/ml</i>	2	
<i>testosterone enanthate inj 200mg/ml</i>	4	
<i>testosterone pump gel 1.62%</i>	3	
<i>testosterone pump gel 1%</i>	4	
<i>testosterone gel 20.25mg/1.25gm, 40.5mg/2.5gm</i>	3	
<i>testosterone gel 25mg/2.5gm, 50mg/5gm</i>	4	
Estrogens		
<i>abigale lo tabs 0.5mg; 0.1mg</i>	3	
<i>abigale tabs 1mg; 0.5mg</i>	3	
<i>amabelz tabs 0.5mg; 0.1mg, 1mg; 0.5mg</i>	3	
<i>apri tabs 0.15mg; 30mcg</i>	4	
<i>ashlyna tabs 0; 0</i>	4	
<i>aviane tabs 20mcg; 0.1mg</i>	4	
<i>azurette tabs 0; 0</i>	4	
<i>balziva tabs 35mcg; 0.4mg</i>	4	
<i>briellyn tabs 35mcg; 0.4mg</i>	4	
<i>dotti pttw 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr</i>	4	
<i>drospirenone/ethinyl estradiol tabs 3mg; 0.03mg</i>	4	
<i>eluryng ring 0.015mg/24hr; 0.12mg/24hr</i>	4	
<i>enilloring ring 0.015mg/24hr; 0.12mg/24hr</i>	3	
<i>estradiol valerate inj 10mg/ml, 20mg/ml, 40mg/ml</i>	4	
<i>estradiol/norethindrone acetate tabs 0.5mg; 0.1mg, 1mg; 0.5mg</i>	3	
<i>estradiol crea 0.1mg/gm</i>	3	
<i>estradiol pttw 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr</i>	4	
<i>estradiol ptwk 0.025mg/24hr, 0.05mg/24hr, 0.06mg/24hr, 0.075mg/24hr, 0.1mg/24hr, 37.5mcg/24hr</i>	3	
<i>estradiol oral tabs 0.5mg, 1mg, 2mg</i>	2	
<i>estradiol vaginal tabs 10mcg</i>	4	
ESTRING RING 7.5MCG/24HR	4	
<i>etonogestrel/ethinyl estradiol ring 0.015mg/24hr; 0.12mg/24hr</i>	4	
<i>falmina tabs 20mcg; 0.1mg</i>	4	
FEIRZA 1.5/30 TABS 30MCG; 75MG; 1.5MG	4	
FEIRZA 1/20 TABS 20MCG; 75MG; 1MG	4	
<i>finzala chew 20mcg; 75mg; 1mg</i>	4	
<i>fyavolv tabs 5mcg; 1mg</i>	3	
<i>fyavolv tabs 2.5mcg; 0.5mg</i>	4	
<i>galbriela chew 25mcg; 75mg; 0.8mg</i>	4	
<i>haloette ring 0.015mg/24hr; 0.12mg/24hr</i>	4	
<i>iclevia tabs 0.03mg; 0.15mg</i>	4	

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IMVEXXY MAINTENANCE PACK INST 10MCG, 4MCG	3	
IMVEXXY STARTER PACK INST 10MCG, 4MCG	3	
<i>introvale tabs 0.03mg; 0.15mg</i>	4	
<i>jaimiess tabs 0; 0</i>	4	
<i>jinteli tabs 5mcg; 1mg</i>	3	
<i>junel 1.5/30 tabs 30mcg; 1.5mg</i>	4	
<i>junel 1/20 tabs 20mcg; 1mg</i>	4	
<i>junel fe 1.5/30 tabs 30mcg; 75mg; 1.5mg</i>	4	
<i>junel fe 1/20 tabs 20mcg; 75mg; 1mg</i>	4	
<i>junel fe 24 tabs 20mcg; 75mg; 1mg</i>	4	
<i>kariva tabs 0; 0</i>	4	
<i>kelnor 1/35 tabs 35mcg; 1mg</i>	4	
<i>larin 1.5/30 tabs 30mcg; 1.5mg</i>	4	
<i>larin 1/20 tabs 20mcg; 1mg</i>	4	
<i>larin fe 1.5/30 tabs 30mcg; 75mg; 1.5mg</i>	4	
<i>larin fe 1/20 tabs 20mcg; 75mg; 1mg</i>	4	
<i>lessina tabs 20mcg; 0.1mg</i>	4	
<i>levonest tabs 0; 0</i>	4	
<i>levonorgestrel and ethinyl estradiol tabs 20mcg; 90mcg</i>	4	
<i>levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg, 20mcg; 0.1mg</i>	4	
<i>levora 0.15/30-28 tabs 0.03mg; 0.15mg</i>	4	
<i>lojaimiess tabs 0; 0</i>	4	
<i>marlissa tabs 0.03mg; 0.15mg</i>	4	
<i>mibelas 24 fe chew 20mcg; 75mg; 1mg</i>	4	
<i>microgestin 1.5/30 tabs 30mcg; 1.5mg</i>	4	
<i>microgestin 1/20 tabs 20mcg; 1mg</i>	4	
<i>microgestin fe 1.5/30 tabs 30mcg; 75mg; 1.5mg</i>	4	
<i>microgestin fe 1/20 tabs 20mcg; 75mg; 1mg</i>	4	
<i>minzoya tabs 0.02mg; 36.5mg; 0.1mg</i>	4	
<i>necon 0.5/35-28 tabs 35mcg; 0.5mg</i>	4	
<i>nikki tabs 3mg; 0.02mg</i>	4	
<i>norelgestromin/ethinyl estradiol ptwk 35mcg/24hr; 150mcg/24hr</i>	3	
<i>norethindrone acetate/ethinyl estradiol tabs 5mcg; 1mg</i>	3	
<i>norethindrone acetate/ethinyl estradiol tabs 2.5mcg; 0.5mg</i>	4	
<i>nortrel 0.5/35 (28) tabs 35mcg; 0.5mg</i>	4	
<i>nortrel 1/35 tabs 35mcg; 1mg</i>	4	
<i>nortrel 7/7/7 tabs 35mcg; 0</i>	4	
<i>portia-28 tabs 0.03mg; 0.15mg</i>	4	
PREMARIN CREA 0.625MG/GM	3	
PREMARIN TABS 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	4	
PREMPHASE TABS 0.625MG; 5MG	4	

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<i>rosyrah tabs 0; 0</i>	4	
<i>tarina fe 1/20 eq tabs 20mcg; 75mg; 1mg</i>	4	
<i>tri-sprintec tabs 0; 0</i>	2	
<i>trivora-28 tabs 0; 0</i>	4	
<i>turqoz tabs 30mcg; 0.3mg</i>	4	
<i>valtya 1/50 tabs 50mcg; 1mg</i>	4	
<i>velivet tabs 0; 0</i>	4	
<i>vyfemla tabs 35mcg; 0.4mg</i>	4	
XARAH FE TABS 0; 75MG; 1MG	4	
<i>xelria fe chew 35mcg; 75mg; 0.4mg</i>	4	
<i>xulane ptwk 35mcg/24hr; 150mcg/24hr</i>	3	
<i>yuvafem tabs 10mcg</i>	4	
<i>zafemy ptwk 35mcg/24hr; 150mcg/24hr</i>	3	
<i>zovia 1/35 tabs 35mcg; 1mg</i>	4	
Progestins		
<i>camila tabs 0.35mg</i>	2	
<i>deblitane tabs 0.35mg</i>	2	
DEPO-SUBQ PROVERA 104 INJ 104MG/0.65ML	3	
<i>errin tabs 0.35mg</i>	2	
<i>gallifrey tabs 5mg</i>	3	
<i>heather tabs 0.35mg</i>	2	
LILETTA IUD 20.1MCG/DAY	3	
<i>medroxyprogesterone acetate inj 150mg/ml</i>	2	
<i>medroxyprogesterone acetate tabs 10mg, 2.5mg, 5mg</i>	1	
<i>megestrol acetate susp 40mg/ml</i>	3	
<i>megestrol acetate susp 625mg/5ml</i>	4	
<i>megestrol acetate tabs 20mg, 40mg</i>	2	
<i>meleya tabs 0.35mg</i>	2	
NEXPLANON INJ 68MG	3	
<i>norethindrone acetate tabs 5mg</i>	3	
<i>progesterone caps 100mg, 200mg</i>	3	
<i>sharobel tabs 0.35mg</i>	2	
Selective Estrogen Receptor Modifying Agents		
OSPHENA TABS 60MG	4	
<i>raloxifene hydrochloride tabs 60mg</i>	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
ADTHYZA TABS 120MG, 15MG, 30MG, 60MG, 90MG	4	
ARMOUR THYROID TABS 120MG, 15MG, 180MG, 240MG, 300MG, 30MG, 60MG, 90MG	4	
<i>euthyrox tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	1	
<i>levo-t tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg</i>	1	

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<i>levothyroxine sodium tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg</i>	1	
<i>levoxyl tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	1	
<i>liothyronine sodium tabs 25mcg, 50mcg, 5mcg</i>	3	
NIVA THYROID TABS 15MG	4	
<i>niva thyroid tabs 120mg, 30mg, 60mg, 90mg</i>	4	
<i>np thyroid 120 tabs 120mg</i>	2	
<i>np thyroid 15 tabs 15mg</i>	2	
<i>np thyroid 30 tabs 30mg</i>	2	
<i>np thyroid 60 tabs 60mg</i>	2	
<i>np thyroid 90 tabs 90mg</i>	2	
REZDIFFRA TABS 100MG, 60MG, 80MG	5	QL(30 EA per 30 days); PA; NEDS
SYNTHROID TABS 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG	4	
THYROID TABS 120MG, 15MG, 30MG, 60MG, 90MG	4	
<i>unithroid tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg</i>	1	
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
<i>Hormonal Agents, Suppressant (Adrenal or Pituitary)</i>		
<i>cabergoline tabs 0.5mg</i>	3	
ELIGARD INJ 22.5MG, 30MG, 45MG, 7.5MG	4	
FIRMAGON INJ 80MG	4	
FIRMAGON INJ 120MG/VIAL	5	NEDS
<i>lanreotide acetate inj 120mg/0.5ml</i>	5	NEDS
<i>leuprolide acetate inj 1mg/0.2ml</i>	4	SP-Optum Specialty
LUPRON DEPOT (1-MONTH) INJ 3.75MG, 7.5MG	5	NEDS
LUPRON DEPOT (3-MONTH) INJ 11.25MG, 22.5MG	5	NEDS
LUPRON DEPOT (4-MONTH) INJ 30MG	5	NEDS
LUPRON DEPOT (6-MONTH) INJ 45MG	5	NEDS
<i>mifepristone tabs 300mg</i>	5	QL(120 EA per 30 days); PA; NEDS
<i>octreotide acetate inj 100mcg/ml, 50mcg/ml</i>	4	
<i>octreotide acetate inj 100mcg/ml, 200mcg/ml, 500mcg/ml, 50mcg/ml</i>	4	SP-Optum Specialty
<i>octreotide acetate inj 1000mcg/ml</i>	5	NEDS; SP-Optum Specialty
ORGOVYX TABS 120MG	5	PA NSO; NEDS
SIGNIFOR INJ 0.3MG/ML, 0.6MG/ML, 0.9MG/ML	5	QL(60 ML per 30 days); PA; NEDS
SOMATULINE DEPOT INJ 60MG/0.2ML, 90MG/0.3ML	5	NEDS
SOMAVERT INJ 10MG, 15MG, 20MG, 25MG, 30MG	5	PA; NEDS; SP-Optum Specialty
SYNAREL SOLN 2MG/ML	5	NEDS
Hormonal Agents, Suppressant (Thyroid)		
<i>Antithyroid Agents</i>		

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<i>methimazole tabs 10mg, 5mg</i>	2	
<i>propylthiouracil tabs 50mg</i>	3	
Immunological Agents		
<i>Angioedema Agents</i>		
BERINERT INJ 500UNIT	5	PA; NEDS
HAEGARDA INJ 2000UNIT, 3000UNIT	5	PA; NEDS; SP-Optum Specialty
<i>icatibant acetate inj 30mg/3ml</i>	5	QL(18 ML per 30 days); PA; NEDS; SP-Optum Specialty
<i>Immunoglobulins</i>		
BIVIGAM INJ 10%, 5GM/50ML	5	PA BvD; NEDS; HI
CUVITRU INJ 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML, 8GM/40ML	5	PA BvD; NEDS
FLEBOGAMMA DIF INJ 10GM/100ML, 10GM/200ML, 2.5GM/50ML, 20GM/200ML, 20GM/400ML, 5GM/100ML, 5GM/50ML	5	PA BvD; NEDS; HI
GAMMAGARD LIQUID INJ 10GM/100ML, 2.5GM/25ML, 20GM/200ML, 30GM/300ML, 5GM/50ML	5	PA BvD; NEDS; HI
GAMMAPLEX INJ 10GM/100ML, 10GM/200ML, 20GM/200ML, 20GM/400ML, 5GM/100ML, 5GM/50ML	5	PA BvD; NEDS; HI
HIZENTRA INJ 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML	5	PA BvD; NEDS
OCTAGAM INJ 10GM/100ML, 10GM/200ML, 1GM/20ML, 2.5GM/50ML, 20GM/200ML, 2GM/20ML, 30GM/300ML, 5GM/100ML, 5GM/50ML	5	PA BvD; NEDS; HI
PRIVIGEN INJ 10GM/100ML, 20GM/200ML, 40GM/400ML, 5GM/50ML	5	PA BvD; NEDS; HI
<i>Immunological Agents, Other</i>		
ARCALYST INJ 220MG	5	PA; NEDS
BENLYSTA INJ 200MG/ML	5	PA; NEDS; SP-Optum Specialty
COSENTYX SENSOREADY PEN INJ 150MG/ML	5	PA; NEDS; SP-Optum Specialty
COSENTYX UNOREADY INJ 300MG/2ML	5	PA; NEDS
COSENTYX INJ 125MG/5ML	5	PA; NEDS
COSENTYX INJ 150MG/ML, 75MG/0.5ML	5	PA; NEDS; SP-Optum Specialty
DUPIXENT INJ 200MG/1.14ML, 300MG/2ML	5	PA; NEDS; SP-Optum Specialty
EMPAVELI INJ 1080MG/20ML	5	PA; NEDS
KINERET INJ 100MG/0.67ML	5	PA; NEDS
ORENCIA CLICKJECT INJ 125MG/ML	5	QL(4 ML per 28 days); PA; NEDS
ORENCIA INJ 50MG/0.4ML	5	QL(1.6 ML per 28 days); PA; NEDS
ORENCIA INJ 87.5MG/0.7ML	5	QL(2.8 ML per 28 days); PA; NEDS
ORENCIA INJ 125MG/ML	5	QL(4 ML per 28 days); PA; NEDS
OTEZLA TBPK 0	5	QL(110 EA per 365 days); PA; NEDS
RINVOQ LQ SOLN 1MG/ML	5	QL(360 ML per 30 days); PA; NEDS

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RINVOQ TB24 15MG, 30MG, 45MG	5	QL(30 EA per 30 days); PA; NEDS; SP-Optum Specialty
SKYRIZI PEN INJ 150MG/ML	5	QL(1 ML per 28 days); PA; NEDS; SP-Optum Specialty
SKYRIZI INJ 600MG/10ML	5	PA; NEDS
SKYRIZI INJ 150MG/ML	5	QL(1 ML per 28 days); PA; NEDS; SP-Optum Specialty
SKYRIZI INJ 180MG/1.2ML	5	QL(1.2 ML per 28 days); PA; NEDS; SP-Optum Specialty
SKYRIZI INJ 360MG/2.4ML	5	QL(2.4 ML per 28 days); PA; NEDS
STELARA INJ 45MG/0.5ML	5	QL(1 ML per 28 days); PA; NEDS
STELARA INJ 45MG/0.5ML, 90MG/ML	5	QL(1 ML per 28 days); PA; NEDS; SP-Optum Specialty
STEQEYMA INJ 45MG/0.5ML	3	QL(1 ML per 28 days); PA
STEQEYMA INJ 90MG/ML	5	QL(1 ML per 28 days); PA; NEDS
TAVNEOS CAPS 10MG	5	PA; NEDS
TYENNE INJ 162MG/0.9ML	5	QL(3.6 ML per 28 days); PA; NEDS
<i>ustekinumab inj 45mg/0.5ml, 90mg/ml</i>	5	QL(1 ML per 28 days); PA; NEDS
XELJANZ XR TB24 11MG, 22MG	5	QL(30 EA per 30 days); PA; NEDS; SP-Optum Specialty
XELJANZ SOLN 1MG/ML	5	QL(300 ML per 30 days); PA; NEDS; SP-Optum Specialty
XELJANZ TABS 10MG, 5MG	5	QL(60 EA per 30 days); PA; NEDS; SP-Optum Specialty
XOLAIR INJ 150MG/ML, 150MG, 300MG/2ML, 75MG/0.5ML	5	PA; NEDS
XOLAIR INJ 150MG/ML	5	PA; NEDS; SP-Optum Specialty
YESINTEK INJ 45MG/0.5ML	3	QL(1 ML per 28 days); PA
YESINTEK INJ 90MG/ML	5	QL(1 ML per 28 days); PA; NEDS
Immunostimulants		
ACTIMMUNE INJ 100MCG/0.5ML	5	NEDS; SP-Optum Specialty
BESREMI INJ 500MCG/ML	5	PA NSO; NEDS
PEGASYS INJ 180MCG/ML	5	QL(4 ML per 28 days); NEDS; SP-Optum Specialty
Immunosuppressants		
<i>adalimumab-aaty 1-pen kit inj 80mg/0.8ml</i>	5	QL(4 EA per 28 days); PA; NEDS
<i>adalimumab-aaty 1-pen kit inj 40mg/0.4ml</i>	5	QL(6 EA per 28 days); PA; NEDS
<i>adalimumab-aaty 2-pen kit inj 40mg/0.4ml</i>	5	QL(6 EA per 28 days); PA; NEDS
<i>adalimumab-aaty 2-syringe kit inj 20mg/0.2ml</i>	5	QL(2 EA per 28 days); PA; NEDS
<i>adalimumab-aaty 2-syringe kit inj 40mg/0.4ml</i>	5	QL(6 EA per 28 days); PA; NEDS
<i>adalimumab-aaty cd/uc/hs starter inj 80mg/0.8ml</i>	5	PA; NEDS
<i>adalimumab-adbm crohns/uc/hs starter inj 40mg/0.8ml</i>	5	PA; NEDS
<i>adalimumab-adbm psoriasis/uveitis starter inj 40mg/0.8ml</i>	5	PA; NEDS

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<i>adalimumab-adbm starter package for crohns disease/uc/hs inj 40mg/0.4ml</i>	5	QL(6 EA per 28 days); PA; NEDS
<i>adalimumab-adbm starter package for psoriasis/uveitis inj 40mg/0.4ml</i>	5	PA; NEDS
<i>adalimumab-adbm inj 10mg/0.2ml, 20mg/0.4ml</i>	5	QL(2 EA per 28 days); PA; NEDS
<i>adalimumab-adbm inj 40mg/0.4ml, 40mg/0.8ml</i>	5	QL(6 EA per 28 days); PA; NEDS
<i>azathioprine tabs 50mg</i>	3	PA BvD
<i>azathioprine tabs 100mg, 75mg</i>	4	PA BvD
<i>cyclosporine modified caps 100mg, 25mg, 50mg</i>	4	PA BvD
<i>cyclosporine modified soln 100mg/ml</i>	4	PA BvD
<i>cyclosporine caps 100mg, 25mg</i>	4	PA BvD
ENBREL MINI INJ 50MG/ML	5	QL(8 ML per 28 days); PA; NEDS; SP-Optum Specialty
ENBREL SURECLICK INJ 50MG/ML	5	QL(8 ML per 28 days); PA; NEDS; SP-Optum Specialty
ENBREL INJ 50MG/ML	5	QL(8 ML per 28 days); PA; NEDS; SP-Optum Specialty
ENBREL INJ 25MG/0.5ML	5	QL(8.16 ML per 28 days); PA; NEDS; SP-Optum Specialty
ENVARUSUS XR TB24 0.75MG, 1MG	4	PA BvD
ENVARUSUS XR TB24 4MG	5	PA BvD; NEDS
<i>everolimus tabs 0.25mg</i>	4	QL(60 EA per 30 days); PA BvD
<i>everolimus tabs 0.5mg, 0.75mg, 1mg</i>	5	QL(60 EA per 30 days); PA BvD; NEDS
GENGRAF CAPS 100MG, 25MG	4	PA BvD
GENGRAF SOLN 100MG/ML	4	PA BvD
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 0, 80MG/0.8ML	5	PA; NEDS; SP-Optum Specialty
HUMIRA PEN-CD/UC/HS STARTER INJ 40MG/0.8ML, 80MG/0.8ML	5	PA; NEDS; SP-Optum Specialty
HUMIRA PEN-PEDIATRIC UC STARTER PACK INJ 80MG/0.8ML	5	PA; NEDS; SP-Optum Specialty
HUMIRA PEN-PS/UV STARTER INJ 0	5	PA; NEDS; SP-Optum Specialty
HUMIRA PEN INJ 80MG/0.8ML	5	QL(4 EA per 28 days); PA; NEDS; SP-Optum Specialty
HUMIRA PEN INJ 40MG/0.4ML, 40MG/0.8ML	5	QL(6 EA per 28 days); PA; NEDS; SP-Optum Specialty
HUMIRA INJ 10MG/0.1ML, 20MG/0.2ML	5	QL(2 EA per 28 days); PA; NEDS; SP-Optum Specialty
HUMIRA INJ 40MG/0.4ML, 40MG/0.8ML	5	QL(6 EA per 28 days); PA; NEDS; SP-Optum Specialty
JYLAMVO SOLN 2MG/ML	4	
<i>leflunomide tabs 10mg, 20mg</i>	2	
<i>methotrexate sodium inj 1gm/40ml, 250mg/10ml, 50mg/2ml</i>	2	

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<i>methotrexate sodium tabs 2.5mg</i>	2	
<i>methotrexate inj 50mg/2ml</i>	2	
<i>mycophenolate mofetil caps 250mg</i>	3	PA BvD
<i>mycophenolate mofetil susr 200mg/ml</i>	5	PA BvD; NEDS
<i>mycophenolate mofetil tabs 500mg</i>	3	PA BvD
<i>mycophenolic acid dr tbec 180mg, 360mg</i>	4	PA BvD
NULOJIX INJ 250MG	5	NEDS
PEGASYS INJ 180MCG/0.5ML	5	QL(4 ML per 28 days); NEDS; SP-Optum Specialty
PROGRAF PACK 0.2MG, 1MG	4	PA BvD
REZUROCK TABS 200MG	5	PA; NEDS
<i>sirolimus soln 1mg/ml</i>	4	PA BvD
<i>sirolimus tabs 0.5mg, 1mg, 2mg</i>	4	PA BvD
<i>tacrolimus caps 0.5mg, 1mg, 5mg</i>	4	PA BvD
XATMEP SOLN 2.5MG/ML	4	
Vaccines		
ABRYSVO INJ 120MCG/0.5ML	6	
ACTHIB INJ 0	6	
ADACEL INJ 2LF/0.5ML; 15.5MCG/0.5ML; 5LF/0.5ML	6	
AREXVY INJ 120MCG/0.5ML	6	
BCG VACCINE INJ 50MG	6	
BEXSERO INJ 0.5ML	6	
BOOSTRIX INJ 2.5LF/0.5ML; 18.5MCG/0.5ML; 5LF/0.5ML	6	
DAPTACEL INJ 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	6	
DENGVAXIA INJ 0	6	
ENGERIX-B INJ 10MCG/0.5ML, 20MCG/ML	6	PA BvD
GARDASIL 9 INJ 0.5ML	6	
HAVRIX INJ 1440ELU/ML, 720ELU/0.5ML	6	
HEPLISAV-B INJ 20MCG/0.5ML	6	PA BvD
HIBERIX INJ 10MCG	6	
IMOVAX RABIES (H.D.C.V.) INJ 2.5UNIT/ML	6	PA BvD
INFANRIX INJ 25LFU/0.5ML; 58MCG/0.5ML; 10LFU/0.5ML	6	
IPOL INACTIVATED IPV INJ 0	6	
IXCHIQ INJ 0	6	
IXIARO INJ 0	6	
JYNNEOS INJ 0.5ML	6	
KINRIX INJ 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	6	
M-M-R II INJ 0; 0; 0	6	
MENACTRA INJ 0	6	
MENQUADFI INJ 0.5ML	6	
MENVEO INJ 0	6	

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MRESVIA INJ 50MCG/0.5ML	6	
PEDIARIX INJ 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	6	
PEDVAX HIB INJ 7.5MCG/0.5ML	6	
PENBRAYA INJ 0; 0	6	
PENMENVY INJ 0; 0	6	
PENTACEL INJ 15LFU/0.5ML; 0; 48MCG/0.5ML; 0; 5LFU/0.5ML	6	
PREHEVBRIO INJ 10MCG/ML	6	PA BvD
PRIORIX INJ 0; 0; 0	6	
PROQUAD INJ 0; 0; 0; 0	6	
QUADRACEL INJ 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	6	
RABAVERT INJ 0	6	PA BvD
RECOMBIVAX HB INJ 10MCG/ML, 40MCG/ML, 5MCG/0.5ML	6	PA BvD
ROTARIX SUSP 0	6	
ROTATEQ SOLN 0	6	
SHINGRIX INJ 50MCG/0.5ML	6	
STAMARIL INJ 0	6	
TDVAX INJ 2LF/0.5ML; 2LF/0.5ML	6	
TENIVAC INJ 2LFU; 5LFU	6	
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT INJ 2LF/0.5ML; 2LF/0.5ML	6	
TICOVAC INJ 1.2MCG/0.25ML, 2.4MCG/0.5ML	6	
TRUMENBA INJ 0.5ML	6	
TWINRIX INJ 720ELU/ML; 20MCG/ML	6	
TYPHIM VI INJ 25MCG/0.5ML	6	
VAQTA INJ 25UNIT/0.5ML, 50UNIT/ML	6	
VARIVAX INJ 1350PFU/0.5ML	6	
VAXCHORA SUSR 0	6	
VIMKUNYA INJ 40MCG/0.8ML	6	
VIVOTIF CPDR 0	6	
YF-VAX INJ 0	6	
Inflammatory Bowel Disease Agents		
<i>Aminosalicylates</i>		
<i>balsalazide disodium caps 750mg</i>	4	
<i>mesalamine dr cpdr 400mg</i>	4	
<i>mesalamine dr tbec 1.2gm, 800mg</i>	4	
<i>mesalamine er cp24 0.375gm</i>	4	
<i>mesalamine er cpcr 500mg</i>	4	
<i>mesalamine enem 4gm</i>	4	
<i>mesalamine kit 4gm</i>	4	
<i>mesalamine supp 1000mg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>sulfasalazine tabs 500mg</i>	2	
<i>sulfasalazine tbec 500mg</i>	2	
Glucocorticoids		
<i>budesonide er tb24 9mg</i>	5	NEDS
<i>budesonide cpep 3mg</i>	4	
CORTIFOAM FOAM 10%	4	
<i>hydrocortisone crea 1%, 2.5%</i>	2	
<i>hydrocortisone enem 100mg/60ml</i>	4	
<i>procto-med hc crea 2.5%</i>	2	
<i>proctosol hc crea 2.5%</i>	2	
<i>proctozone-hc crea 2.5%</i>	2	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate sodium soln 70mg/75ml</i>	4	
<i>alendronate sodium tabs 10mg, 35mg, 70mg</i>	1	
BONSITY INJ 560MCG/2.24ML	5	PA; NEDS
<i>calcitonin salmon inj 200unit/ml</i>	4	
<i>calcitonin-salmon soln 200unit/act</i>	3	
<i>calcitriol caps 0.25mcg, 0.5mcg</i>	2	
<i>calcitriol soln 1mcg/ml</i>	4	
<i>cinacalcet hydrochloride tabs 30mg, 60mg, 90mg</i>	4	
JUBBONTI INJ 60MG/ML	4	PA
<i>paricalcitol caps 1mcg, 2mcg, 4mcg</i>	4	
RAYALDEE CPR 30MCG	5	NEDS
<i>risedronate sodium dr tbec 35mg</i>	4	
<i>risedronate sodium tabs 150mg, 30mg, 35mg, 5mg</i>	3	
<i>teriparatide inj 560mcg/2.24ml</i>	5	PA; NEDS
WYOST INJ 120MG/1.7ML	5	PA; NEDS
<i>zoledronic acid inj 4mg/100ml, 4mg/5ml, 5mg/100ml</i>	2	
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
<i>alcohol prep pads pads 70%</i>	2	
<i>b-d insulin syringe ultrafine ii/0.3ml/31g x 5/16" misc</i>	2	
<i>bd insulin syringe safetyglide/1ml/29g x 1/2" misc</i>	2	
<i>bd insulin syringe ultra-fine/0.5ml/30g x 12.7mm misc</i>	2	
<i>bd insulin syringe ultra-fine/1ml/31g x 8mm misc</i>	2	
<i>bd pen needle/original/ultra-fine/29g x 12.7mm misc</i>	2	
<i>curity gauze pads 2"x2" 12 ply pads</i>	2	
INTRALIPID INJ 20GM/100ML, 30GM/100ML	3	PA BvD
<i>levocarnitine tabs 330mg</i>	4	
NUTRILIPID INJ 20GM/100ML	3	PA BvD
OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5) KIT	4	
OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5) MISC	4	
OMNIPOD 5 G7 INTRO KIT (GEN 5) KIT	4	

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OMNIPOD 5 G7 PODS (GEN 5) MISC	4	
OMNIPOD 5 LIBRE2 PLUS G6 INTRO GEN 5 KIT	4	
OMNIPOD 5 LIBRE2 PLUS G6 PODS MISC	4	
OMNIPOD CLASSIC PODS (GEN 3) MISC	4	
OMNIPOD DASH INTRO KIT (GEN 4) KIT	4	
OMNIPOD DASH PDM KIT (GEN 4) KIT	4	
OMNIPOD DASH PODS (GEN 4) MISC	4	
OMNIPOD GO 10 UNITS/DAY KIT	4	
OMNIPOD GO 15 UNITS/DAY KIT	4	
OMNIPOD GO 20 UNITS/DAY KIT	4	
OMNIPOD GO 25 UNITS/DAY KIT	4	
OMNIPOD GO 30 UNITS/DAY KIT	4	
OMNIPOD GO 35 UNITS/DAY KIT	4	
OMNIPOD GO 40 UNITS/DAY KIT	4	
<i>sodium chloride 0.9% soln 0.9%</i>	3	
<i>sterile water for irrigation soln 0</i>	2	
Ophthalmic Agents		
<i>Ophthalmic Agents, Other</i>		
<i>atropine sulfate soln 1%</i>	4	
<i>bacitracin/polymyxin b oint 500unit/gm; 10000unit/gm</i>	2	
<i>brimonidine tartrate/timolol maleate soln 0.2%; 0.5%</i>	4	
<i>cyclopentolate hydrochloride soln 1%</i>	2	
CYSTARAN SOLN 0.44%	5	NEDS
<i>dorzolamide hcl/timolol maleate soln 22.3mg/ml; 6.8mg/ml</i>	2	
<i>dorzolamide hydrochloride/timolol maleate pf soln 2%; 0.5%</i>	4	
MIEBO SOLN 1.338GM/ML	4	
<i>neo-polycin hc oint 400unit/gm; 1%; 3.5mg/gm; 10000unit/gm</i>	3	
<i>neo-polycin oint 400unit/gm; 3.5mg/gm; 10000unit/gm</i>	3	
<i>neomycin/bacitracin/polymyxin oint 400unit/gm; 5mg/gm; 10000unit/gm</i>	3	
<i>neomycin/polymyxin/bacitracin zinc oint 400unit/gm; 3.5mg/gm; 10000unit/gm</i>	3	
<i>neomycin/polymyxin/bacitracin/hydrocortisone oint 400unit/gm; 1%; 0.5%; 10000unit/gm</i>	3	
<i>neomycin/polymyxin/dexamethasone oint 0.1%; 3.5mg/gm; 10000unit/gm</i>	3	
<i>neomycin/polymyxin/dexamethasone susp 0.1%; 3.5mg/ml; 10000unit/ml</i>	2	
<i>neomycin/polymyxin/gramicidin soln 0.025mg/ml; 1.75mg/ml; 10000unit/ml</i>	3	
<i>neomycin/polymyxin/hydrocortisone ophthalmic susp 1%; 3.5mg/ml; 10000unit/ml</i>	4	
<i>polycin oint 500unit/gm; 10000unit/gm</i>	2	

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<i>polymyxin b sulfate/trimethoprim sulfate soln 10000unit/ml; 0.1%</i>	2	
RESTASIS MULTIDOSE EMUL 0.05%	3	
RESTASIS EMUL 0.05%	3	
ROCKLATAN SOLN 0.005%; 0.02%	3	
SIMBRINZA SUSP 0.2%; 1%	3	
<i>sulfacetamide sodium/prednisolone sodium phosphate soln 0.23%; 10%</i>	2	
TOBRADEX ST SUSP 0.05%; 0.3%	3	
<i>tobramycin/dexamethasone susp 0.1%; 0.3%</i>	3	
XIIDRA SOLN 5%	4	
Ophthalmic Anti-allergy Agents		
ALOCRI SOLN 2%	4	
<i>azelastine hcl ophthalmic soln 0.05%</i>	2	
<i>cromolyn sodium soln 4%</i>	2	
<i>epinastine hcl soln 0.05%</i>	4	
<i>olopatadine hydrochloride soln 0.2%</i>	3	
Ophthalmic Anti-Infectives		
<i>bacitracin oint 500unit/gm</i>	4	
BESIVANCE SUSP 0.6%	4	
<i>ciprofloxacin hydrochloride soln 0.3%</i>	2	
<i>erythromycin oint 5mg/gm</i>	2	
<i>gatifloxacin soln 0.5%</i>	4	
<i>gentamicin sulfate ophthalmic soln 0.3%</i>	2	
<i>levofloxacin ophthalmic soln 1.5%</i>	3	
<i>moxifloxacin hydrochloride soln 0.5%</i>	2	
NATACYN SUSP 5%	4	
<i>ofloxacin ophthalmic soln 0.3%</i>	2	
<i>sulfacetamide sodium oint 10%</i>	3	
<i>sulfacetamide sodium soln 10%</i>	3	
<i>tobramycin soln 0.3%</i>	2	
<i>trifluridine soln 1%</i>	4	
XDEMVI SOLN 0.25%	5	PA; NEDS
ZIRGAN GEL 0.15%	4	
Ophthalmic Anti-inflammatories		
<i>bromfenac sodium soln 0.07%, 0.075%</i>	4	
<i>bromfenac soln 0.09%</i>	4	
<i>dexamethasone sodium phosphate ophthalmic soln 0.1%</i>	4	
<i>diclofenac sodium ophthalmic soln 0.1%</i>	2	
<i>difluprednate emul 0.05%</i>	4	
FLAREX SUSP 0.1%	3	
<i>fluorometholone susp 0.1%</i>	4	
<i>flurbiprofen sodium soln 0.03%</i>	4	
ILEVRO SUSP 0.3%	3	

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<i>ketorolac tromethamine soln 0.5%</i>	2	
<i>ketorolac tromethamine soln 0.4%</i>	4	
LOTEMAX OINT 0.5%	4	
<i>loteprednol etabonate gel 0.5%</i>	4	
<i>loteprednol etabonate susp 0.2%, 0.5%</i>	4	
<i>prednisolone acetate susp 1%</i>	3	
<i>prednisolone sodium phosphate ophthalmic soln 1%</i>	3	
Ophthalmic Beta-Adrenergic Blocking Agents		
<i>betaxolol hcl soln 0.5%</i>	4	
<i>carteolol hcl soln 1%</i>	2	
<i>levobunolol hcl soln 0.5%</i>	3	
<i>timolol hemihydrate soln 0.5%</i>	4	
<i>timolol maleate ophthalmic gel forming solg 0.25%, 0.5%</i>	4	
<i>timolol maleate soln 0.25%, 0.5%</i>	1	
<i>timolol maleate soln 0.5%</i>	4	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
<i>acetazolamide er cp12 500mg</i>	2	
<i>acetazolamide tabs 125mg, 250mg</i>	2	
<i>apraclonidine soln 0.5%</i>	4	
<i>brimonidine tartrate soln 0.2%</i>	2	
<i>brimonidine tartrate soln 0.1%, 0.15%</i>	3	
<i>brinzolamide susp 1%</i>	4	
<i>dorzolamide hydrochloride soln 2%</i>	2	
<i>methazolamide tabs 25mg, 50mg</i>	4	
<i>pilocarpine hcl soln 1%, 2%, 4%</i>	3	
<i>pilocarpine hydrochloride soln 1%, 2%, 4%</i>	3	
RHOPRESSA SOLN 0.02%	3	
Ophthalmic Prostaglandin and Prostanoid Analogs		
<i>bimatoprost soln 0.03%</i>	4	
<i>latanoprost soln 0.005%</i>	2	
LUMIGAN SOLN 0.01%	3	
<i>travoprost soln 0.004%</i>	4	
VYZULTA SOLN 0.024%	4	
Otic Agents		
Otic Agents		
<i>acetic acid soln 2%</i>	2	
<i>ciprofloxacin/dexamethasone susp 0.3%; 0.1%</i>	4	
<i>ciprofloxacin soln 0.2%</i>	4	
CORTISPORIN-TC SUSP 3MG/ML; 10MG/ML; 3.3MG/ML; 0.5MG/ML	4	
<i>flac oil 0.01%</i>	4	
<i>fluocinolone acetonide oil 0.01%</i>	3	
<i>hydrocortisone/acetic acid soln 2%; 1%</i>	4	
<i>neomycin/polymyxin/hc soln 1%; 3.5mg/ml; 10000unit/ml</i>	4	

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<i>neomycin/polymyxin/hydrocortisone otic susp 1%; 3.5mg/ml; 10000unit/ml</i>	4	
<i>ofloxacin otic soln 0.3%</i>	2	
Respiratory Tract/Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
<i>budesonide susp 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	4	PA BvD
<i>flunisolide soln 0.025%</i>	3	QL(150 ML per 90 days)
<i>fluticasone propionate diskus aepb 250mcg/act</i>	4	QL(720 EA per 90 days); ST
<i>fluticasone propionate diskus aepb 100mcg/act, 50mcg/act</i>	4	ST
<i>fluticasone propionate hfa aero 44mcg/act</i>	4	QL(63.6 GM per 90 days); ST
<i>fluticasone propionate hfa aero 110mcg/act, 220mcg/act</i>	4	QL(72 GM per 90 days); ST
<i>fluticasone propionate susp 50mcg/act</i>	1	QL(48 GM per 90 days)
<i>mometasone furoate susp 50mcg/act</i>	3	QL(102 GM per 90 days)
QVAR REDHALER AERB 40MCG/ACT, 80MCG/ACT	3	QL(63.6 GM per 90 days)
Antihistamines		
<i>azelastine hcl nasal soln 0.15%</i>	2	QL(120 ML per 90 days)
<i>azelastine hydrochloride soln 0.1%</i>	2	QL(120 ML per 90 days)
<i>cyproheptadine hcl syrup 2mg/5ml</i>	4	
<i>cyproheptadine hydrochloride tabs 4mg</i>	2	
<i>desloratadine tabs 5mg</i>	3	
<i>diphenhydramine hydrochloride inj 50mg/ml</i>	2	
<i>hydroxyzine hcl inj 25mg/ml</i>	2	
<i>hydroxyzine hcl tabs 50mg</i>	2	
<i>hydroxyzine hydrochloride syrup 10mg/5ml</i>	3	
<i>hydroxyzine hydrochloride tabs 10mg, 25mg</i>	2	
<i>hydroxyzine pamoate caps 100mg, 25mg, 50mg</i>	2	
<i>levocetirizine dihydrochloride tabs 5mg</i>	2	
Antileukotrienes		
<i>montelukast sodium chew 4mg, 5mg</i>	2	
<i>montelukast sodium pack 4mg</i>	2	
<i>montelukast sodium tabs 10mg</i>	2	
<i>zafirlukast tabs 10mg, 20mg</i>	4	
Bronchodilators, Anticholinergic		
<i>atrovent hfa aers 17mcg/act</i>	4	QL(77.4 GM per 90 days)
INCRUSE ELLIPTA AEPB 62.5MCG/INH	3	QL(30 EA per 30 days)
<i>ipratropium bromide inhalation soln 0.02%</i>	2	PA BvD
<i>ipratropium bromide nasal soln 0.03%</i>	3	QL(180 ML per 90 days)
<i>ipratropium bromide nasal soln 0.06%</i>	3	QL(90 ML per 90 days)
SPIRIVA RESPIMAT AERS 1.25MCG/ACT, 2.5MCG/ACT	3	QL(12 GM per 90 days)
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate hfa aers 108 mcg/act (18 gm)</i>	2	QL(108 GM per 90 days)
<i>albuterol sulfate hfa aers 108 mcg/act (6.7 gm)</i>	2	QL(40.2 GM per 90 days)
<i>albuterol sulfate hfa aers 108 mcg/act (8.5 gm)</i>	2	QL(51 GM per 90 days)

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<i>albuterol sulfate nebu 0.083%, 0.63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml</i>	2	PA BvD
<i>albuterol sulfate syrp 2mg/5ml</i>	4	
<i>albuterol sulfate tabs 2mg, 4mg</i>	4	
<i>arformoterol tartrate nebu 15mcg/2ml</i>	4	PA BvD
<i>epinephrine inj 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	3	QL(2 EA per 1 days)
<i>formoterol fumarate nebu 20mcg/2ml</i>	4	PA BvD
<i>levalbuterol hcl nebu 0.31mg/3ml, 0.63mg/3ml, 1.25mg/3ml</i>	4	PA BvD
<i>levalbuterol hydrochloride nebu 0.63mg/3ml</i>	4	PA BvD
<i>levalbuterol nebu 1.25mg/0.5ml</i>	4	PA BvD
PROAIR RESPICLICK AEPB 108MCG/ACT	3	QL(6 EA per 90 days)
SEREVENT DISKUS AEPB 50MCG/DOSE	3	QL(180 EA per 90 days)
STRIVERDI RESPIMAT AERS 2.5MCG/ACT	3	QL(12 GM per 90 days)
<i>Cystic Fibrosis Agents</i>		
CAYSTON SOLR 75MG	5	PA; NEDS
KALYDECO PACK 13.4MG, 5.8MG	5	QL(56 EA per 28 days); PA; NEDS
KALYDECO PACK 25MG, 50MG, 75MG	5	QL(56 EA per 28 days); PA; NEDS; SP-Optum Specialty
KALYDECO TABS 150MG	5	QL(56 EA per 28 days); PA; NEDS; SP-Optum Specialty
ORKAMBI PACK 94MG; 75MG	5	QL(56 EA per 28 days); PA; NEDS
ORKAMBI PACK 125MG; 100MG, 188MG; 150MG	5	QL(56 EA per 28 days); PA; NEDS; SP-Optum Specialty
ORKAMBI TABS 125MG; 100MG, 125MG; 200MG	5	QL(112 EA per 28 days); PA; NEDS; SP-Optum Specialty
PULMOZYME SOLN 2.5MG/2.5ML	5	PA BvD; NEDS; SP-Optum Specialty
TOBI PODHALER CAPS 28MG	5	NEDS; SP-Optum Specialty
TRIKAFTA TBPK 100MG; 0; 50MG	5	QL(84 EA per 28 days); PA; NEDS
<i>Mast Cell Stabilizers</i>		
<i>cromolyn sodium nebu 20mg/2ml</i>	3	PA BvD
<i>Phosphodiesterase Inhibitors, Airways Disease</i>		
<i>elixophyllin elix 80mg/15ml</i>	2	
<i>roflumilast tabs 250mcg, 500mcg</i>	4	
<i>theophylline er tb12 100mg, 200mg, 300mg, 450mg</i>	4	
<i>theophylline er tb24 400mg, 600mg</i>	3	
<i>theophylline elix 80mg/15ml</i>	4	
<i>Pulmonary Antihypertensives</i>		
ADEMPAS TABS 0.5MG, 1.5MG, 1MG, 2.5MG, 2MG	5	PA; NEDS
<i>alyq tabs 20mg</i>	4	PA; SP-Optum Specialty
<i>ambrisentan tabs 10mg, 5mg</i>	5	PA; NEDS; SP-Optum Specialty
<i>bosentan tabs 125mg, 62.5mg</i>	5	PA; NEDS; SP-Optum Specialty
OPSUMIT TABS 10MG	5	PA; NEDS
ORENITRAM TITRATION KIT MONTH 1 TEPK 0	5	PA; NEDS

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ORENITRAM TITRATION KIT MONTH 2 TEPK 0	5	PA; NEDS
ORENITRAM TITRATION KIT MONTH 3 TEPK 0	5	PA; NEDS
ORENITRAM TBCR 0.125MG, 0.25MG, 1MG, 2.5MG	4	PA
ORENITRAM TBCR 5MG	5	PA; NEDS
<i>sildenafil citrate tabs 20mg</i>	3	PA; SP-Optum Specialty
<i>tadalafil tabs 20mg</i>	4	PA; SP-Optum Specialty
VENTAVIS SOLN 10MCG/ML, 20MCG/ML	5	PA; NEDS
WINREVAIR INJ 0, 45MG, 60MG	5	QL(1 EA per 21 days); PA; NEDS
Pulmonary Fibrosis Agents		
OFEV CAPS 100MG, 150MG	5	QL(60 EA per 30 days); PA; NEDS; SP-Optum Specialty
<i>pirfenidone caps 267mg</i>	5	QL(270 EA per 30 days); PA; NEDS
<i>pirfenidone tabs 534mg</i>	5	QL(135 EA per 30 days); PA; NEDS
<i>pirfenidone tabs 267mg</i>	5	QL(270 EA per 30 days); PA; NEDS; SP-Optum Specialty
<i>pirfenidone tabs 801mg</i>	5	QL(90 EA per 30 days); PA; NEDS; SP-Optum Specialty
Respiratory Tract Agents, Other		
<i>acetylcysteine soln 10%, 20%</i>	4	PA BvD
ANORO ELLIPTA AEPB 62.5MCG/ACT; 25MCG/ACT	3	QL(180 EA per 90 days)
BEVESPI AEROSPHERE AERO 4.8MCG/ACT; 9MCG/ACT	3	QL(10.7 GM per 30 days)
BREO ELLIPTA AEPB 100MCG/ACT; 25MCG/ACT, 200MCG/INH; 25MCG/INH, 50MCG/INH; 25MCG/INH	3	QL(180 EA per 90 days)
BREYNA AERO 160MCG/ACT; 4.5MCG/ACT, 80MCG/ACT; 4.5MCG/ACT	4	QL(30.9 GM per 90 days)
BREZTRI AEROSPHERE AERO 160MCG/ACT; 4.8MCG/ACT; 9MCG/ACT	3	QL(32.1 GM per 90 days)
BRONCHITOL CAPS 40MG	5	NEDS
COMBIVENT RESPIMAT AERS 100MCG/ACT; 20MCG/ACT	3	QL(24 GM per 90 days)
FASENRA PEN INJ 30MG/ML	5	PA; NEDS; SP-Optum Specialty
FASENRA INJ 10MG/0.5ML	4	PA
FASENRA INJ 30MG/ML	5	PA; NEDS
<i>fluticasone propionate/salmeterol diskus aepb 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act, 500mcg/act; 50mcg/act</i>	3	QL(180 EA per 90 days)
<i>fluticasone propionate/salmeterol aepb 500mcg/act; 50mcg/act</i>	3	QL(180 EA per 90 days)
<i>fluticasone propionate/salmeterol aepb 113mcg/act; 14mcg/act, 232mcg/act; 14mcg/act, 55mcg/act; 14mcg/act</i>	4	QL(3 EA per 90 days)
<i>ipratropium bromide/albuterol sulfate soln 2.5mg/3ml; 0.5mg/3ml</i>	2	PA BvD
STIOLTO RESPIMAT AERS 2.5MCG/ACT; 2.5MCG/ACT	3	QL(12 GM per 90 days)

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TRELEGY ELLIPTA AEPB 100MCG/ACT; 62.5MCG/ACT; 25MCG/ACT, 200MCG/INH; 62.5MCG/INH; 25MCG/INH	3	QL(180 EA per 90 days)
<i>wixela inhub aepb 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act, 500mcg/act; 50mcg/act</i>	3	QL(180 EA per 90 days)
Skeletal Muscle Relaxants		
<i>Skeletal Muscle Relaxants</i>		
<i>cyclobenzaprine hydrochloride tabs 10mg, 5mg</i>	2	
<i>cyclobenzaprine hydrochloride tabs 7.5mg</i>	4	
<i>methocarbamol tabs 500mg, 750mg</i>	3	
Sleep Disorder Agents		
<i>Sleep Promoting Agents</i>		
BELSOMRA TABS 10MG, 15MG, 20MG, 5MG	3	
<i>eszopiclone tabs 1mg, 2mg, 3mg</i>	2	
<i>ramelteon tabs 8mg</i>	4	QL(30 EA per 30 days)
<i>tasimelteon caps 20mg</i>	5	PA; NEDS
<i>temazepam caps 15mg, 30mg, 7.5mg</i>	2	
<i>zaleplon caps 10mg, 5mg</i>	2	
<i>zolpidem tartrate tabs 10mg, 5mg</i>	2	
<i>Wakefulness Promoting Agents</i>		
<i>armodafinil tabs 150mg, 200mg, 250mg, 50mg</i>	3	PA
<i>modafinil tabs 100mg, 200mg</i>	2	PA
<i>sodium oxybate soln 500mg/ml</i>	5	PA; NEDS

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ARMOUR THYROID	53	<i>1/2"</i>	
<i>asenapine maleate sl</i>	25	<i>b-d insulin syringe ultrafine ii/0.3ml/31g x</i>	60
<i>ashlyna</i>	51	<i>5/16"</i>	
<i>aspirin/dipyridamole er</i>	33	<i>bd insulin syringe ultra-fine/0.5ml/30g x</i>	60
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<i>atazanavir sulfate</i>	28	<i>bd insulin syringe ultra-fine/1ml/31g x 8mm</i>	60
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<i>atenolol/chlorthalidone</i>	36	<i>12.7mm</i>	
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BREYNA	66	<i>carbamazepine er</i>	11
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<i>briellyn</i>	51	<i>carbidopa/levodopa</i>	24
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<i>budesonide</i>	64	<i>cefazolin</i>	7
<i>budesonide er</i>	60	<i>cefazolin sodium</i>	6
<i>bumetanide</i>	37	<i>cefazolin sodium/dextrose</i>	6
<i>buprenorphine</i>	3	<i>cefazolin/dextrose</i>	7
<i>buprenorphine hcl</i>	5	<i>cefdinir</i>	7
<i>buprenorphine hcl/naloxone hcl</i>	5	<i>cefepime</i>	7
<i>buprenorphine hydrochloride/naloxone hydrochloride</i>	5	<i>cefepime hydrochloride</i>	7
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<i>cevimeline hydrochloride</i>	41	<i>clonidine hydrochloride</i>	34
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<i>chlorthalidone</i>	37	<i>clotrimazole/betamethasone dipropionate</i>	43
<i>cholestyramine</i>	38	<i>clozapine</i>	26
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<i>ciclopirox</i>	43	COARTEM	23
<i>ciclopirox nail lacquer</i>	43	COBENFY	40
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<i>cilostazol</i>	33	<i>colestipol hydrochloride</i>	38
CIMDUO	28	<i>colistimethate sodium</i>	6
<i>cimetidine</i>	48	COMBIVENT RESPIMAT	66
<i>cinacalcet hydrochloride</i>	60	COMETRIQ	19
<i>ciprofloxacin</i>	63	<i>constulose</i>	47
<i>ciprofloxacin hcl</i>	8	COPIKTRA	19
<i>ciprofloxacin hydrochloride</i>	8	CORLANOR	36
<i>ciprofloxacin hydrochloride</i>	62	CORTIFOAM	60
<i>ciprofloxacin i.v.-in d5w</i>	8	CORTISPORIN-TC	63
<i>ciprofloxacin/dexamethasone</i>	63	COSENTYX	55
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<i>clindamycin phosphate</i>	6	<i>curity gauze pads 2"x2" 12 ply</i>	60
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CYSTARAN	61	<i>dextrose 5%/sodium chloride 0.2%</i>	45
<i>dabigatran etexilate</i>	32	<i>dextrose 5%/sodium chloride 0.3%</i>	45
<i>dalfampridine er</i>	40	<i>dextrose 5%/sodium chloride 0.33%</i>	45
<i>danazol</i>	51	<i>dextrose 5%/sodium chloride 0.45%</i>	45
<i>dantrolene sodium</i>	26	<i>dextrose 5%/sodium chloride 0.9%</i>	45
DANZITEN	19	<i>dextrose 50%</i>	45
<i>dapagliflozin propanediol</i>	38	<i>dextrose 70%</i>	45
<i>dapsone</i>	16	<i>dextrose/sodium chloride</i>	45
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<i>daptomycin/sodium chloride</i>	6	<i>diazepam intensol</i>	30
<i>darunavir</i>	29	<i>diazepam rectal gel</i>	10
DARZALEX	23	<i>diazoxide</i>	31
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DAURISMO	19	<i>diclofenac potassium</i>	3
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<i>doxepin hydrochloride</i>	13	<i>endocet</i>	4
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<i>doxycycline hyclate</i>	9	<i>enilloring</i>	51
<i>doxycycline monohydrate</i>	9	<i>enoxaparin sodium</i>	32
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<i>drospirenone/ethinyl estradiol</i>	51	ENTRESTO	36
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<i>etodolac</i>	3	FLAREX	62
<i>etodolac er</i>	3	FLEBOGAMMA DIF	55
<i>etonogestrel/ethinyl estradiol</i>	51	<i>flecainide acetate</i>	34
<i>etravirine</i>	27	<i>fluconazole</i>	14
EUCRISA	42	<i>fluconazole in sodium chloride</i>	14
EULEXIN	16	<i>flucytosine</i>	14
<i>euthyrox</i>	53	<i>fludrocortisone acetate</i>	50
<i>everolimus</i>	19	<i>flunisolide</i>	64
<i>everolimus</i>	57	<i>fluocinolone acetonide</i>	42
EVOTAZ	29	<i>fluocinolone acetonide</i>	63
<i>exemestane</i>	18	<i>fluocinolone acetonide body</i>	42
EXKIVITY	19	<i>fluocinolone acetonide scalp</i>	42
<i>ezetimibe</i>	38	<i>fluocinolone acetonide topical</i>	42
<i>ezetimibe/simvastatin</i>	38	<i>fluocinonide</i>	42
<i>falmina</i>	51	<i>fluocinonide emulsified base</i>	42
<i>famciclovir</i>	29	<i>fluorometholone</i>	62
<i>famotidine</i>	48	<i>fluorouracil</i>	43
FANAPT	25	<i>fluoxetine dr</i>	13
FANAPT TITRATION PACK A	25	<i>fluoxetine hydrochloride</i>	13
FANAPT TITRATION PACK B	25	<i>fluphenazine decanoate</i>	24
FANAPT TITRATION PACK C	25	<i>fluphenazine hcl</i>	24
FARXIGA	38	<i>fluphenazine hydrochloride</i>	24
FASENRA	66	<i>flurbiprofen</i>	3
FASENRA PEN	66	<i>flurbiprofen sodium</i>	62
FEIRZA 1.5/30	51	<i>fluticasone propionate</i>	42
FEIRZA 1/20	51	<i>fluticasone propionate</i>	64
<i>felbamate</i>	9	<i>fluticasone propionate diskus</i>	64
<i>felodipine er</i>	35	<i>fluticasone propionate hfa</i>	64
<i>fenofibrate</i>	37	<i>fluticasone propionate/salmeterol</i>	66
<i>fenofibrate micronized</i>	37	<i>fluticasone propionate/salmeterol diskus</i>	66
<i>fenofibric acid dr</i>	38	<i>fluvastatin</i>	38
<i>fentanyl</i>	3	<i>fluvastatin sodium er</i>	38
<i>fentanyl citrate oral transmucosal</i>	4	<i>fluvoxamine maleate</i>	13
FETZIMA	13	<i>fondaparinux sodium</i>	33
FETZIMA TITRATION PACK	13	<i>formoterol fumarate</i>	65
FIASP	31	<i>fosamprenavir calcium</i>	29
FIASP FLEXTOUCH	31	<i>fosfomycin tromethamine</i>	6
FIASP PENFILL	31	<i>fosinopril sodium</i>	34
<i>fidaxomicin</i>	8	<i>fosinopril sodium/hydrochlorothiazide</i>	36
<i>finasteride</i>	49	FOTIVDA	19
<i>finzala</i>	51	FRUZAQLA	19
		<i>furosemide</i>	37
		FUZEON	28

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<i>fyavolv</i>	51	GOMEKLI	19
FYCOMPA	9	<i>granisetron hydrochloride</i>	14
<i>gabapentin</i>	10	<i>griseofulvin microsize</i>	14
<i>galantamine hydrobromide</i>	12	<i>griseofulvin ultramicrosize</i>	14
<i>galantamine hydrobromide er</i>	12	<i>guanfacine hydrochloride er</i>	39
<i>galbriela</i>	51	GVOKE HYPOPEN 1-PACK	31
<i>gallifrey</i>	53	GVOKE HYPOPEN 2-PACK	31
GAMMAGARD LIQUID	55	GVOKE KIT	31
GAMMAPLEX	55	GVOKE PFS	31
GARDASIL 9	58	HAEGARDA	55
<i>gatifloxacin</i>	62	<i>halobetasol propionate</i>	42
<i>gavilyte-c</i>	47	<i>haloette</i>	51
<i>gavilyte-g</i>	47	<i>haloperidol</i>	25
<i>gavilyte-n/flavor pack</i>	47	<i>haloperidol decanoate</i>	24
GAVRETO	19	<i>haloperidol lactate</i>	25
<i>gefitinib</i>	19	HAVRIX	58
<i>gemfibrozil</i>	38	<i>heather</i>	53
GEMTESA	49	<i>heparin sodium</i>	33
<i>generlac</i>	47	<i>heparin sodium/d5w</i>	33
GENGRAF	57	HEPLISAV-B	58
GENOTROPIN	50	HIBERIX	58
GENOTROPIN MINIQUICK	50	HIZENTRA	55
<i>gentamicin sulfate</i>	5	HUMALOG	32
<i>gentamicin sulfate</i>	62	HUMALOG JUNIOR KWIKPEN	31
<i>gentamicin sulfate/0.9% sodium chloride</i>	5	HUMALOG KWIKPEN	31
GENVOYA	27	HUMALOG MIX 50/50	31
GILOTRIF	19	HUMALOG MIX 50/50 KWIKPEN	31
<i>glatiramer acetate</i>	40	HUMALOG MIX 75/25	32
GLEOSTINE	16	HUMALOG MIX 75/25 KWIKPEN	32
<i>glimepiride</i>	30	HUMIRA	57
<i>glipizide</i>	30	HUMIRA PEDIATRIC CROHNS	57
<i>glipizide er</i>	30	DISEASE STARTER PACK	
<i>glipizide/metformin hydrochloride</i>	30	HUMIRA PEN	57
GLUCAGEN HYPOKIT	31	HUMIRA PEN-CD/UC/HS STARTER	57
GLUCAGON EMERGENCY KIT	31	HUMIRA PEN-PEDIATRIC UC	57
GLUCAGON EMERGENCY KIT FOR	31	STARTER PACK	
LOW BLOOD SUGAR		HUMIRA PEN-PS/UV STARTER	57
<i>glucose (dextrose) 50%</i>	45	HUMULIN 70/30	32
<i>glucose (dextrose) 70%</i>	45	HUMULIN 70/30 KWIKPEN	32
<i>glyburide</i>	30	HUMULIN N	32
<i>glyburide micronized</i>	30	HUMULIN N KWIKPEN	32
<i>glyburide/metformin hydrochloride</i>	30	HUMULIN R	32
<i>glycopyrrolate</i>	47	HUMULIN R U-500 (CONCENTRATED)	32
<i>glydo</i>	4	HUMULIN R U-500 KWIKPEN	32
GLYXAMBI	30	<i>hydralazine hydrochloride</i>	39

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<i>hydrochlorothiazide</i>	37	<i>insulin aspart flexpen</i>	32
<i>hydrocodone bitartrate/acetaminophen</i>	4	<i>insulin aspart penfill</i>	32
<i>hydrocodone/acetaminophen</i>	4	<i>insulin aspart protamine/insulin aspart</i>	32
<i>hydrocortisone</i>	42	<i>insulin lispro</i>	32
<i>hydrocortisone</i>	50	<i>insulin lispro junior kwikpen</i>	32
<i>hydrocortisone</i>	60	<i>insulin lispro kwikpen</i>	32
<i>hydrocortisone sodium succinate</i>	50	<i>insulin lispro protamine/insulin lispro</i>	32
<i>hydrocortisone valerate</i>	42	<i>kwikpen</i>	
<i>hydrocortisone/acetic acid</i>	63	INTELENCE	27
<i>hydromorphone hcl</i>	4	INTRALIPID	60
<i>hydroxychloroquine sulfate</i>	23	<i>introvale</i>	52
<i>hydroxyurea</i>	17	INVEGA HAFYERA	25
<i>hydroxyzine hcl</i>	64	INVEGA SUSTENNA	25
<i>hydroxyzine hydrochloride</i>	64	INVEGA TRINZA	25
<i>hydroxyzine pamoate</i>	64	IPOL INACTIVATED IPV	58
IBRANCE	17	<i>ipratropium bromide</i>	64
IBRANCE	19	<i>ipratropium bromide/albuterol sulfate</i>	66
<i>ibu</i>	3	<i>irbesartan</i>	34
<i>ibuprofen</i>	3	<i>irbesartan/hydrochlorothiazide</i>	36
<i>icatibant acetate</i>	55	ISENTRESS	27
<i>iclevia</i>	51	ISENTRESS HD	27
ICLUSIG	19	<i>isoniazid</i>	16
<i>icosapent ethyl</i>	38	<i>isosorbide dinitrate</i>	39
IDHIFA	20	<i>isosorbide mononitrate</i>	39
ILEVRO	62	<i>isosorbide mononitrate er</i>	39
<i>imatinib mesylate</i>	20	<i>isotonic gentamicin</i>	5
IMBRUVICA	20	<i>isotretinoin</i>	41
<i>imipenem/cilastatin</i>	8	ITOVEBI	17
<i>imipramine hcl</i>	13	<i>itraconazole</i>	14
<i>imipramine hydrochloride</i>	13	<i>ivabradine hydrochloride</i>	36
<i>imiquimod</i>	43	<i>ivermectin</i>	23
IMKELDI	20	IWILFIN	17
IMOVAX RABIES (H.D.C.V.)	58	IXCHIQ	58
IMPAVIDO	6	IXIARO	58
IMVEXXY MAINTENANCE PACK	52	<i>jaimiess</i>	52
IMVEXXY STARTER PACK	52	JAKAFI	20
INCRELEX	50	<i>jantoven</i>	33
INCRUSE ELLIPTA	64	JANUMET	30
<i>indapamide</i>	37	JANUMET XR	30
<i>indomethacin</i>	3	JANUVIA	30
INFANRIX	58	JARDIANCE	38
INLYTA	20	JAYPIRCA	20
INQOVI	20	JENTADUETO	30
INREBIC	17	JENTADUETO XR	30
<i>insulin aspart</i>	32	<i>jinteli</i>	52

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JOURNAVX	3	KYPROLIS	18
JUBBONTI	60	<i>labetalol hydrochloride</i>	35
JULUCA	27	<i>lacosamide</i>	11
<i>junel 1.5/30</i>	52	<i>lactated ringers</i>	45
<i>junel 1/20</i>	52	<i>lactulose</i>	47
<i>junel fe 1.5/30</i>	52	LAGEVRIO	29
<i>junel fe 1/20</i>	52	<i>lamivudine</i>	27
<i>junel fe 24</i>	52	<i>lamivudine</i>	28
JYLAMVO	57	<i>lamivudine/zidovudine</i>	28
JYNARQUE	46	<i>lamotrigine</i>	9
JYNNEOS	58	<i>lamotrigine er</i>	9
KALETRA	29	<i>lamotrigine odt</i>	9
KALYDECO	65	<i>lamotrigine starter kit/blue</i>	9
<i>kariva</i>	52	<i>lamotrigine starter kit/green</i>	9
<i>kcl 0.075%/d5w/nacl 0.45%</i>	45	<i>lamotrigine starter kit/orange</i>	9
<i>kcl 0.15%/d5w/nacl 0.2%</i>	45	<i>lanreotide acetate</i>	54
<i>kcl 0.15%/d5w/nacl 0.45%</i>	45	<i>lansoprazole</i>	48
<i>kcl 0.15%/d5w/nacl 0.9%</i>	45	LANTUS	32
<i>kcl 0.3%/d5w/nacl 0.45%</i>	45	LANTUS SOLOSTAR	32
<i>kcl 0.3%/d5w/nacl 0.9%</i>	45	<i>lapatinib ditosylate</i>	20
<i>kelnor 1/35</i>	52	<i>larin 1.5/30</i>	52
<i>kenalog-10</i>	50	<i>larin 1/20</i>	52
KERENDIA	38	<i>larin fe 1.5/30</i>	52
KESIMPTA	40	<i>larin fe 1/20</i>	52
<i>ketoconazole</i>	14	<i>latanoprost</i>	63
<i>ketorolac tromethamine</i>	63	LAZCLUZE	18
KINERET	55	<i>leflunomide</i>	57
KINRIX	58	<i>lenalidomide</i>	17
KISQALI	20	LENVIMA 10 MG DAILY DOSE	20
KISQALI FEMARA 200 DOSE	17	LENVIMA 12MG DAILY DOSE	20
KISQALI FEMARA 400 DOSE	17	LENVIMA 14 MG DAILY DOSE	20
KISQALI FEMARA 600 DOSE	17	LENVIMA 18 MG DAILY DOSE	20
<i>klayesta</i>	15	LENVIMA 20 MG DAILY DOSE	20
<i>klor-con</i>	45	LENVIMA 24 MG DAILY DOSE	20
<i>klor-con 10</i>	45	LENVIMA 4 MG DAILY DOSE	20
<i>klor-con 8</i>	45	LENVIMA 8 MG DAILY DOSE	20
<i>klor-con m10</i>	45	<i>lessina</i>	52
<i>klor-con m15</i>	45	<i>letrozole</i>	18
<i>klor-con m20</i>	45	<i>leucovorin calcium</i>	18
<i>klor-con/ef</i>	45	LEUKERAN	16
KLOXXADO	5	<i>leuprolide acetate</i>	54
KOSELUGO	20	<i>levalbuterol</i>	65
<i>kourzeq</i>	41	<i>levalbuterol hcl</i>	65
<i>k-prime</i>	45	<i>levalbuterol hydrochloride</i>	65
KRAZATI	20	<i>levetiracetam</i>	10

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<i>levetiracetam er</i>	10	LOTEMAX	63
<i>levobunolol hcl</i>	63	<i>loteprednol etabonate</i>	63
<i>levocarnitine</i>	60	<i>lovastatin</i>	38
<i>levocetirizine dihydrochloride</i>	64	<i>loxapine</i>	25
<i>levofloxacin</i>	9	<i>lubiprostone</i>	47
<i>levofloxacin</i>	62	LUMAKRAS	20
<i>levofloxacin in d5w</i>	8	LUMIGAN	63
<i>levonest</i>	52	LUPRON DEPOT (1-MONTH)	54
<i>levonorgestrel and ethinyl estradiol</i>	52	LUPRON DEPOT (3-MONTH)	54
<i>levonorgestrel/ethinyl estradiol</i>	52	LUPRON DEPOT (4-MONTH)	54
<i>levora 0.15/30-28</i>	52	LUPRON DEPOT (6-MONTH)	54
<i>levo-t</i>	53	<i>lurasidone hydrochloride</i>	25
<i>levothyroxine sodium</i>	54	LYBALVI	25
<i>levoxyl</i>	54	LYNPARZA	21
LEXIVA	29	LYSODREN	18
<i>l-glutamine</i>	49	LYTGOBI	21
LIBERVANT	10	<i>magnesium sulfate</i>	45
<i>lidocaine</i>	4	<i>malathion</i>	43
<i>lidocaine hcl</i>	4	<i>maraviroc</i>	28
<i>lidocaine hcl jelly</i>	4	<i>marlissa</i>	52
<i>lidocaine hydrochloride</i>	4	MARPLAN	12
<i>lidocaine hydrochloride jelly</i>	4	MATULANE	16
<i>lidocaine hydrochloride viscous</i>	41	<i>matzim la</i>	35
<i>lidocaine viscous</i>	41	MAVYRET	27
<i>lidocaine/prilocaine</i>	4	<i>meclizine hcl</i>	14
LILETTA	53	<i>medroxyprogesterone acetate</i>	53
<i>linezolid</i>	6	<i>mefloquine hydrochloride</i>	23
LINZESS	47	<i>megestrol acetate</i>	53
<i>liothyronine sodium</i>	54	MEKINIST	21
<i>lisinopril</i>	34	MEKTOVI	21
<i>lisinopril/hydrochlorothiazide</i>	36	<i>meleya</i>	53
<i>lithium</i>	30	<i>meloxicam</i>	3
<i>lithium carbonate</i>	30	<i>memantine hcl titration pak</i>	12
<i>lithium carbonate er</i>	30	<i>memantine hydrochloride</i>	12
LIVTENCITY	26	<i>memantine hydrochloride er</i>	12
<i>lojaimiess</i>	52	<i>memantine/donepezil hydrochloride er</i>	12
LOKELMA	47	MENACTRA	58
LONSURF	18	MENQUADFI	58
<i>loperamide hydrochloride</i>	47	MENVEO	58
<i>lopinavir/ritonavir</i>	29	<i>mercaptopurine</i>	17
<i>lorazepam</i>	30	<i>meropenem</i>	8
<i>lorazepam intensol</i>	30	<i>mesalamine</i>	59
LORBRENA	20	<i>mesalamine dr</i>	59
<i>losartan potassium</i>	34	<i>mesalamine er</i>	59
<i>losartan potassium/hydrochlorothiazide</i>	36	<i>mesna</i>	23

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<i>metformin hydrochloride er</i>	30	<i>mirtazapine odt</i>	12
<i>methadone hcl</i>	3	<i>misoprostol</i>	48
<i>methazolamide</i>	63	M-M-R II	58
<i>methenamine hippurate</i>	6	<i>modafinil</i>	67
<i>methenamine mandelate</i>	6	<i>moexipril hydrochloride</i>	34
<i>methimazole</i>	55	<i>molindone hydrochloride</i>	25
<i>methocarbamol</i>	67	<i>mometasone furoate</i>	43
<i>methotrexate</i>	58	<i>mometasone furoate</i>	64
<i>methotrexate sodium</i>	57	<i>montelukast sodium</i>	64
<i>methsuximide</i>	10	<i>morphine sulfate</i>	4
<i>methylphenidate hydrochloride</i>	40	<i>morphine sulfate er</i>	3
<i>methylphenidate hydrochloride er</i>	40	MOUNJARO	30
<i>methylphenidate hydrochloride er (cd)</i>	39	MOVANTIK	47
<i>methylphenidate hydrochloride er (la)</i>	39	<i>moxifloxacin hydrochloride/sodium</i>	9
<i>methylphenidate hydrochloride er (osm)</i>	40	<i>hydrochloride</i>	
<i>methylprednisolone</i>	50	<i>moxifloxacin hydrochloride</i>	9
<i>methylprednisolone acetate</i>	50	<i>moxifloxacin hydrochloride</i>	62
<i>methylprednisolone dose pack</i>	50	MOZOBIL	33
<i>metoclopramide hcl</i>	47	MRESVIA	59
<i>metoclopramide hydrochloride</i>	47	MULTAQ	34
<i>metolazone</i>	37	<i>mupirocin</i>	44
<i>metoprolol succinate er</i>	35	<i>mycophenolate mofetil</i>	58
<i>metoprolol tartrate</i>	35	<i>mycophenolic acid dr</i>	58
<i>metoprolol/hydrochlorothiazide</i>	37	MYRBETRIQ	49
<i>metronidazole</i>	6	<i>nabumetone</i>	3
<i>metronidazole</i>	41	<i>nadolol</i>	35
<i>metronidazole vaginal</i>	6	<i>nafacillin sodium</i>	8
<i>metyrosine</i>	37	<i>naftifine hydrochloride</i>	15
<i>mexiletine hydrochloride</i>	34	<i>naloxone hcl</i>	5
<i>mibelas 24 fe</i>	52	<i>naloxone hydrochloride</i>	5
<i>micafungin</i>	15	<i>naltrexone hydrochloride</i>	5
<i>miconazole 3</i>	15	NAMZARIC	12
<i>microgestin 1.5/30</i>	52	<i>naproxen</i>	3
<i>microgestin 1/20</i>	52	<i>naproxen dr</i>	3
<i>microgestin fe 1.5/30</i>	52	<i>naproxen sodium</i>	3
<i>microgestin fe 1/20</i>	52	<i>naratriptan hcl</i>	15
<i>midodrine hydrochloride</i>	34	NATACYN	62
MIEBO	61	<i>nateglinide</i>	30
<i>mifepristone</i>	54	NAYZILAM	10
<i>miglitol</i>	30	<i>nebivolol hydrochloride</i>	35
<i>minocycline hcl</i>	9	<i>necon 0.5/35-28</i>	52
<i>minocycline hydrochloride</i>	9	<i>nefazodone hydrochloride</i>	13
<i>minoxidil</i>	39	<i>neomycin sulfate</i>	5
<i>minzoya</i>	52	<i>neomycin/bacitracin/polymyxin</i>	61

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<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	61	<i>novolin n</i>	32
<i>neomycin/polymyxin/dexamethasone</i>	61	<i>novolin n flexpen</i>	32
<i>neomycin/polymyxin/gramicidin</i>	61	<i>novolin r</i>	32
<i>neomycin/polymyxin/hc</i>	63	<i>novolin r flexpen</i>	32
<i>neomycin/polymyxin/hydrocortisone</i>	61	<i>novolog</i>	32
<i>neomycin/polymyxin/hydrocortisone neo-polycin</i>	64	<i>novolog flexpen</i>	32
<i>neo-polycin</i>	61	<i>novolog mix 70/30</i>	32
<i>neo-polycin hc</i>	61	<i>novolog mix 70/30 prefilled flexpen</i>	32
NERLYNX	21	<i>novolog penfill</i>	32
NEULASTA	33	<i>np thyroid 120</i>	54
NEULASTA ONPRO KIT	33	<i>np thyroid 15</i>	54
<i>nevirapine</i>	28	<i>np thyroid 30</i>	54
<i>nevirapine er</i>	27	<i>np thyroid 60</i>	54
NEXLETOL	38	<i>np thyroid 90</i>	54
NEXLIZET	38	NUBEQA	16
NEXPLANON	53	NUEDEXTA	40
<i>niacin er</i>	38	NULOJIX	58
NICOTROL INHALER	5	NUPLAZID	25
NICOTROL NS	5	NURTEC	15
<i>nifedipine er</i>	35	NUTRILIPID	60
<i>nikki</i>	52	NUVESSA	6
<i>nilotinib hydrochloride</i>	21	<i>nyamyc</i>	15
<i>nilutamide</i>	16	<i>nystatin</i>	15
<i>nimodipine</i>	35	<i>nystatin/triamcinolone</i>	43
NINLARO	21	<i>nystatin/triamcinolone acetonide</i>	43
<i>nitazoxanide</i>	23	<i>nystop</i>	15
<i>nitisinone</i>	49	OCTAGAM	55
<i>nitrofurantoin macrocrystals</i>	6	<i>octreotide acetate</i>	54
<i>nitrofurantoin monohydrate/macrocrystals</i>	6	ODEFSEY	28
<i>nitroglycerin</i>	39	ODOMZO	21
<i>nitroglycerin</i>	47	OFEV	66
<i>nitroglycerin transdermal</i>	39	<i>ofloxacin</i>	62
NIVA THYROID	54	<i>ofloxacin</i>	64
<i>norelgestromin/ethinyl estradiol</i>	52	OGSIVEO	18
<i>norethindrone acetate</i>	53	OJEMDA	18
<i>norethindrone acetate/ethinyl estradiol</i>	52	OJJAARA	21
<i>nortrel 0.5/35 (28)</i>	52	<i>olanzapine</i>	26
<i>nortrel 1/35</i>	52	<i>olanzapine odt</i>	26
<i>nortrel 7/7/7</i>	52	<i>olmesartan medoxomil</i>	34
<i>nortriptyline hcl</i>	14	<i>olmesartan</i>	37
<i>nortriptyline hydrochloride</i>	14	<i>medoxomil/amlodipine/hydrochlorothiazide</i>	37
NORVIR	29	<i>olmesartan medoxomil/hydrochlorothiazide</i>	37
<i>novolin 70/30</i>	32	<i>olopatadine hydrochloride</i>	62
		<i>omega-3-acid ethyl esters</i>	38

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	Drug Name	Page #	Drug Name	Page #
	<i>omeprazole</i>	48	<i>oseltamivir phosphate</i>	29
	<i>omeprazole dr</i>	48	OSPHENA	53
OMNIPOD 5 DEXCOM G7G6 INTRO KIT		60	OTEZLA	43
(GEN 5)			OTEZLA	55
OMNIPOD 5 DEXCOM G7G6 PODS		60	<i>oxacillin sodium</i>	8
(GEN 5)			<i>oxaprozin</i>	3
OMNIPOD 5 G7 INTRO KIT (GEN 5)		60	<i>oxcarbazepine</i>	11
OMNIPOD 5 G7 PODS (GEN 5)		61	<i>oxybutynin chloride</i>	49
OMNIPOD 5 LIBRE2 PLUS G6 INTRO		61	<i>oxybutynin chloride er</i>	49
GEN 5			<i>oxycodone hydrochloride</i>	4
OMNIPOD 5 LIBRE2 PLUS G6 PODS		61	<i>oxycodone/acetaminophen</i>	4
OMNIPOD CLASSIC PODS (GEN 3)		61	OZEMPIC	30
OMNIPOD DASH INTRO KIT (GEN 4)		61	<i>paclitaxel</i>	18
OMNIPOD DASH PDM KIT (GEN 4)		61	<i>paliperidone er</i>	26
OMNIPOD DASH PODS (GEN 4)		61	PANRETIN	23
OMNIPOD GO 10 UNITS/DAY		61	<i>pantoprazole sodium</i>	48
OMNIPOD GO 15 UNITS/DAY		61	<i>paricalcitol</i>	60
OMNIPOD GO 20 UNITS/DAY		61	<i>paroxetine hcl</i>	13
OMNIPOD GO 25 UNITS/DAY		61	<i>paroxetine hydrochloride</i>	13
OMNIPOD GO 30 UNITS/DAY		61	PAXLOVID	29
OMNIPOD GO 35 UNITS/DAY		61	<i>pazopanib hydrochloride</i>	21
OMNIPOD GO 40 UNITS/DAY		61	PEDIARIX	59
<i>ondansetron hcl</i>		14	PEDVAX HIB	59
<i>ondansetron hydrochloride</i>		14	<i>peg-3350/electrolytes</i>	48
<i>ondansetron odt</i>		14	<i>peg-3350/electrolytes/ascorbate</i>	48
ONUREG		18	<i>peg-3350/nacl/na bicarbonate/kcl</i>	48
OPDIVO		23	<i>peg-3350/sodium sulf/naclpotassium cl/na</i>	48
OPIPZA		26	<i>ascorbate/ascorbic</i>	
<i>opium</i>		47	PEGASYS	56
<i>opium tincture</i>		47	PEGASYS	58
OPSUMIT		65	PEMAZYRE	21
OPVEE		5	PENBRAYA	59
<i>oralone dental paste</i>		41	<i>penicillamine</i>	46
ORENCIA		55	<i>penicillin g potassium</i>	8
ORENCIA CLICKJECT		55	<i>penicillin g sodium</i>	8
ORENITRAM		66	<i>penicillin v potassium</i>	8
ORENITRAM TITRATION KIT MONTH		65	PENMENVY	59
1			PENTACEL	59
ORENITRAM TITRATION KIT MONTH		66	<i>pentamidine isethionate</i>	23
2			<i>pentoxifylline er</i>	37
ORENITRAM TITRATION KIT MONTH		66	<i>perampanel</i>	10
3			<i>perindopril erbumine</i>	34
ORGOVYX		54	<i>perio gard</i>	41
ORKAMBI		65	<i>permethrin</i>	43
ORSERDU		17	<i>perphenazine</i>	25

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PERSERIS	26	<i>prazosin hydrochloride</i>	34
<i>phenelzine sulfate</i>	12	<i>prednisolone</i>	50
<i>phenobarbital</i>	10	<i>prednisolone acetate</i>	63
<i>phenytek</i>	11	<i>prednisolone sodium phosphate</i>	50
<i>phenytoin</i>	11	<i>prednisolone sodium phosphate</i>	63
<i>phenytoin sodium extended</i>	11	<i>prednisone</i>	50
PIFELTRO	28	<i>pregabalin</i>	10
<i>pilocarpine hcl</i>	63	PREHEVBRIO	59
<i>pilocarpine hydrochloride</i>	41	PREMARIN	52
<i>pilocarpine hydrochloride</i>	63	PREMASOL	46
<i>pimecrolimus</i>	43	<i>premium lidocaine</i>	5
<i>pimozide</i>	25	PREMPHASE	52
<i>pindolol</i>	35	<i>prenatal</i>	47
<i>pioglitazone hcl</i>	31	<i>prevalite</i>	38
<i>pioglitazone hcl/metformin hcl</i>	31	PREVYMIS	26
<i>pioglitazone hcl-glimepiride</i>	30	PREZCOBIX	29
<i>pioglitazone hydrochloride</i>	31	PREZISTA	29
<i>piperacillin sodium/tazobactam sodium</i>	8	PRIFTIN	16
PIQRAY 200MG DAILY DOSE	21	<i>primaquine phosphate</i>	23
PIQRAY 250MG DAILY DOSE	21	<i>primidone</i>	11
PIQRAY 300MG DAILY DOSE	21	PRIORIX	59
<i>pirfenidone</i>	66	PRIVIGEN	55
<i>piroxicam</i>	3	PROAIR RESPICLICK	65
<i>pitavastatin calcium</i>	38	<i>probenecid</i>	15
PLEGRIDY	40	<i>probenecid/colchicine</i>	15
PLEGRIDY STARTER PACK	40	<i>prochlorperazine</i>	14
PLENAMINE	45	<i>prochlorperazine edisylate</i>	14
<i>plerixafor</i>	33	<i>prochlorperazine maleate</i>	14
<i>podofilox</i>	43	PROCRIT	33
<i>polycin</i>	61	<i>procto-med hc</i>	60
<i>polymyxin b sulfate/trimethoprim sulfate</i>	62	<i>proctosol hc</i>	60
POMALYST	17	<i>proctozone-hc</i>	60
<i>portia-28</i>	52	<i>progesterone</i>	53
<i>posaconazole</i>	15	PROGRAF	58
<i>posaconazole dr</i>	15	PROLASTIN-C	49
<i>potassium chloride</i>	45	<i>promethazine hcl</i>	14
<i>potassium chloride er</i>	45	<i>promethazine hydrochloride</i>	14
<i>potassium chloride/dextrose/sodium chloride</i>	45	<i>promethazine hydrochloride plain</i>	14
<i>potassium citrate er</i>	46	<i>propafenone hcl</i>	34
PRALUENT	38	<i>propafenone hydrochloride</i>	34
<i>pramipexole dihydrochloride</i>	24	<i>propafenone hydrochloride er</i>	34
<i>prasugrel hydrochloride</i>	34	<i>propranolol hcl</i>	35
<i>pravastatin sodium</i>	38	<i>propranolol hydrochloride</i>	35
<i>praziquantel</i>	23	<i>propranolol hydrochloride er</i>	35
		<i>propylthiouracil</i>	55

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PROQUAD	59	REYATAZ	29
PROSOL	46	REZDIFFRA	54
<i>protriptyline hcl</i>	14	REZLIDHIA	21
PULMOZYME	65	REZUROCK	58
<i>pyrazinamide</i>	16	RHOPRESSA	63
<i>pyridostigmine bromide</i>	16	<i>ribavirin</i>	27
<i>pyridostigmine bromide er</i>	16	<i>rifabutin</i>	16
<i>pyrimethamine</i>	23	<i>rifampin</i>	16
QINLOCK	21	<i>riluzole</i>	40
QUADRACEL	59	<i>rimantadine hydrochloride</i>	29
<i>quetiapine fumarate</i>	26	RINVOQ	56
<i>quinapril hydrochloride</i>	34	RINVOQ LQ	55
<i>quinapril/hydrochlorothiazide</i>	37	<i>risedronate sodium</i>	60
<i>quinidine sulfate</i>	34	<i>risedronate sodium dr</i>	60
<i>quinine sulfate</i>	24	<i>risperidone</i>	26
QULIPTA	15	<i>risperidone er</i>	26
QVAR REDIHALER	64	<i>risperidone odt</i>	26
RABAVERT	59	<i>ritonavir</i>	29
<i>rabeprazole sodium</i>	48	<i>rivaroxaban</i>	33
RADICAVA ORS	40	<i>rivastigmine tartrate</i>	12
RADICAVA ORS STARTER KIT	40	<i>rivastigmine transdermal system</i>	12
RALDESY	13	<i>rizatriptan benzoate</i>	16
<i>raloxifene hydrochloride</i>	53	<i>rizatriptan benzoate odt</i>	15
<i>ramelteon</i>	67	ROCKLATAN	62
<i>ramipril</i>	34	<i>roflumilast</i>	65
<i>ranolazine er</i>	37	ROMVIMZA	21
<i>rasagiline mesylate</i>	24	<i>ropinirole er</i>	24
RAYALDEE	60	<i>ropinirole hcl</i>	24
REBIF	41	<i>ropinirole hydrochloride</i>	24
REBIF REBIDOSE	41	<i>rosuvastatin calcium</i>	38
REBIF REBIDOSE TITRATION PACK	40	<i>rosyrah</i>	53
REBIF TITRATION PACK	41	ROTARIX	59
RECOMBIVAX HB	59	ROTATEQ	59
RELENZA DISKHALER	29	<i>roweepra</i>	10
<i>repaglinide</i>	31	ROZLYTREK	21
REPATHA	38	RUBRACA	21
REPATHA PUSHTRONEX SYSTEM	38	<i>rufinamide</i>	11
REPATHA SURECLICK	38	RUKOBIA	28
RESTASIS	62	RYBELSUS	31
RESTASIS MULTIDOSE	62	RYDAPT	21
RETACRIT	33	<i>salsalate</i>	3
RETEVMO	21	SANTYL	43
REVCOVI	49	<i>sapropterin dihydrochloride</i>	49
REVUFORJ	18	SAVELLA	40
REXULTI	26	SAVELLA TITRATION PACK	40

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<i>saxagliptin hydrochloride</i>	31	SPIRIVA RESPIMAT	64
SCSEMBLIX	21	<i>spironolactone</i>	38
<i>scopolamine</i>	14	<i>spironolactone/hydrochlorothiazide</i>	37
SECUADO	26	SPRITAM	10
<i>selegiline hcl</i>	24	<i>sps</i>	47
<i>selenium sulfide</i>	43	<i>ssd</i>	43
SELZENTRY	28	STAMARIL	59
SEREVENT DISKUS	65	STELARA	56
<i>sertraline hcl</i>	13	STEQEYMA	56
<i>sertraline hydrochloride</i>	13	<i>sterile water for irrigation</i>	61
<i>sevelamer carbonate</i>	47	STIOLTO RESPIMAT	66
<i>sf 5000 plus</i>	41	STIVARGA	22
<i>sharobel</i>	53	<i>streptomycin sulfate</i>	5
SHINGRIX	59	STRIBILD	27
SIGNIFOR	54	STRIVERDI RESPIMAT	65
<i>sildenafil</i>	50	<i>subvenite</i>	10
<i>sildenafil citrate</i>	50	<i>subvenite starter kit/blue</i>	10
<i>sildenafil citrate</i>	66	<i>subvenite starter kit/green</i>	10
<i>silver sulfadiazine</i>	43	<i>subvenite starter kit/orange</i>	10
SIMBRINZA	62	<i>sucrafate</i>	48
<i>simvastatin</i>	38	<i>sulfacetamide sodium</i>	9
<i>sirolimus</i>	58	<i>sulfacetamide sodium</i>	62
SIRTURO	16	<i>sulfacetamide sodium/prednisolone sodium</i>	62
SKYRIZI	56	<i>phosphate</i>	
SKYRIZI PEN	56	<i>sulfadiazine</i>	9
<i>sodium chloride</i>	46	<i>sulfamethoxazole/trimethoprim</i>	9
<i>sodium chloride 0.45%</i>	46	<i>sulfamethoxazole/trimethoprim ds</i>	9
<i>sodium chloride 0.9%</i>	61	SULFAMYLON	44
<i>sodium fluoride</i>	41	<i>sulfasalazine</i>	60
<i>sodium fluoride 5000 plus</i>	41	<i>sulindac</i>	3
<i>sodium fluoride 5000 ppm</i>	41	<i>sumatriptan</i>	16
<i>sodium oxybate</i>	67	<i>sumatriptan succinate</i>	16
<i>sodium phenylbutyrate</i>	49	<i>sumatriptan succinate refill</i>	16
<i>sodium polystyrene sulfonate</i>	47	<i>sunitinib malate</i>	22
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	48	SUNLENCA	28
<i>solifenacin succinate</i>	49	SYMLINPEN 120	31
SOLTAMOX	17	SYMLINPEN 60	31
SOMATULINE DEPOT	54	SYMPAZAN	11
SOMAVERT	54	SYMTUZA	29
<i>sorafenib</i>	22	SYNAREL	54
<i>sorafenib tosylate</i>	22	SYNJARDY	31
<i>sotalol hcl</i>	34	SYNJARDY XR	31
<i>sotalol hydrochloride</i>	35	SYNTHROID	54
<i>sotalol hydrochloride (af)</i>	35	TABLOID	17
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<i>tacrolimus</i>	58	<i>tiagabine hydrochloride</i>	11
<i>tadalafil</i>	49	TIBSOVO	22
<i>tadalafil</i>	66	<i>ticagrelor</i>	34
TAFINLAR	22	TICOVAC	59
TAGRISO	22	<i>tigecycline</i>	6
TALZENNA	22	<i>timolol hemihydrate</i>	63
<i>tamoxifen citrate</i>	17	<i>timolol maleate</i>	15
<i>tamsulosin hydrochloride</i>	49	<i>timolol maleate</i>	63
<i>tarina fe 1/20 eq</i>	53	<i>timolol maleate ophthalmic gel forming</i>	63
<i>tasimelteon</i>	67	<i>tinidazole</i>	6
TAVNEOS	56	<i>tiopronin dr</i>	50
<i>tazarotene</i>	41	TIVICAY	27
<i>tazicef</i>	7	TIVICAY PD	27
<i>taztia xt</i>	35	<i>tizanidine hcl</i>	26
TAZVERIK	22	<i>tizanidine hydrochloride</i>	26
TDVAX	59	TOBI PODHALER	65
TEFLARO	7	TOBRADEX ST	62
<i>telmisartan</i>	34	<i>tobramycin</i>	62
<i>telmisartan/amlodipine</i>	37	<i>tobramycin sulfate</i>	5
<i>telmisartan/hydrochlorothiazide</i>	37	<i>tobramycin/dexamethasone</i>	62
<i>temazepam</i>	67	<i>tolterodine tartrate</i>	49
TENIVAC	59	<i>tolterodine tartrate er</i>	49
<i>tenofovir disoproxil fumarate</i>	28	<i>topiramate</i>	10
TEPMETKO	22	<i>toremifene citrate</i>	17
<i>terazosin hcl</i>	49	<i>torse mide</i>	37
<i>terazosin hydrochloride</i>	49	TOUJEO MAX SOLOSTAR	32
<i>terbinafine hcl</i>	15	TOUJEO SOLOSTAR	32
<i>terconazole</i>	15	TRADJENTA	31
<i>teriflunomide</i>	41	<i>tramadol hydrochloride</i>	4
<i>teriparatide</i>	60	<i>tramadol hydrochloride er</i>	3
<i>testosterone</i>	51	<i>tramadol hydrochloride/acetaminophen</i>	4
<i>testosterone cypionate</i>	51	<i>trandolapril</i>	34
<i>testosterone enanthate</i>	51	<i>trandolapril/verapamil hcl er</i>	37
<i>testosterone pump</i>	51	<i>tranexamic acid</i>	33
TETANUS/DIPHThERIA TOXOIDS- ADSORBED ADULT	59	<i>tranylcypromine sulfate</i>	12
<i>tetrabenazine</i>	40	TRAVASOL	46
<i>tetracycline hydrochloride</i>	9	<i>travoprost</i>	63
THALOMID	17	<i>trazodone hydrochloride</i>	13
<i>theophylline</i>	65	TRECTOR	16
<i>theophylline er</i>	65	TRELEGY ELLIPTA	67
<i>thioridazine hydrochloride</i>	25	TRESIBA	32
<i>thiothixene</i>	25	TRESIBA FLEXTOUCH	32
THYROID	54	<i>tretinoin</i>	23
		<i>tretinoin</i>	41

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<i>triamcinolone acetonide</i>	43	VALTOCO 10 MG DOSE	11
<i>triamcinolone acetonide</i>	50	VALTOCO 15 MG DOSE	11
<i>triamcinolone acetonide dental paste</i>	41	VALTOCO 20 MG DOSE	11
<i>triamterene</i>	37	VALTOCO 5 MG DOSE	11
<i>triamterene/hydrochlorothiazide</i>	37	<i>valtya 1/50</i>	53
<i>trientine hydrochloride</i>	46	<i>vancomycin</i>	6
<i>trifluoperazine hcl</i>	25	<i>vancomycin hcl</i>	6
<i>trifluoperazine hydrochloride</i>	25	<i>vancomycin hydrochloride</i>	6
<i>trifluridine</i>	62	VANFLYTA	22
<i>trihexyphenidyl hcl</i>	24	VAQTA	59
<i>trihexyphenidyl hydrochloride</i>	24	<i>varenicline starting month</i>	5
TRIKAFTA	65	<i>varenicline tartrate</i>	5
<i>trimethoprim</i>	6	VARIVAX	59
<i>trimipramine maleate</i>	14	VAXCHORA	59
TRINTELLIX	13	<i>velivet</i>	53
<i>tri-sprintec</i>	53	VELPHORO	47
TRIUMEQ	28	VEMLIDY	27
TRIUMEQ PD	28	VENCLEXTA	22
<i>trivora-28</i>	53	VENCLEXTA STARTING PACK	22
TROPHAMINE	46	<i>venlafaxine hydrochloride</i>	13
<i>trospium chloride</i>	49	<i>venlafaxine hydrochloride er</i>	13
TRULICITY	31	VENTAVIS	66
TRUMENBA	59	VEOZAH	40
TRUQAP	22	<i>verapamil hcl</i>	36
TUKYSA	22	<i>verapamil hcl er</i>	35
TURALIO	22	<i>verapamil hcl sr</i>	35
<i>turqoz</i>	53	<i>verapamil hydrochloride</i>	36
TWINRIX	59	<i>verapamil hydrochloride er</i>	36
TYBOST	28	VERQUVO	39
TYENNE	56	VERSACLOZ	26
TYPHIM VI	59	VERZENIO	22
TYRVAYA	5	<i>vigabatrin</i>	11
UBRELVY	15	VIGAFYDE	11
UDENYCA	33	<i>vigpoder</i>	11
UDENYCA ONBODY	33	<i>vilazodone hydrochloride</i>	13
<i>unithroid</i>	54	VIMKUNYA	59
<i>ursodiol</i>	48	VIRACEPT	29
<i>ustekinumab</i>	56	VIREAD	28
<i>valacyclovir hydrochloride</i>	29	VITRAKVI	22
VALCHLOR	16	VIVITROL	5
<i>valganciclovir</i>	27	VIVOTIF	59
<i>valganciclovir hydrochloride</i>	27	VIZIMPRO	22
<i>valproic acid</i>	10	VONJO	18
<i>valsartan</i>	34	VOQUEZNA	48
<i>valsartan/hydrochlorothiazide</i>	37	VOQUEZNA DUAL PAK	6

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VORANIGO	23	ZELBORAF	23
<i>voriconazole</i>	15	ZENATANE	41
VOSEVI	27	ZENPEP	49
VOWST	48	ZEPOSIA	41
VRAYLAR	26	ZEPOSIA 7-DAY STARTER PACK	41
VUMERITY	41	<i>zidovudine</i>	28
<i>vyfemla</i>	53	<i>ziprasidone hcl</i>	26
VYZULTA	63	<i>ziprasidone mesylate</i>	26
<i>warfarin sodium</i>	33	ZIRGAN	62
WELIREG	49	<i>zoledronic acid</i>	60
WINREVAIR	66	ZOLINZA	18
<i>wixela inhub</i>	67	<i>zolpidem tartrate</i>	67
WYOST	60	ZONISADE	11
XALKORI	22	<i>zonisamide</i>	12
XARAH FE	53	ZOSYN	8
XARELTO	33	<i>zovia 1/35</i>	53
XARELTO STARTER PACK	33	ZTALMY	11
XATMEP	58	ZURZUVAE	12
XCOPRI	11	ZYDELIG	23
XDEMVY	62	ZYKADIA	23
XELJANZ	56	ZYPREXA RELPREVV	26
XELJANZ XR	56		
<i>xelria fe</i>	53		
XERMELO	47		
XIFAXAN	48		
XIGDUO XR	31		
XIIDRA	62		
XOFLUZA	29		
XOLAIR	56		
XOSPATA	22		
XPOVIO	23		
XPOVIO 60 MG TWICE WEEKLY	23		
XPOVIO 80 MG TWICE WEEKLY	23		
XTANDI	17		
<i>xulane</i>	53		
YERVOY	23		
YESINTEK	56		
YF-VAX	59		
YONSA	17		
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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.

English ATTENTION: If you speak another language, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-888-341-1507 (HMO)/1-866-632-0060 (PPO) (TTY: 711) or speak to your provider.

Español (Spanish) ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-888-341-1507 (HMO)/1-866-632-0060 (PPO) (TTY: 711) o hable con su proveedor.

Português (Portuguese) ATENÇÃO: Se fala Português, estão disponíveis para si serviços gratuitos de assistência linguística. Também estão disponíveis gratuitamente ajudas e serviços auxiliares adequados para fornecer informações em formatos acessíveis. Ligue para 1-888-341-1507 (HMO)/1-866-632-0060 (PPO) (TTY - Dispositivo das telecomunicações para surdos: 711) ou fale com o seu prestador.

中文 (Simplified Chinese) 注意: 如果您说[中文], 我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务, 以无障碍格式提供信息。致电 1-888-341-1507 (HMO)/1-866-632-0060 (PPO) (文本电话: 711) 或咨询您的服务提供商。

Kreyòl Ayisyen (Haitian Creole) ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòm aksèsib yo disponib gratis tou. Rele nan 1-888-341-1507 (HMO)/1-866-632-0060 (PPO) (TTY: 711) oswa pale avèk founisè w la.

Việt (Vietnamese) LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-888-341-1507 (HMO)/1-866-632-0060 (PPO) (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

РУССКИЙ (Russian) ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-888-341-1507 (HMO)/1-866-632-0060 (PPO) (TTY: 711) или обратитесь к своему поставщику услуг.

العربية (Arabic) العربية تتيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجاناً. اتصل على الرقم 711 (1-888-341-1507) (PPO) 1-866-632-0060 (HMO) أو تحدث إلى مقدم الخدمة.

Français (French) ATTENTION: Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-888-341-1507 (HMO)/1-866-632-0060 (PPO) (TTY: 711) ou parlez à votre fournisseur.

Italiano (Italian) ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'1-888-341-1507 (HMO)/1-866-632-0060 (PPO) (tty: 711) o parla con il tuo fornitore.

한국어 (Korean) 주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-888-341-1507 (HMO)/1-866-632-0060 (PPO)(TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.

Ελληνικά (Greek) ΠΡΟΣΟΧΗ: Εάν μιλάτε ελληνικά, υπάρχουν διαθέσιμες δωρεάν υπηρεσίες υποστήριξης στη συγκεκριμένη γλώσσα. Διατίθενται δωρεάν κατάλληλα βοηθήματα και υπηρεσίες για παροχή πληροφοριών σε προσβάσιμες μορφές. Καλέστε το 1-888-341-1507 (HMO)/1-866-632-0060 (PPO) (TTY: 711) ή απευθυνθείτε στον πάροχό σας.

POLSKI (Polish) UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-888-341-1507 (HMO)/1-866-632-0060 (PPO) (TTY: 711) lub porozmawiaj ze swoim dostawcą.

हिंदी (Hindi) न दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-888-341-1507 (HMO)/1-866-632-0060 (PPO) (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।

SHQIP (Albanian) VINI RE: Nëse flisni [shqip], shërbime falas të ndihmës së gjuhës janë në dispozicion për ju. Ndhima të përshtatshme dhe shërbime shtesë për të siguruar informacion në formate të përdorshme janë gjithashtu në dispozicion falas. Telefononi 1-888-341-1507 (HMO)/1-866-632-0060 (PPO) (TTY: 711) ose bisedoni me ofruesin tuaj të shërbimit.

Tagalog (Tagalog) PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-888-341-1507 (HMO)/1-866-632-0060 (PPO) (TTY: 711) o makipag-usap sa iyong provider.



This formulary was updated on 10/01/2025. For more recent information or other questions, please contact CarePartners of Connecticut Member Services at **1-866-632-0060** (TTY users should call 711), 8:00 a.m. to 8:00 p.m., 7 days a week from October 1 to March 31 and Monday–Friday from April 1 to September 30, or visit **www.carepartnersct.com**.



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