

ZING HEALTH, INC. and ZING HEALTH OF MICHIGAN, INC.

H4624-001 Zing Choice IL (HMO)
H4624-003 Zing Select Care IN (HMO)
H4624-006 Zing Select Care MI (HMO)
H4624-019 Zing Dual Complete Select MI (HMO D-SNP)
H4624-022 Zing Elite Select MI (HMO)
H4624-026 Zing Elite Select IN (HMO)
H4624-030 Zing Elite Select IL (HMO)
H4624-037 Zing Elite Select OH (HMO)
H4624-038 Zing Select Care OH (HMO)
H4624-043 Zing Elite Select TN-MS (HMO)
H4624-044 Zing Select Care TN-MS (HMO)
H6876-001 Zing Open Choice MI (PPO)
H6876-002 Zing Dual Complete Open Choice MI (PPO D-SNP)
H6876-004 Zing Open Choice IN (PPO)
H6876-009 Zing Open Choice TN (PPO)
H7330-001 Zing Select Care IL (HMO)
(collectively “Zing Health”)

2025 Formulary

(List of Covered Drugs)

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

Formulary ID: 25302, Version Number 12

This formulary was updated on 11/12/2025. For more recent information or other questions, please contact Zing Health Customer Service at 1-866-946-4458 (TTY users should call 711). Our office hours are 8:00 a.m. to 8:00 p.m., 7 days a week from October 1 – March 31 (except Thanksgiving and Christmas Day) and 8:00 a.m. to 8:00 p.m., Monday – Friday, April 1 – September 30 or visit www.myzinghealth.com. This call is free.

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 Zing Health. When it refers to “plan” or “our plan,” it means Zing Health.

This document includes a list of the drugs (formulary) for our plan which is current as of 11/12/2025. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2025, and from time to time during the year.

- ❖ **ATTENTION:** If you speak a non-English language, language assistance services, free of charge, are available to you. Call 1-866-946-4458 (TTY users should call 711). Our office hours are 8:00 a.m. to 8:00 p.m., 7 days a week from October 1 – March 31 (except Thanksgiving and Christmas Day) and 8:00 a.m. to 8:00 p.m., Monday – Friday, April 1 – September 30. The call is free.
- ❖ **ATENCIÓN:** Si habla español, tiene a su disposición servicios de asistencia lingüística gratuitos. Llame al 1-866-946-4458 (los usuarios de TTY deben llamar al 711). Nuestro horario de oficina es de 8:00 a. m. a 8:00 p. m., los 7 días de la semana, del 1 de octubre al 31 de marzo (excepto el Día de Acción de Gracias y Navidad) y de 8:00 a. m. a 8:00 p. m., de lunes a viernes, del 1 de abril a septiembre. 30. La llamada es gratuita.
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call our Customer Service Department at the number above. The call is free.
- ❖ Zing Health, Inc. and Zing Health of Michigan, Inc. is an HMO, HMO D-SNP, HMO C-SNP and PPO with a Medicare contract and a contract with the State Medicaid Agency in Indiana and Michigan. Enrollment in Zing Health, Inc. and Zing Health of Michigan, Inc. depends on contract renewal.
- ❖ **Important Message About What You Pay for Vaccines** - Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible (if applicable). Call Customer Service for more information.
- ❖ **Important Message About What You Pay for Insulin** - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible (if applicable).

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

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

Can the Formulary (drug list) change?

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

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

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

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

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

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled "How do I request an exception to the Zing Health's Formulary?"

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

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, [Plan sponsors that are not choosing to make any immediate substitutions insert we may add a new generic drug to replace a brand-name drug currently on the formulary or add a new biosimilar to replace an original biological product currently on the formulary, or add new restrictions or move a drug we are keeping on the formulary to a higher cost-sharing tier or both after we add a corresponding drug. 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 [Plan sponsors with one tier may remove “or move a drug to a higher cost-sharing tier” and insert an “formulary or” in place of “formulary,” we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Zing Health’s Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 11/12/2025. To get updated information about the drugs covered by Zing Health please contact us. Our contact information appears on the front and back cover pages. In the event of CMS-approved mid-year non-maintenance formulary changes (e.g., 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 will update our formulary and post it on our website. You may obtain the updated formulary from our website or by calling us. Our contact information appears on the front and back cover pages.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 21. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular Agents. If you know what your drug is used for, look for the category name in the list that begins on page 21. 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 102. 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?

Zing Health 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:** Zing Health requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Zing Health before you fill your prescriptions. If you don't get approval, Zing Health may not cover the drug.
- **Quantity Limits:** For certain drugs, Zing Health limits the amount of the drug that Zing Health will cover. For example, Zing Health provides 60 capsules per prescription for celecoxib 100mg. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Zing Health 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, Zing Health may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Zing Health 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 21. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Zing Health 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 Zing Health's formulary?" below 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 Zing Health does not cover your drug, you have two options:

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

You can ask Zing Health 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 coverage restrictions or limits on your drug. For example, for certain drugs, Zing Health limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.
- You can ask us to cover a formulary drug at lower cost-sharing level unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.

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

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

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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

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

If you have a change in your medications due to a change in treatment setting (i.e., a level of care change) and you need a drug that is not on our formulary, we will provide up to a maximum 30-day supply of medication. A level of care change may include:

- Members who enter Long Term Care (LTC) facilities from hospitals
- Members who are discharged from a hospital to a home
- Members who end their skilled nursing facility Medicare Part A stay (where payments include all pharmacy charges) and revert to their Part D benefit
- Members who give up hospice status to revert to standard Medicare A and B benefits
- Members who end an LTC facility stay and return to the community
- Members who are discharged from psychiatric hospitals with drug regimens that are highly individualized

For more information

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

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

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

Zing Health Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by Zing Health. If you have trouble finding your drug in the list, turn to the Index that begins on page 102.

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., *prednisolone*).

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

Requirements Symbol	Name	Description
PA_BvD	Medicare Part B vs. Medicare part D	Some drugs may require Part B or Part D coverage determination, based on Medicare coverage rules.
EX	Excluded Drug	For select plans, we include prescription drug(s) 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. Please refer to your Evidence of Coverage for more information about this coverage.
GC	Gap Coverage	For select plans, we provide additional coverage of this prescription drug in the Coverage Gap. Please refer to the drug costs charts on the following pages or review your Evidence of Coverage for more information about this coverage.
LD	Limited Distribution	This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-855-946-4458. Hours of Operations are 8 a.m. to 8 p.m., 7 days a week (except Thanksgiving and Christmas Day) from October 1 – March 31, and 8 a.m. to 8 p.m., Monday – Friday (other technologies such as voicemail are used after hour, weekends, and on Federal Holidays from April 1 – September 30. TTY users should call 711.
NDS	Non-Extended Day Supply	You may be able to receive greater than 1-month supply of most of the drugs on your Formulary via mail order at a reduced cost share. Drugs noted with “NDS” are limited to a 1-month supply for both Retail and Mail Order.
NM	Not Available by Mail Order	This drug is not available through the mail order pharmacy
PA	Prior Authorization	Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescription.
PA_BvD	Prior Authorization Restriction for Part B vs. Part D Determination (PA _ BvD)	This drug may be eligible for payment under Medicare Part B or Part D. You, or your physician are required to get prior authorization from our plan to determine if this is covered under Medicare Part D before you fill your prescription for the drug. Without prior approval, our plan may not cover this drug.
PA_NSO	Prior Authorization Restriction for new Starts Only (PA_NSO)	If this drug is new to the member, you or your physician are required to get prior authorization from our plan before you fill your prescription for this drug. Without prior approval, our plan will not cover this drug.

Requirements Symbol	Name	Description
QL	Quantity Limit	For certain drugs, our plan limits the amount of the drug that our plan will cover. This could include a per-prescription fill, daily, monthly, or yearly limitation. This limitation may be in addition to a standard one-month or three-month supply.
ST	Step Therapy	In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work your you, our plan will Cover Drug B.
ST_NSO	Step Therapy for New Start Only	If this drug is new to the member, you are required to first try certain drugs to treat your medical condition before we cover another drug for that condition.

Drug Cost Shares (Table 1):

H7330-001 Zing Select Care IL (HMO)

INITIAL COVERAGE:

Deductible	Pharmacy Type/ Day Supply	Tier 1 Preferred Generic (includes Insulins)	Tier 2 Generic (includes excluded drugs)	Tier 3 Preferred Brand	Tier 4 Non-preferred Drug	Tier 5 Specialty Drug
\$0	Retail 30-day supply	\$0	\$1	\$47	25%	33%
	Select Insulins*	\$0	N/A	\$0	N/A	N/A
	Retail 100-day supply	\$0	\$3	\$141	25%	Not available
	Select Insulins	\$0	N/A	\$0	N/A	N/A
	Mail Order 100-day supply	\$0	\$0	\$94	25%	Not available
	Select Insulins	\$0	N/A	\$0	N/A	N/A

Drug Cost Shares (Table 2):

H4624-030 Zing Elite Select IL (HMO)

INITIAL COVERAGE:

Deductible	Pharmacy Type/ Day Supply	Tier 1 Preferred Generic (includes Insulins)	Tier 2 Generic (includes excluded drugs)	Tier 3 Preferred Brand	Tier 4 Non-preferred Drug	Tier 5 Specialty Drug
\$0	Retail 30-day supply	\$0	\$0	\$47	33%	33%
	Select Insulins*	\$0	N/A	\$0	N/A	N/A
	Retail 100-day supply	\$0	\$0	\$141	33%	Not available
	Select Insulins	\$0	N/A	\$0	N/A	N/A
	Mail Order 100-day supply	\$0	\$0	\$94	33%	Not available
	Select Insulins	\$0	N/A	\$0	N/A	N/A

Drug Cost Shares (Table 3):

H4624-001 Zing Choice IL (HMO)

H4624-006 Zing Select Care MI (HMO)

H4624-022 Zing Elite Select MI (HMO)

INITIAL COVERAGE:

Deductible	Pharmacy Type/ Day Supply	Tier 1 Preferred Generic (includes Insulins)	Tier 2 Generic (includes excluded drugs)	Tier 3 Preferred Brand	Tier 4 Non-preferred Drug	Tier 5 Specialty Drug
\$0	Retail 30-day supply	\$0	\$5	\$47	33%	33%
	Select Insulins*	\$0	N/A	\$0	N/A	N/A
	Retail 100-day supply	\$0	\$15	\$141	33%	Not available
	Select Insulins	\$0	N/A	\$0	N/A	N/A
	Mail Order 100-day supply	\$0	\$0	\$94	33%	Not available
	Select Insulins	\$0	N/A	\$0	N/A	N/A

Drug Cost Shares (Table 4):

H4624-003 Zing Select Care IN (HMO)
 H4624-026 Zing Elite Select IN (HMO)
 H4624-037 Zing Elite Select OH (HMO)
 H4624-038 Zing Select Care OH (HMO)

H4624-043 Zing Elite Select TN-MS (HMO)
 H4624-044 Zing Select Care TN-MS (HMO)
 H6876-001 Zing Open Choice MI (PPO)

INITIAL COVERAGE:

Deductible	Pharmacy Type/ Day Supply	Tier 1 Preferred Generic (includes Insulins)	Tier 2 Generic (includes excluded drugs)	Tier 3 Preferred Brand	Tier 4 Non-preferred Drug	Tier 5 Specialty Drug
\$0	Retail 30-day supply	\$0	\$8	\$47	33%	33%
	Select Insulins*	\$0	N/A	\$0	N/A	N/A
	Retail 100-day supply	\$0	\$24	\$141	33%	Not available
	Select Insulins	\$0	N/A	\$0	N/A	N/A
	Mail Order 100-day supply	\$0	\$0	\$94	33%	Not available
	Select Insulins	\$0	N/A	\$0	N/A	N/A

Drug Cost Shares (Table 5):

H6876-004 Zing Open Choice IN (PPO)

H6876-009 Zing Open Choice TN (PPO)

INITIAL COVERAGE:

Deductible	Pharmacy Type/ Day Supply	Tier 1 Preferred Generic (includes Insulins)	Tier 2 Generic (includes excluded drugs)	Tier 3 Preferred Brand	Tier 4 Non-preferred Drug	Tier 5 Specialty Drug
\$0	Retail 30-day supply	\$0	\$15	\$47	33%	33%
	Select Insulins*	\$0	N/A	\$0	N/A	N/A
	Retail 100-day supply	\$0	\$45	\$141	33%	Not available
	Select Insulins	\$0	N/A	\$0	N/A	N/A
	Mail Order 100-day supply	\$0	\$0	\$94	33%	Not available
	Select Insulins	\$0	N/A	\$0	N/A	N/A

Drug Cost Shares (Table 6):

H4624-019 Zing Dual Complete Select MI (HMO D-SNP)

H6876-002 Zing Dual Complete Open Choice MI (PPO D-SNP)

INITIAL COVERAGE:

Deductible	Pharmacy Type/ Day Supply	Tier 1 Preferred Generic (includes Insulins)	Tier 2 Generic (includes excluded drugs)	Tier 3 Preferred Brand (includes Insulins \$0)	Tier 4 Non-preferred Drug	Tier 5 Specialty Drug
\$0^	Retail 30-day supply Select Insulins	\$0	Generics: \$0/\$1.60/\$4.90 Brands: \$0/\$4.80/\$12.15	Generics: \$0/\$1.60/\$4.90 Brands: \$0/\$4.80/\$12.15	Generics: \$0/\$1.60/\$4.90 Brands: \$0/\$4.80/\$12.15	Generics: \$0/\$1.60/\$4.90 Brands: \$0/\$4.80/\$12.15
	Retail 100-day supply Select Insulins	\$0	Generics: \$0/\$1.60/\$4.90 Brands: \$0/\$4.80/\$12.15	Generics: \$0/\$1.60/\$4.90 Brands: \$0/\$4.80/\$12.15	Generics: \$0/\$1.60/\$4.90 Brands: \$0/\$4.80/\$12.15	Not available
	Mail Order 100-day supply Select Insulins	\$0	Generics: \$0/\$1.60/\$4.90 Brands: \$0/\$4.80/\$12.15	Generics: \$0/\$1.60/\$4.90 Brands: \$0/\$4.80/\$12.15	Generics: \$0/\$1.60/\$4.90 Brands: \$0/\$4.80/\$12.15	Not available

^Dual members have LIS that assists with Part D costs

Notice of Non-Discrimination
Discrimination is against the law.

Zing Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Zing Health does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Zing Health:

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

If you need these services, contact Customer Service at 1-866-946-4458 (TTY 711).

If you believe that Zing Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Zing Health
Civil Rights Coordinator
225 W. Washington Street, Suite 450
Chicago, Illinois 60606
Phone: 1-866-946-4458, TTY number 711
Fax: 1-866-946-4458
Email: civilrightscordinator@myzinghealth.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Zing Health Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

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

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

Zing Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. All Zing Health products and services are provided exclusively by or through operating subsidiaries of Zing Health Consolidator, Inc., including Zing Health, Inc., Zing Health of Michigan, Inc. and Lasso Healthcare Insurance Company. The Zing Health name, logo, and other Zing Health marks are owned by Zing Health Holdings, Inc. Zing Health contracts with Medicare to offer Medicare Advantage HMO, HMO SNP, PPO, and PPO SNP plans in select states, and with select State Medicaid programs. Enrollment in Zing Health depends on contract renewal.

Multi-Language Insert
Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-866-946- 4458 (TTY: 711). Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-866-946- 4458 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-866-946- 4458 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-866-946- 4458 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasalang-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasalang-wika, tawagan lamang kami sa 1-866-946-4458 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-866-946- 4458 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-866-946-4458 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-866-946-4458 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-866-946- 4458 (TTY: 711)번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-866-946- 4458 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على [1-xxx-xxx-xxxx]. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-866-946- 4458 (TTY: 711) पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-866-946- 4458 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-866-946- 4458 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-866-946- 4458 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-866-946- 4458 (TTY: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-866-946- 4458 (TTY: 711)にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

DRUG LIST

ZING_CY25_5T_STND_MAPD eff 12/01/2025

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
GOUT		
<i>allopurinol</i> TABS 100mg, 300mg	1	
<i>colchicine</i> CAPS .6mg	2	QL (60 caps / 30 days)
<i>colchicine</i> TABS .6mg	2	QL (120 tabs / 30 days)
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	2	
MITIGARE CAPS .6mg	3	QL (60 caps / 30 days)
<i>probenecid</i> TABS 500mg	2	
MISCELLANEOUS		
<i>lidocaine hcl (local anesth.)</i> SOLN .5%, 1%, 1.5%, 2%	2	B/D
NSAIDS		
<i>celecoxib</i> CAPS 50mg, 100mg, 200mg	2	QL (60 caps / 30 days)
<i>celecoxib</i> CAPS 400mg	2	QL (30 caps / 30 days)
<i>diclofenac potassium</i> TABS 50mg	2	QL (120 tabs / 30 days)
<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	2	
<i>diflunisal</i> TABS 500mg	2	
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	2	
<i>flurbiprofen</i> TABS 100mg	2	
<i>ibu</i> TABS 400mg, 600mg, 800mg	1	
<i>ibuprofen</i> SUSP 100mg/5ml	2	
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	1	
<i>meloxicam</i> TABS 7.5mg, 15mg	1	
<i>nabumetone</i> TABS 500mg, 750mg	1	
<i>naproxen</i> TABS 250mg, 375mg, 500mg	1	
<i>naproxen</i> TBEC 375mg	2	QL (120 tabs / 30 days)
<i>naproxen dr</i> TBEC 500mg	2	QL (90 tabs / 30 days)
<i>naproxen sodium</i> TABS 275mg, 550mg	2	
<i>piroxicam</i> CAPS 10mg, 20mg	2	
<i>sulindac</i> TABS 150mg, 200mg	2	
OPIOID ANALGESICS, LONG-ACTING		
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr	2	QL (10 patches / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg	2	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 100mg, 120mg	5	NDS, QL (30 tabs / 30 days), PA
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml	2	QL (450 mL / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>methadone hcl</i> TABS 5mg, 10mg	2	QL (90 tabs / 30 days), PA
<i>methadone hydrochloride i</i> CONC 10mg/ml	2	QL (90 mL / 30 days), PA
<i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg	2	QL (90 tabs / 30 days), PA

OPIOID ANALGESICS, SHORT-ACTING

<i>acetaminophen w/ codeine soln</i> 120-12 mg/5ml	2	QL (2700 mL / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-15 mg	2	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-30 mg	2	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-60 mg	2	QL (180 tabs / 30 days)
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	4	
<i>endocet tab</i> 2.5-325mg	2	QL (360 tabs / 30 days)
<i>endocet tab</i> 5-325mg	2	QL (360 tabs / 30 days)
<i>endocet tab</i> 7.5-325mg	2	QL (240 tabs / 30 days)
<i>endocet tab</i> 10-325mg	2	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen soln</i> 7.5-325 mg/15ml	2	QL (2700 mL / 30 days)
<i>hydrocodone-acetaminophen tab</i> 5-325 mg	2	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab</i> 7.5-325 mg	2	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab</i> 10-325 mg	2	QL (180 tabs / 30 days)
<i>hydrocodone-ibuprofen tab</i> 7.5-200 mg	2	QL (150 tabs / 30 days)
<i>hydromorphone hcl</i> LIQD 1mg/ml	2	QL (600 mL / 30 days)
<i>hydromorphone hcl</i> TABS 2mg, 4mg, 8mg	2	QL (180 tabs / 30 days)
<i>morphine sulfate</i> SOLN 2mg/ml, 4mg/ml, 8mg/ml, 10mg/ml	4	B/D
<i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml	2	QL (900 mL / 30 days)
<i>morphine sulfate</i> SOLN 100mg/5ml	2	QL (180 mL / 30 days)
<i>morphine sulfate</i> TABS 15mg, 30mg	2	QL (180 tabs / 30 days)
<i>nalbuphine hcl</i> SOLN 10mg/ml, 20mg/ml	4	
<i>oxycodone hcl</i> CONC 100mg/5ml	2	QL (180 mL / 30 days)
<i>oxycodone hcl</i> SOLN 5mg/5ml	2	QL (900 mL / 30 days)
<i>oxycodone hcl</i> TABS 5mg, 10mg, 15mg, 20mg, 30mg	2	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 2.5-325 mg	2	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 5-325 mg	2	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 7.5-325 mg	2	QL (240 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	2	QL (180 tabs / 30 days)
<i>tramadol hcl TABS 50mg</i>	2	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	2	QL (240 tabs / 30 days)

ANTI-INFECTIVES

ANTI-INFECTIVES - MISCELLANEOUS

<i>albendazole TABS 200mg</i>	5	NDS, QL (672 tabs / year), PA
<i>amikacin sulfate SOLN 1gm/4ml, 500mg/2ml</i>	2	
ARIKAYCE SUSP 590mg/8.4ml	5	NDS, PA
<i>atovaquone SUSP 750mg/5ml</i>	2	QL (300 mL / 30 days), PA
<i>aztreonam SOLR 1gm, 2gm</i>	2	
CAYSTON SOLR 75mg	5	NDS, PA
<i>clindamycin hcl CAPS 75mg, 150mg, 300mg</i>	1	
<i>clindamycin palmitate hydrochloride SOLR 75mg/5ml</i>	2	
<i>clindamycin phosphate SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	2	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	2	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	2	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	2	
CLINDMYC/NAC INJ 300/50ML	4	
CLINDMYC/NAC INJ 600/50ML	4	
CLINDMYC/NAC INJ 900/50ML	4	
<i>colistimethate sodium SOLR 150mg</i>	2	
<i>dapsone TABS 25mg, 100mg</i>	2	
DAPTOMYCIN SOLR 350mg	5	NDS
<i>daptomycin SOLR 350mg, 500mg</i>	5	NDS
EMVERM CHEW 100mg	5	NDS, QL (12 tabs / year)
<i>ertapenem sodium SOLR 1gm</i>	2	
<i>gentamicin in saline inj 0.8 mg/ml</i>	2	
<i>gentamicin in saline inj 1 mg/ml</i>	2	
<i>gentamicin in saline inj 1.2 mg/ml</i>	2	
<i>gentamicin in saline inj 1.6 mg/ml</i>	2	
<i>gentamicin in saline inj 2 mg/ml</i>	2	
<i>gentamicin sulfate SOLN 10mg/ml, 40mg/ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>imipenem-cilastatin intravenous for soln</i> 250 mg	2	
<i>imipenem-cilastatin intravenous for soln</i> 500 mg	2	
IMPAVIDO CAPS 50mg	5	NDS, PA
<i>ivermectin</i> TABS 3mg	2	QL (12 tabs / 90 days), PA
<i>ivermectin</i> TABS 6mg	2	QL (10 tabs / 90 days), PA
<i>linezolid</i> SOLN 600mg/300ml	2	
<i>linezolid</i> SUSR 100mg/5ml	5	NDS, QL (1800 mL / 30 days)
<i>linezolid</i> TABS 600mg	2	QL (60 tabs / 30 days)
LINEZOLID INJ 2MG/ML	4	
<i>meropenem</i> SOLR 1gm, 2gm, 500mg	2	
<i>methenamine hippurate</i> TABS 1gm	2	
<i>metronidazole</i> SOLN 500mg/100ml	2	
<i>metronidazole</i> TABS 250mg, 500mg	1	
<i>neomycin sulfate</i> TABS 500mg	2	
<i>nitazoxanide</i> TABS 500mg	5	NDS, QL (6 tabs / 30 days)
<i>nitrofurantoin macrocrystal</i> CAPS 50mg, 100mg	3	
<i>nitrofurantoin monohyd macro</i> CAPS 100mg	3	
<i>pentamidine isethionate inh</i> SOLR 300mg	2	B/D
<i>pentamidine isethionate inj</i> SOLR 300mg	2	
<i>polymyxin b sulfate</i> SOLR 500000unit	2	
<i>praziquantel</i> TABS 600mg	2	
<i>pyrimethamine</i> TABS 25mg	5	NDS, QL (90 tabs / 30 days), PA
<i>streptomycin sulfate</i> SOLR 1gm	5	NDS
<i>sulfadiazine</i> TABS 500mg	5	NDS
<i>sulfamethoxazole-trimethoprim iv soln</i> 400-80 mg/5ml	2	
<i>sulfamethoxazole-trimethoprim susp</i> 200- 40 mg/5ml	2	
<i>sulfamethoxazole-trimethoprim tab</i> 400-80 mg	1	
<i>sulfamethoxazole-trimethoprim tab</i> 800- 160 mg	1	
<i>tinidazole</i> TABS 250mg, 500mg	2	
TOBI PODHALER CAPS 28mg	5	NDS, PA
<i>tobramycin</i> NEBU 300mg/5ml	5	NDS, PA
<i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	2	

You can find information on the symbols and abbreviations on this table by going to page 1 of the introduction. Formulary ID 25302, Ver.#12 Last Updated: 11/12/2025 Effective Date: 12/01/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>trimethoprim</i> TABS 100mg	2	
<i>vancomycin hcl</i> CAPS 125mg	2	QL (80 caps / 180 days)
<i>vancomycin hcl</i> CAPS 250mg	2	QL (160 caps / 180 days)
<i>vancomycin hcl</i> SOLR 1gm, 1.25gm, 1.5gm, 5gm, 10gm, 500mg, 750mg	2	
VANCOMYCIN INJ 1 GM	4	
VANCOMYCIN INJ 500MG	4	
VANCOMYCIN INJ 750MG	4	

ANTIFUNGALS

<i>amphotericin b</i> SOLR 50mg	2	B/D
<i>amphotericin b liposome</i> SUSR 50mg	5	NDS, B/D
<i>casprofungin acetate</i> SOLR 50mg, 70mg	2	
<i>fluconazole</i> SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	2	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	2	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	2	
<i>flucytosine</i> CAPS 250mg, 500mg	5	NDS, PA
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	2	
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	2	
<i>itraconazole</i> CAPS 100mg	2	PA
<i>ketoconazole</i> TABS 200mg	2	PA
<i>miconazole sodium</i> SOLR 50mg, 100mg	2	
<i>nystatin</i> TABS 500000unit	2	
<i>posaconazole</i> SUSP 40mg/ml	5	NDS, QL (630 mL / 30 days), PA
<i>posaconazole</i> TBEC 100mg	5	NDS, QL (93 tabs / 30 days), PA
<i>terbinafine hcl</i> TABS 250mg	1	QL (30 tabs / 30 days), PA; PA applies after a 90 day supply in a calendar year
<i>voriconazole</i> SOLR 200mg	2	PA
<i>voriconazole</i> SUSR 40mg/ml	5	NDS, QL (600 mL / 28 days), PA
<i>voriconazole</i> TABS 50mg	2	QL (480 tabs / 30 days)
<i>voriconazole</i> TABS 200mg	2	QL (120 tabs / 30 days)

ANTIMALARIALS

<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	2	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	2	
<i>chloroquine phosphate</i> TABS 250mg, 500mg	2	
COARTEM TAB 20-120MG	4	

Drug Name	Drug Tier	Requirements/Limits
<i>mefloquine hcl</i> TABS 250mg	2	
<i>primaquine phosphate</i> TABS 26.3mg	2	
PRIMAQUINE PHOSPHATE TABS 26.3mg	3	
<i>quinine sulfate</i> CAPS 324mg	2	PA

ANTIRETROVIRAL AGENTS

<i>abacavir sulfate</i> SOLN 20mg/ml; TABS 300mg	2	
APTIVUS CAPS 250mg	5	NDS
<i>atazanavir sulfate</i> CAPS 150mg, 200mg, 300mg	2	
<i>darunavir</i> TABS 600mg	5	NDS, QL (60 tabs / 30 days)
<i>darunavir</i> TABS 800mg	5	NDS, QL (30 tabs / 30 days)
EDURANT TABS 25mg	5	NDS
EDURANT PED TBSO 2.5mg	5	NDS
<i>efavirenz</i> TABS 600mg	2	
<i>emtricitabine</i> CAPS 200mg	2	
EMTRIVA SOLN 10mg/ml	4	
<i>etravirine</i> TABS 100mg, 200mg	5	NDS
<i>fosamprenavir calcium</i> TABS 700mg	5	NDS
FUZEON SOLR 90mg	5	NDS
INTELENCE TABS 25mg	4	
ISENTRESS CHEW 25mg	4	
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	5	NDS
ISENTRESS HD TABS 600mg	5	NDS
<i>lamivudine</i> SOLN 10mg/ml; TABS 150mg, 300mg	2	
<i>maraviroc</i> TABS 150mg, 300mg	5	NDS
<i>nevirapine</i> SUSP 50mg/5ml; TABS 200mg; TB24 400mg	2	
NORVIR PACK 100mg	4	
PIFELTRO TABS 100mg	5	NDS
PREZISTA SUSP 100mg/ml	5	NDS, QL (400 mL / 30 days)
PREZISTA TABS 75mg	4	QL (480 tabs / 30 days)
PREZISTA TABS 150mg	5	NDS, QL (240 tabs / 30 days)
REYATAZ PACK 50mg	5	NDS
<i>ritonavir</i> TABS 100mg	2	
RUKOBIA TB12 600mg	5	NDS
SELZENTRY SOLN 20mg/ml	5	NDS
SUNLENCA TABS 300mg; TBPK 300mg	5	NDS
<i>tenofovir disoproxil fumarate</i> TABS 300mg	2	

You can find information on the symbols and abbreviations on this table by going to page 1 of the introduction. Formulary ID 25302, Ver.#12 Last Updated: 11/12/2025 Effective Date: 12/01/2025.

Drug Name	Drug Tier	Requirements/Limits
TIVICAY TABS 10mg	3	
TIVICAY TABS 25mg, 50mg	5	NDS
TIVICAY PD TBSO 5mg	5	NDS
TROGARZO SOLN 200mg/1.33ml	5	NDS
TYBOST TABS 150mg	3	
VIRACEPT TABS 250mg, 625mg	5	NDS
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	5	NDS
zidovudine CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	2	

ANTIRETROVIRAL COMBINATION AGENTS

<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	2	
BIKTARVY TAB 30-120-15 MG	5	NDS
BIKTARVY TAB 50-200-25 MG	5	NDS
CIMDUO TAB 300-300	5	NDS
COMPLERA TAB	5	NDS
DELSTRIGO TAB	5	NDS
DESCOVY TAB 120-15MG	5	NDS
DESCOVY TAB 200/25MG	5	NDS
DOVATO TAB 50-300MG	5	NDS
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	5	NDS
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	5	NDS
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	5	NDS
<i>emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg</i>	5	NDS
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	5	NDS
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	5	NDS
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	5	NDS
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	2	
EVOTAZ TAB 300-150	5	NDS
GENVOYA TAB	5	NDS
JULUCA TAB 50-25MG	5	NDS
KALETRA SOL	4	
<i>lamivudine-zidovudine tab 150-300 mg</i>	2	
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	2	
<i>lopinavir-ritonavir tab 100-25 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>lopinavir-ritonavir tab 200-50 mg</i>	2	
ODEFSEY TAB	5	NDS
PREZCOBIX TAB 675/150	5	NDS
PREZCOBIX TAB 800-150	5	NDS
STRIBILD TAB	5	NDS
SYMTUZA TAB	5	NDS
TRIUMEQ PD TAB	3	
TRIUMEQ TAB	5	NDS

ANTITUBERCULAR AGENTS

<i>cycloserine</i> CAPS 250mg	5	NDS
<i>ethambutol hcl</i> TABS 100mg, 400mg	2	
<i>isoniazid</i> SYRP 50mg/5ml	2	
<i>isoniazid</i> TABS 100mg, 300mg	1	
PRIFTIN TABS 150mg	4	
<i>pyrazinamide</i> TABS 500mg	2	
<i>rifabutin</i> CAPS 150mg	2	
<i>rifampin</i> CAPS 150mg, 300mg; SOLR 600mg	2	
SIRTURO TABS 20mg, 100mg	5	NDS, PA

ANTIVIRALS

<i>acyclovir</i> CAPS 200mg; TABS 400mg, 800mg	1	
<i>acyclovir</i> SUSP 200mg/5ml	2	
<i>acyclovir sodium</i> SOLN 50mg/ml	2	B/D
<i>adefovir dipivoxil</i> TABS 10mg	2	
BARACLUDE SOLN .05mg/ml	5	NDS, ST
<i>entecavir</i> TABS .5mg, 1mg	2	
EPCLUSA PAK 150-37.5	5	NDS, PA
EPCLUSA PAK 200-50MG	5	NDS, PA
EPCLUSA TAB 200-50MG	5	NDS, PA
EPCLUSA TAB 400-100	5	NDS, PA
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	2	
<i>ganciclovir sodium</i> SOLR 500mg	2	B/D
HARVONI PAK 33.75-150MG	5	NDS, PA
HARVONI PAK 45-200MG	5	NDS, PA
HARVONI TAB 45-200MG	5	NDS, PA
HARVONI TAB 90-400MG	5	NDS, PA
<i>lamivudine (hbv)</i> TABS 100mg	2	
LIVTENCITY TABS 200mg	5	NDS, QL (336 tabs / 28 days), PA
MAVYRET PAK 50-20MG	5	NDS, PA
MAVYRET TAB 100-40MG	5	NDS, PA
<i>oseltamivir phosphate</i> CAPS 30mg	2	QL (168 caps / year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	2	QL (84 caps / year)

Drug Name	Drug Tier	Requirements/Limits
<i>oseltamivir phosphate</i> SUSR 6mg/ml	2	QL (1080 mL / year)
PAXLOVID PAK	2	QL (22 tabs / 90 days)
PAXLOVID TAB 150-100	2	QL (40 tabs / 90 days)
PAXLOVID TAB 300-100	2	QL (60 tabs / 90 days)
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	5	NDS, PA
PREVYMIS TABS 240mg, 480mg	5	NDS, QL (28 tabs / 28 days), PA
RELENZA DISKHALER AEPB 5mg/blister	3	QL (6 inhalers / year)
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	2	
<i>rimantadine hydrochloride</i> TABS 100mg	2	
<i>valacyclovir hcl</i> TABS 1gm, 500mg	2	
<i>valganciclovir hcl</i> SOLR 50mg/ml	5	NDS
<i>valganciclovir hcl</i> TABS 450mg	2	
VOSEVI TAB	5	NDS, PA

CEPHALOSPORINS

<i>cefaclor</i> CAPS 250mg, 500mg	2	
<i>cefadroxil</i> CAPS 500mg	1	
<i>cefadroxil</i> SUSR 250mg/5ml, 500mg/5ml	2	
CEFAZOLIN SOLR 2gm, 3gm	4	
CEFAZOLIN INJ 1GM/50ML	4	
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 3gm, 10gm, 500mg	2	
CEFAZOLIN SOLN 2GM/100ML-4%	4	
CEFAZOLIN/DEX SOL 1GM/50ML-4%	4	
CEFAZOLIN/DEX SOL 2GM/50ML-3%	4	
CEFAZOLIN/DEX SOL 3GM/50ML-2%	4	
CEFAZOLIN/DEX SOL 3GM/150ML-4%	4	
<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	2	
<i>cefepime hcl</i> SOLR 1gm, 2gm	2	
<i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	2	
<i>cefotetan disodium</i> SOLR 1gm, 2gm	2	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	2	
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	2	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	2	
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	2	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	2	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	2	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	2	

Drug Name	Drug Tier	Requirements/Limits
<i>cephalexin</i> CAPS 250mg, 500mg	1	
<i>cephalexin</i> SUSR 125mg/5ml, 250mg/5ml	2	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	2	
TEFLARO SOLR 400mg, 600mg	5	NDS
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i> PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml	2	
<i>azithromycin</i> TABS 250mg, 500mg, 600mg	1	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	2	
DIFICID SUSR 40mg/ml; TABS 200mg	5	NDS
<i>e.e.s. 400</i> TABS 400mg	2	
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	2	
ERYTHROCIN LACTOBIONATE SOLR 500mg	4	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	2	
<i>erythromycin ethylsuccinate</i> TABS 400mg	2	
<i>erythromycin lactobionate</i> SOLR 500mg	2	
<i>fidaxomicin</i> TABS 200mg	5	NDS
FLUOROQUINOLONES		
<i>ciprofloxacin 200 mg/100ml in d5w</i>	2	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	2	
<i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin</i> SOLN 25mg/ml	2	
<i>levofloxacin</i> TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	2	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	2	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	2	
<i>moxifloxacin hcl</i> TABS 400mg	2	
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	2	
PENICILLINS		
<i>amoxicillin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1	
<i>amoxicillin</i> CHEW 125mg, 250mg	2	
<i>amoxicillin & k clavulanate for susp 200- 28.5 mg/5ml</i>	2	
<i>amoxicillin & k clavulanate for susp 250- 62.5 mg/5ml</i>	2	

You can find information on the symbols and abbreviations on this table by going to page 1 of the introduction. Formulary ID 25302, Ver.#12 Last Updated: 11/12/2025 Effective Date: 12/01/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	2	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	2	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	2	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	2	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	2	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	2	
<i>ampicillin CAPS 500mg</i>	1	
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	2	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	2	
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	2	
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	2	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	2	
<i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</i>	2	
<i>BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml</i>	4	
<i>dicloxacillin sodium CAPS 250mg, 500mg</i>	2	
<i>nafcillin sodium SOLR 1gm, 2gm</i>	2	
<i>nafcillin sodium SOLR 10gm</i>	5	NDS
<i>oxacillin sodium SOLR 1gm, 2gm, 10gm</i>	2	
<i>penicillin g potassium SOLR 5000000unit, 20000000unit</i>	2	
<i>penicillin g sodium SOLR 5000000unit</i>	2	
<i>penicillin v potassium SOLR 125mg/5ml, 250mg/5ml</i>	2	
<i>penicillin v potassium TABS 250mg, 500mg</i>	1	
<i>pfizerpen SOLR 5000000unit, 20000000unit</i>	2	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	2	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	2	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	2	
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	2	
TETRACYCLINES		
<i>doxy 100 SOLR 100mg</i>	2	
<i>doxycycline (monohydrate) CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg</i>	2	
<i>doxycycline hyclate CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg</i>	2	
<i>minocycline hcl CAPS 50mg, 75mg, 100mg</i>	2	
NUZYRA SOLR 100mg	5	NDS
NUZYRA TABS 150mg	5	NDS, QL (30 tabs / 14 days)
<i>tetracycline hcl CAPS 250mg, 500mg</i>	2	
<i>tigecycline SOLR 50mg</i>	5	NDS
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml	5	NDS, B/D
BENDEKA SOLN 100mg/4ml	5	NDS, B/D
<i>carboplatin SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml</i>	2	B/D
<i>cisplatin SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml</i>	2	B/D
<i>cyclophosphamide CAPS 25mg, 50mg; SOLR 1gm, 500mg</i>	2	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/2ml, 1gm/5ml, 2gm/4ml, 500mg/2.5ml, 500mg/5ml, 500mg/ml, 1000mg/10ml, 2000mg/20ml	5	NDS, B/D
<i>cyclophosphamide SOLR 2gm</i>	5	NDS, B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	4	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	5	NDS, B/D
FRINDOVYX SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	5	NDS, B/D
GLEOSTINE CAPS 10mg, 40mg	4	
GLEOSTINE CAPS 100mg	5	NDS
LEUKERAN TABS 2mg	5	NDS
<i>oxaliplatin SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg</i>	2	B/D
<i>oxaliplatin SOLR 100mg</i>	5	NDS, B/D
VIVIMUSTA SOLN 100mg/4ml	5	NDS, B/D

Drug Name	Drug Tier	Requirements/Limits
ANTIMETABOLITES		
<i>azacitidine</i> SUSR 100mg	5	NDS, B/D
<i>cytarabine</i> SOLN 20mg/ml	2	B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	2	B/D
<i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	2	B/D
INQOVI TAB 35-100MG	5	NDS, QL (5 tabs / 28 days), PA
LONSURF TAB 15-6.14	5	NDS, QL (100 tabs / 28 days), PA
LONSURF TAB 20-8.19	5	NDS, QL (80 tabs / 28 days), PA
<i>mercaptopurine</i> SUSP 2000mg/100ml	5	NDS
<i>mercaptopurine</i> TABS 50mg	2	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	2	B/D
ONUREG TABS 200mg, 300mg	5	NDS, QL (14 tabs / 28 days), PA
<i>pemetrexed disodium</i> SOLR 100mg, 500mg, 750mg, 1000mg	5	NDS, B/D
PURIXAN SUSP 2000mg/100ml	5	NDS
TABLOID TABS 40mg	5	NDS
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i> TABS 250mg	5	NDS, QL (120 tabs / 30 days), PA
<i>abiraterone acetate</i> TABS 500mg	5	NDS, QL (60 tabs / 30 days), PA
<i>abirtega</i> TABS 250mg	2	QL (120 tabs / 30 days), PA
AKEEGA TAB 50/500MG	5	NDS, QL (60 tabs / 30 days), PA
AKEEGA TAB 100/500	5	NDS, QL (60 tabs / 30 days), PA
<i>anastrozole</i> TABS 1mg	1	
<i>bicalutamide</i> TABS 50mg	2	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	4	PA
ERLEADA TABS 60mg	5	NDS, QL (120 tabs / 30 days), PA
ERLEADA TABS 240mg	5	NDS, QL (30 tabs / 30 days), PA
EULEXIN CAPS 125mg	5	NDS
<i>exemestane</i> TABS 25mg	2	
FIRMAGON SOLR 80mg	4	PA

Drug Name	Drug Tier	Requirements/Limits
FIRMAGON SOLR 120mg/vial	5	NDS, PA
<i>fulvestrant</i> SOSY 250mg/5ml	5	NDS, B/D
<i>letrozole</i> TABS 2.5mg	1	
<i>leuprolide acetate</i> KIT 1mg/0.2ml	2	PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	5	NDS, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	5	NDS, PA
LYSODREN TABS 500mg	5	NDS
<i>megestrol acetate</i> TABS 20mg, 40mg	3	
<i>nilutamide</i> TABS 150mg	5	NDS
NUBEQA TABS 300mg	5	NDS, QL (120 tabs / 30 days), PA
ORGOVYX TABS 120mg	5	NDS, PA
ORSERDU TABS 86mg	5	NDS, QL (90 tabs / 30 days), PA
ORSERDU TABS 345mg	5	NDS, QL (30 tabs / 30 days), PA
SOLTAMOX SOLN 10mg/5ml	5	NDS
<i>tamoxifen citrate</i> TABS 10mg, 20mg	2	
<i>toremifene citrate</i> TABS 60mg	2	PA
XTANDI CAPS 40mg	5	NDS, QL (120 caps / 30 days), PA
XTANDI TABS 40mg	5	NDS, QL (120 tabs / 30 days), PA
XTANDI TABS 80mg	5	NDS, QL (60 tabs / 30 days), PA
YONSA TABS 125mg	5	NDS, QL (120 tabs / 30 days), PA

IMMUNOMODULATORS

<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg	5	NDS, QL (28 caps / 28 days), PA
<i>lenalidomide</i> CAPS 20mg, 25mg	5	NDS, QL (21 caps / 28 days), PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	5	NDS, QL (21 caps / 28 days), PA
THALOMID CAPS 50mg	5	NDS, QL (84 caps / 28 days), PA
THALOMID CAPS 100mg	5	NDS, QL (112 caps / 28 days), PA
THALOMID CAPS 150mg, 200mg	5	NDS, QL (56 caps / 28 days), PA

MISCELLANEOUS

BESREMI SOSY 500mcg/ml	5	NDS, QL (2 syringes / 28 days), PA
<i>bexarotene</i> CAPS 75mg	5	NDS, QL (300 caps / 30 days), PA
<i>doxorubicin hcl</i> SOLN 2mg/ml	2	B/D

You can find information on the symbols and abbreviations on this table by going to page 1 of the introduction. Formulary ID 25302, Ver.#12 Last Updated: 11/12/2025 Effective Date: 12/01/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>doxorubicin hcl liposomal</i> SUSP 2mg/ml	5	NDS, B/D
<i>hydroxyurea</i> CAPS 500mg	2	
<i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	2	B/D
IWILFIN TABS 192mg	5	NDS, QL (240 tabs / 30 days), PA
MATULANE CAPS 50mg	5	NDS
MODEYSO CAPS 125mg	5	NDS, QL (20 caps / 28 days), PA
<i>tretinoin (chemotherapy)</i> CAPS 10mg	5	NDS
WELIREG TABS 40mg	5	NDS, QL (90 tabs / 30 days), PA

MITOTIC INHIBITORS

<i>docetaxel</i> CONC 20mg/ml	2	B/D
<i>docetaxel</i> CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	NDS, B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	NDS, B/D
DOCIVYX SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	NDS, B/D
<i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	2	B/D
<i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	2	B/D
<i>paclitaxel inj 100mg</i>	5	NDS, B/D
<i>vincristine sulfate</i> SOLN 1mg/ml	2	B/D
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	2	B/D

MOLECULAR TARGET AGENTS

ALECENSA CAPS 150mg	5	NDS, QL (240 caps / 30 days), PA
ALUNBRIG TABS 30mg	5	NDS, QL (120 tabs / 30 days), PA
ALUNBRIG TABS 90mg, 180mg	5	NDS, QL (30 tabs / 30 days), PA
ALUNBRIG PAK	5	NDS, QL (30 tabs / 30 days), PA
AUGTYRO CAPS 40mg	5	NDS, QL (240 caps / 30 days), PA
AUGTYRO CAPS 160mg	5	NDS, QL (60 caps / 30 days), PA
AVMAPKI PAK FAKZYNJA	5	NDS, QL (1 pack / 28 days), PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	5	NDS, QL (30 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
BALVERSA TABS 3mg	5	NDS, QL (84 tabs / 28 days), PA
BALVERSA TABS 4mg	5	NDS, QL (56 tabs / 28 days), PA
BALVERSA TABS 5mg	5	NDS, QL (28 tabs / 28 days), PA
BORTEZOMIB SOLR 1mg, 2.5mg	4	PA
<i>bortezomib</i> SOLR 3.5mg	5	NDS, PA
BOSULIF CAPS 50mg	5	NDS, QL (360 caps / 30 days), PA
BOSULIF CAPS 100mg	5	NDS, QL (150 caps / 25 days), PA
BOSULIF TABS 100mg	5	NDS, QL (180 tabs / 30 days), PA
BOSULIF TABS 400mg, 500mg	5	NDS, QL (30 tabs / 30 days), PA
BRAFTOVI CAPS 75mg	5	NDS, QL (180 caps / 30 days), PA
BRUKINSA CAPS 80mg	5	NDS, QL (120 caps / 30 days), PA
BRUKINSA TABS 160mg	5	NDS, QL (60 tabs / 30 days), PA
CABOMETYX TABS 20mg, 40mg, 60mg	5	NDS, QL (30 tabs / 30 days), PA
CALQUENCE TABS 100mg	5	NDS, QL (60 tabs / 30 days), PA
CAPRELSA TABS 100mg	5	NDS, QL (60 tabs / 30 days), PA
CAPRELSA TABS 300mg	5	NDS, QL (30 tabs / 30 days), PA
COMETRIQ (60MG DOSE) KIT 20mg	5	NDS, QL (84 caps / 28 days), PA
COMETRIQ KIT 100MG	5	NDS, QL (56 caps / 28 days), PA
COMETRIQ KIT 140MG	5	NDS, QL (112 caps / 28 days), PA
COPIKTRA CAPS 15mg, 25mg	5	NDS, QL (56 caps / 28 days), PA
COTELLIC TABS 20mg	5	NDS, QL (63 tabs / 28 days), PA
DANZITEN TABS 71mg, 95mg	5	NDS, QL (112 tabs / 28 days), PA
<i>dasatinib</i> TABS 20mg	5	NDS, QL (90 tabs / 30 days), PA
<i>dasatinib</i> TABS 50mg, 70mg, 80mg, 100mg, 140mg	5	NDS, QL (30 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
DAURISMO TABS 25mg	5	NDS, QL (60 tabs / 30 days), PA
DAURISMO TABS 100mg	5	NDS, QL (30 tabs / 30 days), PA
ERIVEDGE CAPS 150mg	5	NDS, QL (30 caps / 30 days), PA
<i>erlotinib hcl</i> TABS 25mg	5	NDS, QL (90 tabs / 30 days), PA
<i>erlotinib hcl</i> TABS 100mg, 150mg	5	NDS, QL (30 tabs / 30 days), PA
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	5	NDS, QL (30 tabs / 30 days), PA
<i>everolimus</i> TBSO 2mg	5	NDS, QL (150 tabs / 30 days), PA
<i>everolimus</i> TBSO 3mg	5	NDS, QL (90 tabs / 30 days), PA
<i>everolimus</i> TBSO 5mg	5	NDS, QL (60 tabs / 30 days), PA
FOTIVDA CAPS .89mg, 1.34mg	5	NDS, QL (21 caps / 28 days), PA
FRUZAQLA CAPS 1mg	5	NDS, QL (84 caps / 28 days), PA
FRUZAQLA CAPS 5mg	5	NDS, QL (21 caps / 28 days), PA
GAVRETO CAPS 100mg	5	NDS, QL (120 caps / 30 days), PA
<i>gefitinib</i> TABS 250mg	5	NDS, QL (60 tabs / 30 days), PA
GILOTRIF TABS 20mg, 30mg, 40mg	5	NDS, QL (30 tabs / 30 days), PA
GOMEKLI CAPS 1mg	5	NDS, QL (168 caps / 28 days), PA
GOMEKLI CAPS 2mg	5	NDS, QL (84 caps / 28 days), PA
GOMEKLI TBSO 1mg	5	NDS, QL (168 tabs / 28 days), PA
HERCEP HYLEC SOL 60-10000	5	NDS, PA
HERCEPTIN SOLR 150mg	5	NDS, PA
HERNEXEOS TABS 60mg	5	NDS, QL (120 tabs / 30 days), PA
HERZUMA SOLR 150mg, 420mg	5	NDS, PA
IBRANCE CAPS 75mg, 100mg, 125mg	5	NDS, QL (21 caps / 28 days), PA
IBRANCE TABS 75mg, 100mg, 125mg	5	NDS, QL (21 tabs / 28 days), PA
IBTROZI CAPS 200mg	5	NDS, QL (90 caps / 30 days), PA

You can find information on the symbols and abbreviations on this table by going to page 1 of the introduction. Formulary ID 25302, Ver.#12 Last Updated: 11/12/2025 Effective Date: 12/01/2025.

Drug Name	Drug Tier	Requirements/Limits
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	5	NDS, QL (30 tabs / 30 days), PA
IDHIFA TABS 50mg, 100mg	5	NDS, QL (30 tabs / 30 days), PA
<i>imatinib mesylate</i> TABS 100mg	5	NDS, QL (90 tabs / 30 days), PA
<i>imatinib mesylate</i> TABS 400mg	5	NDS, QL (60 tabs / 30 days), PA
IMBRUVICA CAPS 70mg	5	NDS, QL (30 caps / 30 days), PA
IMBRUVICA CAPS 140mg	5	NDS, QL (120 caps / 30 days), PA
IMBRUVICA SUSP 70mg/ml	5	NDS, QL (216 mL / 27 days), PA
IMBRUVICA TABS 140mg, 280mg, 420mg	5	NDS, QL (30 tabs / 30 days), PA
IMKELDI SOLN 80mg/ml	5	NDS, QL (280 mL / 28 days), PA
INLYTA TABS 1mg	5	NDS, QL (180 tabs / 30 days), PA
INLYTA TABS 5mg	5	NDS, QL (120 tabs / 30 days), PA
INREBIC CAPS 100mg	5	NDS, QL (120 caps / 30 days), PA
ITOVEBI TABS 3mg	5	NDS, QL (56 tabs / 28 days), PA
ITOVEBI TABS 9mg	5	NDS, QL (28 tabs / 28 days), PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	5	NDS, QL (60 tabs / 30 days), PA
JAYPIRCA TABS 50mg	5	NDS, QL (30 tabs / 30 days), PA
JAYPIRCA TABS 100mg	5	NDS, QL (60 tabs / 30 days), PA
KADCYLA SOLR 100mg, 160mg	5	NDS, B/D
KANJINTI SOLR 150mg, 420mg	5	NDS, PA
KEYTRUDA SOLN 100mg/4ml	5	NDS, PA
KISQALI 200 DOSE TBPK 200mg	5	NDS, QL (21 tabs / 28 days), PA
KISQALI 200 PAK FEMARA	5	NDS, QL (49 tabs / 28 days), PA
KISQALI 400 DOSE TBPK 200mg	5	NDS, QL (42 tabs / 28 days), PA
KISQALI 400 PAK FEMARA	5	NDS, QL (70 tabs / 28 days), PA
KISQALI 600 DOSE TBPK 200mg	5	NDS, QL (63 tabs / 28 days), PA

You can find information on the symbols and abbreviations on this table by going to page 1 of the introduction. Formulary ID 25302, Ver.#12 Last Updated: 11/12/2025 Effective Date: 12/01/2025.

Drug Name	Drug Tier	Requirements/Limits
KISQALI 600 PAK FEMARA	5	NDS, QL (91 tabs / 28 days), PA
KOSELUGO CAPS 10mg	5	NDS, QL (240 caps / 30 days), PA
KOSELUGO CAPS 25mg	5	NDS, QL (120 caps / 30 days), PA
KRAZATI TABS 200mg	5	NDS, QL (180 tabs / 30 days), PA
<i>lapatinib ditosylate</i> TABS 250mg	5	NDS, QL (180 tabs / 30 days), PA
LAZCLUZE TABS 80mg	5	NDS, QL (60 tabs / 30 days), PA
LAZCLUZE TABS 240mg	5	NDS, QL (30 tabs / 30 days), PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	5	NDS, QL (30 caps / 30 days), PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	5	NDS, QL (60 caps / 30 days), PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	5	NDS, QL (30 caps / 30 days), PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	5	NDS, QL (90 caps / 30 days), PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	5	NDS, QL (60 caps / 30 days), PA
LENVIMA CAP 14 MG	5	NDS, QL (60 caps / 30 days), PA
LENVIMA CAP 18 MG	5	NDS, QL (90 caps / 30 days), PA
LENVIMA CAP 24 MG	5	NDS, QL (90 caps / 30 days), PA
LORBRENA TABS 25mg	5	NDS, QL (90 tabs / 30 days), PA
LORBRENA TABS 100mg	5	NDS, QL (30 tabs / 30 days), PA
LUMAKRAS TABS 120mg	5	NDS, QL (240 tabs / 30 days), PA
LUMAKRAS TABS 240mg	5	NDS, QL (120 tabs / 30 days), PA
LUMAKRAS TABS 320mg	5	NDS, QL (90 tabs / 30 days), PA
LYNPARZA TABS 100mg, 150mg	5	NDS, QL (120 tabs / 30 days), PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg	5	NDS, QL (84 tabs / 28 days), PA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg	5	NDS, QL (112 tabs / 28 days), PA

You can find information on the symbols and abbreviations on this table by going to page 1 of the introduction. Formulary ID 25302, Ver.#12 Last Updated: 11/12/2025 Effective Date: 12/01/2025.

Drug Name	Drug Tier	Requirements/Limits
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg	5	NDS, QL (140 tabs / 28 days), PA
MEKINIST SOLR .05mg/ml	5	NDS, QL (1260 mL / 30 days), PA
MEKINIST TABS 2mg	5	NDS, QL (30 tabs / 30 days), PA
MEKINIST TABS .5mg	5	NDS, QL (90 tabs / 30 days), PA
MEKTOVI TABS 15mg	5	NDS, QL (180 tabs / 30 days), PA
MONJUVI SOLR 200mg	5	NDS, PA
NERLYNX TABS 40mg	5	NDS, QL (180 tabs / 30 days), PA
<i>nilotinib hcl</i> CAPS 50mg	5	NDS, QL (120 caps / 30 days), PA
<i>nilotinib hcl</i> CAPS 150mg, 200mg	5	NDS, QL (112 caps / 28 days), PA
NINLARO CAPS 2.3mg, 3mg, 4mg	5	NDS, QL (3 caps / 28 days), PA
ODOMZO CAPS 200mg	5	NDS, QL (30 caps / 30 days), PA
OGIVRI SOLR 150mg, 420mg	5	NDS, PA
OGSIVEO TABS 50mg	5	NDS, QL (180 tabs / 30 days), PA
OGSIVEO TABS 100mg, 150mg	5	NDS, QL (56 tabs / 28 days), PA
OJEMDA SUSR 25mg/ml	5	NDS, QL (96 mL / 28 days), PA
OJEMDA TABS 100mg	5	NDS, QL (24 tabs / 28 days), PA
OJJAARA TABS 100mg, 150mg, 200mg	5	NDS, QL (30 tabs / 30 days), PA
ONTRUZANT SOLR 150mg, 420mg	5	NDS, PA
<i>pazopanib hcl</i> TABS 200mg	5	NDS, QL (120 tabs / 30 days), PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	5	NDS, QL (28 tabs / 28 days), PA
PHESGO SOL	5	NDS, PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	5	NDS, QL (28 tabs / 28 days), PA
PIQRAY 250MG TAB DOSE	5	NDS, QL (56 tabs / 28 days), PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	5	NDS, QL (56 tabs / 28 days), PA
QINLOCK TABS 50mg	5	NDS, QL (90 tabs / 30 days), PA

You can find information on the symbols and abbreviations on this table by going to page 1 of the introduction. Formulary ID 25302, Ver.#12 Last Updated: 11/12/2025 Effective Date: 12/01/2025.

Drug Name	Drug Tier	Requirements/Limits
RETEVMO CAPS 40mg	5	NDS, QL (240 caps / 30 days), PA
RETEVMO CAPS 80mg	5	NDS, QL (120 caps / 30 days), PA
RETEVMO TABS 40mg	5	NDS, QL (90 tabs / 30 days), PA
RETEVMO TABS 80mg, 120mg, 160mg	5	NDS, QL (60 tabs / 30 days), PA
REVUFORJ TABS 25mg	5	NDS, QL (240 tabs / 30 days), PA
REVUFORJ TABS 110mg	5	NDS, QL (120 tabs / 30 days), PA
REVUFORJ TABS 160mg	5	NDS, QL (60 tabs / 30 days), PA
REZLIDHIA CAPS 150mg	5	NDS, QL (60 caps / 30 days), PA
ROMVIMZA CAPS 14mg, 20mg, 30mg	5	NDS, QL (8 caps / 28 days), PA
ROZLYTREK CAPS 100mg	5	NDS, QL (180 caps / 30 days), PA
ROZLYTREK CAPS 200mg	5	NDS, QL (90 caps / 30 days), PA
ROZLYTREK PACK 50mg	5	NDS, QL (336 packets / 28 days), PA
RUBRACA TABS 200mg, 250mg, 300mg	5	NDS, QL (120 tabs / 30 days), PA
RYDAPT CAPS 25mg	5	NDS, QL (224 caps / 28 days), PA
SCSEMBLIX TABS 20mg	5	NDS, QL (60 tabs / 30 days), PA
SCSEMBLIX TABS 40mg	5	NDS, QL (300 tabs / 30 days), PA
SCSEMBLIX TABS 100mg	5	NDS, QL (120 tabs / 30 days), PA
<i>sorafenib tosylate</i> TABS 200mg	5	NDS, QL (120 tabs / 30 days), PA
STIVARGA TABS 40mg	5	NDS, QL (84 tabs / 28 days), PA
<i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg	5	NDS, QL (30 caps / 30 days), PA
TABRECTA TABS 150mg, 200mg	5	NDS, QL (112 tabs / 28 days), PA
TAFINLAR CAPS 50mg, 75mg	5	NDS, QL (120 caps / 30 days), PA
TAFINLAR TBSO 10mg	5	NDS, QL (900 tabs / 30 days), PA

You can find information on the symbols and abbreviations on this table by going to page 1 of the introduction. Formulary ID 25302, Ver.#12 Last Updated: 11/12/2025 Effective Date: 12/01/2025.

Drug Name	Drug Tier	Requirements/Limits
TAGRISSO TABS 40mg, 80mg	5	NDS, QL (30 tabs / 30 days), PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg	5	NDS, QL (30 caps / 30 days), PA
TALZENNA CAPS .25mg	5	NDS, QL (90 caps / 30 days), PA
TASIGNA CAPS 50mg	5	NDS, QL (120 caps / 30 days), PA
TASIGNA CAPS 150mg, 200mg	5	NDS, QL (112 caps / 28 days), PA
TAZVERIK TABS 200mg	5	NDS, QL (240 tabs / 30 days), PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	5	NDS, PA
TECENTRIQ INJ HYBREZA	5	NDS, QL (1 vial / 21 days), PA
TEPMETKO TABS 225mg	5	NDS, QL (60 tabs / 30 days), PA
TIBSOVO TABS 250mg	5	NDS, QL (60 tabs / 30 days), PA
<i>torpenz</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	5	NDS, QL (30 tabs / 30 days), PA
TRAZIMERA SOLR 150mg, 420mg	5	NDS, PA
TRUQAP TABS 160mg, 200mg	5	NDS, QL (64 tabs / 28 days), PA
TRUQAP TBPK 160mg, 200mg	5	NDS, QL (4 packs / 28 days), PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	5	NDS, PA
TUKYSA TABS 50mg, 150mg	5	NDS, QL (120 tabs / 30 days), PA
TURALIO CAPS 125mg	5	NDS, QL (120 caps / 30 days), PA
VANFLYTA TABS 17.7mg, 26.5mg	5	NDS, QL (56 tabs / 28 days), PA
VENCLEXTA TABS 10mg	3	QL (112 tabs / 28 days), PA
VENCLEXTA TABS 50mg	5	NDS, QL (112 tabs / 28 days), PA
VENCLEXTA TABS 100mg	5	NDS, QL (180 tabs / 30 days), PA
VENCLEXTA TAB START PK	5	NDS, QL (42 tabs / 28 days), PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	5	NDS, QL (56 tabs / 28 days), PA
VITRAKVI CAPS 25mg	5	NDS, QL (180 caps / 30 days), PA

You can find information on the symbols and abbreviations on this table by going to page 1 of the introduction. Formulary ID 25302, Ver.#12 Last Updated: 11/12/2025 Effective Date: 12/01/2025.

Drug Name	Drug Tier	Requirements/Limits
VITRAKVI CAPS 100mg	5	NDS, QL (60 caps / 30 days), PA
VITRAKVI SOLN 20mg/ml	5	NDS, QL (300 mL / 30 days), PA
VIZIMPRO TABS 15mg, 30mg, 45mg	5	NDS, QL (30 tabs / 30 days), PA
VONJO CAPS 100mg	5	NDS, QL (120 caps / 30 days), PA
VORANIGO TABS 10mg	5	NDS, QL (60 tabs / 30 days), PA
VORANIGO TABS 40mg	5	NDS, QL (30 tabs / 30 days), PA
XALKORI CAPS 200mg, 250mg; CPSP 50mg	5	NDS, QL (120 caps / 30 days), PA
XALKORI CPSP 20mg	5	NDS, QL (240 caps / 30 days), PA
XALKORI CPSP 150mg	5	NDS, QL (180 caps / 30 days), PA
XOSPATA TABS 40mg	5	NDS, QL (90 tabs / 30 days), PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 10mg	5	NDS, QL (16 tabs / 28 days), PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 40mg	5	NDS, QL (4 tabs / 28 days), PA
XPOVIO PAK (40 MG TWICE WEEKLY) TBPK 40mg	5	NDS, QL (8 tabs / 28 days), PA
XPOVIO PAK (60 MG ONCE WEEKLY) TBPK 60mg	5	NDS, QL (4 tabs / 28 days), PA
XPOVIO PAK (60 MG TWICE WEEKLY) TBPK 20mg	5	NDS, QL (24 tabs / 28 days), PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 40mg	5	NDS, QL (8 tabs / 28 days), PA
XPOVIO PAK (80 MG TWICE WEEKLY) TBPK 20mg	5	NDS, QL (32 tabs / 28 days), PA
XPOVIO PAK (100 MG ONCE WEEKLY) TBPK 50mg	5	NDS, QL (8 tabs / 28 days), PA
ZEJULA TABS 100mg, 200mg, 300mg	5	NDS, QL (30 tabs / 30 days), PA
ZELBORAF TABS 240mg	5	NDS, QL (240 tabs / 30 days), PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	5	NDS, PA
ZOLINZA CAPS 100mg	5	NDS, QL (120 caps / 30 days), PA
ZYDELIG TABS 100mg, 150mg	5	NDS, QL (60 tabs / 30 days), PA
ZYKADIA TABS 150mg	5	NDS, QL (84 tabs / 28 days), PA

Drug Name	Drug Tier	Requirements/Limits
PROTECTIVE AGENTS		
<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	2	B/D
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	2	
<i>mesna</i> TABS 400mg	5	NDS
MESNEX TABS 400mg	5	NDS

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	QL (30 caps / 30 days)
<i>benazepril & hydrochlorothiazide tab 5-6.25mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	
ACE INHIBITORS		
<i>benazepril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	1	
<i>captopril TABS 12.5mg, 25mg, 50mg, 100mg</i>	1	
<i>enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg</i>	1	
<i>fosinopril sodium TABS 10mg, 20mg, 40mg</i>	1	
<i>lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	1	
<i>moexipril hcl TABS 7.5mg, 15mg</i>	1	
<i>perindopril erbumine TABS 2mg, 4mg, 8mg</i>	1	
<i>quinapril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	1	
<i>ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg</i>	1	
<i>trandolapril TABS 1mg, 2mg, 4mg</i>	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone TABS 25mg, 50mg</i>	2	
<i>KERENDIA TABS 10mg, 20mg, 40mg</i>	3	QL (30 tabs / 30 days)
<i>spironolactone TABS 25mg, 50mg, 100mg</i>	1	
ALPHA BLOCKERS		
<i>doxazosin mesylate TABS 1mg, 2mg, 4mg, 8mg</i>	1	
<i>prazosin hcl CAPS 1mg, 2mg, 5mg</i>	2	
<i>terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	QL (30 tabs / 30 days)
ENTRESTO CAP 6-6MG	3	QL (240 caps / 30 days)
ENTRESTO CAP 15-16MG	3	QL (240 caps / 30 days)
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	QL (30 tabs / 30 days)
<i>sacubitril-valsartan tab 24-26 mg</i>	2	QL (60 tabs / 30 days)
<i>sacubitril-valsartan tab 49-51 mg</i>	2	QL (60 tabs / 30 days)
<i>sacubitril-valsartan tab 97-103 mg</i>	2	QL (60 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	QL (30 tabs / 30 days)
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil TABS 4mg, 8mg, 16mg</i>	1	QL (60 tabs / 30 days)
<i>candesartan cilexetil TABS 32mg</i>	1	QL (30 tabs / 30 days)
<i>irbesartan TABS 75mg, 150mg, 300mg</i>	1	QL (30 tabs / 30 days)
<i>losartan potassium TABS 25mg, 50mg, 100mg</i>	1	
<i>olmesartan medoxomil TABS 5mg</i>	1	QL (60 tabs / 30 days)
<i>olmesartan medoxomil TABS 20mg, 40mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan TABS 20mg, 40mg, 80mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan TABS 40mg, 80mg, 160mg</i>	1	QL (60 tabs / 30 days)
<i>valsartan TABS 320mg</i>	1	QL (30 tabs / 30 days)
ANTIARRHYTHMICS		
<i>amiodarone hcl SOLN 50mg/ml, 150mg/3ml, 900mg/18ml; TABS 100mg, 400mg</i>	2	
<i>amiodarone hcl TABS 200mg</i>	1	
<i>disopyramide phosphate CAPS 100mg, 150mg</i>	4	
<i>dofetilide CAPS 125mcg, 250mcg, 500mcg</i>	2	
<i>flecainide acetate TABS 50mg, 100mg, 150mg</i>	2	
<i>MULTAQ TABS 400mg</i>	4	QL (60 tabs / 30 days)
<i>pacerone TABS 100mg, 400mg</i>	2	
<i>pacerone TABS 200mg</i>	1	
<i>propafenone hcl CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg</i>	2	
<i>quinidine sulfate TABS 200mg, 300mg</i>	2	
<i>sotalol hcl TABS 80mg, 120mg, 160mg, 240mg</i>	1	
<i>sotalol hcl (afib/afl) TABS 80mg, 120mg, 160mg</i>	2	
ANTILIPEMICS, FIBRATES		
<i>fenofibrate TABS 48mg, 54mg, 145mg, 160mg</i>	2	
<i>fenofibrate micronized CAPS 67mg, 134mg, 200mg</i>	2	
<i>gemfibrozil TABS 600mg</i>	1	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium TABS 10mg, 20mg, 40mg, 80mg</i>	1	QL (30 tabs / 30 days)
<i>lovastatin TABS 10mg, 20mg, 40mg</i>	1	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
<i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	2	
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	2	
<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg	2	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm; TABS 1gm	2	
<i>ezetimibe</i> TABS 10mg	2	
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	QL (30 tabs / 30 days)
NEXLETOL TABS 180mg	3	QL (30 tabs / 30 days)
NEXLIZET TAB 180/10MG	3	QL (30 tabs / 30 days)
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg	2	QL (60 tabs / 30 days)
<i>omega-3-acid ethyl esters cap 1 gm</i>	2	PA
<i>prevalite</i> PACK 4gm; POWD 4gm/dose	2	
REPATHA SOSY 140mg/ml	3	PA
REPATHA SURECLICK SOAJ 140mg/ml	3	PA
VASCEPA CAPS .5gm, 1gm	3	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	2	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	2	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
BETA-BLOCKERS		
<i>acebutolol hcl</i> CAPS 200mg, 400mg	2	
<i>atenolol</i> TABS 25mg, 50mg, 100mg	1	
<i>bisoprolol fumarate</i> TABS 5mg, 10mg	1	
<i>carvedilol</i> TABS 3.125mg, 6.25mg, 12.5mg, 25mg	1	
<i>labetalol hcl</i> TABS 100mg, 200mg, 300mg	2	
<i>metoprolol succinate</i> TB24 25mg, 50mg, 100mg, 200mg	1	
<i>metoprolol tartrate</i> SOLN 5mg/5ml	2	
<i>metoprolol tartrate</i> TABS 25mg, 50mg, 100mg	1	
<i>nadolol</i> TABS 20mg, 40mg, 80mg	2	
<i>nebivolol hcl</i> TABS 2.5mg, 5mg, 10mg	2	QL (30 tabs / 30 days)
<i>nebivolol hcl</i> TABS 20mg	2	QL (60 tabs / 30 days)
<i>pindolol</i> TABS 5mg, 10mg	2	
<i>propranolol hcl</i> CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg	2	
<i>timolol maleate</i> TABS 5mg, 10mg, 20mg	2	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate</i> TABS 2.5mg, 5mg, 10mg	1	
<i>cartia xt</i> CP24 120mg, 180mg, 240mg, 300mg	2	
<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	2	
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml	2	
<i>diltiazem hcl</i> TABS 30mg, 60mg, 90mg, 120mg	1	
<i>diltiazem hcl coated beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	2	
<i>diltiazem hcl extended release beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	2	
<i>nicardipine hcl</i> CAPS 20mg, 30mg	2	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	2	
<i>nimodipine</i> CAPS 30mg	2	
<i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
<i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml	2	

You can find information on the symbols and abbreviations on this table by going to page 1 of the introduction. Formulary ID 25302, Ver.#12 Last Updated: 11/12/2025 Effective Date: 12/01/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>verapamil hcl</i> TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	1	
DIURETICS		
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	2	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	
<i>amiloride hcl</i> TABS 5mg	1	
<i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	2	
<i>chlorthalidone</i> TABS 25mg, 50mg	2	
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml; TABS 20mg, 40mg, 80mg	1	
<i>furosemide inj</i> SOLN 10mg/ml	2	
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	
<i>indapamide</i> TABS 1.25mg, 2.5mg	1	
<i>methazolamide</i> TABS 25mg, 50mg	2	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	2	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	2	
<i>torseamide</i> TABS 5mg, 10mg, 20mg, 100mg	1	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 75- 50 mg</i>	1	
MISCELLANEOUS		
<i>aliskiren fumarate</i> TABS 150mg, 300mg	1	
<i>clonidine</i> PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	2	
<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	1	
CORLANOR SOLN 5mg/5ml	4	QL (450 mL / 30 days)
<i>digoxin</i> SOLN .05mg/ml, .25mg/ml	2	
<i>digoxin</i> TABS 125mcg, 250mcg	2	QL (30 tabs / 30 days)
<i>droxidopa</i> CAPS 100mg	5	NDS, QL (90 caps / 30 days), PA
<i>droxidopa</i> CAPS 200mg, 300mg	5	NDS, QL (180 caps / 30 days), PA
<i>epinephrine (anaphylaxis)</i> SOLN 1mg/ml	2	
<i>guanfacine hcl</i> TABS 1mg, 2mg	3	PA; PA applies if 70 years and older
<i>hydralazine hcl</i> SOLN 20mg/ml	2	

Drug Name	Drug Tier	Requirements/Limits
<i>hydralazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	1	
<i>ivabradine hcl</i> TABS 5mg, 7.5mg	2	QL (60 tabs / 30 days)
<i>metyrosine</i> CAPS 250mg	5	NDS, PA
<i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg	2	
<i>minoxidil</i> TABS 2.5mg, 10mg	2	
<i>ranolazine</i> TB12 500mg, 1000mg	2	
VERQUVO TABS 2.5mg, 5mg, 10mg	3	QL (30 tabs / 30 days), PA

NITRATES

<i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg	2	
<i>isosorbide mononitrate</i> TB24 30mg, 60mg, 120mg	1	
NITRO-BID OINT 2%	3	
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SUBL .3mg, .4mg, .6mg	2	

PULMONARY ARTERIAL HYPERTENSION

ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	5	NDS, QL (90 tabs / 30 days), PA
<i>alyq</i> TABS 20mg	5	NDS, QL (60 tabs / 30 days), PA
<i>ambrisentan</i> TABS 5mg, 10mg	5	NDS, QL (30 tabs / 30 days), PA
<i>bosentan</i> TABS 62.5mg, 125mg	5	NDS, QL (60 tabs / 30 days), PA
<i>bosentan</i> TBSO 32mg	5	NDS, QL (120 tabs / 30 days), PA
OPSUMIT TABS 10mg	5	NDS, QL (30 tabs / 30 days), PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg	2	QL (360 tabs / 30 days), PA
<i>tadalafil (pulmonary hypertension)</i> TABS 20mg	5	NDS, QL (60 tabs / 30 days), PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	5	NDS, PA
UPTRAVI TABS 200mcg	5	NDS, QL (140 tabs / 28 days), PA
UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg	5	NDS, QL (60 tabs / 30 days), PA
UPTRAVI PACK TAB 200/800	5	NDS, QL (1 pack / 28 days), PA
YUTREPIA CAPS 26.5mcg, 53mcg, 79.5mcg	5	NDS, QL (140 caps / 28 days), PA

Drug Name	Drug Tier	Requirements/Limits
YUTREPIA CAPS 106mcg	5	NDS, QL (224 caps / 28 days), PA

CENTRAL NERVOUS SYSTEM

ANTIANSXIETY

<i>alprazolam</i> TABS .25mg, .5mg, 1mg, 2mg	2	QL (150 tabs / 30 days)
<i>bupirone hcl</i> TABS 5mg, 10mg, 15mg	1	
<i>bupirone hcl</i> TABS 7.5mg, 30mg	2	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	2	
<i>lorazepam</i> CONC 2mg/ml	2	QL (150 mL / 30 days)
<i>lorazepam</i> SOLN 4mg/ml, 20mg/10ml	2	
<i>lorazepam</i> TABS .5mg, 1mg, 2mg	2	QL (150 tabs / 30 days)
<i>lorazepam intensol</i> CONC 2mg/ml	2	QL (150 mL / 30 days)

ANTIDEMENTIA

<i>donepezil hydrochloride</i> TABS 5mg; TBDP 5mg	1	QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TABS 10mg; TBDP 10mg	1	
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg	2	QL (30 caps / 30 days)
<i>galantamine hydrobromide</i> SOLN 4mg/ml	2	QL (200 mL / 30 days)
<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg	2	QL (60 tabs / 30 days)
<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg	2	PA; PA applies if 29 years and younger
<i>memantine hcl-donepezil hcl cap er 24hr 14-10 mg</i>	2	
<i>memantine hcl-donepezil hcl cap er 24hr 21-10 mg</i>	2	
<i>memantine hcl-donepezil hcl cap er 24hr 28-10 mg</i>	2	
NAMZARIC CAP 7-10MG	4	
NAMZARIC CAP 14-10MG	4	
NAMZARIC CAP 21-10MG	4	
NAMZARIC CAP 28-10MG	4	
NAMZARIC CAP PACK	4	
<i>rivastigmine</i> PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	2	QL (30 patches / 30 days)
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg	2	QL (60 caps / 30 days)

ANTIDEPRESSANTS

<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	3	
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	3	

Drug Name	Drug Tier	Requirements/Limits
AUVELITY TAB 45-105MG	4	QL (60 tabs / 30 days), PA
<i>bupropion hcl</i> TABS 75mg, 100mg	2	
<i>bupropion hcl</i> TB12 100mg, 150mg, 200mg; TB24 150mg	2	QL (60 tabs / 30 days)
<i>bupropion hcl</i> TB24 300mg	2	QL (30 tabs / 30 days)
<i>citalopram hydrobromide</i> SOLN 10mg/5ml	2	
<i>citalopram hydrobromide</i> TABS 10mg, 20mg, 40mg	1	
<i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg	4	PA
<i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	4	
<i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg	2	QL (30 tabs / 30 days)
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	3	
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	4	QL (60 caps / 30 days), PA
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg	2	QL (60 caps / 30 days)
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	5	NDS, QL (30 patches / 30 days), PA
<i>escitalopram oxalate</i> SOLN 5mg/5ml	2	
<i>escitalopram oxalate</i> TABS 5mg, 10mg, 20mg	1	
FETZIMA CP24 20mg, 40mg	4	QL (60 caps / 30 days), PA
FETZIMA CP24 80mg, 120mg	4	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	4	QL (2 packs / year), PA
<i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg	1	
<i>fluoxetine hcl</i> SOLN 20mg/5ml	2	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	2	
MARPLAN TABS 10mg	4	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS 7.5mg; TBDP 15mg, 30mg, 45mg	2	
<i>mirtazapine</i> TABS 15mg, 30mg, 45mg	1	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	2	
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg	2	
<i>nortriptyline hcl</i> SOLN 10mg/5ml	4	
<i>paroxetine hcl</i> SUSP 10mg/5ml	4	QL (900 mL / 30 days), PA
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	2	

You can find information on the symbols and abbreviations on this table by going to page 1 of the introduction. Formulary ID 25302, Ver.#12 Last Updated: 11/12/2025 Effective Date: 12/01/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>phenelzine sulfate</i> TABS 15mg	2	
<i>protriptyline hcl</i> TABS 5mg, 10mg	4	
RALDESY SOLN 10mg/ml	4	QL (1800 mL / 30 days), PA
<i>sertraline hcl</i> CONC 20mg/ml	2	
<i>sertraline hcl</i> TABS 25mg, 50mg, 100mg	1	
<i>tranylcypromine sulfate</i> TABS 10mg	2	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	
<i>trimipramine maleate</i> CAPS 25mg, 50mg	4	QL (120 caps / 30 days)
<i>trimipramine maleate</i> CAPS 100mg	4	QL (60 caps / 30 days)
TRINTELLIX TABS 5mg, 10mg, 20mg	4	QL (30 tabs / 30 days), PA
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg	1	
<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	2	
<i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg	2	QL (30 tabs / 30 days)
ZURZUVAE CAPS 20mg, 25mg	5	NDS, QL (28 caps / 14 days), PA
ZURZUVAE CAPS 30mg	5	NDS, QL (14 caps / 14 days), PA

ANTIPARKINSONIAN AGENTS

<i>amantadine hcl</i> CAPS 100mg	2	QL (120 caps / 30 days)
<i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg	2	
<i>benztropine mesylate</i> SOLN 1mg/ml	2	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg	2	PA; PA applies if 70 years and older
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	2	
<i>carb/levo orally disintegrating tab</i> 10-100mg	2	
<i>carb/levo orally disintegrating tab</i> 25-100mg	2	
<i>carb/levo orally disintegrating tab</i> 25-250mg	2	
<i>carbidopa & levodopa tab</i> 10-100 mg	2	
<i>carbidopa & levodopa tab</i> 25-100 mg	2	
<i>carbidopa & levodopa tab</i> 25-250 mg	2	
<i>carbidopa & levodopa tab er</i> 25-100 mg	2	
<i>carbidopa & levodopa tab er</i> 50-200 mg	2	
<i>carbidopa-levodopa-entacapone tabs</i> 12.5-50-200 mg	2	
<i>carbidopa-levodopa-entacapone tabs</i> 18.75-75-200 mg	2	

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	2	
<i>entacapone TABS 200mg</i>	2	
INBRIJA CAPS 42mg	5	NDS, QL (300 caps / 30 days), PA
<i>pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg</i>	1	
<i>rasagiline mesylate TABS .5mg, 1mg</i>	2	QL (30 tabs / 30 days)
<i>ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg</i>	1	
<i>selegiline hcl CAPS 5mg; TABS 5mg</i>	2	
<i>trihexyphenidyl hcl SOLN .4mg/ml</i>	3	PA; PA applies if 70 years and older
<i>trihexyphenidyl hcl TABS 2mg, 5mg</i>	2	PA; PA applies if 70 years and older

ANTIPSYCHOTICS

ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml	5	NDS, QL (1 syringe / 56 days)
ABILIFY MAINTENA PRSY 300mg, 400mg	5	NDS, QL (1 syringe / 28 days)
ABILIFY MAINTENA SRER 300mg, 400mg	5	NDS, QL (1 injection / 28 days)
<i>aripiprazole SOLN 1mg/ml</i>	2	QL (900 mL / 30 days)
<i>aripiprazole TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg</i>	2	QL (30 tabs / 30 days)
<i>aripiprazole TBDP 10mg, 15mg</i>	2	QL (60 tabs / 30 days), ST
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	5	NDS, QL (1 syringe / 28 days)
ARISTADA PRSY 1064mg/3.9ml	5	NDS, QL (1 syringe / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	5	NDS
<i>asenapine maleate SUBL 2.5mg, 5mg, 10mg</i>	2	QL (60 tabs / 30 days)
CAPLYTA CAPS 10.5mg, 21mg, 42mg	5	NDS, QL (30 caps / 30 days)
<i>chlorpromazine hcl CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg</i>	2	
<i>clozapine TABS 25mg, 50mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>clozapine</i> TABS 100mg	2	QL (270 tabs / 30 days)
<i>clozapine</i> TABS 200mg	2	QL (120 tabs / 30 days)
<i>clozapine</i> TBDP 12.5mg, 25mg	2	PA
<i>clozapine</i> TBDP 100mg	2	QL (270 tabs / 30 days), PA
<i>clozapine</i> TBDP 150mg	2	QL (180 tabs / 30 days), PA
<i>clozapine</i> TBDP 200mg	2	QL (120 tabs / 30 days), PA
COBENFY CAP 50-20MG	5	NDS, QL (60 caps / 30 days), PA
COBENFY CAP 100-20MG	5	NDS, QL (60 caps / 30 days), PA
COBENFY CAP 125-30MG	5	NDS, QL (60 caps / 30 days), PA
COBENFY STRT CAP PACK	5	NDS, QL (2 packs / year), PA
ERZOFRI SUSY 39mg/0.25ml	4	QL (1 syringe / 28 days)
ERZOFRI SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	5	NDS, QL (1 syringe / 28 days)
ERZOFRI SUSY 351mg/2.25ml	5	NDS, QL (2 syringes / year)
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	5	NDS, QL (60 tabs / 30 days), PA
FANAPT PAK PACK A	4	QL (2 packs / year), PA
FANAPT PAK PACK B	4	QL (2 packs / year), PA
FANAPT PAK PACK C	4	QL (2 packs / year), PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	2	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	2	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	2	
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	2	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	2	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	5	NDS, QL (1 injection / 180 days)
INVEGA SUSTENNA SUSY 39mg/0.25ml	4	QL (1 syringe / 28 days)
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	5	NDS, QL (1 syringe / 28 days)
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	5	NDS, QL (1 syringe / 90 days)

Drug Name	Drug Tier	Requirements/Limits
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	2	
<i>lurasidone hcl</i> TABS 20mg, 40mg, 60mg, 120mg	2	QL (30 tabs / 30 days)
<i>lurasidone hcl</i> TABS 80mg	2	QL (60 tabs / 30 days)
LYBALVI TAB 5-10MG	5	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 10-10MG	5	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 15-10MG	5	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 20-10MG	5	NDS, QL (30 tabs / 30 days)
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	2	
NUPLAZID CAPS 34mg	5	NDS, QL (30 caps / 30 days), PA
NUPLAZID TABS 10mg	5	NDS, QL (30 tabs / 30 days), PA
<i>olanzapine</i> SOLR 10mg	2	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg	2	QL (60 tabs / 30 days)
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg	2	QL (30 tabs / 30 days)
<i>olanzapine</i> TBDP 5mg, 15mg, 20mg	2	QL (30 tabs / 30 days), ST
<i>olanzapine</i> TBDP 10mg	2	QL (60 tabs / 30 days), ST
OPIPZA FILM 2mg, 5mg	5	NDS, QL (30 films / 30 days), PA
OPIPZA FILM 10mg	5	NDS, QL (90 films / 30 days), PA
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg	2	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 6mg	2	QL (60 tabs / 30 days)
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	2	
<i>pimozide</i> TABS 1mg, 2mg	2	
<i>quetiapine fumarate</i> TABS 25mg	2	QL (180 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 50mg, 100mg, 150mg, 200mg	2	QL (90 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 300mg, 400mg	2	QL (60 tabs / 30 days)
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg	2	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate</i> TB24 150mg, 200mg	2	QL (30 tabs / 30 days), PA
REXULTI TABS 3mg, 4mg	5	NDS, QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg	5	NDS, QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>risperidone</i> SOLN 1mg/ml	2	QL (240 mL / 30 days)
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	1	
<i>risperidone</i> TBDP 1mg, 2mg, 3mg	2	QL (60 tabs / 30 days), ST
<i>risperidone</i> TBDP 4mg	2	QL (120 tabs / 30 days), ST
<i>risperidone</i> TBDP .25mg, .5mg	2	QL (90 tabs / 30 days), ST
<i>risperidone microspheres</i> SRER 12.5mg, 25mg	2	QL (2 injections / 28 days)
<i>risperidone microspheres</i> SRER 37.5mg, 50mg	5	NDS, QL (2 injections / 28 days)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	5	NDS, QL (30 patches / 30 days)
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	2	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	2	
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	2	
VERSACLOZ SUSP 50mg/ml	5	NDS, QL (600 mL / 30 days), PA
VRAYLAR CAPS 1.5mg	5	NDS, QL (60 caps / 30 days)
VRAYLAR CAPS 3mg, 4.5mg, 6mg	5	NDS, QL (30 caps / 30 days)
<i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg	2	QL (60 caps / 30 days)
<i>ziprasidone mesylate</i> SOLR 20mg	2	QL (6 injections / 3 days)
ZYPREXA RELPREVV SUSR 210mg	4	QL (2 vials / 28 days), PA
ZYPREXA RELPREVV SUSR 300mg	5	NDS, QL (2 vials / 28 days), PA
ZYPREXA RELPREVV SUSR 405mg	5	NDS, QL (1 vial / 28 days), PA
ANTISEIZURE AGENTS		
APTIOM TABS 200mg, 400mg	5	NDS, QL (30 tabs / 30 days)
APTIOM TABS 600mg, 800mg	5	NDS, QL (60 tabs / 30 days)
BRIVIACT SOLN 10mg/ml	5	NDS, QL (600 mL / 30 days), PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	5	NDS, QL (60 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>carbamazepine</i> CHEW 100mg, 200mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	2	
<i>clobazam</i> SUSP 2.5mg/ml	2	QL (480 mL / 30 days), PA
<i>clobazam</i> TABS 10mg, 20mg	2	QL (60 tabs / 30 days), PA
<i>clonazepam</i> TABS 2mg; TBDP 2mg	2	QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg	2	QL (90 tabs / 30 days)
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg	2	QL (180 tabs / 30 days), PA; PA applies if 65 years and older
DIACOMIT CAPS 250mg	5	NDS, QL (360 caps / 30 days), PA
DIACOMIT CAPS 500mg	5	NDS, QL (180 caps / 30 days), PA
DIACOMIT PACK 250mg	5	NDS, QL (360 packets / 30 days), PA
DIACOMIT PACK 500mg	5	NDS, QL (180 packets / 30 days), PA
<i>diazepam</i> SOLN 5mg/5ml	2	QL (1200 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
<i>diazepam</i> TABS 2mg, 5mg, 10mg	2	QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	2	
<i>diazepam inj</i> SOLN 5mg/ml	2	
<i>diazepam intensol</i> CONC 5mg/ml	2	QL (240 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
DILANTIN CAPS 30mg	4	
<i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	2	
EPIDIOLEX SOLN 100mg/ml	5	NDS, QL (600 mL / 30 days), PA
<i>epitol</i> TABS 200mg	2	

You can find information on the symbols and abbreviations on this table by going to page 1 of the introduction. Formulary ID 25302, Ver.#12 Last Updated: 11/12/2025 Effective Date: 12/01/2025.

Drug Name	Drug Tier	Requirements/Limits
EPRONTIA SOLN 25mg/ml	4	QL (480 mL / 30 days), PA
<i>eslicarbazepine acetate</i> TABS 200mg, 400mg	2	QL (30 tabs / 30 days)
<i>eslicarbazepine acetate</i> TABS 600mg, 800mg	2	QL (60 tabs / 30 days)
<i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml	2	
<i>felbamate</i> SUSP 600mg/5ml; TABS 400mg, 600mg	2	
FINTEPLA SOLN 2.2mg/ml	5	NDS, QL (360 mL / 30 days), PA
FYCOMPA SUSP .5mg/ml	5	NDS, QL (720 mL / 30 days), PA
FYCOMPA TABS 2mg	4	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg	5	NDS, QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg, 300mg	1	QL (360 caps / 30 days)
<i>gabapentin</i> CAPS 400mg	1	QL (270 caps / 30 days)
<i>gabapentin</i> SOLN 250mg/5ml, 300mg/6ml	2	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	2	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	2	QL (120 tabs / 30 days)
<i>lacosamide</i> SOLN 200mg/20ml	2	
<i>lacosamide</i> TABS 50mg	2	QL (120 tabs / 30 days)
<i>lacosamide</i> TABS 100mg, 150mg, 200mg	2	QL (60 tabs / 30 days)
<i>lacosamide oral</i> SOLN 10mg/ml	2	QL (1200 mL / 30 days)
<i>lamotrigine</i> CHEW 5mg, 25mg	2	
<i>lamotrigine</i> TABS 25mg, 100mg, 150mg, 200mg	1	
<i>lamotrigine</i> TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	2	ST
<i>levetiracetam</i> SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	2	
LEVETIRACETAM TB3D 250mg	4	QL (360 tabs / 30 days)
<i>levetiracetam in sodium chloride iv soln</i> 500 mg/100ml	2	
<i>levetiracetam in sodium chloride iv soln</i> 1000 mg/100ml	2	
<i>levetiracetam in sodium chloride iv soln</i> 1500 mg/100ml	2	
<i>methsuximide</i> CAPS 300mg	2	
NAYZILAM SOLN 5mg/0.1ml	4	QL (10 nasal units / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>oxcarbazepine</i> SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	2	
<i>perampanel</i> TABS 2mg	2	QL (60 tabs / 30 days), PA
<i>perampanel</i> TABS 4mg, 6mg, 8mg, 10mg, 12mg	5	NDS, QL (30 tabs / 30 days), PA
<i>phenobarbital</i> ELIX 20mg/5ml	4	QL (1500 mL / 30 days), PA; PA applies if 70 years and older
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	3	QL (120 tabs / 30 days), PA; PA applies if 70 years and older
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml	4	PA; PA applies if 70 years and older
<i>phenytek</i> CAPS 200mg, 300mg	2	
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	2	
<i>phenytoin sodium</i> SOLN 50mg/ml	2	
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	2	
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg	2	QL (120 caps / 30 days), PA
<i>pregabalin</i> CAPS 200mg	2	QL (90 caps / 30 days), PA
<i>pregabalin</i> CAPS 225mg, 300mg	2	QL (60 caps / 30 days), PA
<i>pregabalin</i> SOLN 20mg/ml	2	QL (900 mL / 30 days), PA
<i>primidone</i> TABS 50mg, 125mg, 250mg	1	
<i>rowepra</i> TABS 500mg	2	
<i>rufinamide</i> SUSP 40mg/ml	5	NDS, QL (2400 mL / 30 days), PA
<i>rufinamide</i> TABS 200mg	2	QL (480 tabs / 30 days), PA
<i>rufinamide</i> TABS 400mg	5	NDS, QL (240 tabs / 30 days), PA
SPRITAM TB3D 250mg	4	QL (360 tabs / 30 days)
SPRITAM TB3D 500mg	4	QL (180 tabs / 30 days)
SPRITAM TB3D 750mg	4	QL (120 tabs / 30 days)
SPRITAM TB3D 1000mg	4	QL (90 tabs / 30 days)
<i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg	1	
SYMPAZAN FILM 5mg, 10mg, 20mg	5	NDS, QL (60 films / 30 days), PA
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	2	
<i>topiramate</i> CPSP 15mg, 25mg, 50mg	2	

Drug Name	Drug Tier	Requirements/Limits
<i>topiramate</i> SOLN 25mg/ml	2	QL (480 mL / 30 days), PA
<i>topiramate</i> TABS 25mg, 50mg, 100mg, 200mg	1	
<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	2	
<i>valproic acid</i> CAPS 250mg	2	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	4	QL (10 blister packs / 30 days)
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	4	QL (10 blister packs / 30 days)
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	4	QL (10 blister packs / 30 days)
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	4	QL (10 blister packs / 30 days)
<i>vigabatrin</i> PACK 500mg	5	NDS, QL (180 packets / 30 days), PA
<i>vigabatrin</i> TABS 500mg	5	NDS, QL (180 tabs / 30 days), PA
<i>vigadrone</i> PACK 500mg	5	NDS, QL (180 packets / 30 days), PA
<i>vigadrone</i> TABS 500mg	5	NDS, QL (180 tabs / 30 days), PA
VIGAFYDE SOLN 100mg/ml	5	NDS, QL (900 mL / 30 days), PA
<i>vigpoder</i> PACK 500mg	5	NDS, QL (180 packets / 30 days), PA
XCOPRI TABS 25mg, 50mg, 100mg	5	NDS, QL (30 tabs / 30 days)
XCOPRI TABS 150mg, 200mg	5	NDS, QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	4	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	5	NDS, QL (28 tabs / 28 days)
XCOPRI PAK 100-150	5	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	5	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	5	NDS, QL (28 tabs / 28 days)
ZONISADE SUSP 100mg/5ml	5	NDS, QL (900 mL / 30 days), PA
<i>zonisamide</i> CAPS 25mg, 50mg, 100mg	2	
ZTALMY SUSP 50mg/ml	5	NDS, QL (1100 mL / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine tab 5 mg</i>	2	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	2	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 10 mg</i>	2	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	2	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 15 mg</i>	2	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 20 mg</i>	2	QL (90 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 30 mg</i>	2	QL (60 tabs / 30 days), PA
<i>atomoxetine hcl CAPS 10mg, 18mg, 25mg</i>	2	QL (120 caps / 30 days)
<i>atomoxetine hcl CAPS 40mg</i>	2	QL (60 caps / 30 days)
<i>atomoxetine hcl CAPS 60mg, 80mg, 100mg</i>	2	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl TABS 2.5mg, 5mg</i>	2	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl TABS 10mg</i>	2	QL (60 tabs / 30 days), PA
<i>guanfacine hcl (adhd) TB24 1mg, 2mg, 4mg</i>	3	QL (30 tabs / 30 days), PA; PA applies if 70 years and older
<i>guanfacine hcl (adhd) TB24 3mg</i>	3	QL (60 tabs / 30 days), PA; PA applies if 70 years and older
<i>methylphenidate hcl SOLN 5mg/5ml</i>	2	QL (1800 mL / 30 days), PA
<i>methylphenidate hcl SOLN 10mg/5ml</i>	2	QL (900 mL / 30 days), PA
<i>methylphenidate hcl TABS 5mg, 10mg</i>	2	QL (180 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl</i> TABS 20mg; TBCR 10mg, 20mg	2	QL (90 tabs / 30 days), PA

HYPNOTICS

DAYVIGO TABS 5mg, 10mg	3	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep)</i> TABS 3mg, 6mg	2	QL (30 tabs / 30 days)
<i>tasimelteon</i> CAPS 20mg	5	NDS, QL (30 caps / 30 days), PA
<i>temazepam</i> CAPS 7.5mg, 30mg	2	QL (30 caps / 30 days), PA; PA applies if 65 years and older
<i>temazepam</i> CAPS 15mg	2	QL (60 caps / 30 days), PA; PA applies if 65 years and older
<i>zolpidem tartrate</i> TABS 5mg, 10mg	2	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year

MIGRAINE

AIMOVIG SOAJ 70mg/ml, 140mg/ml	3	QL (1 pen / 30 days), PA
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	5	NDS
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml	5	NDS, QL (8 mL / 30 days), PA
EMGALITY SOAJ 120mg/ml	3	QL (2 pens / 30 days), PA
EMGALITY SOSY 100mg/ml	3	QL (3 syringes / 30 days), PA
EMGALITY SOSY 120mg/ml	3	QL (2 syringes / 30 days), PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	2	QL (40 tabs / 28 days), PA
<i>naratriptan hcl</i> TABS 1mg, 2.5mg	2	QL (12 tabs / 30 days)
NURTEC TBDP 75mg	3	QL (16 tabs / 30 days), PA
QULIPTA TABS 10mg, 30mg, 60mg	3	QL (30 tabs / 30 days), PA
<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg	2	QL (18 tabs / 30 days)
<i>sumatriptan</i> SOLN 5mg/act	2	QL (24 units / 30 days)
<i>sumatriptan</i> SOLN 20mg/act	2	QL (12 units / 30 days)
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml	2	QL (18 injections / 30 days)
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml	2	QL (12 injections / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg	2	QL (12 tabs / 30 days)
UBRELVY TABS 50mg, 100mg	3	QL (16 tabs / 30 days), PA

MISCELLANEOUS

AUSTEDO TABS 6mg	5	NDS, QL (60 tabs / 30 days), PA
AUSTEDO TABS 9mg, 12mg	5	NDS, QL (120 tabs / 30 days), PA
AUSTEDO XR TB24 6mg	5	NDS, QL (90 tabs / 30 days), PA
AUSTEDO XR TB24 12mg	5	NDS, QL (120 tabs / 30 days), PA
AUSTEDO XR TB24 18mg, 24mg	5	NDS, QL (60 tabs / 30 days), PA
AUSTEDO XR TB24 30mg, 36mg, 42mg, 48mg	5	NDS, QL (30 tabs / 30 days), PA
AUSTEDO XR TAB TITR KIT	5	NDS, QL (2 packs / year), PA
<i>lithium</i> SOLN 8meq/5ml	2	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg	1	
<i>lithium carbonate</i> TBCR 300mg, 450mg	2	
NUEDEXTA CAP 20-10MG	5	NDS, QL (60 caps / 30 days), PA
<i>pyridostigmine bromide</i> TABS 60mg	2	
<i>riluzole</i> TABS 50mg	2	
<i>tetrabenazine</i> TABS 12.5mg	5	NDS, QL (90 tabs / 30 days), PA
<i>tetrabenazine</i> TABS 25mg	5	NDS, QL (120 tabs / 30 days), PA

MULTIPLE SCLEROSIS AGENTS

BAFIERTAM CPDR 95mg	5	NDS, QL (120 caps / 30 days), PA
BETASERON KIT .3mg	5	NDS, QL (14 syringes / 28 days), PA
COPAXONE SOSY 20mg/ml	5	NDS, QL (30 syringes / 30 days), PA
COPAXONE SOSY 40mg/ml	5	NDS, QL (12 syringes / 28 days), PA
<i>dalfampridine</i> TB12 10mg	2	QL (60 tabs / 30 days), PA
<i> fingolimod hcl</i> CAPS .5mg	5	NDS, QL (30 caps / 30 days), PA
<i>glatiramer acetate</i> SOSY 20mg/ml	5	NDS, QL (30 syringes / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>glatiramer acetate</i> SOSY 40mg/ml	5	NDS, QL (12 syringes / 28 days), PA
<i>glatopa</i> SOSY 20mg/ml	5	NDS, QL (30 syringes / 30 days), PA
<i>glatopa</i> SOSY 40mg/ml	5	NDS, QL (12 syringes / 28 days), PA
KESIMPTA SOAJ 20mg/0.4ml	5	NDS, QL (16 pens / 365 days), PA

MUSCULOSKELETAL THERAPY AGENTS

<i>baclofen</i> TABS 5mg	2	QL (90 tabs / 30 days)
<i>baclofen</i> TABS 10mg, 20mg	2	
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	3	QL (90 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg	2	
<i>tizanidine hcl</i> TABS 2mg, 4mg	2	

NARCOLEPSY/CATAPLEXY

<i>armodafinil</i> TABS 50mg	2	QL (60 tabs / 30 days), PA
<i>armodafinil</i> TABS 150mg, 200mg, 250mg	2	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 100mg	2	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 200mg	2	QL (60 tabs / 30 days), PA
SODIUM OXYBATE SOLN 500mg/ml	5	NDS, QL (540 mL / 30 days), PA

PSYCHOTHERAPEUTIC-MISC

<i>acamprosate calcium</i> TBEC 333mg	2	
<i>buprenorphine hcl</i> SUBL 2mg, 8mg	2	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	2	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	2	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	2	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	2	QL (60 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	2	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	2	QL (90 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl (smoking deterrent)</i> TB12 150mg	2	QL (60 tabs / 30 days)
<i>disulfiram</i> TABS 250mg, 500mg	2	
KLOXXADO LIQD 8mg/0.1ml	3	
<i>naloxone hcl</i> LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml	2	
<i>naltrexone hcl</i> TABS 50mg	2	
NICOTROL INHALER INHA 10mg	4	
NICOTROL NS SOLN 10mg/ml	4	
<i>varenicline tartrate</i> TABS .5mg, 1mg	2	QL (56 tabs / 28 days)
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	2	QL (2 packs / year)
VIVITROL SUSR 380mg	5	NDS

ENDOCRINE AND METABOLIC

ANDROGENS

<i>danazol</i> CAPS 50mg, 100mg, 200mg	2	
<i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml	2	PA
<i>methyltestosterone</i> CAPS 10mg	5	NDS, QL (600 caps / 30 days), PA
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm	2	QL (300 gm / 30 days), PA
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	2	PA
<i>testosterone enanthate</i> SOLN 200mg/ml	2	PA
<i>testosterone pump</i> GEL 1.62%	2	QL (150 gm / 30 days), PA

ANTIDIABETICS

<i>acarbose</i> TABS 25mg, 50mg, 100mg	2	
FARXIGA TABS 5mg, 10mg	3	QL (30 tabs / 30 days)
<i>glimepiride</i> TABS 1mg, 2mg	1	QL (90 tabs / 30 days)
<i>glimepiride</i> TABS 4mg	1	QL (60 tabs / 30 days)
<i>glipizide</i> TABS 5mg	1	QL (240 tabs / 30 days)
<i>glipizide</i> TABS 10mg	1	QL (120 tabs / 30 days)
<i>glipizide</i> TB24 2.5mg, 5mg	1	QL (90 tabs / 30 days)
<i>glipizide</i> TB24 10mg	1	QL (60 tabs / 30 days)
<i>glipizide xl</i> TB24 2.5mg, 5mg	1	QL (90 tabs / 30 days)
<i>glipizide xl</i> TB24 10mg	1	QL (60 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	3	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	3	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	3	QL (60 tabs / 30 days)

You can find information on the symbols and abbreviations on this table by going to page 1 of the introduction. Formulary ID 25302, Ver.#12 Last Updated: 11/12/2025 Effective Date: 12/01/2025.

Drug Name	Drug Tier	Requirements/Limits
JANUMET TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	3	QL (30 tabs / 30 days)
JANUVIA TABS 25mg, 50mg, 100mg	3	QL (30 tabs / 30 days)
JARDIANCE TABS 10mg, 25mg	3	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	3	QL (30 tabs / 30 days)
<i>metformin hcl</i> TABS 500mg	1	QL (150 tabs / 30 days)
<i>metformin hcl</i> TABS 850mg	1	QL (90 tabs / 30 days)
<i>metformin hcl</i> TABS 1000mg	1	QL (75 tabs / 30 days)
<i>metformin hcl</i> TB24 500mg	1	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl</i> TB24 750mg	1	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
MOUNJARO SOAJ 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml	3	QL (4 pens / 28 days), PA
<i>nateglinide</i> TABS 60mg, 120mg	1	QL (90 tabs / 30 days)
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml	3	QL (1 pen / 28 days), PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml	3	QL (1 pen / 28 days), PA
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml	3	QL (1 pen / 28 days), PA
<i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg	1	QL (30 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1	QL (90 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1	QL (90 tabs / 30 days)
<i>repaglinide</i> TABS 2mg	1	QL (240 tabs / 30 days)
<i>repaglinide</i> TABS .5mg, 1mg	1	QL (120 tabs / 30 days)
RYBELSUS TABS 3mg, 7mg, 14mg	3	QL (30 tabs / 30 days), PA
SYNJARDY TAB 5-500MG	3	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	3	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	3	QL (30 tabs / 30 days)

You can find information on the symbols and abbreviations on this table by going to page 1 of the introduction. Formulary ID 25302, Ver.#12 Last Updated: 11/12/2025 Effective Date: 12/01/2025.

Drug Name	Drug Tier	Requirements/Limits
TRADJENTA TABS 5mg	3	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	3	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	3	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	3	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	3	QL (30 tabs / 30 days)
TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	3	QL (4 pens / 28 days), PA
XIGDUO XR TAB 2.5-1000	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	3	QL (30 tabs / 30 days)

ANTIDIABETICS, INSULINS

ADMELOG SOLN 100unit/ml	3	
ADMELOG SOLOSTAR SOPN 100unit/ml	3	
ALCOHOL SWABS: BD-EMBECTA/MHC/RUGBY	1	PA
BASAGLAR KWIKPEN SOPN 100unit/ml	3	
CEQR SIMPL KIT PATCH 2U (3-DAY)	4	QL (10 patches / 30 days), PA
CEQR SIMPL KIT PATCH 2U (4-DAY)	4	QL (8 patches / 24 days), PA
CEQR SIMPL MIS INSERTER	4	QL (2 inserters / year), PA
FIASP SOLN 100unit/ml	3	
FIASP FLEXTOUCH SOPN 100unit/ml	3	
FIASP PENFILL SOCT 100unit/ml	3	
FIASP PUMPCART SOCT 100unit/ml	3	B/D
GAUZE PADS 2" X 2"	1	PA
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	3	B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	3	
INSULIN PEN NEEDLES: BD-EMBECTA	1	PA
INSULIN SAFETY NEEDLES: BD-EMBECTA	1	PA
INSULIN SYRINGES: BD-EMBECTA	1	PA
LANTUS SOLN 100unit/ml	3	
LANTUS SOLOSTAR SOPN 100unit/ml	3	
NOVOLIN INJ 70/30	3	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	3	(brand RELION not covered)
NOVOLIN N SUSP 100unit/ml	3	(brand RELION not covered)

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN N FLEXPEN SUPN 100unit/ml	3	(brand RELION not covered)
NOVOLIN R SOLN 100unit/ml	3	(brand RELION not covered)
NOVOLIN R FLEXPEN SOPN 100unit/ml	3	(brand RELION not covered)
NOVOLOG SOLN 100unit/ml	3	(brand RELION not covered)
NOVOLOG FLEXPEN SOPN 100unit/ml	3	(brand RELION not covered)
NOVOLOG MIX INJ 70/30	3	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	3	(brand RELION not covered)
NOVOLOG PENFILL SOCT 100unit/ml	3	(brand RELION not covered)
OMNIPOD 5 DX KIT INT G7G6	4	QL (1 kit / year), PA
OMNIPOD 5 DX MIS POD G7G6	4	QL (15 pods / 30 days), PA
OMNIPOD 5 G7 KIT INTRO	4	QL (1 kit / year), PA
OMNIPOD 5 G7 MIS PODS	4	QL (15 pods / 30 days), PA
OMNIPOD 5 L2 KIT INTRO G6	4	QL (1 kit / year), PA
OMNIPOD 5 L2 MIS PODS G6	4	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	4	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 10UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 15UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 20UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 25UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 30UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 35UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 40UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD MIS CLASSIC	4	QL (15 pods / 30 days), PA
SOLIQUA INJ 100/33	3	QL (5 pens / 25 days)
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	3	

You can find information on the symbols and abbreviations on this table by going to page 1 of the introduction. Formulary ID 25302, Ver.#12 Last Updated: 11/12/2025 Effective Date: 12/01/2025.

Drug Name	Drug Tier	Requirements/Limits
TOUJEO SOLOSTAR SOPN 300unit/ml	3	
TRESIBA SOLN 100unit/ml	3	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	3	
XULTOPHY INJ 100/3.6	3	QL (5 pens / 30 days)
CALCIUM REGULATORS		
<i>alendronate sodium</i> TABS 10mg, 35mg, 70mg	1	
BONSITY SOPN 560mcg/2.24ml	5	NDS, PA
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	2	B/D
<i>ibandronate sodium</i> TABS 150mg	2	B/D
PAMIDRONATE DISODIUM SOLN 6mg/ml	3	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	2	B/D
PROLIA SOSY 60mg/ml	4	QL (1 syringe / 180 days)
TERIPARATIDE SOPN 560mcg/2.24ml	5	NDS, PA; (ALVOGEN product)
WYOST SOLN 120mg/1.7ml	5	NDS, PA
XGEVA SOLN 120mg/1.7ml	5	NDS, PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 5mg/100ml	2	B/D
CHELATING AGENTS		
CHEMET CAPS 100mg	5	NDS
<i>deferasirox</i> TABS 90mg; TBSO 125mg	2	PA
<i>deferasirox</i> TABS 180mg, 360mg	4	PA
<i>deferasirox</i> TBSO 250mg, 500mg	5	NDS, PA
<i>kionex</i> SUSP 15gm/60ml	2	
LOKELMA PACK 5gm, 10gm	3	
<i>penicillamine</i> TABS 250mg	5	NDS
<i>sodium polystyrene sulfonate powder</i>	2	
<i>sps</i> SUSP 15gm/60ml	2	
<i>sps rectal</i> SUSP 15gm/60ml	2	
<i>trientine hcl</i> CAPS 250mg	5	NDS, PA
CONTRACEPTIVES		
<i>afirmelle</i>	2	
<i>altavera</i>	2	
<i>alyacen 1/35</i>	2	
<i>alyacen 7/7/7</i>	2	
<i>apri</i>	2	
<i>aranelle</i>	2	
<i>aubra eq</i>	2	
<i>aurovela 1/20</i>	2	

You can find information on the symbols and abbreviations on this table by going to page 1 of the introduction. Formulary ID 25302, Ver.#12 Last Updated: 11/12/2025 Effective Date: 12/01/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>aurovela fe 1.5/30</i>	2	
<i>aurovela fe 1/20</i>	2	
<i>aviane</i>	2	
<i>ayuna</i>	2	
<i>azurette</i>	2	
<i>balziva</i>	2	
<i>blisovi fe 1.5/30</i>	2	
<i>briellyn</i>	2	
<i>camila TABS .35mg</i>	2	
<i>chateal eq</i>	2	
<i>cryselle-28</i>	2	
<i>cyred eq</i>	2	
<i>dasetta 1/35</i>	2	
<i>dasetta 7/7/7</i>	2	
<i>deblitane TABS .35mg</i>	2	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	3	
<i>desogest-eth estrad & eth estrad tab 0.15- 0.02/0.01 mg(21/5)</i>	2	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	2	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	2	
<i>elinest</i>	2	
<i>eluryng</i>	2	
<i>emzahh TABS .35mg</i>	2	
<i>enilloring</i>	2	
<i>enpresse-28</i>	2	
<i>enskyce</i>	2	
<i>errin TABS .35mg</i>	2	
<i>estarylla</i>	2	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	2	
<i>etonogestrel-ethinyl estradiol va ring 0.12- 0.015 mg/24hr</i>	2	
<i>falmina</i>	2	
<i>feirza 1.5/30</i>	2	
<i>feirza 1/20</i>	2	
<i>hailey 1.5/30</i>	2	
<i>haloette</i>	2	
<i>heather TABS .35mg</i>	2	
<i>iclevia</i>	2	
<i>incassia TABS .35mg</i>	2	
<i>introvale</i>	2	
<i>isibloom</i>	2	

You can find information on the symbols and abbreviations on this table by going to page 1 of the introduction. Formulary ID 25302, Ver.#12 Last Updated: 11/12/2025 Effective Date: 12/01/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>jasmiel</i>	2	
<i>jolessa</i>	2	
<i>juleber</i>	2	
<i>junel 1.5/30</i>	2	
<i>junel 1/20</i>	2	
<i>junel fe 1.5/30</i>	2	
<i>junel fe 1/20</i>	2	
<i>kariva</i>	2	
<i>kelnor 1/35</i>	2	
<i>kelnor 1/50</i>	2	
<i>kurvelo</i>	2	
<i>larin 1.5/30</i>	2	
<i>larin 1/20</i>	2	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	2	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	2	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
<i>levonorgestrel-eth estra tab 0.05- 30/0.075-40/0.125-30mg-mcg</i>	2	
<i>levora 0.15/30-28</i>	2	
LILETTA IUD 20.1mcg/day	3	
<i>loestrin 1.5/30-21</i>	2	
<i>loestrin 1/20-21</i>	2	
<i>loestrin fe 1.5/30</i>	2	
<i>loestrin fe 1/20</i>	2	
<i>loryna</i>	2	
<i>low-ogestrel</i>	2	
<i>luizza 1.5/30</i>	2	
<i>luizza 1/20</i>	2	
<i>lutera</i>	2	
<i>lyleq TABS .35mg</i>	2	
<i>lyza TABS .35mg</i>	2	
<i>marlissa</i>	2	
<i>medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml</i>	2	
<i>meleya TABS .35mg</i>	2	
<i>microgestin 1.5/30</i>	2	
<i>microgestin 1/20</i>	2	

You can find information on the symbols and abbreviations on this table by going to page 1 of the introduction. Formulary ID 25302, Ver.#12 Last Updated: 11/12/2025 Effective Date: 12/01/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>microgestin fe 1.5/30</i>	2	
<i>microgestin fe 1/20</i>	2	
<i>mili</i>	2	
<i>mono-linyah</i>	2	
<i>necon 0.5/35-28</i>	2	
NEXPLANON IMPL 68mg	3	
<i>nikki</i>	2	
<i>nora-be TABS .35mg</i>	2	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	2	
<i>norethindrone (contraceptive) TABS .35mg</i>	2	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	2	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	2	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	2	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	2	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	2	
<i>norlyroc TABS .35mg</i>	2	
<i>nortrel 0.5/35 (28)</i>	2	
<i>nortrel 1/35 (21)</i>	2	
<i>nortrel 1/35 (28)</i>	2	
<i>nortrel 7/7/7</i>	2	
<i>nylia 1/35</i>	2	
<i>nylia 7/7/7</i>	2	
<i>ocella</i>	2	
<i>orquidea TABS .35mg</i>	2	
<i>philith</i>	2	
<i>pimtrea</i>	2	
<i>portia-28</i>	2	
<i>reclipsen</i>	2	
<i>setlakin</i>	2	
<i>sharobel TABS .35mg</i>	2	
<i>simliya</i>	2	
<i>sprintec 28</i>	2	
<i>sronyx</i>	2	
<i>syeda</i>	2	
<i>tarina fe 1/20 eq</i>	2	
<i>tilia fe</i>	2	
<i>tri-estarylla</i>	2	
<i>tri-legest fe</i>	2	

You can find information on the symbols and abbreviations on this table by going to page 1 of the introduction. Formulary ID 25302, Ver.#12 Last Updated: 11/12/2025 Effective Date: 12/01/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>tri-linyah</i>	2	
<i>tri-lo-estarylla</i>	2	
<i>tri-lo-marzia</i>	2	
<i>tri-lo-mili</i>	2	
<i>tri-lo-sprintec</i>	2	
<i>tri-mili</i>	2	
<i>tri-nymyo</i>	2	
<i>tri-sprintec</i>	2	
<i>tri-vylibra</i>	2	
<i>tri-vylibra lo</i>	2	
<i>turqoz</i>	2	
<i>valtya 1/35</i>	2	
<i>valtya 1/50</i>	2	
<i>velivet</i>	2	
<i>vestura</i>	2	
<i>vienva</i>	2	
<i>viorele</i>	2	
<i>vyfemla</i>	2	
<i>vylibra</i>	2	
<i>wera</i>	2	
<i>xarah fe</i>	2	
<i>xulane</i>	2	
<i>zafemy</i>	2	
<i>zovia 1/35</i>	2	
<i>zumandimine</i>	2	
ESTROGENS		
<i>abigale</i>	3	
<i>abigale lo</i>	3	
<i>dotti</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
<i>estradiol</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	3	
<i>estradiol</i> TABS .5mg, 1mg, 2mg	2	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	3	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	3	
<i>estradiol vaginal</i> CREA .1mg/gm; TABS 10mcg	2	
<i>estradiol valerate</i> OIL 10mg/ml, 20mg/ml, 40mg/ml	2	
<i>fyavolv tab 0.5mg-2.5mcg</i>	3	

You can find information on the symbols and abbreviations on this table by going to page 1 of the introduction. Formulary ID 25302, Ver.#12 Last Updated: 11/12/2025 Effective Date: 12/01/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>fyavolv tab 1mg-5mcg</i>	3	
<i>jinteli</i>	3	
<i>lyllana PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>	3	
<i>mimvey</i>	3	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	3	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	3	
<i>yuvaferm TABS 10mcg</i>	2	
GLUCOCORTICOIDS		
<i>dexamethasone ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg</i>	2	
DEXAMETHASONE INTENSOL CONC 1mg/ml	4	
<i>dexamethasone sodium phosphate SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml, 10mg/ml</i>	2	
<i>fludrocortisone acetate TABS .1mg</i>	2	
<i>hydrocortisone TABS 5mg, 10mg, 20mg</i>	2	
<i>hydrocortisone sod succinate SOLR 100mg</i>	2	
<i>methylprednisolone TABS 4mg, 8mg, 16mg, 32mg</i>	2	B/D
<i>methylprednisolone TBPK 4mg</i>	2	
<i>methylprednisolone acetate SUSP 40mg/ml, 80mg/ml</i>	2	B/D
<i>methylprednisolone sod succ SOLR 40mg, 125mg, 1000mg</i>	2	B/D
<i>prednisolone SOLN 15mg/5ml</i>	2	B/D
<i>prednisolone sodium phosphate SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml</i>	2	B/D
<i>prednisone SOLN 5mg/5ml</i>	2	B/D
<i>prednisone TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg</i>	1	B/D
<i>prednisone TBPK 5mg, 10mg</i>	2	
PREDNISONE INTENSOL CONC 5mg/ml	4	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	4	
GLUCOSE ELEVATING AGENTS		
<i>diazoxide SUSP 50mg/ml</i>	5	NDS
ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	3	

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	5	NDS, PA
<i>betaine powder for oral solution</i>	5	NDS
<i>cabergoline</i> TABS .5mg	2	
<i>carglumic acid</i> TBSO 200mg	5	NDS, PA
CERDELGA CAPS 84mg	5	NDS, PA
CEREZYME SOLR 400unit	5	NDS, PA
<i>cinacalcet hcl</i> TABS 30mg, 60mg	2	B/D, QL (60 tabs / 30 days)
<i>cinacalcet hcl</i> TABS 90mg	5	NDS, B/D, QL (120 tabs / 30 days)
CYSTAGON CAPS 50mg, 150mg	4	PA
<i>desmopressin acetate</i> SOLN 4mcg/ml	5	NDS
<i>desmopressin acetate</i> TABS .1mg, .2mg	2	
<i>desmopressin acetate spray</i> SOLN .01%	2	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	2	
FABRAZYME SOLR 5mg, 35mg	5	NDS, PA
GENOTROPIN CART 5mg, 12mg	5	NDS, PA
GENOTROPIN MINIQUICK PRSY .2mg	3	PA
GENOTROPIN MINIQUICK PRSY .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	5	NDS, PA
INCRELEX SOLN 40mg/4ml	5	NDS, PA
<i>javygtor</i> PACK 100mg, 500mg; TABS 100mg	5	NDS, PA
<i>lanreotide acetate</i> SOLN 120mg/0.5ml	5	NDS, PA
<i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml; TABS 330mg	2	B/D
LUMIZYME SOLR 50mg	5	NDS, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	5	NDS, PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	5	NDS, PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg	5	NDS, PA
<i>mifepristone (hyperglycemia)</i> TABS 300mg	5	NDS, PA
NAGLAZYME SOLN 1mg/ml	5	NDS, PA
<i>nitisinone</i> CAPS 2mg, 5mg, 10mg, 20mg	5	NDS, PA
<i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	2	PA
<i>octreotide acetate</i> SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml	5	NDS, PA
<i>raloxifene hcl</i> TABS 60mg	2	

Drug Name	Drug Tier	Requirements/Limits
<i>sapropterin dihydrochloride</i> PACK 100mg, 500mg; TABS 100mg	5	NDS, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	5	NDS, PA
<i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg	5	NDS, PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	5	NDS, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	5	NDS, PA
SYNAREL SOLN 2mg/ml	5	NDS, PA
VEOZAH TABS 45mg	4	PA
<i>zelvysia</i> PACK 100mg, 500mg	5	NDS, PA

PROGESTINS

<i>gallifrey</i> TABS 5mg	2	
<i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg	1	
<i>megestrol acetate</i> SUSP 40mg/ml	3	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	4	PA
<i>norethindrone acetate</i> TABS 5mg	2	
<i>progesterone</i> CAPS 100mg, 200mg	2	

THYROID AGENTS

<i>levo-t</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	2	
<i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	2	
<i>levoxyl</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	2	
<i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg	2	
<i>methimazole</i> TABS 5mg, 10mg	1	
<i>propylthiouracil</i> TABS 50mg	2	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	4	
<i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	2	

Drug Name	Drug Tier	Requirements/Limits
VITAMIN D ANALOGS		
<i>calcitriol</i> CAPS .25mcg, .5mcg	2	B/D
<i>calcitriol (oral)</i> SOLN 1mcg/ml	2	B/D
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg	2	B/D
GASTROINTESTINAL		
ANTIEMETICS		
<i>aprepitant</i> CAPS 40mg, 80mg, 125mg	2	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	2	B/D
<i>compro</i> SUPP 25mg	2	
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg	2	B/D, QL (60 caps / 30 days)
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	2	
<i>granisetron hcl</i> TABS 1mg	2	B/D
<i>meclizine hcl</i> TABS 12.5mg, 25mg	2	
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml	2	
<i>metoclopramide hcl</i> TABS 5mg, 10mg	1	
<i>ondansetron</i> TBDP 4mg, 8mg	2	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	2	
<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg	2	B/D
<i>prochlorperazine</i> SUPP 25mg	2	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	2	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	2	
<i>promethazine hcl</i> SOLN 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg	2	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>promethazine hcl</i> SOLN 25mg/ml, 50mg/ml	3	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>scopolamine</i> PT72 1mg/3days	4	QL (10 patches / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
ANTISPASMODICS		
<i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg	3	
<i>dicyclomine hcl</i> SOLN 10mg/5ml	4	
<i>glycopyrrolate</i> TABS 1mg	2	QL (90 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>glycopyrrolate</i> TABS 2mg	2	QL (120 tabs / 30 days)
H2-RECEPTOR ANTAGONISTS		
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml	2	
<i>famotidine</i> TABS 20mg, 40mg	1	
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	2	
<i>nizatidine</i> CAPS 150mg, 300mg	2	
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium</i> CAPS 750mg	2	
<i>budesonide</i> CPEP 3mg	2	QL (90 caps / 30 days), PA
<i>budesonide</i> TB24 9mg	5	NDS, QL (30 tabs / 30 days), PA
<i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml	2	
<i>mesalamine</i> CP24 .375gm	2	QL (120 caps / 30 days)
<i>mesalamine</i> CPDR 400mg	2	QL (180 caps / 30 days)
<i>mesalamine</i> ENEM 4gm	2	QL (1680 mL / 28 days)
<i>mesalamine</i> SUPP 1000mg	2	QL (30 suppositories / 30 days)
<i>mesalamine</i> TBEC 1.2gm	2	QL (120 tabs / 30 days)
<i>mesalamine w/ cleanser</i> KIT 4gm	2	QL (28 bottles / 28 days)
<i>sulfasalazine</i> TABS 500mg; TBEC 500mg	2	
LAXATIVES		
<i>constulose</i> SOLN 10gm/15ml	2	
<i>enulose</i> SOLN 10gm/15ml	2	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-n/ flavor pack</i>	1	
<i>generlac</i> SOLN 10gm/15ml	2	
<i>lactulose</i> SOLN 10gm/15ml	2	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	2	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
PLENVU SOL	4	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	2	
MISCELLANEOUS		
<i>alosetron hcl</i> TABS 1mg	5	NDS, QL (60 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>alosetron hcl</i> TABS .5mg	2	QL (60 tabs / 30 days), PA
CREON CAP 3000UNIT	3	
CREON CAP 6000UNIT	3	
CREON CAP 12000UNT	3	
CREON CAP 24000UNT	3	
CREON CAP 36000UNT	3	
<i>cromolyn sodium (mastocytosis)</i> CONC 100mg/5ml	2	
<i>diphenoxylate w/ atropine liq</i> 2.5-0.025 mg/5ml	4	
<i>diphenoxylate w/ atropine tab</i> 2.5-0.025 mg	3	
GATTEX KIT 5mg	5	NDS, PA
LINZESS CAPS 72mcg, 145mcg, 290mcg	3	QL (30 caps / 30 days)
<i>loperamide hcl</i> CAPS 2mg	2	
<i>misoprostol</i> TABS 100mcg, 200mcg	2	
MOVANTIK TABS 12.5mg, 25mg	3	QL (30 tabs / 30 days)
RELISTOR SOLN 12mg/0.6ml; SOSY 8mg/0.4ml, 12mg/0.6ml	5	NDS, QL (28 syringes / 28 days), PA
<i>sucralfate</i> TABS 1gm	2	
<i>ursodiol</i> CAPS 300mg; TABS 250mg, 500mg	2	
VOWST CAP	5	NDS, QL (12 caps / 30 days), PA
XERMELO TABS 250mg	5	NDS, QL (84 tabs / 28 days), PA
XIFAXAN TABS 550mg	5	NDS, PA
ZENPEP CAP 3000UNIT	4	
ZENPEP CAP 5000UNIT	4	
ZENPEP CAP 10000UNT	4	
ZENPEP CAP 15000UNT	4	
ZENPEP CAP 20000UNT	4	
ZENPEP CAP 25000UNT	4	
ZENPEP CAP 40000UNT	4	
ZENPEP CAP 60000UNT	4	
PROTON PUMP INHIBITORS		
<i>esomeprazole magnesium</i> CPDR 20mg, 40mg	2	QL (30 caps / 30 days), ST
<i>lansoprazole</i> CPDR 15mg, 30mg	2	QL (60 caps / 30 days)
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1	
<i>pantoprazole sodium</i> SOLR 40mg	2	
<i>pantoprazole sodium</i> TBEC 20mg, 40mg	1	

Drug Name	Drug Tier	Requirements/Limits
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl</i> TB24 10mg	1	QL (30 tabs / 30 days)
<i>dutasteride</i> CAPS .5mg	2	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl cap</i> 0.5-0.4 mg	2	QL (30 caps / 30 days)
<i>finasteride</i> TABS 5mg	1	QL (30 tabs / 30 days)
<i>tadalafil</i> TABS 5mg	2	QL (30 tabs / 30 days), PA
<i>tamsulosin hcl</i> CAPS .4mg	1	QL (60 caps / 30 days)
MISCELLANEOUS		
<i>acetic acid</i> SOLN .25%	2	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	2	
<i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg	2	
URINARY ANTISPASMODICS		
GEMTESA TABS 75mg	4	QL (30 tabs / 30 days)
MYRBETRIQ SRER 8mg/ml	4	QL (300 mL / 28 days)
MYRBETRIQ TB24 25mg, 50mg	4	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> SOLN 5mg/5ml	2	QL (600 mL / 30 days)
<i>oxybutynin chloride</i> TABS 5mg	2	QL (120 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 5mg	2	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 10mg, 15mg	2	QL (60 tabs / 30 days)
<i>solifenacin succinate</i> TABS 5mg, 10mg	2	QL (30 tabs / 30 days)
<i>tolterodine tartrate</i> CP24 2mg, 4mg	2	QL (30 caps / 30 days), ST
<i>tolterodine tartrate</i> TABS 1mg, 2mg	2	QL (60 tabs / 30 days)
<i>tropium chloride</i> TABS 20mg	2	QL (60 tabs / 30 days)
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal</i> CREA 2%	2	
<i>metronidazole vaginal</i> GEL .75%	2	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	2	
GENITOURINARY AGENTS		
Genitourinary Agents, Other		
<i>sildenafil citrate</i> TABS 25mg, 50mg, 100mg	2	ED, QL (6 tabs / 30 days)
HEMATOLOGIC		
ANTICOAGULANTS		
<i>dabigatran etexilate mesylate</i> CAPS 75mg, 150mg	2	QL (60 caps / 30 days)
<i>dabigatran etexilate mesylate</i> CAPS 110mg	2	QL (120 caps / 30 days)
ELIQUIS TABS 2.5mg	3	QL (60 tabs / 30 days)

You can find information on the symbols and abbreviations on this table by going to page 1 of the introduction. Formulary ID 25302, Ver.#12 Last Updated: 11/12/2025 Effective Date: 12/01/2025.

Drug Name	Drug Tier	Requirements/Limits
ELIQUIS TABS 5mg	3	QL (74 tabs / 30 days)
ELIQUIS STARTER PACK TBPK 5mg	3	QL (74 tabs / 30 days)
<i>enoxaparin sodium</i> SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	2	
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml	2	
<i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	NDS
HEP SOD/NAACL INJ 25000UNT	3	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	2	B/D
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
<i>rivaroxaban</i> SUSR 1mg/ml	3	QL (620 mL / 30 days)
<i>rivaroxaban</i> TABS 2.5mg	3	QL (60 tabs / 30 days)
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO SUSR 1mg/ml	3	QL (620 mL / 30 days)
XARELTO TABS 2.5mg	3	QL (60 tabs / 30 days)
XARELTO TABS 10mg, 15mg, 20mg	3	QL (30 tabs / 30 days)
XARELTO STAR TAB 15/20MG	3	QL (51 tabs / 30 days)
HEMATOPOIETIC GROWTH FACTORS		
FULPHILA SOSY 6mg/0.6ml	5	NDS, QL (2 syringes / 28 days), PA
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	5	NDS, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	NDS, PA
MISCELLANEOUS		
ALVAIZ TABS 9mg, 54mg	5	NDS, QL (60 tabs / 30 days), PA
ALVAIZ TABS 18mg, 36mg	5	NDS, QL (90 tabs / 30 days), PA
<i>anagrelide hcl</i> CAPS .5mg, 1mg	2	
BERINERT KIT 500unit	5	NDS, QL (24 boxes / 30 days), PA
<i>cilostazol</i> TABS 50mg, 100mg	1	
DOPTELET TABS 20mg	5	NDS, PA
DROXIA CAPS 200mg, 300mg, 400mg	4	
HAEGARDA SOLR 2000unit	5	NDS, QL (30 vials / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
HAEGARDA SOLR 3000unit	5	NDS, QL (20 vials / 30 days), PA
<i>icatibant acetate</i> SOSY 30mg/3ml	5	NDS, QL (9 syringes / 30 days), PA
<i>l-glutamine (sickle cell)</i> PACK 5gm	5	NDS, PA
<i>pentoxifylline</i> TBCR 400mg	1	
<i>sajazir</i> SOSY 30mg/3ml	5	NDS, QL (9 syringes / 30 days), PA
SIKLOS TABS 100mg	4	
SIKLOS TABS 1000mg	5	NDS
TAVNEOS CAPS 10mg	5	NDS, QL (180 caps / 30 days), PA
<i>tranexamic acid</i> SOLN 1000mg/10ml; TABS 650mg	2	

PLATELET AGGREGATION INHIBITORS

<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	2	
BRILINTA TABS 60mg, 90mg	3	
<i>clopidogrel bisulfate</i> TABS 75mg	1	
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg	3	PA; PA applies if 70 years and older
<i>prasugrel hcl</i> TABS 5mg, 10mg	2	
<i>ticagrelor</i> TABS 60mg, 90mg	2	

IMMUNOLOGIC AGENTS

AUTOIMMUNE AGENTS

ADALIMUMAB-AACF (2 PEN) AJKT 40mg/0.8ml	5	NDS, QL (56 pens / 365 days), PA
ADALIMUMAB-AACF (2 SYRING PSKT 40mg/0.8ml	5	NDS, QL (56 syringes / 365 days), PA
ADALIMUMAB-AACF STARTER P AJKT 40mg/0.8ml	5	NDS, QL (2 packs / year), PA
COSENTYX SOLN 125mg/5ml	5	NDS, PA
COSENTYX SOSY 75mg/0.5ml	5	NDS, QL (16 syringes / 365 days), PA
COSENTYX SOSY 150mg/ml	5	NDS, QL (32 syringes / 365 days), PA
COSENTYX SENSOREADY PEN SOAJ 150mg/ml	5	NDS, QL (32 pens / 365 days), PA
COSENTYX UNOREADY SOAJ 300mg/2ml	5	NDS, QL (16 pens / 365 days), PA
DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml	5	NDS, QL (4 pens / 28 days), PA
DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml	5	NDS, QL (4 syringes / 28 days), PA
ENBREL SOLN 25mg/0.5ml	5	NDS, QL (16 vials / 28 days), PA

You can find information on the symbols and abbreviations on this table by going to page 1 of the introduction. Formulary ID 25302, Ver.#12 Last Updated: 11/12/2025 Effective Date: 12/01/2025.

Drug Name	Drug Tier	Requirements/Limits
ENBREL SOSY 25mg/0.5ml	5	NDS, QL (16 syringes / 28 days), PA
ENBREL SOSY 50mg/ml	5	NDS, QL (8 syringes / 28 days), PA
ENBREL MINI SOCT 50mg/ml	5	NDS, QL (8 cartridges / 28 days), PA
ENBREL SURECLICK SOAJ 50mg/ml	5	NDS, QL (8 pens / 28 days), PA
HUMIRA PSKT 10mg/0.1ml	5	NDS, QL (2 syringes / 28 days), PA
HUMIRA PSKT 20mg/0.2ml	5	NDS, QL (4 syringes / 28 days), PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	5	NDS, QL (6 syringes / 28 days), PA
HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml	5	NDS, QL (6 pens / 28 days), PA
HUMIRA PEN AJKT 80mg/0.8ml	5	NDS, QL (4 pens / 28 days), PA
HUMIRA PEN KIT PS/UV	5	NDS, QL (3 pens / 28 days), PA
HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml	5	NDS, QL (3 pens / 28 days), PA
HUMIRA PEN-PEDIATRIC UC S AJKT 80mg/0.8ml	5	NDS, QL (4 pens / 28 days), PA
IDACIO (2 PEN) AJKT 40mg/0.8ml	5	NDS, QL (56 pens / 365 days), PA
IDACIO CROHN INJ DISEASE AJKT 40mg/0.8ml	5	NDS, QL (2 packs / year), PA
IDACIO PLAQU INJ PSORIASIS AJKT 40mg/0.8ml	5	NDS, QL (2 packs / year), PA
INFLIXIMAB SOLR 100mg	5	NDS, PA
PYZCHIVA SOAJ 45mg/0.5ml	3	QL (1 pen / 28 days), PA
PYZCHIVA SOAJ 90mg/ml	5	NDS, QL (1 pen / 28 days), PA
PYZCHIVA SOLN 45mg/0.5ml	3	QL (1 vial / 28 days), PA
PYZCHIVA SOLN 130mg/26ml	5	NDS, PA
PYZCHIVA SOSY 45mg/0.5ml	3	QL (1 syringe / 28 days), PA
PYZCHIVA SOSY 90mg/ml	5	NDS, QL (1 syringe / 28 days), PA
REMICADE SOLR 100mg	5	NDS, PA
RENFLEXIS SOLR 100mg	5	NDS, PA
RINVOQ TB24 15mg, 30mg	5	NDS, QL (30 tabs / 30 days), PA
RINVOQ TB24 45mg	5	NDS, QL (168 tabs / year), PA

You can find information on the symbols and abbreviations on this table by going to page 1 of the introduction. Formulary ID 25302, Ver.#12 Last Updated: 11/12/2025 Effective Date: 12/01/2025.

Drug Name	Drug Tier	Requirements/Limits
RINVOQ LQ SOLN 1mg/ml	5	NDS, QL (360 mL / 30 days), PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml	5	NDS, QL (1 cartridge / 56 days), PA
SKYRIZI SOLN 600mg/10ml	5	NDS, PA
SKYRIZI SOSY 150mg/ml	5	NDS, QL (6 syringes / 365 days), PA
SKYRIZI PEN SOAJ 150mg/ml	5	NDS, QL (6 pens / 365 days), PA
SOTYKTU TABS 6mg	5	NDS, QL (30 tabs / 30 days), PA
STELARA SOLN 45mg/0.5ml	5	NDS, QL (1 vial / 28 days), PA
STELARA SOLN 130mg/26ml	5	NDS, PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	5	NDS, QL (1 syringe / 28 days), PA
TREMFYA SOAJ 200mg/2ml	5	NDS, QL (2 pens / 28 days), PA
TREMFYA SOLN 200mg/20ml	5	NDS, PA
TREMFYA SOPN 100mg/ml	5	NDS, QL (1 pen / 28 days), PA
TREMFYA SOSY 100mg/ml	5	NDS, QL (1 syringe / 28 days), PA
TREMFYA SOSY 200mg/2ml	5	NDS, QL (2 syringes / 28 days), PA
TREMFYA INDUCTION PACK FO SOAJ 200mg/2ml	5	NDS, QL (2 pens / 28 days), PA
TREMFYA PEN SOAJ 100mg/ml	5	NDS, QL (1 pen / 28 days), PA
TYENNE SOAJ 162mg/0.9ml	5	NDS, QL (4 pens / 28 days), PA
TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	5	NDS, PA
TYENNE SOSY 162mg/0.9ml	5	NDS, QL (4 syringes / 28 days), PA
VELSIPITY TABS 2mg	5	NDS, QL (30 tabs / 30 days), PA
XELJANZ SOLN 1mg/ml	5	NDS, QL (480 mL / 24 days), PA
XELJANZ TABS 5mg, 10mg	5	NDS, QL (60 tabs / 30 days), PA
XELJANZ XR TB24 11mg, 22mg	5	NDS, QL (30 tabs / 30 days), PA
YESINTEK SOLN 45mg/0.5ml	3	QL (1 vial / 28 days), PA
YESINTEK SOLN 130mg/26ml	3	PA

Drug Name	Drug Tier	Requirements/Limits
YESINTEK SOSY 45mg/0.5ml	3	QL (1 syringe / 28 days), PA
YESINTEK SOSY 90mg/ml	5	NDS, QL (1 syringe / 28 days), PA

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

<i>hydroxychloroquine sulfate</i> TABS 200mg	2	
JYLAMVO SOLN 2mg/ml	4	B/D
<i>leflunomide</i> TABS 10mg, 20mg	2	QL (30 tabs / 30 days)
<i>methotrexate sodium</i> TABS 2.5mg	2	
XATMEP SOLN 2.5mg/ml	4	B/D

IMMUNOGLOBULINS

ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	5	NDS, PA
BIVIGAM SOLN 5gm/50ml, 10%	5	NDS, PA
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	5	NDS, PA
GAMASTAN INJ	4	B/D
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	NDS, PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	5	NDS, PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	5	NDS, PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	5	NDS, PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	NDS, PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	5	NDS, PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	NDS, PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	NDS, PA

IMMUNOMODULATORS

ACTIMMUNE SOLN 100mcg/0.5ml	5	NDS, PA
ARCALYST SOLR 220mg	5	NDS, PA

IMMUNOSUPPRESSANTS

ASTAGRAF XL CP24 5mg	5	NDS, B/D
ASTAGRAF XL CP24 .5mg, 1mg	4	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>azathioprine</i> TABS 50mg	2	B/D
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml	5	NDS, QL (8 syringes / 28 days), PA
BENLYSTA SOLR 120mg, 400mg	5	NDS, PA
<i>cyclosporine</i> CAPS 25mg, 100mg	2	B/D
<i>cyclosporine modified (for microemulsion)</i> CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	2	B/D
<i>everolimus (immunosuppressant)</i> TABS .25mg, .5mg, .75mg, 1mg	5	NDS, B/D
<i>gengraf</i> CAPS 25mg, 100mg; SOLN 100mg/ml	2	B/D
<i>mycophenolate mofetil</i> CAPS 250mg; TABS 500mg	2	B/D
<i>mycophenolate mofetil</i> SUSR 200mg/ml	5	NDS, B/D
<i>mycophenolate sodium</i> TBEC 180mg, 360mg	2	B/D
NULOJIX SOLR 250mg	5	NDS, B/D
PROGRAF PACK .2mg, 1mg	4	B/D
REZUROCK TABS 200mg	5	NDS, QL (30 tabs / 30 days), PA
<i>sirolimus</i> SOLN 1mg/ml	5	NDS, B/D
<i>sirolimus</i> TABS .5mg, 1mg, 2mg	2	B/D
<i>tacrolimus</i> CAPS .5mg, 1mg, 5mg	2	B/D

VACCINES

ABRYSVO SOLR 120mcg/0.5ml	1	
ACTHIB INJ	1	
ADACEL INJ	1	
AREXVY SUSR 120mcg/0.5ml	1	
BCG VACCINE SOLR 50mg	1	
BEXSERO SUSY .5ml	1	
BOOSTRIX INJ	1	
DAPTACEL INJ	1	
DENG VAXIA SUS	1	
DIP/TET PED INJ 25-5LFU	1	B/D
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	1	B/D
GARDASIL 9 SUSP .5ml; SUSY .5ml	1	
HAVRIX SUSY 720elu/0.5ml, 1440unit/ml	1	
HEPLISAV-B SOSY 20mcg/0.5ml	1	B/D
HIBERIX SOLR 10mcg	1	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	1	B/D
INFANRIX INJ	1	
IPOL INJ INACTIVE	1	

Drug Name	Drug Tier	Requirements/Limits
IXIARO INJ	1	
JYNNEOS SUSP .5ml	1	B/D
KINRIX INJ	1	
M-M-R II INJ	1	
MENACTRA INJ	1	
MENQUADFI SOLN .5ml	1	
MENVEO INJ	1	
MENVEO SOL	1	
MRESVIA SUSY 50mcg/0.5ml	1	
PEDIARIX INJ 0.5ML	1	
PEDVAX HIB SUSP 7.5mcg/0.5ml	1	
PENBRAYA INJ	1	
PENMENVY INJ	1	
PENTACEL INJ	1	
PRIORIX INJ	1	
PROQUAD INJ	1	
QUADRACEL INJ 0.5ML	1	
RABAVERT INJ	1	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	1	B/D
ROTARIX SUS	1	
ROTATEQ SOL	1	
SHINGRIX SUSR 50mcg/0.5ml	1	QL (2 vials per lifetime)
TENIVAC INJ 5-2LF	1	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	1	
TRUMENBA SUSY .5ml	1	
TWINRIX INJ	1	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	1	
VAQTA SUSP 25unit/0.5ml, 50unit/ml; SUSY 25unit/0.5ml, 50unit/ml	1	
VARIVAX SUSR 1350pfu/0.5ml	1	
VAXCHORA SUS	1	
VIMKUNYA SUSY 40mcg/0.8ml	1	
VIVOTIF CAP EC	1	
YF-VAX INJ	1	

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

D2.5W/NACL INJ 0.45%	4
D10W/NACL INJ 0.2%	3
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	2
<i>dextrose 5% in lactated ringers</i>	2

You can find information on the symbols and abbreviations on this table by going to page 1 of the introduction. Formulary ID 25302, Ver.#12 Last Updated: 11/12/2025 Effective Date: 12/01/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>dextrose 5% w/ sodium chloride 0.2%</i>	2	
<i>dextrose 5% w/ sodium chloride 0.3%</i>	2	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	2	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	2	
<i>dextrose 5% w/ sodium chloride 0.225%</i>	2	
<i>dextrose 10% w/ sodium chloride 0.45%</i>	2	
ISOLYTE-P INJ /D5W	4	
ISOLYTE-S INJ PH 7.4	4	
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	2	
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	2	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	2	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	2	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	2	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	2	
KCL/D5W/NACL INJ 0.3/0.9%	4	
<i>lactated ringer's solution</i>	2	
<i>magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	3	
<i>MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	3	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	3	
<i>multiple electrolytes ph 5.5</i>	2	
<i>multiple electrolytes ph 7.4</i>	2	
POT CHL 20MEQ/L IN NACL 0.9% INJ	4	
POT CHL 20MEQ/L IN NACL 0.45% INJ	4	
POT CHL 40MEQ/L IN NACL 0.9% INJ	4	
<i>potassium chloride SOLN 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	2	
<i>sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%</i>	2	
TPN ELECTROL INJ	4	B/D

ELECTROLYTES/MINERALS/VITAMINS, ORAL

<i>klor-con PACK 20meq</i>	2	
<i>klor-con 8 TBCR 8meq</i>	1	
<i>klor-con 10 TBCR 10meq</i>	1	
<i>klor-con m10 TBCR 10meq</i>	1	
<i>klor-con m15 TBCR 15meq</i>	2	
<i>klor-con m20 TBCR 20meq</i>	1	
M-NATAL PLUS TAB	3	
<i>potassium chloride CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%</i>	2	
<i>potassium chloride TBCR 8meq, 10meq, 20meq</i>	1	
<i>potassium chloride microencapsulated crystals er TBCR 10meq, 20meq</i>	1	
<i>potassium chloride microencapsulated crystals er TBCR 15meq</i>	2	
PRENATAL TAB 27-1MG	3	
PRENATAL TAB PLUS	3	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	2	
WESTAB PLUS TAB 27-1MG	3	

IV NUTRITION

CLINIMIX INJ 4.25/D5W	4	B/D
CLINIMIX INJ 4.25/D10	4	B/D
CLINIMIX INJ 5%/D15W	4	B/D
CLINIMIX INJ 5%/D20W	4	B/D
CLINIMIX INJ 6/5	4	B/D
CLINIMIX INJ 8/10	4	B/D
CLINIMIX INJ 8/14	4	B/D
<i>clinisol sf 15%</i>	2	B/D
CLINOLIPID EMU 20%	4	B/D
<i>dextrose SOLN 5%, 10%</i>	2	
<i>dextrose SOLN 50%, 70%</i>	2	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	4	B/D
NUTRILIPID EMUL 20gm/100ml	4	B/D
<i>plenamine</i>	2	B/D
PREMASOL SOL 10%	5	NDS, B/D
PROSOL INJ 20%	4	B/D
TRAVASOL INJ 10%	4	B/D

Drug Name	Drug Tier	Requirements/Limits
TROPHAMINE INJ 10%	4	B/D

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	2	
<i>neo-polycin hc ophth oint 1%</i>	2	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	2	
<i>neomycin-polymyxin-hc ophth susp</i>	2	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	2	
TOBRADEX OIN 0.3-0.1%	3	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	2	
ZYLET SUS 0.5-0.3%	3	

ANTI-INFECTIVES

<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	2	
<i>bacitracin-polymyxin b ophth oint</i>	1	
BESIVANCE SUSP .6%	3	
CILOXAN OINT .3%	3	
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	1	
<i>erythromycin (ophth) OINT 5mg/gm</i>	1	
<i>gatifloxacin (ophth) SOLN .5%</i>	2	
<i>gentamicin sulfate (ophth) SOLN .3%</i>	1	
<i>moxifloxacin hcl (ophth) SOLN .5%</i>	2	QL (12 mL / 30 days)
NATACYN SUSP 5%	4	
<i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i>	2	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	2	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	2	
<i>ofloxacin (ophth) SOLN .3%</i>	2	
<i>polycin ophth oint</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium (ophth) OINT 10%; SOLN 10%</i>	2	
<i>tobramycin (ophth) SOLN .3%</i>	1	
<i>trifluridine SOLN 1%</i>	2	
XDEMYVY SOLN .25%	5	NDS, PA
ZIRGAN GEL .15%	4	

Drug Name	Drug Tier	Requirements/Limits
ANTI-INFLAMMATORIES		
<i>bromfenac sodium (ophth)</i> SOLN .07%, .075%	2	
<i>dexamethasone sodium phosphate (ophth)</i> SOLN .1%	2	
<i>diclofenac sodium (ophth)</i> SOLN .1%	2	
FLAREX SUSP .1%	4	
<i>fluorometholone (ophth)</i> SUSP .1%	2	
<i>flurbiprofen sodium</i> SOLN .03%	2	
<i>ketorolac tromethamine (ophth)</i> SOLN .4%, .5%	2	
LOTEMAX OINT .5%	3	
<i>loteprednol etabonate</i> SUSP .2%	2	
<i>prednisolone acetate (ophth)</i> SUSP 1%	2	
PREDNISOLONE SODIUM PHOSP SOLN 1%	3	
ANTIALLERGICS		
<i>azelastine hcl (ophth)</i> SOLN .05%	2	
<i>cromolyn sodium (ophth)</i> SOLN 4%	1	
ZERVIAE SOLN .24%	4	
ANTI GLAUCOMA		
<i>betaxolol hcl (ophth)</i> SOLN .5%	2	
BETOPTIC-S SUSP .25%	4	
<i>brimonidine tartrate</i> SOLN .2%	1	
<i>brimonidine tartrate</i> SOLN .15%	2	
<i>brinzolamide</i> SUSP 1%	2	
<i>carteolol hcl (ophth)</i> SOLN 1%	2	
COMBIGAN SOL 0.2/0.5%	3	
<i>dorzolamide hcl</i> SOLN 2%	1	
<i>dorzolamide hcl-timolol maleate ophth soln</i> 2-0.5%	1	
<i>latanoprost</i> SOLN .005%	1	
<i>levobunolol hcl</i> SOLN .5%	2	
LUMIGAN SOLN .01%	3	
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	2	
RHOPRESSA SOLN .02%	4	
ROCKLATAN DRO	4	
SIMBRINZA SUS 1-0.2%	4	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%	2	
<i>timolol maleate (ophth)</i> SOLN .25%, .5%	1	
VYZULTA SOLN .024%	4	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	3	
<i>atropine sulfate (ophthalmic)</i> SOLN 1%	2	
CYSTADROPS SOLN .37%	5	NDS, PA

You can find information on the symbols and abbreviations on this table by going to page 1 of the introduction. Formulary ID 25302, Ver.#12 Last Updated: 11/12/2025 Effective Date: 12/01/2025.

Drug Name	Drug Tier	Requirements/Limits
CYSTARAN SOLN .44%	5	NDS, PA
EYSUVIS SUSP .25%	4	
MIEBO SOLN 1.338gm/ml	3	
<i>proparacaine hcl</i> SOLN .5%	2	
RESTASIS EMUL .05%	3	
RESTASIS MULTIDOSE EMUL .05%	3	
XIIDRA SOLN 5%	3	

OTIC

OTIC AGENTS

<i>acetic acid (otic)</i> SOLN 2%	2	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	2	
<i>flac</i> OIL .01%	2	
<i>fluocinolone acetonide (otic)</i> OIL .01%	2	
<i>neomycin-polymyxin-hc otic soln 1%</i>	2	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	2	
<i>ofloxacin (otic)</i> SOLN .3%	2	

RESPIRATORY

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

ANORO ELLIPT AER 62.5-25	3	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	3	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE	3	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	3	QL (4 inhalers / 28 days)
COMBIVENT AER 20-100	4	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	2	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG	3	QL (60 blisters / 30 days)
TRELEGY AER ELLIPTA 200-62.5-25 MCG	3	QL (60 blisters / 30 days)

ANTICHOLINERGICS

ATROVENT HFA AERS 17mcg/act	4	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA AEPB 62.5mcg/inh	3	QL (30 blisters / 30 days)
<i>ipratropium bromide</i> SOLN .02%	2	B/D
<i>ipratropium bromide (nasal)</i> SOLN .03%, .06%	2	

ANTI-HISTAMINES

<i>azelastine hcl</i> SOLN .1%	2	
<i>cetirizine hcl</i> SOLN 5mg/5ml	1	QL (300 mL / 30 days)

You can find information on the symbols and abbreviations on this table by going to page 94
 1 of the introduction. Formulary ID 25302, Ver.#12 Last Updated: 11/12/2025 Effective
 Date: 12/01/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>cyproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg	3	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>diphenhydramine hcl</i> SOLN 50mg/ml	2	
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml	4	PA; PA applies if 70 years and older
<i>hydroxyzine hcl</i> SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg	3	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg	3	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml	2	QL (300 mL / 30 days)
<i>levocetirizine dihydrochloride</i> TABS 5mg	2	QL (30 tabs / 30 days)
BETA AGONISTS		
<i>albuterol sulfate</i> AERS 108mcg/act	2	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	2	QL (2 inhalers / 30 days); (generic of Proventil HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	2	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	2	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg	2	
<i>levalbuterol tartrate</i> AERO 45mcg/act	2	QL (2 inhalers / 30 days), ST
SEREVENT DISKUS AEPB 50mcg/dose	3	QL (60 inhalations / 30 days)
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	2	
VENTOLIN HFA AERS 108mcg/act	3	QL (2 inhalers / 30 days)
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	3	QL (6 inhalers / 30 days)
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> CHEW 4mg, 5mg; PACK 4mg	2	
<i>montelukast sodium</i> TABS 10mg	1	
<i>zafirlukast</i> TABS 10mg, 20mg	2	

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	2	B/D
ALYFTREK TAB 4-20-50	5	NDS, QL (84 tabs / 28 days), PA
ALYFTREK TAB 10-50-125	5	NDS, QL (56 tabs / 28 days), PA
ARALAST NP SOLR 500mg, 1000mg	5	NDS, PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	2	B/D
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml	2	(generic of EpiPen)
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml	2	(generic of Adrenaclick)
FASENRA SOSY 10mg/0.5ml, 30mg/ml	5	NDS, QL (1 syringe / 28 days), PA
FASENRA PEN SOAJ 30mg/ml	5	NDS, QL (1 pen / 28 days), PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg	5	NDS, QL (56 packets / 28 days), PA
KALYDECO TABS 150mg	5	NDS, QL (60 tabs / 30 days), PA
OFEV CAPS 100mg, 150mg	5	NDS, QL (60 caps / 30 days), PA
ORKAMBI GRA 75-94MG	5	NDS, QL (56 packets / 28 days), PA
ORKAMBI GRA 100-125	5	NDS, QL (56 packets / 28 days), PA
ORKAMBI GRA 150-188	5	NDS, QL (56 packets / 28 days), PA
ORKAMBI TAB 100-125	5	NDS, QL (112 tabs / 28 days), PA
ORKAMBI TAB 200-125	5	NDS, QL (112 tabs / 28 days), PA
<i>pirfenidone</i> CAPS 267mg	5	NDS, QL (270 caps / 30 days), PA
<i>pirfenidone</i> TABS 267mg	5	NDS, QL (270 tabs / 30 days), PA
<i>pirfenidone</i> TABS 534mg, 801mg	5	NDS, QL (90 tabs / 30 days), PA
PROLASTIN-C SOLN 1000mg/20ml	5	NDS, PA
PULMOZYME SOLN 2.5mg/2.5ml	5	NDS, PA
<i>roflumilast</i> TABS 250mcg	2	QL (56 tabs / year)
<i>roflumilast</i> TABS 500mcg	2	QL (30 tabs / 30 days)
SYMDEKO TAB 50-75MG	5	NDS, QL (56 tabs / 28 days), PA
SYMDEKO TAB 100-150	5	NDS, QL (56 tabs / 28 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	2	
TRIKAFTA PAK 59.5MG	5	NDS, QL (56 packs / 28 days), PA
TRIKAFTA PAK 75MG	5	NDS, QL (56 packs / 28 days), PA
TRIKAFTA TAB 50-25-37.5MG & 75MG	5	NDS, QL (84 tabs / 28 days), PA
TRIKAFTA TAB 100-50-75MG & 150MG	5	NDS, QL (84 tabs / 28 days), PA
XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml	5	NDS, QL (4 pens / 28 days), PA
XOLAIR SOAJ 150mg/ml	5	NDS, QL (8 pens / 28 days), PA
XOLAIR SOLR 150mg	5	NDS, QL (8 vials / 28 days), PA
XOLAIR SOSY 75mg/0.5ml, 300mg/2ml	5	NDS, QL (4 syringes / 28 days), PA
XOLAIR SOSY 150mg/ml	5	NDS, QL (8 syringes / 28 days), PA
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	5	NDS, PA
NASAL STEROIDS		
<i>flunisolide (nasal)</i> SOLN .025%	2	QL (3 bottles / 30 days)
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act	2	QL (1 bottle / 30 days)
XHANCE EXHU 93mcg/act	4	QL (32 mL / 30 days), PA
STEROID INHALANTS		
ALVESCO AERS 80mcg/act	4	QL (3 inhalers / 30 days)
ALVESCO AERS 160mcg/act	4	QL (2 inhalers / 30 days)
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	3	QL (30 inhalations / 30 days)
<i>budesonide (inhalation)</i> SUSP .25mg/2ml, .5mg/2ml	2	B/D
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR HFA AER 45/21	3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	3	QL (1 inhaler / 30 days)
AIRSUPRA AER 90-80MCG	3	QL (3 inhalers / 30 days)
BREO ELLIPTA INH 50-25MCG	3	QL (60 blisters / 30 days)

You can find information on the symbols and abbreviations on this table by going to page 1 of the introduction. Formulary ID 25302, Ver.#12 Last Updated: 11/12/2025 Effective Date: 12/01/2025.

Drug Name	Drug Tier	Requirements/Limits
BREO ELLIPTA INH 100-25	3	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	3	QL (60 blisters / 30 days)
<i>brey-na</i>	2	QL (3 inhalers / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	2	QL (3 inhalers / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	2	QL (3 inhalers / 30 days)
DULERA AER 50-5MCG	4	QL (3 inhalers / 30 days)
DULERA AER 100-5MCG	4	QL (3 inhalers / 30 days)
DULERA AER 200-5MCG	4	QL (3 inhalers / 30 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	2	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	2	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	2	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>wixela inhub</i>	2	QL (60 inhalations / 30 days)

TOPICAL

DERMATOLOGY, ACNE

<i>acutane</i> CAPS 10mg, 20mg, 30mg, 40mg	2	PA
<i>amnesteem</i> CAPS 10mg, 20mg, 30mg, 40mg	2	PA
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	2	QL (46.6 gm / 30 days)
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	2	PA
<i>clindamycin phosphate (topical)</i> GEL 1%	2	QL (75 mL / 30 days)
<i>clindamycin phosphate (topical)</i> LOTN 1%; SOLN 1%	2	QL (60 mL / 30 days)
<i>ery</i> PADS 2%	2	QL (60 pledgets / 30 days)
<i>erythromycin (acne aid)</i> GEL 2%	2	QL (60 gm / 30 days)
<i>erythromycin (acne aid)</i> SOLN 2%	2	QL (60 mL / 30 days)
<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	2	PA
<i>sulfacetamide sodium (acne)</i> LOTN 10%	2	QL (118 mL / 30 days)
<i>tretinoin</i> CREA .025%, .05%, .1%; GEL .01%, .025%	2	QL (45 gm / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>twice-daily clindamycin phosphate (topical) GEL 1%</i>	2	QL (75 gm / 30 days)
<i>zenatane CAPS 10mg, 20mg, 30mg, 40mg</i>	2	PA
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate (topical) CREA .1%; OINT .1%</i>	2	QL (30 gm / 30 days)
<i>mupirocin OINT 2%</i>	1	QL (220 gm / 30 days)
<i>silver sulfadiazine CREA 1%</i>	2	
<i>ssd CREA 1%</i>	2	
<i>SULFAMYLON CREA 85mg/gm</i>	4	QL (453.6 gm / 30 days)
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox SHAM 1%</i>	2	QL (120 mL / 30 days)
<i>ciclopirox olamine CREA .77%</i>	2	QL (90 gm / 30 days)
<i>ciclopirox olamine SUSP .77%</i>	2	QL (60 mL / 30 days)
<i>clotrimazole (topical) CREA 1%</i>	2	QL (45 gm / 30 days)
<i>clotrimazole (topical) SOLN 1%</i>	2	QL (60 mL / 30 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	2	QL (45 gm / 30 days)
<i>econazole nitrate CREA 1%</i>	2	QL (85 gm / 30 days)
<i>ketoconazole (topical) CREA 2%</i>	2	QL (60 gm / 30 days)
<i>ketoconazole (topical) SHAM 2%</i>	1	QL (120 mL / 30 days)
<i>klayesta POWD 100000unit/gm</i>	2	QL (60 gm / 30 days)
<i>nyamyc POWD 100000unit/gm</i>	2	QL (60 gm / 30 days)
<i>nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm</i>	2	QL (30 gm / 30 days)
<i>nystatin (topical) POWD 100000unit/gm</i>	2	QL (60 gm / 30 days)
<i>nystop POWD 100000unit/gm</i>	2	QL (60 gm / 30 days)
<i>selenium sulfide LOTN 2.5%</i>	2	
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin CAPS 10mg, 17.5mg, 25mg</i>	2	PA
<i>calcipotriene CREA .005%; OINT .005%</i>	2	QL (120 gm / 30 days), PA
<i>calcipotriene SOLN .005%</i>	2	QL (120 mL / 30 days), PA
<i>calcitrene OINT .005%</i>	2	QL (120 gm / 30 days), PA
<i>ENSTILAR AER</i>	5	NDS, QL (120 gm / 30 days), PA
<i>tazarotene CREA .05%, .1%</i>	2	QL (60 gm / 30 days), PA
<i>TAZORAC CREA .05%</i>	4	QL (60 gm / 30 days), PA
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort CREA 1%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>alclometasone dipropionate</i> CREA .05%; OINT .05%	2	QL (60 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> CREA .05%; OINT .05%	2	QL (120 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> LOTN .05%	2	QL (120 mL / 30 days)
<i>betamethasone dipropionate augmented</i> CREA .05%; GEL .05%; OINT .05%	2	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> LOTN .05%	2	QL (120 mL / 30 days)
<i>betamethasone valerate</i> CREA .1%; OINT .1%	2	QL (120 gm / 30 days)
<i>betamethasone valerate</i> LOTN .1%	2	QL (120 mL / 30 days)
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05%	2	QL (60 gm / 30 days)
<i>clobetasol propionate</i> SOLN .05%	2	QL (50 mL / 30 days)
<i>clobetasol propionate e</i> CREA .05%	2	QL (60 gm / 30 days)
<i>fluocinolone acetonide</i> CREA .01%	2	QL (60 gm / 30 days)
<i>fluocinolone acetonide</i> CREA .025%; OINT .025%	2	QL (120 gm / 30 days)
<i>fluocinolone acetonide</i> OIL .01%	2	QL (118.28 mL / 30 days)
<i>fluocinolone acetonide</i> SOLN .01%	2	QL (60 mL / 30 days)
<i>fluocinonide</i> CREA .05%	2	QL (120 gm / 30 days)
<i>fluocinonide</i> GEL .05%; OINT .05%	2	QL (60 gm / 30 days)
<i>fluocinonide</i> SOLN .05%	2	QL (60 mL / 30 days)
<i>fluocinonide emulsified base</i> CREA .05%	2	QL (120 gm / 30 days)
<i>fluticasone propionate</i> CREA .05%; OINT .005%	2	
<i>halobetasol propionate</i> CREA .05%; OINT .05%	2	QL (50 gm / 30 days)
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%	1	
<i>hydrocortisone (topical)</i> LOTN 2.5%; OINT 2.5%	2	
<i>hydrocortisone (topical)</i> OINT 1%	2	QL (30 gm / 30 days)
<i>hydrocortisone valerate</i> CREA .2%	2	QL (60 gm / 30 days)
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	2	
<i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5%	1	QL (454 gm / 30 days)
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%	2	
<i>triamcinolone acetonide (topical)</i> OINT .025%, .1%, .5%	1	
<i>triderm</i> CREA .5%	1	QL (454 gm / 30 days)

Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i> PRSY 2%	2	QL (60 mL / 30 days), PA
<i>lidocaine</i> OINT 5%	2	QL (50 gm / 30 days), PA
<i>lidocaine</i> PTCH 5%	2	QL (3 patches / 1 day), PA
<i>lidocaine hcl</i> SOLN 4%	2	QL (50 mL / 30 days), PA
<i>lidocaine-prilocaine cream</i> 2.5-2.5%	2	B/D, QL (30 gm / 30 days)
<i>lidocan</i> PTCH 5%	2	QL (3 patches / 1 day), PA
<i>tridacaine ii</i> PTCH 5%	2	QL (3 patches / 1 day), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>bexarotene (topical)</i> GEL 1%	5	NDS, QL (60 gm / 30 days), PA
<i>diclofenac sodium (topical)</i> SOLN 1.5%	2	QL (300 mL / 28 days)
<i>fluorouracil (topical)</i> CREA 5%	2	QL (40 gm / 30 days)
<i>fluorouracil (topical)</i> SOLN 2%, 5%	2	QL (10 mL / 30 days)
<i>hydrocortisone (rectal)</i> CREA 1%, 2.5%	2	
<i>imiquimod</i> CREA 5%	2	QL (24 packets / 30 days)
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	2	
<i>metronidazole (topical)</i> CREA .75%; GEL .75%	2	QL (45 gm / 30 days)
<i>metronidazole (topical)</i> LOTN .75%	2	QL (59 mL / 30 days)
<i>nitroglycerin (intra-anal)</i> OINT .4%	2	QL (30 gm / 30 days)
PANRETIN GEL .1%	5	NDS, QL (60 gm / 30 days), PA
<i>pimecrolimus</i> CREA 1%	2	QL (100 gm / 30 days), PA
<i>podofilox</i> SOLN .5%	2	QL (7 mL / 28 days)
<i>procto-med hc</i> CREA 2.5%	2	
<i>proctocort</i> CREA 1%	2	
<i>proctosol hc</i> CREA 2.5%	2	
<i>proctozone-hc</i> CREA 2.5%	2	
<i>tacrolimus (topical)</i> OINT .03%, .1%	2	QL (100 gm / 30 days), PA
VALCHLOR GEL .016%	5	NDS, QL (60 gm / 30 days), PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion</i> LOTN .5%	2	QL (59 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>permethrin</i> CREA 5%	2	QL (60 gm / 30 days)
DERMATOLOGY, WOUND CARE AGENTS		
SANTYL OINT 250unit/gm	4	QL (180 gm / 30 days)
<i>sodium chloride (gu irrigant)</i> SOLN .9%	2	
<i>water for irrigation, sterile irrigation soln</i>	2	
MOUTH/THROAT/DENTAL AGENTS		
<i>chlorhexidine gluconate (mouth-throat)</i> SOLN .12%	1	
<i>clotrimazole</i> TROC 10mg	2	QL (150 lozenges / 30 days)
<i>kourzeq</i> PSTE .1%	2	
<i>lidocaine hcl (mouth-throat)</i> SOLN 2%	2	
<i>nystatin (mouth-throat)</i> SUSP 100000unit/ml	2	
<i>periogard</i> SOLN .12%	1	
<i>pilocarpine hcl (oral)</i> TABS 5mg, 7.5mg	2	
<i>triamcinolone acetonide (mouth)</i> PSTE .1%	2	

Index

A	
<i>abacavir sulfate</i>	26
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	27
<i>abigale</i>	75
<i>abigale lo</i>	75
ABILIFY ASIMTUFII	55
ABILIFY MAINTENA	55
<i>abiraterone acetate</i>	33
<i>abirtega</i>	33
ABRYSVO.....	88
<i>acamprosate calcium</i>	66
<i>acarbose</i>	67
<i>accutane</i>	98
<i>acebutolol hcl</i>	49
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	22
<i>acetaminophen w/ codeine tab 300-15 mg</i>	22
<i>acetaminophen w/ codeine tab 300-30 mg</i>	22
<i>acetaminophen w/ codeine tab 300-60 mg</i>	22
<i>acetazolamide</i>	50
<i>acetic acid</i>	82
<i>acetic acid (otic)</i>	94
<i>acetylcysteine</i>	96
<i>acitretin</i>	99
ACTHIB INJ	88
ACTIMMUNE.....	87
<i>acyclovir</i>	28
<i>acyclovir sodium</i>	28
ADACEL INJ	88
ADALIMUMAB-AACF (2 PEN).....	84
ADALIMUMAB-AACF (2 SYRING).....	84
ADALIMUMAB-AACF STARTER P	84
<i>adefovir dipivoxil</i>	28
ADEMPAS	51
ADMELOG	69
ADMELOG SOLOSTAR.....	69
ADVAIR HFA AER 115/21	97
ADVAIR HFA AER 230/21	97
ADVAIR HFA AER 45/21.....	97
<i>afirmelle</i>	71
AIMOVIG	64
AIRSUPRA AER 90-80MCG.....	97
AKEEGA TAB 100/500	33
AKEEGA TAB 50/500MG.....	33
<i>ala-cort</i>	99
<i>albendazole</i>	23
<i>albuterol sulfate</i>	95
<i>alclometasone dipropionate</i>	100
ALCOHOL SWABS: BD-EMBECTA/MHC/RUGBY	69
ALDURAZYME.....	77
ALECENSA	35
<i>alendronate sodium</i>	71
<i>alfuzosin hcl</i>	82
<i>aliskiren fumarate</i>	50
<i>allopurinol</i>	21
<i>alose tron hcl</i>	80, 81
<i>alprazolam</i>	52
<i>altavera</i>	71
ALUNBRIG	35
ALUNBRIG PAK.....	35
ALVAIZ	83
ALVESCO.....	97
<i>alyacen 1/35</i>	71
<i>alyacen 7/7/7</i>	71
ALYFTREK TAB 10-50-125.....	96
ALYFTREK TAB 4-20-50	96
ALYGLO.....	87
<i>alyq</i>	51
<i>amantadine hcl</i>	54
<i>ambrisentan</i>	51
<i>amikacin sulfate</i>	23
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	50
<i>amiloride hcl</i>	50
<i>amiodarone hcl</i>	47
<i>amitriptyline hcl</i>	52
<i>amlodipine besylate</i>	49
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	44
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	44
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	44
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	44
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	44

<i>amlodipine besylate-benazepril hcl cap</i> <i>5-40 mg</i>	44	<i>amphetamine-dextroamphetamine cap</i> <i>er 24hr 5 mg</i>	63
<i>amlodipine besylate-olmesartan</i> <i>medoxomil tab 10-20 mg</i>	45	<i>amphetamine-dextroamphetamine tab</i> <i>10 mg</i>	63
<i>amlodipine besylate-olmesartan</i> <i>medoxomil tab 10-40 mg</i>	45	<i>amphetamine-dextroamphetamine tab</i> <i>12.5 mg</i>	63
<i>amlodipine besylate-olmesartan</i> <i>medoxomil tab 5-20 mg</i>	45	<i>amphetamine-dextroamphetamine tab</i> <i>15 mg</i>	63
<i>amlodipine besylate-olmesartan</i> <i>medoxomil tab 5-40 mg</i>	45	<i>amphetamine-dextroamphetamine tab</i> <i>20 mg</i>	63
<i>amlodipine besylate-valsartan tab 10-</i> <i>160 mg</i>	46	<i>amphetamine-dextroamphetamine tab</i> <i>30 mg</i>	63
<i>amlodipine besylate-valsartan tab 10-</i> <i>320 mg</i>	46	<i>amphetamine-dextroamphetamine tab</i> <i>5 mg</i>	63
<i>amlodipine besylate-valsartan tab 5-</i> <i>160 mg</i>	45	<i>amphetamine-dextroamphetamine tab</i> <i>7.5 mg</i>	63
<i>amlodipine besylate-valsartan tab 5-</i> <i>320 mg</i>	46	<i>amphotericin b</i>	25
<i>amnesteam</i>	98	<i>amphotericin b liposome</i>	25
<i>amoxapine</i>	52	<i>ampicillin</i>	31
<i>amoxicillin</i>	30	<i>ampicillin & sulbactam sodium for inj</i> <i>1.5 (1-0.5) gm</i>	31
<i>amoxicillin & k clavulanate for susp</i> <i>200-28.5 mg/5ml</i>	30	<i>ampicillin & sulbactam sodium for inj 3</i> <i>(2-1) gm</i>	31
<i>amoxicillin & k clavulanate for susp</i> <i>250-62.5 mg/5ml</i>	30	<i>ampicillin & sulbactam sodium for iv</i> <i>soln 1.5 (1-0.5) gm</i>	31
<i>amoxicillin & k clavulanate for susp</i> <i>400-57 mg/5ml</i>	31	<i>ampicillin & sulbactam sodium for iv</i> <i>soln 15 (10-5) gm</i>	31
<i>amoxicillin & k clavulanate for susp</i> <i>600-42.9 mg/5ml</i>	31	<i>ampicillin & sulbactam sodium for iv</i> <i>soln 3 (2-1) gm</i>	31
<i>amoxicillin & k clavulanate tab 250-125</i> <i>mg</i>	31	<i>ampicillin sodium</i>	31
<i>amoxicillin & k clavulanate tab 500-125</i> <i>mg</i>	31	<i>anagrelide hcl</i>	83
<i>amoxicillin & k clavulanate tab 875-125</i> <i>mg</i>	31	<i>anastrozole</i>	33
<i>amoxicillin & k clavulanate tab er 12hr</i> <i>1000-62.5 mg</i>	31	<i>ANORO ELLIPT AER 62.5-25</i>	94
<i>amphetamine-dextroamphetamine cap</i> <i>er 24hr 10 mg</i>	63	<i>aprepitant</i>	79
<i>amphetamine-dextroamphetamine cap</i> <i>er 24hr 15 mg</i>	63	<i>aprepitant capsule therapy pack 80 &</i> <i>125 mg</i>	79
<i>amphetamine-dextroamphetamine cap</i> <i>er 24hr 20 mg</i>	63	<i>apri</i>	71
<i>amphetamine-dextroamphetamine cap</i> <i>er 24hr 25 mg</i>	63	<i>APTIOM</i>	58
<i>amphetamine-dextroamphetamine cap</i> <i>er 24hr 30 mg</i>	63	<i>APTIVUS</i>	26
		<i>ARALAST NP</i>	96
		<i>aranelle</i>	71
		<i>ARCALYST</i>	87
		<i>AREXVY</i>	88
		<i>ARIKAYCE</i>	23
		<i>aripiprazole</i>	55
		<i>ARISTADA</i>	55
		<i>ARISTADA INITIO</i>	55

<i>armodafinil</i>	66	<i>baclofen</i>	66
ARNUITY ELLIPTA	97	BAFIERTAM.....	65
<i>asenapine maleate</i>	55	<i>balsalazide disodium</i>	80
<i>aspirin-dipyridamole cap er 12hr 25-</i> <i>200 mg</i>	84	BALVERSA	36
ASTAGRAF XL.....	87	<i>balziva</i>	72
<i>atazanavir sulfate</i>	26	BARACLUDE.....	28
<i>atenolol</i>	49	BASAGLAR KWIKPEN.....	69
<i>atenolol & chlorthalidone tab 100-25</i> <i>mg</i>	48	BCG VACCINE	88
<i>atenolol & chlorthalidone tab 50-25 mg</i>	48	<i>benazepril & hydrochlorothiazide tab</i> <i>10-12.5 mg</i>	44
<i>atomoxetine hcl</i>	63	<i>benazepril & hydrochlorothiazide tab</i> <i>20-12.5 mg</i>	44
<i>atorvastatin calcium</i>	47	<i>benazepril & hydrochlorothiazide tab</i> <i>20-25 mg</i>	44
<i>atovaquone</i>	23	<i>benazepril & hydrochlorothiazide tab 5-</i> <i>6.25mg</i>	44
<i>atovaquone-proguanil hcl tab 250-100</i> <i>mg</i>	25	<i>benazepril hcl</i>	45
<i>atovaquone-proguanil hcl tab 62.5-25</i> <i>mg</i>	25	BENDAMUSTINE HYDROCHLORID	32
ATROPINE SULFATE	93	BENDEKA	32
<i>atropine sulfate (ophthalmic)</i>	93	BENLYSTA	88
ATROVENT HFA	94	<i>benzoyl peroxide-erythromycin gel 5-</i> <i>3%</i>	98
<i>aubra eq</i>	71	<i>benztropine mesylate</i>	54
AUGTYRO	35	BERINERT	83
<i>aurovela 1/20</i>	71	BESIVANCE	92
<i>aurovela fe 1.5/30</i>	72	BESREMI	34
<i>aurovela fe 1/20</i>	72	<i>betaine powder for oral solution</i>	77
AUSTEDO	65	<i>betamethasone dipropionate (topical)</i>	100
AUSTEDO XR.....	65	<i>betamethasone dipropionate</i> <i>augmented</i>	100
AUSTEDO XR TAB TITR KIT	65	<i>betamethasone valerate</i>	100
AUVELITY TAB 45-105MG	53	BETASERON.....	65
<i>aviane</i>	72	<i>betaxolol hcl (ophth)</i>	93
AVMAPKI PAK FAKZYNJA.....	35	<i>bethanechol chloride</i>	82
<i>ayuna</i>	72	BETOPTIC-S.....	93
AYVAKIT	35	BEVESPI AER 9-4.8MCG	94
<i>azacitidine</i>	33	<i>bexarotene</i>	34
<i>azathioprine</i>	88	<i>bexarotene (topical)</i>	101
<i>azelastine hcl</i>	94	BEXSERO	88
<i>azelastine hcl (ophth)</i>	93	<i>bicalutamide</i>	33
<i>azithromycin</i>	30	BICILLIN L-A.....	31
<i>aztreonam</i>	23	BIKTARVY TAB 30-120-15 MG	27
<i>azurette</i>	72	BIKTARVY TAB 50-200-25 MG	27
B		<i>bisoprolol & hydrochlorothiazide tab</i> <i>10-6.25 mg</i>	48
<i>bacitracin (ophthalmic)</i>	92		
<i>bacitracin-polymyxin b ophth oint</i>	92		
<i>bacitracin-polymyxin-neomycin-hc</i> <i>ophth oint 1%</i>	92		

<i>bisoprolol & hydrochlorothiazide tab</i>		<i>buprenorphine hcl-naloxone hcl sl tab</i>	
2.5-6.25 mg	48	8-2 mg (base equiv)	66
<i>bisoprolol & hydrochlorothiazide tab 5-</i>		<i>bupropion hcl</i>	53
6.25 mg	48	<i>bupropion hcl (smoking deterrent) ...</i>	67
<i>bisoprolol fumarate</i>	49	<i>bupirone hcl</i>	52
BIVIGAM	87	<i>butorphanol tartrate</i>	22
<i>blisovi fe 1.5/30</i>	72	C	
BONSITY	71	<i>cabergoline</i>	77
BOOSTRIX INJ.....	88	CABOMETYX	36
<i>bortezomib</i>	36	<i>calcipotriene</i>	99
BORTEZOMIB	36	<i>calcitonin (salmon) spray</i>	71
<i>bosentan</i>	51	<i>calcitrene</i>	99
BOSULIF.....	36	<i>calcitriol</i>	79
BRAFTOVI.....	36	<i>calcitriol (oral)</i>	79
BREO ELLIPTA INH 100-25.....	98	CALQUENCE.....	36
BREO ELLIPTA INH 200-25.....	98	<i>camila</i>	72
BREO ELLIPTA INH 50-25MCG	97	<i>candesartan cilexetil</i>	47
<i>breyna</i>	98	CAPLYTA	55
BREZTRI AERO AER SPHERE.....	94	CAPRELSA	36
BREZTRI AERO AER SPHERE		<i>captopril</i>	45
(INSTITUTIONAL PACK)	94	<i>captopril & hydrochlorothiazide tab 25-</i>	
<i>briellyn</i>	72	15 mg	44
BRILINTA.....	84	<i>captopril & hydrochlorothiazide tab 25-</i>	
<i>brimonidine tartrate</i>	93	25 mg	44
<i>brinzolamide</i>	93	<i>captopril & hydrochlorothiazide tab 50-</i>	
BRIVIACT	58	15 mg	44
<i>bromfenac sodium (ophth)</i>	93	<i>captopril & hydrochlorothiazide tab 50-</i>	
<i>bromocriptine mesylate</i>	54	25 mg	44
BRUKINSA	36	<i>carb/levo orally disintegrating tab 10-</i>	
<i>budesonide</i>	80	100mg	54
<i>budesonide (inhalation)</i>	97	<i>carb/levo orally disintegrating tab 25-</i>	
<i>budesonide-formoterol fumarate dihyd</i>		100mg	54
aerosol 160-4.5 mcg/act	98	<i>carb/levo orally disintegrating tab 25-</i>	
<i>budesonide-formoterol fumarate dihyd</i>		250mg	54
aerosol 80-4.5 mcg/act.....	98	<i>carbamazepine</i>	59
<i>bumetanide</i>	50	<i>carbidopa & levodopa tab 10-100 mg</i>	54
<i>buprenorphine hcl</i>	66	<i>carbidopa & levodopa tab 25-100 mg</i>	54
<i>buprenorphine hcl-naloxone hcl sl film</i>		<i>carbidopa & levodopa tab 25-250 mg</i>	54
12-3 mg (base equiv)	66	<i>carbidopa & levodopa tab er 25-100</i>	
<i>buprenorphine hcl-naloxone hcl sl film</i>		mg	54
2-0.5 mg (base equiv)	66	<i>carbidopa & levodopa tab er 50-200</i>	
<i>buprenorphine hcl-naloxone hcl sl film</i>		mg	54
4-1 mg (base equiv).....	66	<i>carbidopa-levodopa-entacapone tabs</i>	
<i>buprenorphine hcl-naloxone hcl sl film</i>		12.5-50-200 mg	54
8-2 mg (base equiv).....	66	<i>carbidopa-levodopa-entacapone tabs</i>	
<i>buprenorphine hcl-naloxone hcl sl tab</i>		18.75-75-200 mg	54
2-0.5 mg (base equiv)	66		

<i>carbidopa-levodopa-entacapone tabs</i> 25-100-200 mg	55	<i>chateal eq</i>	72
<i>carbidopa-levodopa-entacapone tabs</i> 31.25-125-200 mg	55	CHEMET	71
<i>carbidopa-levodopa-entacapone tabs</i> 37.5-150-200 mg	55	<i>chlorhexidine gluconate (mouth-throat)</i>	102
<i>carbidopa-levodopa-entacapone tabs</i> 50-200-200 mg	55	<i>chloroquine phosphate</i>	25
<i>carboplatin</i>	32	<i>chlorpromazine hcl</i>	55
<i>carglumic acid</i>	77	<i>chlorthalidone</i>	50
<i>carteolol hcl (ophth)</i>	93	<i>cholestyramine</i>	48
<i>cartia xt</i>	49	<i>cholestyramine light</i>	48
<i>carvedilol</i>	49	<i>ciclopirox</i>	99
<i>caspofungin acetate</i>	25	<i>ciclopirox olamine</i>	99
CAYSTON.....	23	<i>cilostazol</i>	83
<i>cefaclor</i>	29	CILOXAN	92
<i>cefadroxil</i>	29	CIMDUO TAB 300-300	27
CEFAZOLIN	29	<i>cinacalcet hcl</i>	77
CEFAZOLIN INJ 1GM/50ML.....	29	<i>ciprofloxacin 200 mg/100ml in d5w</i> ..	30
<i>cefazolin sodium</i>	29	<i>ciprofloxacin 400 mg/200ml in d5w</i> ..	30
CEFAZOLIN SOLN 2GM/100ML-4% ..	29	<i>ciprofloxacin hcl</i>	30
CEFAZOLIN/DEX SOL 1GM/50ML-4%	29	<i>ciprofloxacin hcl (ophth)</i>	92
CEFAZOLIN/DEX SOL 2GM/50ML-3%	29	<i>ciprofloxacin-dexamethasone otic susp</i> 0.3-0.1%.....	94
CEFAZOLIN/DEX SOL 3GM/150ML-4%	29	<i>cisplatin</i>	32
.....	29	<i>citalopram hydrobromide</i>	53
CEFAZOLIN/DEX SOL 3GM/50ML-2%	29	<i>claravis</i>	98
<i>cefdinir</i>	29	<i>clarithromycin</i>	30
<i>cefepime hcl</i>	29	<i>clindamycin hcl</i>	23
<i>cefixime</i>	29	<i>clindamycin palmitate hydrochloride</i> ..	23
<i>cefotetan disodium</i>	29	<i>clindamycin phosphate</i>	23
<i>cefoxitin sodium</i>	29	<i>clindamycin phosphate (topical)</i>	98
<i>cefpodoxime proxetil</i>	29	<i>clindamycin phosphate in d5w iv soln</i> 300 mg/50ml	23
<i>cefprozil</i>	29	<i>clindamycin phosphate in d5w iv soln</i> 600 mg/50ml	23
<i>ceftazidime</i>	29	<i>clindamycin phosphate in d5w iv soln</i> 900 mg/50ml	23
<i>ceftriaxone sodium</i>	29	<i>clindamycin phosphate vaginal</i>	82
<i>cefuroxime axetil</i>	29	CLINDMYC/NAC INJ 300/50ML.....	23
<i>cefuroxime sodium</i>	29	CLINDMYC/NAC INJ 600/50ML.....	23
<i>celecoxib</i>	21	CLINDMYC/NAC INJ 900/50ML.....	23
<i>cephalexin</i>	30	CLINIMIX INJ 4.25/D10	91
CEQR SIMPL KIT PATCH 2U (3-DAY)	69	CLINIMIX INJ 4.25/D5W	91
CEQR SIMPL KIT PATCH 2U (4-DAY)	69	CLINIMIX INJ 5%/D15W	91
CEQR SIMPL MIS INSERTER	69	CLINIMIX INJ 5%/D20W	91
CERDELGA.....	77	CLINIMIX INJ 6/5	91
CEREZYME.....	77	CLINIMIX INJ 8/10.....	91
<i>cetirizine hcl</i>	94	CLINIMIX INJ 8/14.....	91
		<i>clinisol sf 15%</i>	91

CLINOLIPID EMU 20%	91	<i>cromolyn sodium (mastocytosis)</i>	81
<i>clobazam</i>	59	<i>cromolyn sodium (ophth)</i>	93
<i>clobetasol propionate</i>	100	<i>cryselle-28</i>	72
<i>clobetasol propionate e</i>	100	<i>cyclobenzaprine hcl</i>	66
<i>clomipramine hcl</i>	53	<i>cyclophosphamide</i>	32
<i>clonazepam</i>	59	CYCLOPHOSPHAMIDE.....	32
<i>clonidine</i>	50	CYCLOPHOSPHAMIDE MONOHYDR ...	32
<i>clonidine hcl</i>	50	<i>cycloserine</i>	28
<i>clopidogrel bisulfate</i>	84	<i>cyclosporine</i>	88
<i>clorazepate dipotassium</i>	59	<i>cyclosporine modified (for</i>	
<i>clotrimazole</i>	102	<i>microemulsion)</i>	88
<i>clotrimazole (topical)</i>	99	<i>cyproheptadine hcl</i>	95
<i>clotrimazole w/ betamethasone cream</i>		<i>cyred eq</i>	72
<i>1-0.05%</i>	99	CYSTADROPS.....	93
<i>clozapine</i>	55, 56	CYSTAGON	77
COARTEM TAB 20-120MG	25	CYSTARAN.....	94
COBENFY CAP 100-20MG	56	<i>cytarabine</i>	33
COBENFY CAP 125-30MG	56	D	
COBENFY CAP 50-20MG.....	56	D10W/NACL INJ 0.2%.....	89
COBENFY STRT CAP PACK.....	56	D2.5W/NACL INJ 0.45%	89
<i>colchicine</i>	21	<i>dabigatran etexilate mesylate</i>	82
<i>colchicine w/ probenecid tab 0.5-500</i>		<i>dalfampridine</i>	65
<i>mg</i>	21	<i>danazol</i>	67
<i>colesevelam hcl</i>	48	<i>dantrolene sodium</i>	66
<i>colestipol hcl</i>	48	DANZITEN	36
<i>colistimethate sodium</i>	23	<i>dapsone</i>	23
COMBIGAN SOL 0.2/0.5%.....	93	DAPTACEL INJ.....	88
COMBIVENT AER 20-100.....	94	<i>daptomycin</i>	23
COMETRIQ (60MG DOSE).....	36	DAPTOMYCIN	23
COMETRIQ KIT 100MG	36	<i>darunavir</i>	26
COMETRIQ KIT 140MG	36	<i>dasatinib</i>	36
COMPLERA TAB	27	<i>dasetta 1/35</i>	72
<i>compro</i>	79	<i>dasetta 7/7/7</i>	72
<i>constulose</i>	80	DAURISMO	37
COPAXONE	65	DAYVIGO.....	64
COPIKTRA.....	36	<i>deblitane</i>	72
CORLANOR	50	<i>deferasirox</i>	71
COSENTYX.....	84	DELSTRIGO TAB	27
COSENTYX SENSOREADY PEN	84	DENGVAXIA SUS	88
COSENTYX UNOREADY	84	DEPO-SUBQ PROVERA 104	72
COTELLIC	36	<i>depo-testosterone</i>	67
CREON CAP 12000UNT	81	DESCOVY TAB 120-15MG	27
CREON CAP 24000UNT	81	DESCOVY TAB 200/25MG	27
CREON CAP 3000UNIT.....	81	<i>desipramine hcl</i>	53
CREON CAP 36000UNT	81	<i>desmopressin acetate</i>	77
CREON CAP 6000UNIT.....	81	<i>desmopressin acetate spray</i>	77
<i>cromolyn sodium</i>	96		

<i>desmopressin acetate spray</i>	
<i>refrigerated</i>	77
<i>desogest-eth estrad & eth estrad tab</i>	
0.15-0.02/0.01 mg(21/5).....	72
<i>desvenlafaxine succinate</i>	53
<i>dexamethasone</i>	76
DEXAMETHASONE INTENSOL.....	76
<i>dexamethasone sodium phosphate</i> ...	76
<i>dexamethasone sodium phosphate</i>	
(<i>ophth</i>).....	93
<i>dexmethylphenidate hcl</i>	63
<i>dextrose</i>	91
<i>dextrose 10% w/ sodium chloride</i>	
0.45%	90
<i>dextrose 2.5% w/ sodium chloride</i>	
0.45%	89
<i>dextrose 5% in lactated ringers</i>	89
<i>dextrose 5% w/ sodium chloride 0.2%</i>	
.....	90
<i>dextrose 5% w/ sodium chloride</i>	
0.225%	90
<i>dextrose 5% w/ sodium chloride 0.3%</i>	
.....	90
<i>dextrose 5% w/ sodium chloride 0.45%</i>	
.....	90
<i>dextrose 5% w/ sodium chloride 0.9%</i>	
.....	90
DIACOMIT	59
<i>diazepam</i>	59
<i>diazepam (anticonvulsant)</i>	59
<i>diazepam inj</i>	59
<i>diazepam intensol</i>	59
<i>diazoxide</i>	76
<i>diclofenac potassium</i>	21
<i>diclofenac sodium</i>	21
<i>diclofenac sodium (ophth)</i>	93
<i>diclofenac sodium (topical)</i>	101
<i>dicloxacillin sodium</i>	31
<i>dicyclomine hcl</i>	79
DIFICID.....	30
<i>diflunisal</i>	21
<i>digoxin</i>	50
<i>dihydroergotamine mesylate</i>	64
DILANTIN	59
<i>diltiazem hcl</i>	49
<i>diltiazem hcl coated beads</i>	49
<i>diltiazem hcl extended release beads</i>	
.....	49
<i>dilt-xr</i>	49
DIP/TET PED INJ 25-5LFU	88
<i>diphenhydramine hcl</i>	95
<i>diphenoxylate w/ atropine liq 2.5-0.025</i>	
mg/5ml	81
<i>diphenoxylate w/ atropine tab 2.5-</i>	
0.025 mg	81
<i>dipyridamole</i>	84
<i>disopyramide phosphate</i>	47
<i>disulfiram</i>	67
<i>divalproex sodium</i>	59
<i>docetaxel</i>	35
DOCETAXEL.....	35
DOCIVYX.....	35
<i>dofetilide</i>	47
<i>donepezil hydrochloride</i>	52
DOPTELET	83
<i>dorzolamide hcl</i>	93
<i>dorzolamide hcl-timolol maleate ophth</i>	
soln 2-0.5%	93
<i>dotti</i>	75
DOVATO TAB 50-300MG	27
<i>doxazosin mesylate</i>	45
<i>doxepin hcl</i>	53
<i>doxepin hcl (sleep)</i>	64
<i>doxorubicin hcl</i>	34
<i>doxorubicin hcl liposomal</i>	35
<i>doxy 100</i>	32
<i>doxycycline (monohydrate)</i>	32
<i>doxycycline hyclate</i>	32
DRIZALMA SPRINKLE	53
<i>dronabinol</i>	79
<i>drospirenone-ethinyl estradiol tab 3-</i>	
0.02 mg	72
<i>drospirenone-ethinyl estradiol tab 3-</i>	
0.03 mg	72
DROXIA	83
<i>droxidopa</i>	50
DULERA AER 100-5MCG	98
DULERA AER 200-5MCG	98
DULERA AER 50-5MCG	98
<i>duloxetine hcl</i>	53
DUPIXENT	84
<i>dutasteride</i>	82
<i>dutasteride-tamsulosin hcl cap 0.5-0.4</i>	
mg	82

E	
<i>e.e.s. 400</i>	30
<i>econazole nitrate</i>	99
EDURANT	26
EDURANT PED	26
<i>efavirenz</i>	26
<i>efavirenz-emtricitabine-tenofovir df tab</i> <i>600-200-300 mg</i>	27
<i>efavirenz-lamivudine-tenofovir df tab</i> <i>400-300-300 mg</i>	27
<i>efavirenz-lamivudine-tenofovir df tab</i> <i>600-300-300 mg</i>	27
ELIGARD	33
<i>elinest</i>	72
ELIQUIS	82, 83
ELIQUIS STARTER PACK	83
<i>eluryng</i>	72
EMGALITY.....	64
EMSAM.....	53
<i>emtricitabine</i>	26
<i>emtricitabine-rilpivirine-tenofovir df tab</i> <i>200-25-300 mg</i>	27
<i>emtricitabine-tenofovir disoproxil</i> <i>fumarate tab 100-150 mg</i>	27
<i>emtricitabine-tenofovir disoproxil</i> <i>fumarate tab 133-200 mg</i>	27
<i>emtricitabine-tenofovir disoproxil</i> <i>fumarate tab 167-250 mg</i>	27
<i>emtricitabine-tenofovir disoproxil</i> <i>fumarate tab 200-300 mg</i>	27
EMTRIVA	26
EMVERM	23
<i>emzahn</i>	72
<i>enalapril maleate</i>	45
<i>enalapril maleate & hydrochlorothiazide</i> <i>tab 10-25 mg</i>	44
<i>enalapril maleate & hydrochlorothiazide</i> <i>tab 5-12.5 mg</i>	44
ENBREL.....	84, 85
ENBREL MINI	85
ENBREL SURECLICK	85
<i>endocet tab 10-325mg</i>	22
<i>endocet tab 2.5-325mg</i>	22
<i>endocet tab 5-325mg</i>	22
<i>endocet tab 7.5-325mg</i>	22
ENGERIX-B	88
<i>enilloring</i>	72
<i>enoxaparin sodium</i>	83
<i>enpresse-28</i>	72
<i>enskyce</i>	72
ENSTILAR AER	99
<i>entacapone</i>	55
<i>entecavir</i>	28
ENTRESTO CAP 15-16MG.....	46
ENTRESTO CAP 6-6MG	46
<i>enulose</i>	80
EPCLUSA PAK 150-37.5.....	28
EPCLUSA PAK 200-50MG	28
EPCLUSA TAB 200-50MG	28
EPCLUSA TAB 400-100	28
EPIDIOLEX	59
<i>epinephrine (anaphylaxis)</i>	50, 96
<i>epitol</i>	59
<i>eplerenone</i>	45
EPRONTIA	60
<i>ergotamine w/ caffeine tab 1-100 mg</i>	64
ERIVEDGE	37
ERLEADA.....	33
<i>erlotinib hcl</i>	37
<i>errin</i>	72
<i>ertapenem sodium</i>	23
<i>ery</i>	98
<i>ery-tab</i>	30
ERYTHROCIN LACTOBIONATE.....	30
<i>erythromycin (acne aid)</i>	98
<i>erythromycin (ophth)</i>	92
<i>erythromycin base</i>	30
<i>erythromycin ethylsuccinate</i>	30
<i>erythromycin lactobionate</i>	30
ERZOFRI	56
<i>escitalopram oxalate</i>	53
<i>eslicarbazepine acetate</i>	60
<i>esomeprazole magnesium</i>	81
<i>estarylla</i>	72
<i>estradiol</i>	75
<i>estradiol & norethindrone acetate tab</i> <i>0.5-0.1 mg</i>	75
<i>estradiol & norethindrone acetate tab</i> <i>1-0.5 mg</i>	75
<i>estradiol vaginal</i>	75
<i>estradiol valerate</i>	75
<i>ethambutol hcl</i>	28
<i>ethosuximide</i>	60

<i>ethynodiol diacetate & ethinyl estradiol</i>		<i>fingolimod hcl</i>	65
<i>tab 1 mg-35 mcg</i>	72	FINTEPLA	60
<i>etodolac</i>	21	FIRMAGON	33, 34
<i>etonogestrel-ethinyl estradiol va ring</i>		<i>flac</i>	94
<i>0.12-0.015 mg/24hr</i>	72	FLAREX	93
<i>etoposide</i>	35	FLEBOGAMMA DIF	87
<i>etravirine</i>	26	<i>flecainide acetate</i>	47
EULEXIN	33	<i>fluconazole</i>	25
<i>everolimus</i>	37	<i>fluconazole in nacl 0.9% inj 200</i>	
<i>everolimus (immunosuppressant)</i>	88	<i>mg/100ml</i>	25
EVOTAZ TAB 300-150	27	<i>fluconazole in nacl 0.9% inj 400</i>	
<i>exemestane</i>	33	<i>mg/200ml</i>	25
EYSUVIS	94	<i>flucytosine</i>	25
<i>ezetimibe</i>	48	<i>fludrocortisone acetate</i>	76
<i>ezetimibe-simvastatin tab 10-10 mg</i> .	48	<i>flunisolide (nasal)</i>	97
<i>ezetimibe-simvastatin tab 10-20 mg</i> .	48	<i>fluocinolone acetonide</i>	100
<i>ezetimibe-simvastatin tab 10-40 mg</i> .	48	<i>fluocinolone acetonide (otic)</i>	94
<i>ezetimibe-simvastatin tab 10-80 mg</i> .	48	<i>fluocinonide</i>	100
F		<i>fluocinonide emulsified base</i>	100
FABRAZYME	77	<i>fluorometholone (ophth)</i>	93
<i>falmina</i>	72	<i>fluorouracil</i>	33
<i>famciclovir</i>	28	<i>fluorouracil (topical)</i>	101
<i>famotidine</i>	80	<i>fluoxetine hcl</i>	53
<i>famotidine in nacl 0.9% iv soln 20</i>		<i>fluphenazine decanoate</i>	56
<i>mg/50ml</i>	80	<i>fluphenazine hcl</i>	56
FANAPT	56	<i>flurbiprofen</i>	21
FANAPT PAK PACK A	56	<i>flurbiprofen sodium</i>	93
FANAPT PAK PACK B	56	<i>fluticasone propionate</i>	100
FANAPT PAK PACK C	56	<i>fluticasone propionate (nasal)</i>	97
FARXIGA	67	<i>fluticasone-salmeterol aer powder ba</i>	
FASENRA	96	<i>100-50 mcg/act</i>	98
FASENRA PEN	96	<i>fluticasone-salmeterol aer powder ba</i>	
<i>feirza 1.5/30</i>	72	<i>250-50 mcg/act</i>	98
<i>feirza 1/20</i>	72	<i>fluticasone-salmeterol aer powder ba</i>	
<i>felbamate</i>	60	<i>500-50 mcg/act</i>	98
<i>felodipine</i>	49	<i>fluvoxamine maleate</i>	52
<i>fenofibrate</i>	47	<i>fondaparinux sodium</i>	83
<i>fenofibrate micronized</i>	47	<i>fosamprenavir calcium</i>	26
<i>fentanyl</i>	21	<i>fosinopril sodium</i>	45
FETZIMA	53	<i>fosinopril sodium & hydrochlorothiazide</i>	
FETZIMA CAP TITRATIO	53	<i>tab 10-12.5 mg</i>	44
FIASP	69	<i>fosinopril sodium & hydrochlorothiazide</i>	
FIASP FLEXTOUCH	69	<i>tab 20-12.5 mg</i>	44
FIASP PENFILL	69	FOTIVDA	37
FIASP PUMPCART	69	FRINDOVYX	32
<i>fidaxomicin</i>	30	FRUZAQLA	37
<i>finasteride</i>	82	FULPHILA	83

<i>fulvestrant</i>	34
<i>furosemide</i>	50
<i>furosemide inj</i>	50
FUZEON	26
<i>fyavolv tab 0.5mg-2.5mcg</i>	75
<i>fyavolv tab 1mg-5mcg</i>	76
FYCOMPA.....	60

G

<i>gabapentin</i>	60
<i>galantamine hydrobromide</i>	52
<i>gallifrey</i>	78
GAMASTAN INJ.....	87
GAMMAGARD LIQUID	87
GAMMAGARD S/D IGA LESS TH	87
GAMMAKED.....	87
GAMMAPLEX.....	87
GAMUNEX-C.....	87
<i>ganciclovir sodium</i>	28
GARDASIL 9.....	88
<i>gatifloxacin (ophth)</i>	92
GATTEX.....	81
GAUZE PADS 2	69
<i>gavilyte-c</i>	80
<i>gavilyte-g</i>	80
<i>gavilyte-n/flavor pack</i>	80
GAVRETO	37
<i>gefitinib</i>	37
<i>gemcitabine hcl</i>	33
<i>gemfibrozil</i>	47
GEMTESA	82
<i>generlac</i>	80
<i>gengraf</i>	88
GENOTROPIN	77
GENOTROPIN MINIQUICK	77
<i>gentamicin in saline inj 0.8 mg/ml</i> ...	23
<i>gentamicin in saline inj 1 mg/ml</i>	23
<i>gentamicin in saline inj 1.2 mg/ml</i> ...	23
<i>gentamicin in saline inj 1.6 mg/ml</i> ...	23
<i>gentamicin in saline inj 2 mg/ml</i>	23
<i>gentamicin sulfate</i>	23
<i>gentamicin sulfate (ophth)</i>	92
<i>gentamicin sulfate (topical)</i>	99
GENVOYA TAB	27
GILOTRIF.....	37
<i>glatiramer acetate</i>	65, 66
<i>glatopa</i>	66
GLEOSTINE	32

<i>glimepiride</i>	67
<i>glipizide</i>	67
<i>glipizide xl</i>	67
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	67
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	67
<i>glipizide-metformin hcl tab 5-500 mg</i>	67
<i>glycopyrrolate</i>	79, 80
<i>glydo</i>	101
GLYXAMBI TAB 10-5 MG	67
GLYXAMBI TAB 25-5 MG	67
GOMEKLI.....	37
<i>granisetron hcl</i>	79
<i>griseofulvin microsize</i>	25
<i>griseofulvin ultramicrosize</i>	25
<i>guanfacine hcl</i>	50
<i>guanfacine hcl (adhd)</i>	63

H

HAEGARDA	83, 84
<i>hailey 1.5/30</i>	72
<i>halobetasol propionate</i>	100
<i>haloette</i>	72
<i>haloperidol</i>	56
<i>haloperidol decanoate</i>	56
<i>haloperidol lactate</i>	56
HARVONI PAK 33.75-150MG	28
HARVONI PAK 45-200MG.....	28
HARVONI TAB 45-200MG.....	28
HARVONI TAB 90-400MG.....	28
HAVRIX.....	88
<i>heather</i>	72
HEP SOD/NACL INJ 25000UNT.....	83
<i>heparin sodium (porcine)</i>	83
HEPLISAV-B.....	88
HERCEP HYLEC SOL 60-10000	37
HERCEPTIN.....	37
HERNEXEOS	37
HERZUMA.....	37
HIBERIX	88
HUMIRA	85
HUMIRA PEN	85
HUMIRA PEN KIT PS/UV.....	85
HUMIRA PEN-CD/UC/HS START	85
HUMIRA PEN-PEDIATRIC UC S.....	85
HUMULIN R U-500 (CONCENTR	69
HUMULIN R U-500 KWIKPEN	69

<i>hydralazine hcl</i>	50, 51	IMPAVIDO	24
<i>hydrochlorothiazide</i>	50	INBRIJA	55
<i>hydrocodone bitartrate</i>	21	<i>incassia</i>	72
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	22	INCRELEX.....	77
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	22	INCRUSE ELLIPTA.....	94
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	22	<i>indapamide</i>	50
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	22	INFANRIX INJ	88
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	22	INFLIXIMAB	85
<i>hydrocortisone</i>	76	INLYTA.....	38
<i>hydrocortisone (intrarectal)</i>	80	INQOVI TAB 35-100MG	33
<i>hydrocortisone (rectal)</i>	101	INREBIC.....	38
<i>hydrocortisone (topical)</i>	100	INSULIN PEN NEEDLES: BD-EMBECTA	69
<i>hydrocortisone sod succinate</i>	76	INSULIN SAFETY NEEDLES: BD-EMBECTA.....	69
<i>hydrocortisone valerate</i>	100	INSULIN SYRINGES: BD-EMBECTA...	69
<i>hydromorphone hcl</i>	22	INTELENCE	26
<i>hydroxychloroquine sulfate</i>	87	INTRALIPID	91
<i>hydroxyurea</i>	35	<i>introvale</i>	72
<i>hydroxyzine hcl</i>	95	INVEGA HAFYERA	56
<i>hydroxyzine pamoate</i>	95	INVEGA SUSTENNA.....	56
I		INVEGA TRINZA	56
<i>ibandronate sodium</i>	71	IPOL INJ INACTIVE	88
IBRANCE	37	<i>ipratropium bromide</i>	94
IBTROZI	37	<i>ipratropium bromide (nasal)</i>	94
<i>ibu</i>	21	<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	94
<i>ibuprofen</i>	21	<i>irbesartan</i>	47
<i>icatibant acetate</i>	84	<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	46
<i>iclevia</i>	72	<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	46
ICLUSIG	38	<i>irinotecan hcl</i>	35
IDACIO (2 PEN).....	85	ISENTRESS.....	26
IDACIO CROHN INJ DISEASE.....	85	ISENTRESS HD.....	26
IDACIO PLAQU INJ PSORIASIS	85	<i>isibloom</i>	72
IDHIFA.....	38	ISOLYTE-P INJ /D5W.....	90
<i>imatinib mesylate</i>	38	ISOLYTE-S INJ PH 7.4	90
IMBRUVICA.....	38	<i>isoniazid</i>	28
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	24	<i>isosorbide dinitrate</i>	51
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	24	<i>isosorbide mononitrate</i>	51
<i>imipramine hcl</i>	53	<i>isotretinoin</i>	98
<i>imiquimod</i>	101	ITOVEBI	38
IMKELDI	38	<i>itraconazole</i>	25
IMOVAX RABIES (H.D.C.V.).....	88	<i>ivabradine hcl</i>	51
		<i>ivermectin</i>	24
		IWILFIN	35

IXIARO INJ	89	<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	90
J		.....	90
JAKAFI	38	<i>kcl 30 meq/l (0.224%) in dextrose 5%</i>	90
<i>jantoven</i>	83	& <i>nacl 0.45% inj</i>	90
JANUMET TAB 50-1000	68	<i>kcl 40 meq/l (0.3%) in dextrose 5% &</i>	90
JANUMET TAB 50-500MG	67	<i>nacl 0.45% inj</i>	90
JANUMET XR TAB 100-1000	68	<i>kcl 40 meq/l (0.3%) in dextrose 5% &</i>	90
JANUMET XR TAB 50-1000	68	<i>nacl 0.9% inj</i>	90
JANUMET XR TAB 50-500MG	68	<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	90
JANUVIA.....	68	KCL/D5W/NACL INJ 0.3/0.9%	90
JARDIANCE	68	<i>kelnor 1/35</i>	73
<i>jasmiel</i>	73	<i>kelnor 1/50</i>	73
<i>javygtor</i>	77	KERENDIA	45
JAYPIRCA	38	KESIMPTA	66
JENTADUETO TAB 2.5-1000	68	<i>ketoconazole</i>	25
JENTADUETO TAB 2.5-500	68	<i>ketoconazole (topical)</i>	99
JENTADUETO TAB 2.5-850	68	<i>ketorolac tromethamine (ophth)</i>	93
JENTADUETO TAB XR 2.5-1000MG ...	68	KEYTRUDA.....	38
JENTADUETO TAB XR 5-1000MG	68	KINRIX INJ	89
<i>jinteli</i>	76	<i>kionex</i>	71
<i>jolessa</i>	73	KISQALI 200 DOSE	38
<i>juleber</i>	73	KISQALI 200 PAK FEMARA	38
JULUCA TAB 50-25MG	27	KISQALI 400 DOSE	38
<i>junel 1.5/30</i>	73	KISQALI 400 PAK FEMARA	38
<i>junel 1/20</i>	73	KISQALI 600 DOSE	38
<i>junel fe 1.5/30</i>	73	KISQALI 600 PAK FEMARA	39
<i>junel fe 1/20</i>	73	<i>klayesta</i>	99
JYLAMVO	87	<i>klor-con</i>	91
JYNNEOS	89	<i>klor-con 10</i>	91
K		<i>klor-con 8</i>	91
KADCYLA	38	<i>klor-con m10</i>	91
KALETRA SOL.....	27	<i>klor-con m15</i>	91
KALYDECO	96	<i>klor-con m20</i>	91
KANJINTI.....	38	KLOXXADO	67
<i>kariva</i>	73	KOSELUGO	39
<i>kcl 10 meq/l (0.075%) in dextrose 5%</i>		<i>kourzeq</i>	102
& <i>nacl 0.45% inj</i>	90	KRAZATI	39
<i>kcl 20 meq/l (0.149%) in nacl 0.45%</i>		<i>kurvelo</i>	73
<i>inj</i>	90	L	
<i>kcl 20 meq/l (0.15%) in dextrose 5% &</i>		<i>labetalol hcl</i>	49
<i>nacl 0.2% inj</i>	90	<i>lacosamide</i>	60
<i>kcl 20 meq/l (0.15%) in dextrose 5% &</i>		<i>lacosamide oral</i>	60
<i>nacl 0.45% inj</i>	90	<i>lactated ringer's solution</i>	90
<i>kcl 20 meq/l (0.15%) in dextrose 5% &</i>		<i>lactic acid (ammonium lactate)</i>	101
<i>nacl 0.9% inj</i>	90	<i>lactulose</i>	80
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>		<i>lactulose (encephalopathy)</i>	80
.....	90	<i>lamivudine</i>	26

<i>lamivudine (hbv)</i>	28	<i>levofloxacin in d5w iv soln 750</i>	
<i>lamivudine-zidovudine tab 150-300 mg</i>		<i>mg/150ml</i>	30
.....	27	<i>levonest</i>	73
<i>lamotrigine</i>	60	<i>levonorgestrel & ethinyl estradiol (91-</i>	
<i>lanreotide acetate</i>	77	<i>day) tab 0.15-0.03 mg</i>	73
<i>lansoprazole</i>	81	<i>levonorgestrel & ethinyl estradiol tab</i>	
LANTUS.....	69	<i>0.1 mg-20 mcg</i>	73
LANTUS SOLOSTAR.....	69	<i>levonorgestrel & ethinyl estradiol tab</i>	
<i>lapatinib ditosylate</i>	39	<i>0.15 mg-30 mcg</i>	73
<i>larin 1.5/30</i>	73	<i>levonorgestrel-eth estra tab 0.05-</i>	
<i>larin 1/20</i>	73	<i>30/0.075-40/0.125-30mg-mcg</i>	73
<i>larin fe 1.5/30</i>	73	<i>levora 0.15/30-28</i>	73
<i>larin fe 1/20</i>	73	<i>levo-t</i>	78
<i>latanoprost</i>	93	<i>levothyroxine sodium</i>	78
LAZCLUZE	39	<i>levoxyl</i>	78
<i>leflunomide</i>	87	<i>l-glutamine (sickle cell)</i>	84
<i>lenalidomide</i>	34	<i>lidocaine</i>	101
LENVIMA 10 MG DAILY DOSE	39	<i>lidocaine hcl</i>	101
LENVIMA 12MG DAILY DOSE	39	<i>lidocaine hcl (local anesth.)</i>	21
LENVIMA 20 MG DAILY DOSE	39	<i>lidocaine hcl (mouth-throat)</i>	102
LENVIMA 4 MG DAILY DOSE	39	<i>lidocaine-prilocaine cream 2.5-2.5%</i>	
LENVIMA 8 MG DAILY DOSE	39	.....	101
LENVIMA CAP 14 MG	39	<i>lidocan</i>	101
LENVIMA CAP 18 MG	39	LILETTA	73
LENVIMA CAP 24 MG	39	<i>linezolid</i>	24
<i>lessina</i>	73	LINEZOLID INJ 2MG/ML.....	24
<i>letrozole</i>	34	LINZESS	81
<i>leucovorin calcium</i>	44	<i>liothyronine sodium</i>	78
LEUKERAN	32	<i>lisinopril</i>	45
<i>leuprolide acetate</i>	34	<i>lisinopril & hydrochlorothiazide tab 10-</i>	
<i>levabuterol tartrate</i>	95	<i>12.5 mg</i>	45
<i>levetiracetam</i>	60	<i>lisinopril & hydrochlorothiazide tab 20-</i>	
LEVETIRACETAM.....	60	<i>12.5 mg</i>	45
<i>levetiracetam in sodium chloride iv soln</i>		<i>lisinopril & hydrochlorothiazide tab 20-</i>	
<i>1000 mg/100ml</i>	60	<i>25 mg</i>	45
<i>levetiracetam in sodium chloride iv soln</i>		<i>lithium</i>	65
<i>1500 mg/100ml</i>	60	<i>lithium carbonate</i>	65
<i>levetiracetam in sodium chloride iv soln</i>		LIVTENCITY	28
<i>500 mg/100ml</i>	60	<i>loestrin 1.5/30-21</i>	73
<i>levobunolol hcl</i>	93	<i>loestrin 1/20-21</i>	73
<i>levocarnitine (metabolic modifiers)</i> ...77		<i>loestrin fe 1.5/30</i>	73
<i>levocetirizine dihydrochloride</i>.....95		<i>loestrin fe 1/20</i>	73
<i>levofloxacin</i>	30	LOKELMA.....	71
<i>levofloxacin in d5w iv soln 250</i>		LONSURF TAB 15-6.14	33
<i>mg/50ml</i>	30	LONSURF TAB 20-8.19	33
<i>levofloxacin in d5w iv soln 500</i>		<i>loperamide hcl</i>	81
<i>mg/100ml</i>	30		

<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	27
<i>lopinavir-ritonavir tab 100-25 mg</i>	27
<i>lopinavir-ritonavir tab 200-50 mg</i>	28
<i>lorazepam</i>	52
<i>lorazepam intensol</i>	52
LORBRENA.....	39
<i>loryna</i>	73
<i>losartan potassium</i>	47
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	46
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	46
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	46
LOTEMAX.....	93
<i>loteprednol etabonate</i>	93
<i>lovastatin</i>	47
<i>low-ogestrel</i>	73
<i>loxapine succinate</i>	57
<i>luizza 1.5/30</i>	73
<i>luizza 1/20</i>	73
LUMAKRAS.....	39
LUMIGAN.....	93
LUMIZYME	77
LUPRON DEPOT (1-MONTH)	34
LUPRON DEPOT (3-MONTH)	34
LUPRON DEPOT-PED (1-MONTH).....	77
LUPRON DEPOT-PED (3-MONTH).....	77
LUPRON DEPOT-PED (6-MONTH).....	77
<i>lurasidone hcl</i>	57
<i>lutra</i>	73
LYBALVI TAB 10-10MG	57
LYBALVI TAB 15-10MG	57
LYBALVI TAB 20-10MG	57
LYBALVI TAB 5-10MG	57
<i>lyleq</i>	73
<i>lyllana</i>	76
LYNPARZA	39
LYSODREN.....	34
LYTGOBI (12 MG DAILY DOSE)	39
LYTGOBI (16 MG DAILY DOSE)	39
LYTGOBI (20 MG DAILY DOSE)	40
<i>lyza</i>	73

M	
<i>magnesium sulfate</i>	90
MAGNESIUM SULFATE	90
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	90
<i>malathion</i>	101
<i>maraviroc</i>	26
<i>marlissa</i>	73
MARPLAN	53
MATULANE	35
MAVYRET PAK 50-20MG	28
MAVYRET TAB 100-40MG.....	28
<i>meclizine hcl</i>	79
<i>medroxyprogesterone acetate</i>	78
<i>medroxyprogesterone acetate (contraceptive)</i>	73
<i>mefloquine hcl</i>	26
<i>megestrol acetate</i>	34, 78
<i>megestrol acetate (appetite)</i>	78
MEKINIST.....	40
MEKTOVI.....	40
<i>meleya</i>	73
<i>meloxicam</i>	21
<i>memantine hcl</i>	52
<i>memantine hcl-donepezil hcl cap er 24hr 14-10 mg</i>	52
<i>memantine hcl-donepezil hcl cap er 24hr 21-10 mg</i>	52
<i>memantine hcl-donepezil hcl cap er 24hr 28-10 mg</i>	52
MENACTRA INJ.....	89
MENQUADFI.....	89
MENVEO INJ	89
MENVEO SOL	89
<i>mercaptapurine</i>	33
<i>meropenem</i>	24
<i>mesalamine</i>	80
<i>mesalamine w/ cleanser</i>	80
<i>mesna</i>	44
MESNEX	44
<i>metformin hcl</i>	68
<i>methadone hcl</i>	21, 22
<i>methadone hydrochloride i</i>	22
<i>methazolamide</i>	50
<i>methenamine hippurate</i>	24
<i>methimazole</i>	78
<i>methotrexate sodium</i>	33, 87

<i>methsuximide</i>	60	MOVANTIK.....	81
<i>methylphenidate hcl</i>	63, 64	<i>moxifloxacin hcl</i>	30
<i>methylprednisolone</i>	76	<i>moxifloxacin hcl (ophth)</i>	92
<i>methylprednisolone acetate</i>	76	<i>moxifloxacin hcl 400 mg/250ml in</i>	
<i>methylprednisolone sod succ</i>	76	<i>sodium chloride 0.8% inj</i>	30
<i>methyltestosterone</i>	67	MRESVIA.....	89
<i>metoclopramide hcl</i>	79	MULTAQ	47
<i>metolazone</i>	50	<i>multiple electrolytes ph 5.5</i>	90
<i>metoprolol & hydrochlorothiazide tab</i>		<i>multiple electrolytes ph 7.4</i>	90
100-25 mg.....	48	<i>mupirocin</i>	99
<i>metoprolol & hydrochlorothiazide tab</i>		<i>mycophenolate mofetil</i>	88
100-50 mg.....	48	<i>mycophenolate sodium</i>	88
<i>metoprolol & hydrochlorothiazide tab</i>		MYRBETRIQ	82
50-25 mg	48	N	
<i>metoprolol succinate</i>	49	<i>nabumetone</i>	21
<i>metoprolol tartrate</i>	49	<i>nadolol</i>	49
<i>metronidazole</i>	24	<i>nafcillin sodium</i>	31
<i>metronidazole (topical)</i>	101	NAGLAZYME	77
<i>metronidazole vaginal</i>	82	<i>nalbuphine hcl</i>	22
<i>metyrosine</i>	51	<i>naloxone hcl</i>	67
<i>micafungin sodium</i>	25	<i>naltrexone hcl</i>	67
<i>microgestin 1.5/30</i>	73	NAMZARIC CAP 14-10MG.....	52
<i>microgestin 1/20</i>	73	NAMZARIC CAP 21-10MG.....	52
<i>microgestin fe 1.5/30</i>	74	NAMZARIC CAP 28-10MG.....	52
<i>microgestin fe 1/20</i>	74	NAMZARIC CAP 7-10MG	52
<i>midodrine hcl</i>	51	NAMZARIC CAP PACK.....	52
MIEBO.....	94	<i>naproxen</i>	21
<i>mifepristone (hyperglycemia)</i>	77	<i>naproxen dr</i>	21
<i>mili</i>	74	<i>naproxen sodium</i>	21
<i>mimvey</i>	76	<i>naratriptan hcl</i>	64
<i>minocycline hcl</i>	32	NATACYN	92
<i>minoxidil</i>	51	<i>nateglinide</i>	68
<i>mirtazapine</i>	53	NAYZILAM	60
<i>misoprostol</i>	81	<i>nebivolol hcl</i>	49
MITIGARE.....	21	<i>necon 0.5/35-28</i>	74
M-M-R II INJ	89	<i>nefazodone hcl</i>	53
M-NATAL PLUS TAB.....	91	<i>neomycin sulfate</i>	24
<i>modafinil</i>	66	<i>neomycin-bacitrac zn-polymyx</i>	
MODEYSO.....	35	5(3.5)mg-400unt-10000unt op oin	92
<i>moexipril hcl</i>	45	<i>neomycin-polymy-gramicid op sol</i>	
<i>molindone hcl</i>	57	1.75-10000-0.025mg-unt-mg/ml ..	92
<i>mometasone furoate</i>	100	<i>neomycin-polymyxin-dexamethasone</i>	
MONJUVI	40	ophth oint 0.1%	92
<i>mono-linyah</i>	74	<i>neomycin-polymyxin-dexamethasone</i>	
<i>montelukast sodium</i>	95	ophth susp 0.1%	92
<i>morphine sulfate</i>	22	<i>neomycin-polymyxin-hc ophth susp</i> .	92
MOUNJARO	68	<i>neomycin-polymyxin-hc otic soln 1%</i>	94

<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	94	<i>norlyroc</i>	74
<i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i>	92	<i>nortrel 0.5/35 (28)</i>	74
<i>neo-polycin hc ophth oint 1%</i>	92	<i>nortrel 1/35 (21)</i>	74
NERLYNX	40	<i>nortrel 1/35 (28)</i>	74
<i>nevirapine</i>	26	<i>nortrel 7/7/7</i>	74
NEXLETOL	48	<i>nortriptyline hcl</i>	53
NEXLIZET TAB 180/10MG	48	NORVIR	26
NEXPLANON	74	NOVOLIN INJ 70/30	69
<i>niacin (antihyperlipidemic)</i>	48	NOVOLIN INJ 70/30 FP	69
<i>nicardipine hcl</i>	49	NOVOLIN N.....	69
NICOTROL INHALER	67	NOVOLIN N FLEXPEN	70
NICOTROL NS	67	NOVOLIN R.....	70
<i>nifedipine</i>	49	NOVOLIN R FLEXPEN.....	70
<i>nikki</i>	74	NOVOLOG	70
<i>nilotinib hcl</i>	40	NOVOLOG FLEXPEN	70
<i>nilutamide</i>	34	NOVOLOG MIX INJ 70/30.....	70
<i>nimodipine</i>	49	NOVOLOG MIX INJ FLEXPEN.....	70
NINLARO	40	NOVOLOG PENFILL	70
<i>nitazoxanide</i>	24	NUBEQA	34
<i>nitisinone</i>	77	NUDEXTA CAP 20-10MG	65
NITRO-BID	51	NULOJIX.....	88
<i>nitrofurantoin macrocrystal</i>	24	NUPLAZID	57
<i>nitrofurantoin monohyd macro</i>	24	NURTEC	64
<i>nitroglycerin</i>	51	NUTRILIPID	91
<i>nitroglycerin (intra-anal)</i>	101	NUZYRA	32
<i>nizatidine</i>	80	<i>nyamyc</i>	99
<i>nora-be</i>	74	<i>nylia 1/35</i>	74
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	74	<i>nylia 7/7/7</i>	74
<i>norethindrone (contraceptive)</i>	74	<i>nystatin</i>	25
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	74	<i>nystatin (mouth-throat)</i>	102
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	74	<i>nystatin (topical)</i>	99
<i>norethindrone acetate</i>	78	<i>nystop</i>	99
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	76	o	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	76	<i>ocella</i>	74
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	74	OCTAGAM.....	87
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	74	<i>octreotide acetate</i>	77
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	74	ODEFSEY TAB	28
		ODOMZO	40
		OFEV	96
		<i>ofloxacin (ophth)</i>	92
		<i>ofloxacin (otic)</i>	94
		OGIVRI	40
		OGSIVEO	40
		OJEMDA	40
		OJJAARA	40
		<i>olanzapine</i>	57
		<i>olmesartan medoxomil</i>	47

<i>olmesartan medoxomil- hydrochlorothiazide tab 20-12.5 mg</i>	46	ORGOVYX.....	34
<i>olmesartan medoxomil- hydrochlorothiazide tab 40-12.5 mg</i>	46	ORKAMBI GRA 100-125.....	96
<i>olmesartan medoxomil- hydrochlorothiazide tab 40-25 mg</i> .46		ORKAMBI GRA 150-188.....	96
<i>olmesartan-amlodipine- hydrochlorothiazide tab 20-5-12.5 mg</i>	46	ORKAMBI GRA 75-94MG.....	96
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-10-12.5 mg</i>	46	ORKAMBI TAB 100-125	96
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-10-25 mg</i>	46	ORKAMBI TAB 200-125	96
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-5-12.5 mg</i>	46	<i>orquidea</i>	74
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-5-25 mg</i>	46	ORSERDU.....	34
<i>omega-3-acid ethyl esters cap 1 gm</i> .48		<i>oseltamivir phosphate</i>	28, 29
<i>omeprazole</i>	81	<i>oxacillin sodium</i>	31
OMNIPOD 5 DX KIT INT G7G6	70	<i>oxaliplatin</i>	32
OMNIPOD 5 DX MIS POD G7G6.....	70	<i>oxcarbazepine</i>	61
OMNIPOD 5 G7 KIT INTRO	70	<i>oxybutynin chloride</i>	82
OMNIPOD 5 G7 MIS PODS.....	70	<i>oxycodone hcl</i>	22
OMNIPOD 5 L2 KIT INTRO G6.....	70	<i>oxycodone w/ acetaminophen tab 10- 325 mg</i>	23
OMNIPOD 5 L2 MIS PODS G6	70	<i>oxycodone w/ acetaminophen tab 2.5- 325 mg</i>	22
OMNIPOD DASH KIT INTRO.....	70	<i>oxycodone w/ acetaminophen tab 5- 325 mg</i>	22
OMNIPOD DASH MIS PODS	70	<i>oxycodone w/ acetaminophen tab 7.5- 325 mg</i>	22
OMNIPOD GO KIT 10UNT/DY	70	OZEMPIC (0.25 OR 0.5MG/DOSE)	68
OMNIPOD GO KIT 15UNT/DY	70	OZEMPIC (1MG/DOSE)	68
OMNIPOD GO KIT 20UNT/DY	70	OZEMPIC (2MG/DOSE)	68
OMNIPOD GO KIT 25UNT/DY	70	P	
OMNIPOD GO KIT 30UNT/DY	70	<i>pacerone</i>	47
OMNIPOD GO KIT 35UNT/DY	70	<i>paclitaxel</i>	35
OMNIPOD GO KIT 40UNT/DY	70	<i>paclitaxel inj 100mg</i>	35
OMNIPOD MIS CLASSIC.....	70	<i>paliperidone</i>	57
<i>ondansetron</i>	79	<i>pamidronate disodium</i>	71
<i>ondansetron hcl</i>	79	PAMIDRONATE DISODIUM	71
ONTRUZANT	40	PANRETIN	101
ONUREG	33	<i>pantoprazole sodium</i>	81
OPIPZA	57	PANZYGA	87
OPSUMIT	51	<i>paricalcitol</i>	79
		<i>paroxetine hcl</i>	53
		PAXLOVID PAK.....	29
		PAXLOVID TAB 150-100	29
		PAXLOVID TAB 300-100	29
		<i>pazopanib hcl</i>	40
		PEDIARIX INJ 0.5ML	89
		PEDVAX HIB	89
		<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	80
		<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	80

PEGASYS	29	<i>piperacillin sod-tazobactam sod for inj</i>	
PEMAZYRE	40	4.5 gm (4-0.5 gm)	31
<i>pemetrexed disodium</i>	33	<i>piperacillin sod-tazobactam sod for inj</i>	
PENBRAYA INJ	89	40.5 gm (36-4.5 gm)	32
<i>penicillamine</i>	71	PIQRAY 200MG DAILY DOSE	40
<i>penicillin g potassium</i>	31	PIQRAY 250MG TAB DOSE	40
<i>penicillin g sodium</i>	31	PIQRAY 300MG DAILY DOSE	40
<i>penicillin v potassium</i>	31	<i>pirfenidone</i>	96
PENMENVY INJ	89	<i>piroxicam</i>	21
PENTACEL INJ	89	<i>plenamine</i>	91
<i>pentamidine isethionate inh</i>	24	PLENVU SOL	80
<i>pentamidine isethionate inj</i>	24	<i>podofilox</i>	101
<i>pentoxifylline</i>	84	<i>polycin ophth oint</i>	92
<i>perampanel</i>	61	<i>polymyxin b sulfate</i>	24
<i>perindopril erbumine</i>	45	<i>polymyxin b-trimethoprim ophth soln</i>	
<i>perio gard</i>	102	10000 unit/ml-0.1%	92
<i>permethrin</i>	102	POMALYST	34
<i>perphenazine</i>	57	<i>portia-28</i>	74
<i>pfizerpen</i>	31	<i>posaconazole</i>	25
<i>phenelzine sulfate</i>	54	POT CHL 20MEQ/L IN NAACL 0.45% INJ	
<i>phenobarbital</i>	61	.....	90
<i>phenobarbital sodium</i>	61	POT CHL 20MEQ/L IN NAACL 0.9% INJ	
<i>phenytek</i>	61	.....	90
<i>phenytoin</i>	61	POT CHL 40MEQ/L IN NAACL 0.9% INJ	
<i>phenytoin sodium</i>	61	.....	90
<i>phenytoin sodium extended</i>	61	<i>potassium chloride</i>	90, 91
PHESGO SOL	40	<i>potassium chloride 20 meq/l (0.15%)</i>	
<i>philith</i>	74	<i>in dextrose 5% inj</i>	91
PIFELTRO	26	<i>potassium chloride microencapsulated</i>	
<i>pilocarpine hcl</i>	93	<i>crystals er</i>	91
<i>pilocarpine hcl (oral)</i>	102	<i>potassium citrate (alkalinizer)</i>	82
<i>pimecrolimus</i>	101	<i>pramipexole dihydrochloride</i>	55
<i>pimozide</i>	57	<i>prasugrel hcl</i>	84
<i>pimtrea</i>	74	<i>pravastatin sodium</i>	48
<i>pindolol</i>	49	<i>praziquantel</i>	24
<i>pioglitazone hcl</i>	68	<i>prazosin hcl</i>	45
<i>pioglitazone hcl-metformin hcl tab 15-</i>		<i>prednisolone</i>	76
500 mg	68	<i>prednisolone acetate (ophth)</i>	93
<i>pioglitazone hcl-metformin hcl tab 15-</i>		PREDNISOLONE SODIUM PHOSP	93
850 mg	68	<i>prednisolone sodium phosphate</i>	76
<i>piperacillin sod-tazobactam na for inj</i>		<i>prednisone</i>	76
3.375 gm (3-0.375 gm)	31	PREDNISONE INTENSOL	76
<i>piperacillin sod-tazobactam sod for inj</i>		<i>pregabalin</i>	61
13.5 gm (12-1.5 gm)	31	PREMASOL SOL 10%	91
<i>piperacillin sod-tazobactam sod for inj</i>		PRENATAL TAB 27-1MG	91
2.25 gm (2-0.25 gm)	31	PRENATAL TAB PLUS	91
		<i>prevalite</i>	48

PREVYMIS.....	29	RALDESY	54
PREZCOBIX TAB 675/150.....	28	<i>raloxifene hcl</i>	77
PREZCOBIX TAB 800-150.....	28	<i>ramipril</i>	45
PREZISTA	26	<i>ranolazine</i>	51
PRIFTIN.....	28	<i>rasagiline mesylate</i>	55
<i>primaquine phosphate</i>	26	<i>reclipsen</i>	74
PRIMAQUINE PHOSPHATE	26	RECOMBIVAX HB.....	89
<i>primidone</i>	61	RELENZA DISKHALER.....	29
PRIORIX INJ.....	89	RELISTOR.....	81
PRIVIGEN	87	REMICADE.....	85
<i>probenecid</i>	21	RENFLEXIS	85
<i>prochlorperazine</i>	79	<i>repaglinide</i>	68
<i>prochlorperazine edisylate</i>	79	REPATHA.....	48
<i>prochlorperazine maleate</i>	79	REPATHA SURECLICK	48
PROCRIT	83	RESTASIS.....	94
<i>proctocort</i>	101	RESTASIS MULTIDOSE	94
<i>procto-med hc</i>	101	RETEVMO	41
<i>proctosol hc</i>	101	REVUFORJ	41
<i>proctozone-hc</i>	101	REXULTI.....	57
<i>progesterone</i>	78	REYATAZ	26
PROGRAF.....	88	REZLIDHIA	41
PROLASTIN-C.....	96	REZUROCK	88
PROLIA.....	71	RHOPRESSA	93
<i>promethazine hcl</i>	79	<i>ribavirin (hepatitis c)</i>	29
<i>propafenone hcl</i>	47	<i>rifabutin</i>	28
<i>proparacaine hcl</i>	94	<i>rifampin</i>	28
<i>propranolol hcl</i>	49	<i>riluzole</i>	65
<i>propylthiouracil</i>	78	<i>rimantadine hydrochloride</i>	29
PROQUAD INJ.....	89	RINVOQ	85
PROSOL INJ 20%.....	91	RINVOQ LQ.....	86
<i>protriptyline hcl</i>	54	<i>risperidone</i>	58
PULMOZYME.....	96	<i>risperidone microspheres</i>	58
PURIXAN	33	<i>ritonavir</i>	26
<i>pyrazinamide</i>	28	<i>rivaroxaban</i>	83
<i>pyridostigmine bromide</i>	65	<i>rivastigmine</i>	52
<i>pyrimethamine</i>	24	<i>rivastigmine tartrate</i>	52
PYZCHIVA.....	85	<i>rizatriptan benzoate</i>	64
Q		ROCKLATAN DRO.....	93
QINLOCK	40	<i>roflumilast</i>	96
QUADRACEL INJ 0.5ML	89	ROMVIMZA	41
<i>quetiapine fumarate</i>	57	<i>ropinirole hydrochloride</i>	55
<i>quinapril hcl</i>	45	<i>rosuvastatin calcium</i>	48
<i>quinidine sulfate</i>	47	ROTARIX SUS	89
<i>quinine sulfate</i>	26	ROTATEQ SOL.....	89
QULIPTA.....	64	<i>roweepra</i>	61
R		ROZLYTREK	41
RABAVERT INJ.....	89	RUBRACA	41

<i>rufinamide</i>	61	SOLTAMOX	34
RUKOBIA	26	SOLU-CORTEF	76
RYBELSUS	68	SOMATULINE DEPOT	78
RYDAPT	41	SOMAVERT	78
S		<i>sorafenib tosylate</i>	41
<i>sacubitril-valsartan tab 24-26 mg</i>	46	<i>sotalol hcl</i>	47
<i>sacubitril-valsartan tab 49-51 mg</i>	46	<i>sotalol hcl (afib/afl)</i>	47
<i>sacubitril-valsartan tab 97-103 mg</i> ...	46	SOTYKTU.....	86
<i>sajazir</i>	84	<i>spironolactone</i>	45
SANTYL	102	<i>spironolactone & hydrochlorothiazide</i> <i>tab 25-25 mg</i>	50
<i>sapropterin dihydrochloride</i>	78	<i>sprintec 28</i>	74
SCSEMBLIX.....	41	SPRITAM	61
<i>scopolamine</i>	79	<i>sps</i>	71
SECUADO	58	<i>sps rectal</i>	71
<i>selegiline hcl</i>	55	<i>sronyx</i>	74
<i>selenium sulfide</i>	99	<i>ssd</i>	99
SELZENTRY	26	STELARA	86
SEREVENT DISKUS	95	STIVARGA	41
<i>sertraline hcl</i>	54	<i>streptomycin sulfate</i>	24
<i>setlakin</i>	74	STRIBILD TAB.....	28
<i>sharobel</i>	74	<i>subvenite</i>	61
SHINGRIX.....	89	<i>sucrafate</i>	81
SIGNIFOR.....	78	<i>sulfacetamide sodium (acne)</i>	98
SIKLOS	84	<i>sulfacetamide sodium (ophth)</i>	92
<i>sildenafil citrate</i>	82	<i>sulfacetamide sodium-prednisolone</i> <i>ophth soln 10-0.23(0.25)%</i>	92
<i>sildenafil citrate (pulmonary</i> <i>hypertension)</i>	51	<i>sulfadiazine</i>	24
<i>silver sulfadiazine</i>	99	<i>sulfamethoxazole-trimethoprim iv soln</i> <i>400-80 mg/5ml</i>	24
SIMBRINZA SUS 1-0.2%.....	93	<i>sulfamethoxazole-trimethoprim susp</i> <i>200-40 mg/5ml</i>	24
<i>simliya</i>	74	<i>sulfamethoxazole-trimethoprim tab</i> <i>400-80 mg</i>	24
<i>simvastatin</i>	48	<i>sulfamethoxazole-trimethoprim tab</i> <i>800-160 mg</i>	24
<i>sirolimus</i>	88	SULFAMYLON	99
SIRTURO	28	<i>sulfasalazine</i>	80
SKYRIZI	86	<i>sulindac</i>	21
SKYRIZI PEN.....	86	<i>sumatriptan</i>	64
<i>sod sulfate-pot sulf-mg sulf oral sol</i> <i>17.5-3.13-1.6 gm/177ml</i>	80	<i>sumatriptan succinate</i>	64, 65
<i>sodium chloride</i>	91	<i>sunitinib malate</i>	41
<i>sodium chloride (gu irrigant)</i>	102	SUNLENCA	26
<i>sodium fluoride chew; tab; 1.1 (0.5 f)</i> <i>mg/ml soln</i>	91	<i>syeda</i>	74
SODIUM OXYBATE	66	SYMDEKO TAB 100-150.....	96
<i>sodium phenylbutyrate</i>	78	SYMDEKO TAB 50-75MG.....	96
<i>sodium polystyrene sulfonate powder</i>	71	SYMPAZAN	61
<i>solifenacin succinate</i>	82		
SOLIQUA INJ 100/33.....	70		

SYMTUZA TAB	28	<i>testosterone pump</i>	67
SYNAREL	78	<i>tetrabenazine</i>	65
SYNJARDY TAB 12.5-1000MG	68	<i>tetracycline hcl</i>	32
SYNJARDY TAB 12.5-500	68	THALOMID.....	34
SYNJARDY TAB 5-1000MG.....	68	<i>theophylline</i>	97
SYNJARDY TAB 5-500MG	68	<i>thioridazine hcl</i>	58
SYNJARDY XR TAB 10-1000.....	68	<i>thiothixene</i>	58
SYNJARDY XR TAB 12.5-1000.....	68	<i>tiadylt er</i>	49
SYNJARDY XR TAB 25-1000.....	68	<i>tiagabine hcl</i>	61
SYNJARDY XR TAB 5-1000MG.....	68	TIBSOVO.....	42
SYNTHROID	78	<i>ticagrelor</i>	84
T		TICOVAC.....	89
TABLOID	33	<i>tigecycline</i>	32
TABRECTA	41	<i>tilia fe</i>	74
<i>tacrolimus</i>	88	<i>timolol maleate</i>	49
<i>tacrolimus (topical)</i>	101	<i>timolol maleate (ophth)</i>	93
<i>tadalafil</i>	82	<i>tinidazole</i>	24
<i>tadalafil (pulmonary hypertension)</i> ...	51	TIVICAY	27
TAFINLAR	41	TIVICAY PD	27
TAGRISSO	42	<i>tizanidine hcl</i>	66
TALZENNA	42	TOBI PODHALER.....	24
<i>tamoxifen citrate</i>	34	TOBRADEX OIN 0.3-0.1%.....	92
<i>tamsulosin hcl</i>	82	<i>tobramycin</i>	24
<i>tarina fe 1/20 eq</i>	74	<i>tobramycin (ophth)</i>	92
TASIGNA	42	<i>tobramycin sulfate</i>	24
<i>tasimelteon</i>	64	<i>tobramycin-dexamethasone ophth susp</i> <i>0.3-0.1%</i>	92
TAVNEOS.....	84	<i>tolterodine tartrate</i>	82
<i>tazarotene</i>	99	<i>topiramate</i>	61, 62
<i>tazicef</i>	30	<i>toremifene citrate</i>	34
TAZORAC	99	<i>torpenz</i>	42
TAZVERIK.....	42	<i>torse mide</i>	50
TECENTRIQ.....	42	TOUJEO MAX SOLOSTAR.....	70
TECENTRIQ INJ HYBREZA	42	TOUJEO SOLOSTAR.....	71
TEFLARO	30	TPN ELECTROL INJ.....	91
<i>telmisartan</i>	47	TRADJENTA	69
<i>temazepam</i>	64	<i>tramadol hcl</i>	23
TENIVAC INJ 5-2LF	89	<i>tramadol-acetaminophen tab 37.5-325</i> <i>mg</i>	23
<i>tenofovir disoproxil fumarate</i>	26	<i>trandolapril</i>	45
TEPMETKO.....	42	<i>tranexamic acid</i>	84
<i>terazosin hcl</i>	45	<i>tranylcyromine sulfate</i>	54
<i>terbinafine hcl</i>	25	TRAVASOL INJ 10%	91
<i>terbutaline sulfate</i>	95	TRAZIMERA	42
<i>terconazole vaginal</i>	82	<i>trazodone hcl</i>	54
TERIPARATIDE	71	TRELEGY AER ELLIPTA 100-62.5-25 MCG	94
<i>testosterone</i>	67		
<i>testosterone cypionate</i>	67		
<i>testosterone enanthate</i>	67		

TRELEGY AER ELLIPTA 200-62.5-25 MCG.....	94	<i>trimipramine maleate</i>	54
TREMFYA	86	TRINTELLIX	54
TREMFYA INDUCTION PACK FO.....	86	<i>tri-nymyo</i>	75
TREMFYA PEN.....	86	<i>tri-sprintec</i>	75
<i>treprostinil</i>	51	TRIUMEQ PD TAB	28
TRESIBA.....	71	TRIUMEQ TAB	28
TRESIBA FLEXTOUCH	71	<i>tri-vylibra</i>	75
<i>tretinoin</i>	98	<i>tri-vylibra lo</i>	75
<i>tretinoin (chemotherapy)</i>	35	TROGARZO.....	27
<i>triamcinolone acetonide (mouth)</i>	102	TROPHAMINE INJ 10%	92
<i>triamcinolone acetonide (topical)</i> ...	100	<i>tropium chloride</i>	82
<i>triamterene & hydrochlorothiazide cap</i> 37.5-25 mg.....	50	TRULICITY.....	69
<i>triamterene & hydrochlorothiazide tab</i> 37.5-25 mg.....	50	TRUMENBA	89
<i>triamterene & hydrochlorothiazide tab</i> 75-50 mg	50	TRUQAP	42
<i>tridacaine ii</i>	101	TRUXIMA.....	42
<i>triderm</i>	100	TUKYSA	42
<i>trientine hcl</i>	71	TURALIO	42
<i>tri-estarylla</i>	74	<i>turqoz</i>	75
<i>trifluoperazine hcl</i>	58	<i>twice-daily clindamycin phosphate</i> (<i>topical</i>)	99
<i>trifluridine</i>	92	TWINRIX INJ.....	89
<i>trihexyphenidyl hcl</i>	55	TYBOST.....	27
TRIJARDY XR TAB ER 24HR 10-5- 1000MG.....	69	TYENNE.....	86
TRIJARDY XR TAB ER 24HR 12.5-2.5- 1000MG.....	69	TYPHIM VI	89
TRIJARDY XR TAB ER 24HR 25-5- 1000MG.....	69	U	
TRIJARDY XR TAB ER 24HR 5-2.5- 1000MG.....	69	UBRELVY	65
TRIKAFTA PAK 59.5MG	97	<i>unithroid</i>	78
TRIKAFTA PAK 75MG.....	97	UPTRAVI	51
TRIKAFTA TAB 100-50-75MG & 150MG	97	UPTRAVI PACK TAB 200/800	51
TRIKAFTA TAB 50-25-37.5MG & 75MG	97	<i>ursodiol</i>	81
<i>tri-legest fe</i>	74	V	
<i>tri-linyah</i>	75	<i>valacyclovir hcl</i>	29
<i>tri-lo-estarylla</i>	75	VALCHLOR.....	101
<i>tri-lo-marzia</i>	75	<i>valganciclovir hcl</i>	29
<i>tri-lo-mili</i>	75	<i>valproate sodium</i>	62
<i>tri-lo-sprintec</i>	75	<i>valproic acid</i>	62
<i>trimethoprim</i>	25	<i>valsartan</i>	47
<i>tri-mili</i>	75	<i>valsartan-hydrochlorothiazide tab 160- 12.5 mg</i>	46
		<i>valsartan-hydrochlorothiazide tab 160- 25 mg</i>	46
		<i>valsartan-hydrochlorothiazide tab 320- 12.5 mg</i>	46
		<i>valsartan-hydrochlorothiazide tab 320- 25 mg</i>	47
		<i>valsartan-hydrochlorothiazide tab 80- 12.5 mg</i>	46

VALTOCO 10 MG DOSE	62	VIVOTIF CAP EC	89
VALTOCO 15 MG DOSE	62	VIZIMPRO	43
VALTOCO 20 MG DOSE	62	VONJO	43
VALTOCO 5 MG DOSE.....	62	VORANIGO	43
<i>valtya 1/35</i>	75	<i>voriconazole</i>	25
<i>valtya 1/50</i>	75	VOSEVI TAB	29
<i>vancomycin hcl</i>	25	VOWST CAP	81
VANCOMYCIN INJ 1 GM	25	VRAYLAR.....	58
VANCOMYCIN INJ 500MG.....	25	<i>vyfemla</i>	75
VANCOMYCIN INJ 750MG.....	25	<i>vylibra</i>	75
VANFLYTA.....	42	VYZULTA	93
VAQTA	89	W	
<i>varenicline tartrate</i>	67	<i>warfarin sodium</i>	83
<i>varenicline tartrate tab 11 x 0.5 mg &</i> <i>42 x 1 mg start pack</i>	67	<i>water for irrigation, sterile irrigation</i> <i>soln</i>	102
VARIVAX	89	WELIREG.....	35
VASCEPA	48	<i>wera</i>	75
VAXCHORA SUS.....	89	WESTAB PLUS TAB 27-1MG	91
<i>velivet</i>	75	<i>wixela inhub</i>	98
VELSIPITY	86	WYOST	71
VENCLEXTA.....	42	X	
VENCLEXTA TAB START PK.....	42	XALKORI	43
<i>venlafaxine hcl</i>	54	<i>xarah fe</i>	75
VENTOLIN HFA	95	XARELTO.....	83
VENTOLIN HFA (INSTITUTIONAL PACK)		XARELTO STAR TAB 15/20MG	83
.....	95	XATMEP	87
VEOZAH	78	XCOPRI.....	62
<i>verapamil hcl</i>	49, 50	XCOPRI PAK 100-150.....	62
VERQUVO	51	XCOPRI PAK 12.5-25.....	62
VERSACLOZ	58	XCOPRI PAK 150-200MG	
VERZENIO	42	(MAINTENANCE).....	62
<i>vestura</i>	75	XCOPRI PAK 150-200MG (TITRATION)	
<i>vienva</i>	75	.....	62
<i>vigabatrin</i>	62	XCOPRI PAK 50-100MG	62
<i>vigadrone</i>	62	XDEMVI	92
VIGAFYDE.....	62	XELJANZ	86
<i>vigpoder</i>	62	XELJANZ XR.....	86
<i>vilazodone hcl</i>	54	XERMELO	81
VIMKUNYA.....	89	XGEVA	71
<i>vincristine sulfate</i>	35	XHANCE	97
<i>vinorelbine tartrate</i>	35	XIFAXAN	81
<i>viorele</i>	75	XIGDUO XR TAB 10-1000	69
VIRACEPT	27	XIGDUO XR TAB 10-500MG.....	69
VIREAD	27	XIGDUO XR TAB 2.5-1000	69
VITRAKVI	42, 43	XIGDUO XR TAB 5-1000MG.....	69
VIVIMUSTA	32	XIGDUO XR TAB 5-500MG	69
VIVITROL	67	XIIDRA	94

XOLAIR	97	ZEMAIRA	97
XOSPATA.....	43	<i>zenatane</i>	99
XPOVIO PAK (100 MG ONCE WEEKLY)		ZENPEP CAP 10000UNT	81
.....	43	ZENPEP CAP 15000UNT	81
XPOVIO PAK (40 MG ONCE WEEKLY)	43	ZENPEP CAP 20000UNT	81
XPOVIO PAK (40 MG TWICE WEEKLY)		ZENPEP CAP 25000UNT	81
.....	43	ZENPEP CAP 3000UNIT.....	81
XPOVIO PAK (60 MG ONCE WEEKLY)	43	ZENPEP CAP 40000UNT	81
XPOVIO PAK (60 MG TWICE WEEKLY)		ZENPEP CAP 5000UNIT.....	81
.....	43	ZENPEP CAP 60000UNT	81
XPOVIO PAK (80 MG ONCE WEEKLY)	43	ZERVIAE.....	93
XPOVIO PAK (80 MG TWICE WEEKLY)		<i>zidovudine</i>	27
.....	43	<i>ziprasidone hcl</i>	58
XTANDI	34	<i>ziprasidone mesylate</i>	58
<i>xulane</i>	75	ZIRABEV	43
XULTOPHY INJ 100/3.6.....	71	ZIRGAN.....	92
Y		<i>zoledronic acid</i>	71
YESINTEK	86, 87	ZOLINZA	43
YF-VAX INJ	89	<i>zolpidem tartrate</i>	64
YONSA	34	ZONISADE.....	62
YUTREPIA	51, 52	<i>zonisamide</i>	62
<i>yuvaferm</i>	76	<i>zovia 1/35</i>	75
Z		ZTALMY.....	62
<i>zafemy</i>	75	<i>zumandimine</i>	75
<i>zafirlukast</i>	95	ZURZUVAE	54
ZARXIO	83	ZYDELIG	43
ZEGALOGUE.....	76	ZYKADIA	43
ZEJULA.....	43	ZYLET SUS 0.5-0.3%	92
ZELBORAF	43	ZYPREXA RELPREVV	58
<i>zelvysia</i>	78		