



ATRIOTM
HEALTH PLANS

2025 Comprehensive Formulary

Nevada

*Carson City, Churchill, Douglas, Lyon,
Storey and Washoe Counties*

ATRIO Choice Rx (PPO)
ATRIO Select Rx (PPO)

January 1, 2025 - December 31, 2025



ATRIO Choice Rx (PPO)
ATRIO Select Rx (PPO)

2025 Formulary
(List of Covered Drugs)

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

HPMS Approved Formulary File Submission 25197, Number Version 15

This formulary was updated on 04/28/2025

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. Call Member Services for more information.

Important Message About What You Pay for Insulin (Part D) - 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.

For more recent information or other questions, please contact ATRIO Health Plans Member Services at **1-877- 672-8620** (TTY 711), daily from 8 a.m. to 8 p.m. local time, or visit **atriohp.com/nevada/find-a-drug**. **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 ATRIO Health Plans. When it refers to “plan” or “our plan,” it means ATRIO Choice Rx (PPO) or ATRIO Select Rx (PPO).

This document includes a list of the drugs (formulary) for our plan which is current as of 05/01/2025. 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.

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

Can the formulary change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website at <https://atriohp.com/nevada/members/find-a-drug/>.

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 ATRIO Health Plans’ Formulary?”

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

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug.

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 ATRIO Health Plans’ 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 formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 05/01/2025. To get updated information about the drugs covered by ATRIO Health Plans, please contact us. Our contact information appears on the front and back cover pages. ATRIO Health Plans will update formularies monthly and provide a document that lists the formulary changes. This list will be posted on atriohp.com/nevada/find-a-drug or can be sent to you by calling 1-877-672-8620 (TTY 711), daily from 8 a.m. to 8 p.m. local time.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 3. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Agents." If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page I-1. 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?

ATRIO Health Plans 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.

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:** ATRIO Health Plans requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from ATRIO Health Plans before you fill your prescriptions. If you don't get approval, ATRIO Health Plans may not cover the drug.
- **Quantity Limits:** For certain drugs, ATRIO Health Plans limits the amount of the drug that ATRIO Health Plans will cover. For example, ATRIO Health Plans provides 30 per prescription for simvastatin. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, ATRIO Health Plans 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, ATRIO Health Plans may not cover Drug B unless you try Drug A first. If Drug A does not work for you, ATRIO Health Plans will then cover Drug B.
- **Part B vs. Part D review** – some drugs are covered as part of your medical Part B coverage, and others are covered under your Part D coverage.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 3. You can also get more information about the restrictions applied to specific covered drugs by visiting our 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 ATRIO Health Plans to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the ATRIO Health Plans’ formulary?” on page VI for information about how to request an exception.

What are over-the counter (OTC drugs)?

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. ATRIO Health Plans pays for certain OTC drugs. ATRIO Health Plans will provide these OTC drugs at no cost to you. The cost to ATRIO Health Plans of these OTC drugs will not count toward your total Part D drug costs.

Covered Over-the-Counter (OTC) Drugs

ATRIO covers a limited amount of OTC drugs under the plan formulary (shown in the table below). You will need a prescription to present at the Pharmacy in order to cover the formulary OTC drugs.

OTC formulary drugs covered

Generic Name	Brand Name – For Reference Only (ATRIO only covers generic as OTC)	Dosage Form
Cetirizine	(Zyrtec)	Chewable Tablet, Solution, Tablet, Rapid Tablets
Cetirizine/Pseudoephedrine	(Zyrtec-D)	12 Hour Tablet
Fexofenadine	(Allegra)	12 Hour Tablet, 24 Hour Tablet, Tablet Rapids, Suspension
Fexofenadine/Pseudoephedrine	(Allegra-D)	12 Hour Tablet, 24 Hour Tablet
Ketotifen	(Zaditor)	Ophthalmic Drops
Levocetirizine	(Xyzal)	Tablet
Loratadine	(Claritin)	Solution, Tablet, Tablet Rapids, Chewable Tablet, Capsules
Loratadine/Pseudoephedrine	(Claritin-D)	12 Hour Tablet, 24 Hour Tablet
Nicotine	(Nicorelief, Nicoderm)	Patch, Gum, Lozenge
Olopatadine	(Pataday)	Ophthalmic Drops

However, ATRIO Health Plans provide additional benefit coverage on OTC drugs. You will receive an allowance toward any OTC items you choose from the catalog. The catalog can be found on our website at <https://atriohp.com/2025-extra-benefits/>. You can also call **1-855-253-5768** for more information. The Federal Drug Administration reports that OTC medications are safe as long as they are taken as directed. Some products may save you money by offering similar therapeutic effects.

Talk to your healthcare provider to see if this is the right choice for you. Here are just few examples of popular OTC drugs available through the catalog:

- Pain relievers, including Tylenol (acetaminophen), Ibuprofen, Lidocaine patch, and diclofenac gel
- Heartburn medicines, including Tums, Pepcid AC, and Prilosec (omeprazole)
- Antihistamines/decongestants for allergy or cold symptoms
- Eye drops for lubricating or cleansing

Supplemental Drug Benefit

Generic name	Brand Name – For Reference Only (<i>ATRIO only covers generic</i>)	Limitations
Sildenafil	Viagra	Max 6 per 30 days

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 ATRIO Health Plans does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by ATRIO Health Plans. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by ATRIO Health Plans.
- You can ask ATRIO Health Plans 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 ATRIO Health Plans Formulary?

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

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

Generally, ATRIO Health Plans 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 can I do if my drug is not on the formulary or has a restriction?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but 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, during the first 90 days you are a member of our plan, we may cover your drug up to a maximum 30-day supply.

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 are being admitted or discharged from a facility, we will cover "early refills" of previously covered drugs as needed upon admission to or discharge from the facility.

For more information

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

If you have questions about ATRIO Health Plans, 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>.

ATRIO Health Plans Formulary

The formulary below begins on page 3. The formulary provides coverage information about the drugs covered by ATRIO Health Plans. If you have trouble finding your drug in the list, turn to the Index that begins on page I-1.

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

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

COST SHARING TIERS

Carson City, Churchill, Douglas, Lyon
and Storey Counties, NV

ATRIO Select Rx (PPO) <i>H7006-015</i>		
Drug deductible	\$0	
Drug Tiers	30-day supply	90-day supply
Tier 1 Preferred Generic	\$0	\$0
Tier 2 Generic	\$0	\$0
Tier 3* Preferred Brand	\$35	\$70
Tier 4* Non-Preferred Drugs	\$100	\$200
Tier 5* Specialty Drugs	33%	N/A
Tier 6 Select Care Drugs	\$0	\$0

Washoe County, NV

ATRIO Choice Rx (PPO) <i>H7006-010</i>		
Drug deductible	\$0	
Drug Tiers	30-day supply	90-day supply
Tier 1 Preferred Generic	\$0	\$0
Tier 2 Generic	\$12	\$24
Tier 3* Preferred Brand	\$47	\$94
Tier 4* Non-Preferred Drugs	\$100	\$200
Tier 5* Specialty Drugs	33%	N/A
Tier 6 Select Care Drugs	\$0	\$0

A new program's available to you to help spread out your prescription drug costs

The new Medicare Prescription Payment Plan program (M3P/MPPP) will be available to you January 1, 2025. Participation in the M3P program is optional and can help you manage your out-of-pocket drug costs by spreading them out across the calendar year, though it will not save you money or lower your drug costs. ATRIO members who are most likely to benefit from the program will receive more details in the mail. Information will also be available online at atriohp.com.

The following Utilization Management restriction abbreviations can be found in the column titled “Requirements/Limits” in the drug listing that follows.

COVERAGE ABBREVIATIONS

ABBREVIATION	DESCRIPTION	EXPLANATION
LA	Limited Access Drug	This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-877-672-8620 (TTY 711), daily from 8 a.m. to 8 p.m. local time.
LIS	Low-Income Subsidy	A Medicare Extra Help program that helps members pay for their prescription drugs.
NDS	Non-Extended Day Supply	This drug is not available for a 90-day supply.
NM	No Mail Order	This drug is not available at mail order pharmacy
PA	Prior Authorization Restriction	You (or your physician) are required to get prior authorization from ATRIO Health Plans before you fill your prescription for this drug. Without prior approval, ATRIO Health Plans may not cover this drug.
PA BvD	Prior Authorization Restriction for Part B vs Part D Determination	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 ATRIO Health Plans to determine that this drug is covered under Medicare Part D before you fill your prescription for this drug. Without prior approval, ATRIO Health Plans may not cover this drug.
PA NSO	Prior Authorization Restriction for New Starts Only	If you are a new member or if you have not taken this drug before, you (or your physician) are required to get prior authorization from ATRIO Health Plans before you fill your prescription for this drug. Without prior approval, ATRIO Health Plans may not cover this drug.
QL	Quantity Limit Restriction	ATRIO Health Plans limits the amount of this drug that is covered per prescription, or within a specific time frame.
ST	Step Therapy Restriction	Before ATRIO Health Plans will provide coverage for this drug, you must first try another drug(s) to treat your medical condition. This drug may only be covered if the other drug(s) does not work for you.

Table of Contents

Analgesics	3
Anesthetics	6
Anti-Addiction/Substance Abuse Treatment Agents	7
Antianxiety Agents	8
Antibacterials	9
Anticancer Agents	16
Anticonvulsants	34
Antidementia Agents	39
Antidepressants	40
Antidiabetic Agents	43
Antifungals	48
Antigout Agents	50
Antihistamines	50
Anti-Infectives (Skin And Mucous Membrane)	51
Antimigraine Agents	51
Antimycobacterials	52
Antinausea Agents	53
Antiparasite Agents	54
Antiparkinsonian Agents	55
Antipsychotic Agents	56
Antivirals (Systemic)	63
Blood Products/Modifiers/Volume Expanders	69
Caloric Agents	72
Cardiovascular Agents	73
Central Nervous System Agents	83
Contraceptives	87
Dental And Oral Agents	95
Dermatological Agents	96
Devices	100
Enzyme Cofactors/Chaperones	146
Enzyme Replacement/Modifiers	146
Eye, Ear, Nose, Throat Agents	147
Gastrointestinal Agents	151
Genitourinary Agents	154
Heavy Metal Antagonists	155
Hormonal Agents, Stimulant/Replacement/Modifying	155
Immunological Agents	160
Inflammatory Bowel Disease Agents	172

Metabolic Bone Disease Agents.....	173
Miscellaneous Therapeutic Agents.....	174
Ophthalmic Agents.....	175
Replacement Preparations.....	177
Respiratory Tract Agents.....	178
Skeletal Muscle Relaxants.....	182
Sleep Disorder Agents.....	183
Vasodilating Agents.....	183
Vitamins And Minerals.....	184

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Analgesics, Miscellaneous		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	NDS; QL (4500 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	1	NDS; QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	1	NDS; QL (180 per 30 days)
<i>buprenorphine transdermal patch</i> (Butrans) <i>weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i>	2	NDS; QL (4 per 28 days)
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	2	NDS; QL (180 per 30 days)
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg</i> (Fioricet)	2	QL (180 per 30 days)
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>	2	QL (180 per 30 days)
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	1	QL (180 per 30 days)
<i>endocet oral tablet 10-325 mg</i> (oxycodone-acetaminophen)	2	NDS; QL (180 per 30 days)
<i>endocet oral tablet 2.5-325 mg, 5-325 mg</i> (oxycodone-acetaminophen)	2	NDS; QL (360 per 30 days)
<i>endocet oral tablet 7.5-325 mg</i> (oxycodone-acetaminophen)	2	NDS; QL (240 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg</i>	5	PA; NDS; QL (120 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	2	PA; NDS; QL (120 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	2	NDS; QL (10 per 30 days)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml, 7.5-325 mg/15 ml</i>	2	NDS; QL (2700 per 30 days)

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>	1	NDS; QL (180 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 5-325 mg</i>	1	NDS; QL (240 per 30 days)
<i>hydromorphone oral tablet 2 mg, 4 mg</i> (Dilaudid)	1	NDS; QL (180 per 30 days)
<i>hydromorphone oral tablet 8 mg</i> (Dilaudid)	2	NDS; QL (180 per 30 days)
<i>methadone oral tablet 10 mg</i>	1	NDS; QL (120 per 30 days)
<i>methadone oral tablet 5 mg</i>	1	NDS; QL (180 per 30 days)
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	1	PA; NDS; QL (180 per 30 days)
<i>morphine oral solution 10 mg/5 ml</i>	1	NDS; QL (700 per 30 days)
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	1	NDS; QL (300 per 30 days)
MORPHINE ORAL TABLET 15 MG	4	NDS; QL (180 per 30 days)
MORPHINE ORAL TABLET 30 MG	4	NDS; QL (120 per 30 days)
<i>morphine oral tablet extended release 100 mg, 200 mg</i>	2	NDS; QL (60 per 30 days)
<i>morphine oral tablet extended release 15 mg, 30 mg</i> (MS Contin)	2	NDS; QL (90 per 30 days)
<i>morphine oral tablet extended release 60 mg</i> (MS Contin)	2	NDS; QL (60 per 30 days)
<i>oxycodone oral capsule 5 mg</i>	2	NDS; QL (180 per 30 days)
<i>oxycodone oral tablet 10 mg, 5 mg</i>	2	NDS; QL (180 per 30 days)
<i>oxycodone oral tablet 15 mg, 30 mg</i> (Roxicodone)	2	NDS; QL (120 per 30 days)
<i>oxycodone oral tablet 20 mg</i>	2	NDS; QL (120 per 30 days)

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone-acetaminophen oral tablet</i> (Endocet) 10-325 mg	2	NDS; QL (180 per 30 days)
<i>oxycodone-acetaminophen oral tablet</i> (Endocet) 2.5-325 mg, 5-325 mg	2	NDS; QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet</i> (Endocet) 7.5-325 mg	2	NDS; QL (240 per 30 days)
<i>tramadol oral tablet</i> 50 mg	1	NDS; QL (240 per 30 days)
<i>tramadol-acetaminophen oral tablet</i> 37.5-325 mg	1	NDS; QL (300 per 30 days)
Nonsteroidal Anti-Inflammatory Agents		
<i>celecoxib oral capsule</i> 100 mg, 200 mg, 400 mg, 50 mg (Celebrex)	2	QL (60 per 30 days)
<i>diclofenac potassium oral tablet</i> 50 mg	2	QL (120 per 30 days)
<i>diclofenac sodium oral tablet extended release</i> 24 hr 100 mg	2	
<i>diclofenac sodium oral tablet, delayed release (dr/ec)</i> 25 mg	1	
<i>diclofenac sodium oral tablet, delayed release (dr/ec)</i> 50 mg	1	QL (120 per 30 days)
<i>diclofenac sodium oral tablet, delayed release (dr/ec)</i> 75 mg	1	QL (60 per 30 days)
<i>diclofenac sodium topical drops</i> 1.5 %	2	QL (300 per 30 days)
<i>diclofenac sodium topical gel</i> 1 % (Arthritis Pain (diclofenac))	1	QL (1000 per 30 days)
<i>diclofenac sodium topical solution in metered-dose pump</i> 20 mg/gram /actuation(2 %) (Pennsaid)	5	PA; NDS; QL (224 per 28 days)
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic</i> 50-200 mg-mcg (Arthrotec 50)	2	
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic</i> 75-200 mg-mcg (Arthrotec 75)	2	

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
<i>etodolac oral capsule 200 mg, 300 mg</i>	2	
<i>etodolac oral tablet 400 mg</i> (Lodine)	2	
<i>etodolac oral tablet 500 mg</i>	2	
<i>flurbiprofen oral tablet 100 mg</i>	1	
<i>ibu oral tablet 400 mg</i> (ibuprofen)	1	QL (240 per 30 days)
<i>ibu oral tablet 600 mg, 800 mg</i> (ibuprofen)	1	
<i>ibuprofen oral tablet 400 mg</i> (IBU)	1	QL (240 per 30 days)
<i>ibuprofen oral tablet 600 mg, 800 mg</i> (IBU)	1	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	
<i>ketorolac oral tablet 10 mg</i>	1	QL (20 per 30 days)
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	
<i>naproxen oral tablet 250 mg, 375 mg</i>	1	
<i>naproxen oral tablet 500 mg</i> (Naprosyn)	1	
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg</i> (EC-Naprosyn)	1	
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	
Anesthetics		
Local Anesthetics		
<i>dermacinrx lidocan 5% patch outer</i> (lidocaine)	2	PA; QL (90 per 30 days)
<i>glydo mucous membrane jelly in applicator 2 %</i> (lidocaine hcl)	1	QL (30 per 30 days)
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i> (Glydo)	1	QL (30 per 30 days)
<i>lidocaine topical adhesive patch, medicated 5 %</i> (DermacinRx Lidocan)	2	PA; QL (90 per 30 days)
<i>lidocaine topical ointment 5 %</i>	2	PA; QL (240 per 30 days)
<i>lidocaine viscous mucous membrane solution 2 %</i> (lidocaine hcl)	1	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	1	PA; QL (30 per 30 days)

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
<i>lidocan iii topical adhesive (lidocaine) patch,medicated 5 %</i>	2	PA; QL (90 per 30 days)
ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED 1.8 %	3	PA; QL (90 per 30 days)
Anti-Addiction/Substance Abuse Treatment Agents		
Anti-Addiction/Substance Abuse Treatment Agents		
<i>acamprosate oral tablet,delayed release (dr/ec) 333 mg</i>	2	
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	2	QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual film 12-3 mg</i> (Suboxone)	2	QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i> (Suboxone)	2	QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	1	QL (90 per 30 days)
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	1	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	2	
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	3	QL (4 per 30 days)
<i>naloxone injection solution 0.4 mg/ml</i>	1	
<i>naloxone injection syringe 0.4 mg/ml, 0.4 mg/ml (prefilled syringe), 1 mg/ml</i>	2	
<i>naloxone nasal spray, non-aerosol 4 mg/actuation</i> (Narcan)	2	QL (4 per 30 days)
<i>naltrexone oral tablet 50 mg</i>	2	
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	4	ST; QL (240 per 180 days)
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i> (Chantix)	2	QL (336 per 365 days)

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
<i>varenicline tartrate oral tablet 1 mg (56 pack)</i>	2	QL (336 per 365 days)
<i>varenicline tartrate oral tablets, dose pack 0.5 mg (11)- 1 mg (42)</i> (Chantix Starting Month Box)	2	
Antianxiety Agents		
Benzodiazepines		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i> (Xanax)	1	NDS; QL (120 per 30 days)
<i>alprazolam oral tablet 2 mg</i> (Xanax)	1	NDS; QL (150 per 30 days)
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	1	NDS; QL (120 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i> (Klonopin)	1	QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i> (Klonopin)	1	QL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	2	QL (90 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	2	QL (300 per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	2	QL (180 per 30 days)
<i>diazepam injection solution 5 mg/ml</i>	1	QL (10 per 28 days)
<i>diazepam injection syringe 5 mg/ml</i>	2	
<i>diazepam intensol oral concentrate 5 mg/ml</i> (diazepam)	2	QL (1200 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	2	QL (1200 per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> (Valium)	1	QL (120 per 30 days)
<i>lorazepam 2 mg/ml oral concent</i> (Lorazepam Intensol)	1	NDS; QL (150 per 30 days)
<i>lorazepam 4 mg/ml vial inner</i> (Ativan)	1	
<i>lorazepam injection solution 2 mg/ml</i> (Ativan)	1	QL (2 per 30 days)
<i>lorazepam injection solution 4 mg/ml</i> (Ativan)	4	QL (2 per 30 days)
<i>lorazepam injection syringe 2 mg/ml</i>	1	QL (2 per 30 days)
<i>lorazepam intensol oral concentrate 2 mg/ml</i> (lorazepam)	1	NDS; QL (150 per 30 days)

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
<i>lorazepam oral tablet 0.5 mg, 1 mg</i> (Ativan)	1	NDS; QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i> (Ativan)	1	NDS; QL (150 per 30 days)
<i>temazepam oral capsule 15 mg, 30 mg</i> (Restoril)	1	NDS; QL (30 per 30 days)
<i>temazepam oral capsule 22.5 mg</i> (Restoril)	2	NDS; QL (30 per 30 days)
<i>temazepam oral capsule 7.5 mg</i> (Restoril)	2	NDS; QL (120 per 30 days)
<i>triazolam oral tablet 0.125 mg</i>	2	NDS; QL (120 per 30 days)
<i>triazolam oral tablet 0.25 mg</i> (Halcion)	2	NDS; QL (60 per 30 days)
Antibacterials		
Aminoglycosides		
<i>amikacin injection solution 500 mg/2 ml</i>	2	
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	5	PA; NDS; QL (235.2 per 28 days)
<i>gentamicin injection solution 20 mg/2 ml, 40 mg/ml</i>	2	
<i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>	2	
<i>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml, 60 mg/6 ml</i>	1	
<i>neomycin oral tablet 500 mg</i>	2	
<i>streptomycin intramuscular recon soln 1 gram</i>	5	NDS
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	5	NDS; QL (224 per 28 days)
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> (Tobi)	5	PA BvD; NDS

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin sulfate injection solution</i> 10 mg/ml, 40 mg/ml	2	
Antibacterials, Miscellaneous		
<i>clindamycin hcl oral capsule</i> 150 mg, (Cleocin HCl) 300 mg, 75 mg	1	
<i>clindamycin phosphate injection</i> (Cleocin) <i>solution</i> 150 mg/ml	2	
<i>colistin (colistimethate na) injection</i> (Coly-Mycin M <i>recon soln</i> 150 mg Parenteral)	5	NDS
<i>daptomycin intravenous recon soln</i> 350 mg, 500 mg	5	NDS
<i>linezolid in dextrose 5% intravenous</i> (Zyvox) <i>piggyback</i> 600 mg/300 ml	2	
<i>linezolid oral suspension for</i> (Zyvox) <i>reconstitution</i> 100 mg/5 ml	5	NDS
<i>linezolid oral tablet</i> 600 mg (Zyvox)	2	
<i>methenamine hippurate oral tablet</i> 1 <i>gram</i>	2	
<i>metronidazole in nacl (iso-os)</i> (Metro I.V.) <i>intravenous piggyback</i> 500 mg/100 <i>ml</i>	1	
<i>metronidazole oral tablet</i> 250 mg, 500 mg	1	
<i>nitrofurantoin macrocrystal oral</i> <i>capsule</i> 100 mg, 50 mg	1	QL (120 per 30 days)
<i>nitrofurantoin monohyd/m-cryst oral</i> (Macrobid) <i>capsule</i> 100 mg	1	QL (60 per 30 days)
<i>trimethoprim oral tablet</i> 100 mg	1	
<i>vancomycin intravenous recon soln</i> 1,000 mg, 1.25 gram, 10 gram, 5 <i>gram</i> , 500 mg, 750 mg	2	
<i>vancomycin oral capsule</i> 125 mg (Vancocin)	2	QL (56 per 14 days)
<i>vancomycin oral capsule</i> 250 mg (Vancocin)	2	QL (112 per 14 days)
XIFAXAN ORAL TABLET 200 MG	3	PA; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	5	PA; NDS; QL (90 per 30 days)

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
Cephalosporins		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	2	
<i>cefadroxil oral capsule 500 mg</i>	1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	2	
<i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i>	2	
<i>cefdinir oral capsule 300 mg</i>	1	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>cefepime injection recon soln 1 gram, 2 gram</i>	2	
<i>cefixime oral capsule 400 mg</i>	2	
<i>cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram</i>	2	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	2	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	2	
<i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram</i> (Tazicef)	2	
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	2	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1	
<i>cefuroxime sodium injection recon soln 750 mg</i>	2	
<i>cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram</i>	2	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
<i>tazicef injection recon soln 1 gram, 2 gram, 6 gram</i> (ceftazidime)	2	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	5	NDS
Macrolides		
<i>azithromycin intravenous recon soln 500 mg</i> (Zithromax)	2	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> (Zithromax)	2	
<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack), 600 mg</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg</i> (Zithromax)	1	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	2	
DIFICID ORAL TABLET 200 MG	5	NDS; QL (20 per 10 days)
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i> (E.E.S. Granules)	2	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml</i> (EryPed 400)	2	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	2	
Miscellaneous B-Lactam Antibiotics		
<i>aztreonam injection recon soln 1 gram, 2 gram</i> (Azactam)	2	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	5	PA; LA; NDS
<i>ertapenem injection recon soln 1 gram</i>	2	

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
<i>imipenem-cilastatin intravenous recon soln 250 mg</i>	2	
<i>imipenem-cilastatin intravenous recon soln 500 mg</i> (Primaxin IV)	2	
<i>meropenem intravenous recon soln 1 gram, 500 mg</i>	2	
Penicillins		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml</i>	2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i> (Augmentin)	2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml</i> (Augmentin ES-600)	2	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 875-125 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg</i> (Augmentin)	1	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	2	
<i>ampicillin oral capsule 500 mg</i>	1	
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg</i>	2	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i> (Unasyn)	2	

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	4	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	2	
EXTENCILLINE INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT, 2.4 MILLION UNIT	4	
LENTOCILIN S INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT	4	
<i>nafcillin injection recon soln 1 gram, 10 gram, 2 gram</i>	2	
<i>penicillin g potassium injection recon (Pfizerpen-G) soln 20 million unit</i>	2	
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml</i>	2	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	2	
Quinolones		
<i>ciprofloxacin hcl oral tablet 250 mg, (Cipro) 500 mg</i>	1	
<i>ciprofloxacin hcl oral tablet 750 mg</i>	1	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	2	

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	2	
<i>levofloxacin oral solution 250 mg/10 ml</i>	2	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>moxifloxacin 400 mg/250 ml bag sub, p/f, outer</i>	2	
<i>moxifloxacin oral tablet 400 mg</i>	2	
<i>moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml</i> (Avelox in NaCl (iso-osmotic))	2	
Sulfonamides		
<i>sulfadiazine oral tablet 500 mg</i>	2	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i> (Sulfatrim)	2	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i> (Bactrim)	1	
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i> (Bactrim DS)	1	
Tetracyclines		
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	2	
<i>doxy-100 intravenous recon soln 100 mg</i> (doxycycline hyclate)	2	
<i>doxycycline hyclate intravenous recon soln 100 mg</i> (Doxy-100)	2	
<i>doxycycline hyclate oral capsule 100 mg</i>	2	
<i>doxycycline hyclate oral capsule 50 mg</i> (Morgidox)	2	
<i>doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg</i>	2	
<i>doxycycline hyclate oral tablet 50 mg</i> (Targadox)	2	
<i>doxycycline monohydrate oral capsule 100 mg</i> (Mondoxyne NL)	1	

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline monohydrate oral capsule 150 mg</i>	1	QL (60 per 30 days)
<i>doxycycline monohydrate oral capsule 50 mg</i>	1	
<i>doxycycline monohydrate oral capsule 75 mg</i> (Mondoxyne NL)	1	QL (60 per 30 days)
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	2	
<i>doxycycline monohydrate oral tablet 100 mg</i> (Avidoxy)	2	
<i>doxycycline monohydrate oral tablet 50 mg</i>	2	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>tetracycline oral capsule 250 mg, 500 mg</i>	2	
<i>tigecycline intravenous recon soln 50 mg</i> (Tygacil)	5	NDS

Anticancer Agents

Anticancer Agents

<i>abiraterone oral tablet 250 mg</i> (Abirtega)	5	PA NSO; NDS; QL (120 per 30 days)
<i>abiraterone oral tablet 500 mg</i> (Zytiga)	5	PA NSO; NDS; QL (120 per 30 days)
<i>abirtega oral tablet 250 mg</i> (abiraterone)	5	PA NSO; NDS; QL (120 per 30 days)
<i>adrucil intravenous solution 2.5 gram/50 ml</i> (fluorouracil)	2	PA BvD
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	5	PA NSO; NDS; QL (60 per 30 days)
ALECENSA ORAL CAPSULE 150 MG	5	PA NSO; NDS; QL (240 per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA NSO; NDS; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA NSO; NDS; QL (120 per 30 days)

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	5	PA NSO; NDS
<i>anastrozole oral tablet 1 mg</i> (Arimidex)	1	
ANKTIVA INTRAVESICAL SOLUTION 400 MCG/0.4 ML	5	PA NSO; NDS; QL (1.6 per 28 days)
AUGTYRO ORAL CAPSULE 160 MG	5	PA NSO; NDS; QL (60 per 30 days)
AUGTYRO ORAL CAPSULE 40 MG	5	PA NSO; NDS; QL (240 per 30 days)
AXTLE INTRAVENOUS RECON SOLN 100 MG, 500 MG	5	NDS
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	5	PA NSO; NDS; QL (30 per 30 days)
<i>azacitidine injection recon soln 100 mg</i> (Vidaza)	5	NDS
BALVERSA ORAL TABLET 3 MG	5	PA NSO; NDS; QL (84 per 28 days)
BALVERSA ORAL TABLET 4 MG	5	PA NSO; NDS; QL (56 per 28 days)
BALVERSA ORAL TABLET 5 MG	5	PA NSO; NDS; QL (28 per 28 days)
<i>bendamustine intravenous recon soln 100 mg, 25 mg</i> (Treanda)	5	PA NSO; NDS
BENDAMUSTINE (Bendeka) INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NDS
BENDEKA INTRAVENOUS (bendamustine) SOLUTION 25 MG/ML	5	PA NSO; NDS
<i>bexarotene oral capsule 75 mg</i> (Targretin)	5	PA NSO; NDS
<i>bexarotene topical gel 1 %</i> (Targretin)	5	PA NSO; NDS
<i>bicalutamide oral tablet 50 mg</i> (Casodex)	1	
BIZENGRI INTRAVENOUS SOLUTION 375 MG/18.75 ML (20 MG/ML)	5	PA NSO; NDS; QL (75 per 28 days)

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
<i>bleomycin injection recon soln 15 unit, 30 unit</i>	1	
<i>bortezomib injection recon soln 1 mg, 2.5 mg</i>	4	PA NSO
<i>bortezomib injection recon soln 3.5 mg</i> (Velcade)	4	PA NSO
BORUZU INJECTION SOLUTION 2.5 MG/ML	4	PA NSO
BOSULIF ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (180 per 30 days)
BOSULIF ORAL CAPSULE 50 MG	5	PA NSO; NDS; QL (30 per 30 days)
BOSULIF ORAL TABLET 100 MG	5	PA NSO; NDS; QL (180 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA NSO; NDS; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5	PA NSO; NDS; QL (180 per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	5	PA NSO; NDS; QL (120 per 30 days)
CABOMETYX ORAL TABLET 20 MG, 60 MG	5	PA NSO; NDS; QL (30 per 30 days)
CABOMETYX ORAL TABLET 40 MG	5	PA NSO; NDS; QL (60 per 30 days)
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	5	PA NSO; NDS; QL (60 per 30 days)
CALQUENCE ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG (vandetanib)	5	PA NSO; NDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG (vandetanib)	5	PA NSO; NDS; QL (30 per 30 days)
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 60 MG/DAY (20 MG X 3/DAY)	5	PA NSO; NDS
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	5	PA NSO; NDS; QL (112 per 28 days)

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	5	PA NSO; NDS; QL (56 per 28 days)
COTELLIC ORAL TABLET 20 MG	5	PA NSO; LA; NDS; QL (63 per 28 days)
<i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i>	5	PA BvD; NDS
<i>cyclophosphamide intravenous solution 100 mg/ml, 200 mg/ml</i>	5	PA BvD; NDS
<i>cyclophosphamide intravenous solution 500 mg/ml</i> (Frindovyx)	5	PA BvD; NDS
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	2	PA BvD; ST
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	3	PA BvD; ST
DANYELZA INTRAVENOUS SOLUTION 4 MG/ML	5	PA NSO; NDS; QL (120 per 28 days)
DANZITEN ORAL TABLET 71 MG, 95 MG	5	PA NSO; NDS; QL (112 per 28 days)
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg</i> (Sprycel)	5	PA NSO; NDS; QL (30 per 30 days)
<i>dasatinib oral tablet 20 mg</i> (Sprycel)	5	PA NSO; NDS; QL (90 per 30 days)
DATROWAY INTRAVENOUS RECON SOLN 100 MG	5	PA NSO; NDS
DAURISMO ORAL TABLET 100 MG	5	PA NSO; NDS; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	5	PA NSO; NDS; QL (60 per 30 days)
<i>decitabine intravenous recon soln 50 mg</i>	5	NDS
<i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i> (Caelyx)	5	PA BvD; NDS
ELAHERE INTRAVENOUS SOLUTION 5 MG/ML	5	PA NSO; NDS
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	4	PA NSO

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	4	PA NSO
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	4	PA NSO
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	4	PA NSO
ELREXFIO 44 MG/1.1 ML VIAL INNER, SUV, P/F 40 MG/ML	5	PA NSO; NDS
ELREXFIO SUBCUTANEOUS SOLUTION 40 MG/ML	5	PA NSO; NDS; QL (9.5 per 28 days)
EMCYT ORAL CAPSULE 140 MG	5	NDS
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8 ML, 48 MG/0.8 ML	5	PA NSO; NDS
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML	5	PA NSO; NDS
ERIVEDGE ORAL CAPSULE 150 MG	5	PA NSO; NDS; QL (28 per 28 days)
ERLEADA ORAL TABLET 240 MG	5	PA NSO; NDS; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	5	PA NSO; NDS; QL (90 per 30 days)
<i>erlotinib oral tablet 100 mg</i> (Tarceva)	5	PA NSO; NDS; QL (60 per 30 days)
<i>erlotinib oral tablet 150 mg</i>	5	PA NSO; NDS; QL (90 per 30 days)
<i>erlotinib oral tablet 25 mg</i>	5	PA NSO; NDS; QL (60 per 30 days)
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG	4	
<i>etoposide intravenous solution 20 mg/ml</i>	2	
<i>everolimus (antineoplastic) oral tablet 10 mg</i> (Torpenz)	5	PA NSO; NDS; QL (56 per 28 days)

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
<i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg</i> (Torpenz)	5	PA NSO; NDS; QL (28 per 28 days)
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i> (Afinitor Disperz)	5	PA NSO; NDS; QL (112 per 28 days)
<i>exemestane oral tablet 25 mg</i> (Aromasin)	2	
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5	PA BvD; NDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	3	PA BvD
<i>floxuridine injection recon soln 0.5 gram</i>	1	PA BvD
<i>fluorouracil intravenous solution 1 gram/20 ml, 5 gram/100 ml, 500 mg/10 ml</i>	2	PA BvD
<i>flutamide oral capsule 125 mg</i> (Eulexin)	2	
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	5	PA NSO; NDS; QL (21 per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	5	PA NSO; NDS; QL (84 per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	5	PA NSO; NDS; QL (21 per 28 days)
<i>fulvestrant intramuscular syringe 250 mg/5 ml</i> (Faslodex)	5	NDS
FYARRO INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	5	PA NSO; NDS
GAVRETO ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (120 per 30 days)
<i>gefitinib oral tablet 250 mg</i> (Iressa)	5	PA NSO; NDS; QL (60 per 30 days)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA NSO; NDS; QL (30 per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG (lomustine)	4	

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
GLEOSTINE ORAL CAPSULE 100 MG, 40 MG (lomustine)	5	NDS
GOMEKLI ORAL CAPSULE 1 MG	5	PA NSO; NDS; QL (224 per 28 days)
GOMEKLI ORAL CAPSULE 2 MG	5	PA NSO; NDS; QL (112 per 28 days)
GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG	5	PA NSO; NDS; QL (224 per 28 days)
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML	5	PA NSO; NDS; QL (5 per 21 days)
HERZUMA INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NDS
<i>hydroxyurea oral capsule 500 mg</i> (Hydrea)	1	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA NSO; NDS; QL (21 per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	5	PA NSO; NDS; QL (21 per 28 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	5	PA NSO; NDS; QL (30 per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG	5	PA NSO; NDS; QL (30 per 30 days)
<i>ifosfamide intravenous recon soln 1 gram</i> (Ifex)	2	
<i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i>	2	
<i>imatinib oral tablet 100 mg</i> (Gleevec)	2	PA NSO; QL (180 per 30 days)
<i>imatinib oral tablet 400 mg</i> (Gleevec)	2	PA NSO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA NSO; NDS; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PA NSO; NDS; QL (28 per 28 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	5	PA NSO; NDS; QL (216 per 30 days)

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	5	PA NSO; NDS; QL (28 per 28 days)
IMDELLTRA INTRAVENOUS RECON SOLN 1 MG, 10 MG	5	PA NSO; NDS
IMJUDO INTRAVENOUS SOLUTION 20 MG/ML	5	PA NSO; NDS
IMKELDI ORAL SOLUTION 80 MG/ML	5	PA NSO; NDS; QL (280 per 28 days)
INLYTA ORAL TABLET 1 MG	5	PA NSO; NDS; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA NSO; NDS; QL (120 per 30 days)
INQOVI ORAL TABLET 35-100 MG	5	PA NSO; NDS; QL (5 per 28 days)
INREBIC ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (120 per 30 days)
ITOVEBI ORAL TABLET 3 MG	5	PA NSO; NDS; QL (60 per 30 days)
ITOVEBI ORAL TABLET 9 MG	5	PA NSO; NDS; QL (30 per 30 days)
IWILFIN ORAL TABLET 192 MG	5	PA NSO; NDS; QL (240 per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA NSO; NDS; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 100 MG	5	PA NSO; NDS; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 50 MG	5	PA NSO; NDS; QL (90 per 30 days)
JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML	5	PA NSO; NDS
JYLAMVO ORAL SOLUTION 2 MG/ML	4	PA BvD; ST
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NDS
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML	5	PA NSO; NDS; QL (2 per 28 days)

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	5	PA NSO; NDS; QL (49 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	5	PA NSO; NDS; QL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	5	PA NSO; NDS; QL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA NSO; NDS; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5	PA NSO; NDS; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5	PA NSO; NDS; QL (63 per 28 days)
KOSELUGO ORAL CAPSULE 10 MG	5	PA NSO; NDS; QL (300 per 30 days)
KOSELUGO ORAL CAPSULE 25 MG	5	PA NSO; NDS; QL (120 per 30 days)
KRAZATI ORAL TABLET 200 MG	5	PA NSO; NDS; QL (180 per 30 days)
<i>lapatinib oral tablet 250 mg</i> (Tykerb)	5	PA NSO; NDS
LAZCLUZE ORAL TABLET 240 MG	5	PA NSO; NDS; QL (30 per 30 days)
LAZCLUZE ORAL TABLET 80 MG	5	PA NSO; NDS; QL (60 per 30 days)
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i> (Revlimid)	5	PA NSO; NDS; QL (28 per 28 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	5	PA NSO; NDS
<i>letrozole oral tablet 2.5 mg</i> (Femara)	1	
LEUKERAN ORAL TABLET 2 MG	5	NDS

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
<i>leuprolide (3 month) intramuscular suspension for reconstitution 22.5 mg</i>	4	PA NSO
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	2	PA NSO
LONSURF ORAL TABLET 15-6.14 MG	5	PA NSO; NDS; QL (100 per 28 days)
LONSURF ORAL TABLET 20-8.19 MG	5	PA NSO; NDS; QL (80 per 28 days)
LOQTORZI INTRAVENOUS SOLUTION 240 MG/6 ML (40 MG/ML)	5	PA NSO; NDS
LORBRENA ORAL TABLET 100 MG	5	PA NSO; NDS; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PA NSO; NDS; QL (90 per 30 days)
LUMAKRAS ORAL TABLET 120 MG	5	PA NSO; NDS; QL (240 per 30 days)
LUMAKRAS ORAL TABLET 240 MG	5	PA NSO; NDS; QL (120 per 30 days)
LUMAKRAS ORAL TABLET 320 MG	5	PA NSO; NDS; QL (90 per 30 days)
LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML	5	PA NSO; NDS
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	5	PA NSO; NDS
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	5	PA NSO; NDS
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	5	PA NSO; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	5	PA NSO; NDS
LYNPARZA ORAL TABLET 100 MG, 150 MG	5	PA NSO; NDS; QL (120 per 30 days)

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
LYSODREN ORAL TABLET 500 MG	5	NDS
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	5	PA NSO; NDS; QL (140 per 28 days)
MARGENZA INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NDS
MATULANE ORAL CAPSULE 50 MG	5	NDS
<i>megestrol oral tablet 20 mg, 40 mg</i>	1	
MEKINIST ORAL RECON SOLN 0.05 MG/ML	5	PA NSO; NDS; QL (1260 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	5	PA NSO; NDS; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA NSO; NDS; QL (30 per 30 days)
MEKTOVI ORAL TABLET 15 MG	5	PA NSO; NDS; QL (180 per 30 days)
<i>mercaptopurine oral suspension 20 mg/ml</i> (Purixan)	5	NDS
<i>mercaptopurine oral tablet 50 mg</i>	2	
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	1	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	1	
<i>methotrexate sodium injection solution 25 mg/ml</i>	1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	PA BvD; ST
<i>mitoxantrone intravenous concentrate 2 mg/ml</i>	1	
MVASI INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NDS
NERLYNX ORAL TABLET 40 MG	5	PA NSO; NDS; QL (180 per 30 days)
<i>nilutamide oral tablet 150 mg</i> (Nilandron)	5	NDS

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	PA NSO; NDS; QL (3 per 28 days)
NUBEQA ORAL TABLET 300 MG	5	PA NSO; NDS; QL (120 per 30 days)
ODOMZO ORAL CAPSULE 200 MG	5	PA NSO; LA; NDS
OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NDS
OGSIVEO ORAL TABLET 100 MG, 150 MG	5	PA NSO; NDS; QL (60 per 30 days)
OGSIVEO ORAL TABLET 50 MG	5	PA NSO; NDS; QL (180 per 30 days)
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	5	PA NSO; NDS; QL (96 per 28 days)
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4), 500 MG/WEEK (100 MG X 5), 600 MG/WEEK (100 MG X 6)	5	PA NSO; NDS; QL (24 per 28 days)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	5	PA NSO; NDS; QL (30 per 30 days)
ONTRUZANT INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NDS
ONUREG ORAL TABLET 200 MG, 300 MG	5	PA NSO; NDS; QL (14 per 28 days)
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 120 MG/12 ML, 240 MG/24 ML, 40 MG/4 ML	5	PA NSO; NDS
OPDIVO QVANTIG SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML	5	PA NSO; NDS
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20 ML	5	PA NSO; NDS
ORSERDU ORAL TABLET 345 MG	5	PA NSO; NDS; QL (30 per 30 days)
ORSERDU ORAL TABLET 86 MG	5	PA NSO; NDS; QL (90 per 30 days)

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
<i>paclitaxel protein-bound intravenous suspension for reconstitution 100 mg</i> (Abraxane)	5	PA BvD; NDS
<i>pazopanib oral tablet 200 mg</i> (Votrient)	5	PA NSO; NDS; QL (120 per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	5	PA NSO; NDS; QL (30 per 30 days)
<i>pemetrexed disodium intravenous recon soln 1,000 mg, 750 mg</i>	5	NDS
<i>pemetrexed disodium intravenous solution 25 mg/ml</i>	5	NDS
<i>pemetrexed intravenous recon soln 100 mg, 500 mg</i>	5	NDS
PEMRYDI RTU INTRAVENOUS SOLUTION 10 MG/ML	5	NDS
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA NSO; NDS; QL (28 per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	5	PA NSO; NDS; QL (56 per 28 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5	PA NSO; NDS; QL (21 per 28 days)
PURIXAN ORAL SUSPENSION 20 MG/ML (mercaptopurine)	5	NDS
QINLOCK ORAL TABLET 50 MG	5	PA NSO; NDS; QL (90 per 30 days)
RETEVMO ORAL CAPSULE 40 MG	5	PA NSO; NDS; QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	5	PA NSO; NDS; QL (120 per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG	5	PA NSO; NDS; QL (60 per 30 days)
RETEVMO ORAL TABLET 40 MG	5	PA NSO; NDS; QL (180 per 30 days)
RETEVMO ORAL TABLET 80 MG	5	PA NSO; NDS; QL (120 per 30 days)
REVUFORJ ORAL TABLET 110 MG	5	PA NSO; NDS; QL (120 per 30 days)

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
REVUFORJ ORAL TABLET 160 MG	5	PA NSO; NDS; QL (60 per 30 days)
REVUFORJ ORAL TABLET 25 MG	5	PA NSO; NDS; QL (240 per 30 days)
REZLIDHIA ORAL CAPSULE 150 MG	5	PA NSO; NDS; QL (60 per 30 days)
RIABNI INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; NDS
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML)	5	PA NSO; NDS
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	5	PA NSO; NDS; QL (8 per 28 days)
ROZLYTREK ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (180 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA NSO; NDS; QL (90 per 30 days)
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	5	PA NSO; NDS; QL (360 per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5	PA NSO; NDS; QL (120 per 30 days)
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; NDS
RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML	5	PA NSO; NDS
RYDAPT ORAL CAPSULE 25 MG	5	PA NSO; NDS; QL (224 per 28 days)
RYTELO INTRAVENOUS RECON SOLN 188 MG, 47 MG	5	PA NSO; NDS
SCEMBLIX ORAL TABLET 100 MG	5	PA NSO; NDS; QL (120 per 30 days)
SCEMBLIX ORAL TABLET 20 MG	5	PA NSO; NDS; QL (60 per 30 days)
SCEMBLIX ORAL TABLET 40 MG	5	PA NSO; NDS; QL (300 per 30 days)
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	5	NDS

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
<i>sorafenib oral tablet 200 mg</i> (Nexavar)	5	PA NSO; NDS; QL (120 per 30 days)
STIVARGA ORAL TABLET 40 MG	5	PA NSO; NDS; QL (84 per 28 days)
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> (Sutent)	5	PA NSO; NDS; QL (28 per 28 days)
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	5	PA NSO; NDS
TABLOID ORAL TABLET 40 MG (thioguanine)	4	
TABRECTA ORAL TABLET 150 MG, 200 MG	5	PA NSO; NDS; QL (112 per 28 days)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5	PA NSO; NDS; QL (120 per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	5	PA NSO; NDS; QL (900 per 30 days)
TAGRISSE ORAL TABLET 40 MG, 80 MG	5	PA NSO; LA; NDS; QL (30 per 30 days)
TALVEY SUBCUTANEOUS SOLUTION 2 MG/ML, 40 MG/ML	5	PA NSO; NDS
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	5	PA NSO; NDS; QL (30 per 30 days)
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	1	
TASIGNA ORAL CAPSULE 150 MG, 200 MG (nilotinib hcl)	5	PA NSO; NDS; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG (nilotinib hcl)	5	PA NSO; NDS; QL (120 per 30 days)
TAZVERIK ORAL TABLET 200 MG	5	PA NSO; NDS; QL (240 per 30 days)
TECVAYLI SUBCUTANEOUS SOLUTION 10 MG/ML, 90 MG/ML	5	PA NSO; NDS
TEPMETKO ORAL TABLET 225 MG	5	PA NSO; NDS; QL (60 per 30 days)
TEVIMBRA INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; NDS
TIBSOVO ORAL TABLET 250 MG	5	PA NSO; NDS; QL (60 per 30 days)

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG	4	
TIVDAK INTRAVENOUS RECON SOLN 40 MG	5	PA NSO; NDS; QL (5 per 21 days)
<i>toposar intravenous solution 20 mg/ml</i> (etoposide)	2	
<i>toremifene oral tablet 60 mg</i> (Fareston)	5	NDS
<i>torpenz oral tablet 10 mg</i> (everolimus (antineoplastic))	5	PA NSO; NDS; QL (60 per 30 days)
<i>torpenz oral tablet 2.5 mg, 5 mg, 7.5 mg</i> (everolimus (antineoplastic))	5	PA NSO; NDS; QL (30 per 30 days)
TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NDS
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG	4	PA NSO
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	5	NDS
TRUQAP ORAL TABLET 160 MG, 200 MG	5	PA NSO; NDS; QL (64 per 28 days)
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; NDS
TUKYSA ORAL TABLET 150 MG	5	PA NSO; NDS; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	5	PA NSO; NDS; QL (300 per 30 days)
TURALIO ORAL CAPSULE 125 MG, 200 MG	5	PA NSO; NDS; QL (120 per 30 days)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	5	PA NSO; NDS
VEGZELMA INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NDS
VENCLEXTA ORAL TABLET 10 MG	3	PA NSO; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	5	PA NSO; LA; NDS; QL (180 per 30 days)

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
VENCLEXTA ORAL TABLET 50 MG	5	PA NSO; LA; NDS; QL (30 per 30 days)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	5	PA NSO; LA; NDS
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	PA NSO; NDS; QL (56 per 28 days)
<i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i>	2	
VITRAKVI ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5	PA NSO; NDS; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	5	PA NSO; NDS; QL (300 per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5	PA NSO; NDS; QL (30 per 30 days)
VONJO ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (120 per 30 days)
VORANIGO ORAL TABLET 10 MG, 40 MG	5	PA NSO; NDS
VYLOY INTRAVENOUS RECON SOLN 100 MG	5	PA NSO; NDS
WELIREG ORAL TABLET 40 MG	5	PA NSO; NDS; QL (90 per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA NSO; NDS; QL (120 per 30 days)
XALKORI ORAL PELLET 150 MG	5	PA NSO; NDS; QL (180 per 30 days)
XALKORI ORAL PELLET 20 MG	5	PA NSO; NDS; QL (240 per 30 days)
XALKORI ORAL PELLET 50 MG	5	PA NSO; NDS; QL (120 per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	4	PA BvD; ST
XOSPATA ORAL TABLET 40 MG	5	PA NSO; NDS; QL (90 per 30 days)

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2)	5	PA NSO; NDS; QL (8 per 28 days)
XPOVIO ORAL TABLET 40 MG/WEEK (10 MG X 4)	5	PA NSO; NDS; QL (16 per 28 days)
XPOVIO ORAL TABLET 40 MG/WEEK (20 MG X 2), 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1)	5	PA NSO; NDS; QL (4 per 28 days)
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	5	PA NSO; NDS; QL (24 per 28 days)
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	5	PA NSO; NDS; QL (32 per 28 days)
XTANDI ORAL CAPSULE 40 MG	5	PA NSO; NDS; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	5	PA NSO; NDS; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	5	PA NSO; NDS; QL (60 per 30 days)
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	5	PA NSO; NDS
YONSA ORAL TABLET 125 MG	5	PA NSO; NDS; QL (120 per 30 days)
ZEJULA ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (90 per 30 days)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	5	PA NSO; NDS; QL (30 per 30 days)
ZELBORAF ORAL TABLET 240 MG	5	PA NSO; NDS; QL (240 per 30 days)
ZIIHERA INTRAVENOUS RECON SOLN 300 MG	5	PA NSO; NDS
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NDS
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	4	PA NSO

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
ZOLINZA ORAL CAPSULE 100 MG	5	NDS
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA NSO; NDS; QL (60 per 30 days)
ZYKADIA ORAL TABLET 150 MG	5	PA NSO; NDS; QL (84 per 28 days)
ZYNLONTA INTRAVENOUS RECON SOLN 10 MG	5	PA NSO; NDS
ZYNYZ INTRAVENOUS SOLUTION 500 MG/20 ML	5	PA NSO; NDS; QL (20 per 28 days)
Anticonvulsants		
Anticonvulsants		
APTIOM ORAL TABLET 200 MG, 400 MG	5	ST; NDS; QL (30 per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	5	ST; NDS; QL (60 per 30 days)
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML	3	QL (80 per 30 days)
BRIVIACT ORAL SOLUTION 10 MG/ML	3	QL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	3	QL (60 per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i> (Carbatrol)	2	
<i>carbamazepine oral suspension 100 mg/5 ml</i> (Tegretol)	2	
<i>carbamazepine oral tablet 200 mg</i> (Epitol)	2	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> (Tegretol XR)	2	
<i>carbamazepine oral tablet, chewable 100 mg, 200 mg</i>	2	
<i>clobazam oral suspension 2.5 mg/ml</i> (Onfi)	2	QL (480 per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i> (Onfi)	2	QL (60 per 30 days)
DIACOMIT ORAL CAPSULE 250 MG	5	PA NSO; NDS; QL (360 per 30 days)

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
DIACOMIT ORAL CAPSULE 500 MG	5	PA NSO; NDS; QL (180 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 250 MG	5	PA NSO; NDS; QL (360 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 500 MG	5	PA NSO; NDS; QL (180 per 30 days)
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	4	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i> (Depakote Sprinkles)	2	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i> (Depakote ER)	2	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i> (Depakote)	2	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	5	PA NSO; NDS
<i>epitol oral tablet 200 mg</i> (carbamazepine)	2	
EPRONTIA ORAL SOLUTION 25 MG/ML	4	ST
<i>ethosuximide oral capsule 250 mg</i> (Zarontin)	2	
<i>ethosuximide oral solution 250 mg/5 ml</i> (Zarontin)	2	
<i>felbamate oral suspension 600 mg/5 ml</i>	2	
<i>felbamate oral tablet 400 mg, 600 mg</i> (Felbatol)	2	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	5	PA NSO; NDS
<i>fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml</i> (Cerebyx)	2	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	5	ST; NDS; QL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	5	ST; NDS; QL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG	4	ST; QL (30 per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	5	ST; NDS; QL (60 per 30 days)

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
<i>gabapentin oral capsule 100 mg, 300 mg</i> (Neurontin)	1	QL (360 per 30 days)
<i>gabapentin oral capsule 400 mg</i> (Neurontin)	1	QL (270 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i> (Neurontin)	2	QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i> (Neurontin)	1	QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i> (Neurontin)	1	QL (120 per 30 days)
<i>lacosamide intravenous solution 200 mg/20 ml</i> (Vimpat)	2	QL (200 per 5 days)
<i>lacosamide oral solution 10 mg/ml</i> (Vimpat)	2	QL (1200 per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Vimpat)	2	QL (60 per 30 days)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (Subvenite)	1	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i> (Lamictal)	2	
<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i> (Lamictal ODT)	2	
<i>levetiracetam intravenous solution 500 mg/5 ml</i> (Keppra)	2	
<i>levetiracetam oral solution 100 mg/ml</i> (Keppra)	2	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i> (Keppra)	2	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i> (Keppra XR)	2	
<i>levetiracetam oral tablet for suspension 250 mg</i> (Spritam)	2	ST
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	4	QL (10 per 30 days)
<i>methsuximide oral capsule 300 mg</i> (Celontin)	2	
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	4	QL (10 per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i> (Trileptal)	2	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i> (Trileptal)	2	

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	2	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	2	
PHENYTEK ORAL CAPSULE 200 MG, 300 MG (phenytoin sodium extended)	4	
<i>phenytoin oral suspension 125 mg/5 ml</i> (Dilantin-125)	1	
<i>phenytoin oral tablet, chewable 50 mg</i> (Dilantin Infatabs)	1	
<i>phenytoin sodium extended oral capsule 100 mg</i> (Dilantin Extended)	2	
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i> (Phenytek)	2	
<i>phenytoin sodium intravenous solution 50 mg/ml</i>	1	
<i>phenytoin sodium intravenous syringe 50 mg/ml</i>	1	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i> (Lyrica)	2	QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i> (Lyrica)	2	QL (60 per 30 days)
<i>pregabalin oral solution 20 mg/ml</i> (Lyrica)	2	QL (900 per 30 days)
<i>primidone oral tablet 125 mg</i>	2	
<i>primidone oral tablet 250 mg, 50 mg</i> (Mysoline)	1	
<i>rufinamide oral suspension 40 mg/ml</i> (Banzel)	5	ST; NDS
<i>rufinamide oral tablet 200 mg</i> (Banzel)	2	ST
<i>rufinamide oral tablet 400 mg</i> (Banzel)	5	ST; NDS
SEZABY INTRAVENOUS RECON SOLN 100 MG	5	PA BvD; NDS
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 500 MG, 750 MG	4	ST
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG (levetiracetam)	4	ST
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (lamotrigine)	1	

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	5	PA NSO; NDS; QL (60 per 30 days)
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	2	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> (Topamax)	2	
<i>topiramate oral capsule, sprinkle 50 mg</i>	2	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Topamax)	1	
<i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i>	2	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	2	
<i>valproic acid oral capsule 250 mg</i>	2	
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	5	NDS; QL (10 per 30 days)
<i>vigabatrin oral powder in packet 500 mg</i> (Vigadrone)	5	PA NSO; NDS; QL (180 per 30 days)
<i>vigabatrin oral tablet 500 mg</i> (Vigadrone)	5	PA NSO; NDS; QL (180 per 30 days)
<i>vigadrone oral powder in packet 500 mg</i> (vigabatrin)	5	PA NSO; NDS; QL (180 per 30 days)
<i>vigadrone oral tablet 500 mg</i> (vigabatrin)	5	PA NSO; NDS; QL (180 per 30 days)
<i>vigpoder oral powder in packet 500 mg</i> (vigabatrin)	5	PA NSO; NDS; QL (180 per 30 days)
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	4	ST; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	4	ST; QL (30 per 30 days)

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
XCOPRI ORAL TABLET 150 MG, 200 MG	4	ST; QL (60 per 30 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	4	ST
ZONISADE ORAL SUSPENSION 100 MG/5 ML	4	
<i>zonisamide oral capsule 100 mg, 25 mg</i> (Zonegran)	1	
<i>zonisamide oral capsule 50 mg</i>	1	
ZTALMY ORAL SUSPENSION 50 MG/ML	5	PA NSO; NDS; QL (1080 per 30 days)
Antidementia Agents		
Antidementia Agents		
<i>donepezil oral tablet 10 mg, 5 mg</i> (Aricept)	1	QL (30 per 30 days)
<i>donepezil oral tablet 23 mg</i> (Aricept)	2	QL (30 per 30 days)
<i>donepezil oral tablet,disintegrating 10 mg</i>	1	
<i>donepezil oral tablet,disintegrating 5 mg</i>	1	QL (30 per 30 days)
<i>ergoloid oral tablet 1 mg</i>	2	
<i>galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	2	QL (30 per 30 days)
<i>galantamine oral solution 4 mg/ml</i>	2	QL (200 per 30 days)
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	2	QL (60 per 30 days)
<i>memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg</i>	2	ST; QL (30 per 30 days)
<i>memantine oral capsule,sprinkle,er 24hr 7 mg</i> (Namenda XR)	2	ST; QL (30 per 30 days)
<i>memantine oral solution 2 mg/ml</i>	2	QL (300 per 30 days)
<i>memantine oral tablet 10 mg, 5 mg</i>	2	QL (60 per 30 days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	2	

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i> (Exelon Patch)	2	QL (30 per 30 days)
Antidepressants		
Antidepressants		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	2	
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	5	ST; NDS
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	1	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i> (Wellbutrin XL)	1	
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i> (Wellbutrin SR)	1	
<i>citalopram oral solution 10 mg/5 ml</i>	2	
<i>citalopram oral tablet 10 mg</i> (Celexa)	1	QL (120 per 30 days)
<i>citalopram oral tablet 20 mg, 40 mg</i> (Celexa)	1	QL (30 per 30 days)
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i> (Anafranil)	2	
<i>desipramine oral tablet 10 mg, 25 mg</i> (Norpramin)	2	
<i>desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	2	
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i> (Pristiq)	2	QL (30 per 30 days)
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>doxepin oral concentrate 10 mg/ml</i>	1	
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	4	ST; QL (60 per 30 days)

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	4	ST; QL (30 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i> (Cymbalta)	1	QL (60 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	5	ST; NDS; QL (30 per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	2	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i> (Lexapro)	1	
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)-40 MG (26)	4	ST
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	4	ST; QL (30 per 30 days)
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i> (Prozac)	1	
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	2	
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	2	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
MARPLAN ORAL TABLET 10 MG	4	
<i>mirtazapine oral tablet 15 mg, 30 mg</i> (Remeron)	1	
<i>mirtazapine oral tablet 45 mg, 7.5 mg</i>	1	
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i> (Remeron SolTab)	2	
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	2	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i> (Pamelor)	1	

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
<i>nortriptyline oral solution 10 mg/5 ml</i>	2	
<i>paroxetine hcl oral suspension 10 mg/5 ml</i> (Paxil)	2	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i> (Paxil)	1	
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i> (Paxil CR)	2	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	2	
<i>phenelzine oral tablet 15 mg</i> (Nardil)	2	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	2	
RALDESY ORAL SOLUTION 10 MG/ML	5	PA NSO; NDS; QL (1200 per 30 days)
<i>sertraline oral concentrate 20 mg/ml</i> (Zoloft)	2	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i> (Zoloft)	1	
SPRAVATO NASAL SPRAY, NON-AEROSOL 28 MG, 56 MG (28 MG X 2), 84 MG (28 MG X 3)	5	PA NSO; NDS
<i>tranylcypromine oral tablet 10 mg</i> (Parnate)	2	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	2	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	3	QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 150 mg</i> (Effexor XR)	1	QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 37.5 mg, 75 mg</i> (Effexor XR)	1	QL (90 per 30 days)
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i> (Viibryd)	2	QL (30 per 30 days)

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	5	PA NSO; NDS; QL (28 per 14 days)
ZURZUVAE ORAL CAPSULE 30 MG	5	PA NSO; NDS; QL (14 per 14 days)
Antidiabetic Agents		
Antidiabetic Agents, Miscellaneous		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> (Precose)	2	
FARXIGA ORAL TABLET 10 MG, 5 MG (dapagliflozin propanediol)	3	QL (30 per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	3	QL (30 per 30 days)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	3	QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	3	QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	3	QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	3	QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	QL (30 per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	3	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	3	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	QL (30 per 30 days)
<i>metformin oral solution 500 mg/5 ml</i> (Riomet)	2	QL (765 per 30 days)
<i>metformin oral tablet 1,000 mg</i>	6	QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i>	6	QL (150 per 30 days)
<i>metformin oral tablet 750 mg</i>	6	QL (60 per 30 days)

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
<i>metformin oral tablet 850 mg</i>	6	QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	6	QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	6	QL (60 per 30 days)
<i>mifepristone oral tablet 300 mg</i> (Korlym)	5	PA; NDS; QL (112 per 28 days)
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	3	PA; QL (2 per 28 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	6	QL (90 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 0.25 MG OR 0.5 MG(2 MG/1.5 ML), 1 MG/DOSE (2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	3	PA; QL (3 per 28 days)
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> (Actos)	6	QL (30 per 30 days)
<i>pioglitazone-metformin oral tablet 15-500 mg</i>	6	QL (90 per 30 days)
<i>pioglitazone-metformin oral tablet 15-850 mg</i> (Actoplus MET)	6	QL (90 per 30 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	6	QL (120 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	6	QL (240 per 30 days)
RYBELSUS ORAL TABLET 1.5 MG, 14 MG, 3 MG, 4 MG, 7 MG, 9 MG	3	PA; QL (30 per 30 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	3	QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	3	QL (30 per 30 days)

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	3	QL (60 per 30 days)
TRADJENTA ORAL TABLET 5 MG	3	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	3	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	3	QL (60 per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	3	PA; QL (2 per 28 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG (dapaglifloz propaned-metformin)	3	QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-500 MG	3	QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-500 MG	3	QL (60 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG (dapaglifloz propaned-metformin)	3	QL (60 per 30 days)
Insulins		
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	max \$35 copay per month supply; QL (30 per 28 days)
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	3	max \$35 copay per month supply; QL (30 per 28 days)
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	max \$35 copay per month supply; QL (40 per 28 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	3	max \$35 copay per month supply; QL (40 per 28 days)

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	3	max \$35 copay per month supply; QL (24 per 28 days)
<i>insulin asp prt-insulin aspart</i> <i>subcutaneous insulin pen 100 unit/ml</i> (70-30) (Novolog Mix 70- 30FlexPen U-100)	2	max \$35 copay per month supply; QL (30 per 28 days)
<i>insulin asp prt-insulin aspart</i> <i>subcutaneous solution 100 unit/ml</i> (70-30) (Novolog Mix 70-30 U- 100 Insuln)	2	max \$35 copay per month supply; QL (40 per 28 days)
<i>insulin aspart u-100 subcutaneous</i> <i>cartridge 100 unit/ml</i> (Novolog PenFill U-100 Insulin)	2	max \$35 copay per month supply; QL (30 per 28 days)
<i>insulin aspart u-100 subcutaneous</i> <i>insulin pen 100 unit/ml (3 ml)</i> (Novolog FlexPen U- 100 Insulin)	2	max \$35 copay per month supply; QL (30 per 28 days)
<i>insulin aspart u-100 subcutaneous</i> <i>solution 100 unit/ml</i> (Novolog U-100 Insulin aspart)	2	max \$35 copay per month supply; QL (40 per 28 days)
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin glargine)	3	max \$35 copay per month supply
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin glargine)	3	max \$35 copay per month supply
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	3	max \$35 copay per month supply; QL (40 per 28 days)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	max \$35 copay per month supply; QL (30 per 28 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	max \$35 copay per month supply; QL (30 per 28 days)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	max \$35 copay per month supply; QL (40 per 28 days)

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	max \$35 copay per month supply; QL (30 per 28 days)
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML	3	max \$35 copay per month supply; QL (40 per 28 days)
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin glargine-yfgn)	3	max \$35 copay per month supply
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin glargine-yfgn)	3	max \$35 copay per month supply
SOLQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	3	max \$35 copay per month supply; QL (30 per 30 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML) (insulin glargine u-300 conc)	3	max \$35 copay per month supply
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML) (insulin glargine u-300 conc)	3	max \$35 copay per month supply
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin degludec)	3	max \$35 copay per month supply
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML) (insulin degludec)	3	max \$35 copay per month supply
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin degludec)	3	max \$35 copay per month supply
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	3	max \$35 copay per month supply; QL (15 per 28 days)
Sulfonylureas		
<i>glimepiride oral tablet 1 mg, 2 mg</i>	6	QL (30 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	6	QL (60 per 30 days)

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
<i>glipizide oral tablet 10 mg</i>	6	QL (120 per 30 days)
<i>glipizide oral tablet 2.5 mg</i>	6	QL (60 per 30 days)
<i>glipizide oral tablet 5 mg</i>	6	QL (240 per 30 days)
<i>glipizide oral tablet extended release</i> (Glucotrol XL) <i>24hr 10 mg</i>	6	QL (60 per 30 days)
<i>glipizide oral tablet extended release</i> (Glucotrol XL) <i>24hr 2.5 mg, 5 mg</i>	6	QL (30 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	6	QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	6	QL (120 per 30 days)
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	6	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	6	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	6	
Antifungals		
Antifungals		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	4	PA BvD
<i>amphotericin b injection recon soln</i> <i>50 mg</i>	2	PA BvD
<i>amphotericin b liposome intravenous</i> (AmBisome) <i>suspension for reconstitution 50 mg</i>	5	PA BvD; NDS
<i>ciclopirox topical cream 0.77 %</i> (Ciclodan)	1	QL (180 per 30 days)
<i>ciclopirox topical solution 8 %</i> (Ciclodan)	1	QL (19.8 per 30 days)
<i>ciclopirox topical suspension 0.77 %</i> (Loprox (as olamine))	2	QL (180 per 30 days)
<i>clotrimazole mucous membrane</i> <i>troche 10 mg</i>	2	
<i>clotrimazole topical cream 1 %</i> (Antifungal (clotrimazole))	1	
<i>clotrimazole topical solution 1 %</i> (Athlete's Foot (clotrimazole))	2	
<i>clotrimazole-betamethasone topical</i> <i>cream 1-0.05 %</i>	1	QL (90 per 30 days)

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
<i>econazole nitrate topical cream 1 %</i>	2	QL (170 per 30 days)
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	2	
<i>fluconazole oral suspension for reconstitution 10 mg/ml</i>	2	
<i>fluconazole oral suspension for reconstitution 40 mg/ml</i> (Diflucan)	2	
<i>fluconazole oral tablet 100 mg, 200 mg</i> (Diflucan)	1	
<i>fluconazole oral tablet 150 mg, 50 mg</i>	1	
<i>flucytosine oral capsule 250 mg, 500 mg</i> (Ancobon)	5	NDS
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	2	
<i>griseofulvin microsize oral tablet 500 mg</i>	2	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	2	
<i>griseofulvin ultramicrosize oral tablet 165 mg</i> (Fulvicin P/G)	2	
<i>itraconazole oral capsule 100 mg</i> (Sporanox)	2	
<i>ketoconazole oral tablet 200 mg</i>	1	
<i>ketoconazole topical cream 2 %</i>	2	QL (180 per 30 days)
<i>ketoconazole topical shampoo 2 %</i>	1	QL (360 per 30 days)
<i>micafungin intravenous recon soln 100 mg, 50 mg</i> (Mycamine)	2	
<i>miconazole-3 vaginal suppository 200 mg</i>	2	
<i>nyamyc topical powder 100,000 unit/gram</i> (nystatin)	2	QL (60 per 30 days)
<i>nystatin oral suspension 100,000 unit/ml</i>	2	
<i>nystatin oral tablet 500,000 unit</i>	2	
<i>nystatin topical cream 100,000 unit/gram</i>	1	QL (60 per 30 days)

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
<i>nystatin topical ointment 100,000 unit/gram</i>	1	QL (60 per 30 days)
<i>nystatin topical powder 100,000 unit/gram</i> (Nyamyc)	2	QL (60 per 30 days)
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	2	
<i>nystop topical powder 100,000 unit/gram</i> (nystatin)	2	QL (60 per 30 days)
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i> (Noxafil)	5	PA; NDS
<i>terbinafine hcl oral tablet 250 mg</i>	1	
<i>voriconazole intravenous recon soln 200 mg</i> (Vfend IV)	5	PA BvD; NDS
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i> (Vfend)	5	PA; NDS
<i>voriconazole oral tablet 200 mg</i>	2	
<i>voriconazole oral tablet 50 mg</i> (Vfend)	2	
Antigout Agents		
Antigout Agents, Other		
<i>allopurinol oral tablet 100 mg</i> (Zyloprim)	1	
<i>allopurinol oral tablet 300 mg</i>	1	
<i>colchicine oral capsule 0.6 mg</i> (Mitigare)	2	QL (60 per 30 days)
<i>colchicine oral tablet 0.6 mg</i> (Colcrys)	2	QL (120 per 30 days)
<i>febuxostat oral tablet 40 mg, 80 mg</i> (Uloric)	2	ST; QL (30 per 30 days)
<i>probenecid oral tablet 500 mg</i>	2	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	2	
Antihistamines		
Antihistamines		
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>levocetirizine oral tablet 5 mg</i> (24HR Allergy Relief)	1	

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
Anti-Infectives (Skin And Mucous Membrane)		
Anti-Infectives (Skin And Mucous Membrane)		
<i>clindamycin phosphate vaginal cream 2 %</i> (Cleocin)	2	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i> (Vandazole)	2	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	2	
<i>terconazole vaginal suppository 80 mg</i>	2	
Antimigraine Agents		
Antimigraine Agents		
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	3	PA; QL (1.5 per 30 days)
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	3	PA; QL (1.5 per 30 days)
<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i> (Migranal)	5	ST; NDS; QL (8 per 28 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	3	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	3	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	3	PA; QL (3 per 30 days)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	2	QL (9 per 30 days)
NURTEC ODT ORAL TABLET, DISINTEGRATING 75 MG	3	PA; QL (18 per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	3	PA; QL (30 per 30 days)

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
<i>rizatriptan oral tablet 10 mg</i> (Maxalt)	1	QL (18 per 30 days)
<i>rizatriptan oral tablet 5 mg</i>	1	QL (18 per 30 days)
<i>rizatriptan oral tablet, disintegrating 10 mg</i> (Maxalt-MLT)	2	QL (18 per 30 days)
<i>rizatriptan oral tablet, disintegrating 5 mg</i>	2	QL (18 per 30 days)
<i>sumatriptan 4 mg/0.5 ml inject outer, sub</i> (Imitrex STATdose Pen)	2	QL (4 per 28 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation, 5 mg/actuation</i>	2	QL (12 per 30 days)
<i>sumatriptan succinate oral tablet 100 mg</i> (Imitrex)	1	QL (9 per 30 days)
<i>sumatriptan succinate oral tablet 25 mg, 50 mg</i> (Imitrex)	1	QL (18 per 30 days)
<i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i> (Imitrex STATdose Refill)	2	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml</i> (Imitrex STATdose Pen)	4	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i> (Imitrex STATdose Pen)	2	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i> (Imitrex)	2	QL (5 per 28 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	3	PA; QL (16 per 30 days)
Antimycobacterials		
Antimycobacterials		
<i>dapsone oral tablet 100 mg, 25 mg</i>	2	
<i>ethambutol oral tablet 100 mg, 400 mg</i>	2	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
PRIFTIN ORAL TABLET 150 MG	4	
<i>pyrazinamide oral tablet 500 mg</i>	2	
<i>rifabutin oral capsule 150 mg</i>	2	
<i>rifampin intravenous recon soln 600 mg</i> (Rifadin)	2	

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
<i>rifampin oral capsule 150 mg, 300 mg</i>	2	
SIRTURO ORAL TABLET 100 MG, 20 MG	5	PA; NDS
TRECTOR ORAL TABLET 250 MG	4	
Antinausea Agents		
Antinausea Agents		
<i>aprepitant oral capsule 125 mg</i>	2	PA BvD; QL (2 per 28 days)
<i>aprepitant oral capsule 40 mg</i>	2	PA BvD; QL (1 per 28 days)
<i>aprepitant oral capsule 80 mg</i> (Emend)	2	PA BvD; QL (4 per 28 days)
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i> (Emend)	2	PA BvD
<i>compro rectal suppository 25 mg</i> (prochlorperazine)	2	
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> (Marinol)	2	PA; QL (60 per 30 days)
<i>meclizine oral tablet 12.5 mg</i>	1	
<i>meclizine oral tablet 25 mg</i> (Dramamine (meclizine))	1	
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	PA BvD
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	2	PA BvD
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> (Compazine)	1	
<i>prochlorperazine rectal suppository 25 mg</i> (Compro)	2	
<i>promethazine injection solution 25 mg/ml</i> (Phenergan)	2	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
<i>promethazine rectal suppository 25 mg</i> (Promethegan)	2	
<i>promethegan rectal suppository 12.5 mg, 25 mg</i> (promethazine)	2	
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i> (Transderm-Scop)	2	QL (10 per 30 days)
Antiparasite Agents		
Antiparasite Agents		
<i>albendazole oral tablet 200 mg</i>	5	NDS
<i>atovaquone oral suspension 750 mg/5 ml</i> (Mepron)	2	
<i>atovaquone-proguanil oral tablet 250-100 mg</i> (Malarone)	2	
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i> (Malarone Pediatric)	2	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	2	
COARTEM ORAL TABLET 20-120 MG	4	
<i>hydroxychloroquine oral tablet 100 mg</i>	2	QL (180 per 30 days)
<i>hydroxychloroquine oral tablet 200 mg</i> (Plaquenil)	2	QL (90 per 30 days)
<i>hydroxychloroquine oral tablet 300 mg</i> (Sovuna)	2	QL (60 per 30 days)
<i>hydroxychloroquine oral tablet 400 mg</i>	2	QL (60 per 30 days)
IMPAVIDO ORAL CAPSULE 50 MG	5	PA; NDS; QL (84 per 28 days)
<i>ivermectin oral tablet 3 mg</i> (Stromectol)	2	
<i>ivermectin oral tablet 6 mg</i>	2	
<i>mefloquine oral tablet 250 mg</i>	2	
<i>nitazoxanide oral tablet 500 mg</i> (Alinia)	5	NDS; QL (60 per 30 days)
<i>paromomycin oral capsule 250 mg</i> (Humatin)	2	
<i>pentamidine inhalation recon soln 300 mg</i> (Nebupent)	2	PA BvD

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
<i>pentamidine injection recon soln 300 mg</i> (Pentam)	2	
<i>praziquantel oral tablet 600 mg</i> (Biltricide)	2	
PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)	4	
<i>pyrimethamine oral tablet 25 mg</i> (Daraprim)	5	PA; NDS
<i>quinine sulfate oral capsule 324 mg</i> (Qualaquin)	2	PA
<i>tinidazole oral tablet 250 mg, 500 mg</i>	2	
Antiparkinsonian Agents		
Antiparkinsonian Agents		
<i>amantadine hcl oral capsule 100 mg</i>	2	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	1	
<i>amantadine hcl oral tablet 100 mg</i>	2	
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>bromocriptine oral tablet 2.5 mg</i>	2	
<i>cabergoline oral tablet 0.5 mg</i>	2	
<i>carbidopa-levodopa oral tablet 10-100 mg</i> (Sinemet)	1	
<i>carbidopa-levodopa oral tablet 25-100 mg</i> (Dhivy)	1	
<i>carbidopa-levodopa oral tablet 25-250 mg</i>	1	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	2	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	2	
<i>entacapone oral tablet 200 mg</i>	2	
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; NDS; QL (150 per 30 days)
KYNMOBI SUBLINGUAL FILM 10-15-20-25-30 MG	5	PA; NDS

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
ONAPGO SUBCUTANEOUS CARTRIDGE 4.9 MG/ ML	5	PA; NDS; QL (30 per 30 days)
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	
<i>rasagiline oral tablet 0.5 mg, 1 mg</i> (Azilect)	2	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	
<i>ropinirole oral tablet extended release 24 hr 2 mg, 4 mg</i>	2	
<i>selegiline hcl oral capsule 5 mg</i>	2	
<i>selegiline hcl oral tablet 5 mg</i>	2	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	1	
VYALEV CONTIN. SUBCUTANEOUS INFUSION SOLUTION 12-240 MG/ML	5	PA; NDS; QL (560 per 28 days)
Antipsychotic Agents		
Antipsychotic Agents		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	5	NDS; QL (2.4 per 42 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	5	NDS; QL (3.2 per 42 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	5	NDS; QL (1 per 26 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	5	NDS; QL (1 per 26 days)
<i>aripiprazole oral solution 1 mg/ml</i>	2	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i> (Abilify)	2	

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
<i>aripiprazole oral tablet,disintegrating 10 mg</i>	2	ST; QL (90 per 30 days)
<i>aripiprazole oral tablet,disintegrating 15 mg</i>	2	ST; QL (60 per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	5	NDS; QL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	5	NDS; QL (3.9 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	5	NDS; QL (1.6 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	5	NDS; QL (2.4 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	5	NDS; QL (3.2 per 14 days)
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i> (Saphris)	2	QL (60 per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	5	ST; NDS; QL (30 per 30 days)
<i>chlorpromazine injection solution 25 mg/ml</i>	2	
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	2	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	2	
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Clozaril)	2	
<i>clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 25 mg</i>	2	ST; QL (90 per 30 days)
<i>clozapine oral tablet,disintegrating 150 mg</i>	2	ST; QL (180 per 30 days)
<i>clozapine oral tablet,disintegrating 200 mg</i>	2	ST; QL (120 per 30 days)

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	5	ST; NDS; QL (60 per 30 days)
COBENFY STARTER PACK ORAL CAPSULE,DOSE PACK 50 MG-20 MG /100 MG-20 MG	5	ST; NDS
ERZOFRI INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5	NDS; QL (0.75 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 156 MG/ML	5	NDS; QL (1 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	NDS; QL (1.5 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 351 MG/2.25 ML	5	NDS; QL (2.25 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	5	NDS; QL (0.25 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5	NDS; QL (0.5 per 21 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	5	ST; NDS; QL (60 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	4	ST
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	2	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	2	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	2	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	2	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	2	
<i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml), 50 mg/ml(1ml)</i>	2	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i> (Haldol Decanoate)	2	

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
<i>haloperidol lactate injection solution 5 mg/ml</i>	1	
<i>haloperidol lactate intramuscular syringe 5 mg/ml</i>	2	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	2	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	5	NDS; QL (3.5 per 166 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	5	NDS; QL (5 per 166 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5	NDS; QL (0.75 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	5	NDS; QL (1 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	NDS; QL (1.5 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	3	QL (0.25 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5	NDS; QL (0.5 per 21 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	5	NDS; QL (0.88 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	5	NDS; QL (1.32 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	5	NDS; QL (1.75 per 70 days)

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	5	NDS; QL (2.63 per 70 days)
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	2	
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i> (Latuda)	2	QL (30 per 30 days)
<i>lurasidone oral tablet 80 mg</i> (Latuda)	2	QL (60 per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	5	PA NSO; NDS; QL (30 per 30 days)
<i>molindone oral tablet 10 mg</i>	2	QL (240 per 30 days)
<i>molindone oral tablet 25 mg</i>	2	QL (270 per 30 days)
<i>molindone oral tablet 5 mg</i>	5	NDS; QL (120 per 30 days)
NUPLAZID ORAL CAPSULE 34 MG	5	PA NSO; NDS; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	5	PA NSO; NDS; QL (30 per 30 days)
<i>olanzapine intramuscular recon soln 10 mg</i>	2	QL (30 per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 5 mg, 7.5 mg</i>	2	
<i>olanzapine oral tablet 20 mg</i> (Zyprexa)	2	
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	2	
<i>paliperidone oral tablet extended release 24hr 1.5 mg</i>	2	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 3 mg, 9 mg</i> (Invega)	2	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i> (Invega)	2	QL (60 per 30 days)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	2	
PERSERIS SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 120 MG, 90 MG	5	NDS; QL (1 per 30 days)

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
<i>pimozide oral tablet 1 mg, 2 mg</i>	2	
<i>prochlorperazine 10 mg/2 ml vial outer 10 mg/2 ml (5 mg/ml)</i>	1	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel)	2	
<i>quetiapine oral tablet 150 mg</i>	2	QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel XR)	2	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	5	ST; NDS; QL (30 per 30 days)
<i>risperidone microspheres intramuscular suspension, extended rel recon 12.5 mg/2 ml</i> (Risperdal Consta)	2	QL (2 per 28 days)
<i>risperidone microspheres intramuscular suspension, extended rel recon 25 mg/2 ml</i> (Rykindo)	2	QL (2 per 28 days)
<i>risperidone microspheres intramuscular suspension, extended rel recon 37.5 mg/2 ml, 50 mg/2 ml</i> (Rykindo)	5	NDS; QL (2 per 28 days)
<i>risperidone oral solution 1 mg/ml</i> (Risperdal)	2	
<i>risperidone oral tablet 0.25 mg</i>	1	
<i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> (Risperdal)	1	
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	2	
RYKINDO INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML (risperidone microspheres)	5	NDS; QL (2 per 28 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	5	ST; NDS; QL (30 per 30 days)
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML	5	NDS; QL (0.28 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML	5	NDS; QL (0.35 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML	5	NDS; QL (0.42 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML	5	NDS; QL (0.56 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML	5	NDS; QL (0.7 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML	5	NDS; QL (0.14 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML	5	NDS; QL (0.21 per 28 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	5	ST; NDS; QL (540 per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	5	ST; NDS; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	4	ST
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i> (Geodon)	2	
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i> (Geodon)	2	QL (6 per 28 days)

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	4	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	5	NDS; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	5	NDS; QL (1 per 28 days)
Antivirals (Systemic)		
Antiretrovirals		
<i>abacavir oral solution 20 mg/ml</i> (Ziagen)	2	
<i>abacavir oral tablet 300 mg</i>	2	
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	2	
APRETUDE INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE 600 MG/3 ML (200 MG/ML) (cabotegravir)	5	NDS; QL (24 per 365 days)
APTIVUS ORAL CAPSULE 250 MG	5	NDS
<i>atazanavir oral capsule 150 mg</i>	2	
<i>atazanavir oral capsule 200 mg, 300 mg</i> (Reyataz)	2	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	5	NDS; QL (30 per 30 days)
CABENUVA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML	5	NDS
<i>cabotegravir intramuscular suspension, extended release 400 mg/2 ml (200 mg/ml)</i>	5	NDS; QL (24 per 365 days)
<i>cabotegravir intramuscular suspension, extended release 600 mg/3 ml (200 mg/ml)</i> (Apretude)	5	NDS; QL (24 per 365 days)

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
CIMDUO ORAL TABLET 300-300 MG	5	NDS
COMPLERA ORAL TABLET 200-25-300 MG	5	NDS
<i>darunavir oral tablet 600 mg, 800 mg</i> (Prezista)	5	NDS
DELSTRIGO ORAL TABLET 100-300-300 MG	5	NDS
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	5	NDS
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	2	
DOVATO ORAL TABLET 50-300 MG	5	NDS
EDURANT ORAL TABLET 25 MG	5	NDS
<i>efavirenz oral capsule 200 mg, 50 mg</i>	2	
<i>efavirenz oral tablet 600 mg</i>	2	
<i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i>	5	NDS
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 400-300-300 mg</i> (Symfi Lo)	5	NDS
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 600-300-300 mg</i> (Symfi)	5	NDS
<i>emtricitabine oral capsule 200 mg</i> (Emtriva)	2	
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i> (Truvada)	5	NDS
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i> (Truvada)	2	
EMTRIVA ORAL SOLUTION 10 MG/ML	4	
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	4	
<i>etravirine oral tablet 100 mg, 200 mg</i> (Intelence)	5	NDS
EVOTAZ ORAL TABLET 300-150 MG	5	NDS
<i>fosamprenavir oral tablet 700 mg</i>	5	NDS

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	5	NDS
GENVOYA ORAL TABLET 150- 150-200-10 MG	5	NDS
INTELENCE ORAL TABLET 25 MG	4	
ISENTRESS HD ORAL TABLET 600 MG	5	NDS
ISENTRESS ORAL POWDER IN PACKET 100 MG	5	NDS
ISENTRESS ORAL TABLET 400 MG	5	NDS
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	NDS
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	3	
JULUCA ORAL TABLET 50-25 MG	5	NDS
<i>lamivudine oral solution 10 mg/ml</i> (Epivir)	2	
<i>lamivudine oral tablet 100 mg</i>	2	
<i>lamivudine oral tablet 150 mg, 300 mg</i> (Epivir)	2	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	2	
LEXIVA ORAL SUSPENSION 50 MG/ML	4	
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i> (Kaletra)	2	QL (480 per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i> (Kaletra)	2	QL (300 per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i> (Kaletra)	2	QL (120 per 30 days)
<i>maraviroc oral tablet 150 mg, 300 mg</i> (Selzentry)	5	NDS
<i>nevirapine oral suspension 50 mg/5 ml</i>	2	QL (1200 per 30 days)
<i>nevirapine oral tablet 200 mg</i>	2	QL (60 per 30 days)

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	2	QL (90 per 30 days)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	2	QL (30 per 30 days)
NORVIR ORAL POWDER IN PACKET 100 MG	4	
NORVIR ORAL SOLUTION 80 MG/ML	4	
ODEFSEY ORAL TABLET 200-25-25 MG	5	NDS
PIFELTRO ORAL TABLET 100 MG	5	NDS
PREZCOBIX ORAL TABLET 800-150 MG-MG	5	NDS
PREZISTA ORAL SUSPENSION 100 MG/ML	5	NDS
PREZISTA ORAL TABLET 150 MG, 75 MG	5	NDS
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	4	
REYATAZ ORAL POWDER IN PACKET 50 MG	5	NDS
<i>rilpivirine intramuscular suspension, extended release 600 mg/2 ml (300 mg/ml), 900 mg/3 ml (300 mg/ml)</i>	5	NDS
<i>ritonavir oral tablet 100 mg</i> (Norvir)	2	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	5	NDS
SELZENTRY ORAL SOLUTION 20 MG/ML	5	NDS
SELZENTRY ORAL TABLET 25 MG	3	
SELZENTRY ORAL TABLET 75 MG	5	NDS
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	2	

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
STRIBILD ORAL TABLET 150-150-200-300 MG	5	NDS
SUNLENCA ORAL TABLET 300 MG, 300 MG (4-TABLET PACK)	5	NDS
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML	5	PA BvD; NDS
SYM TUZA ORAL TABLET 800-150-200-10 MG	5	NDS
TEMIXYS ORAL TABLET 300-300 MG	5	NDS
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread)	2	
TIVICAY ORAL TABLET 10 MG	4	
TIVICAY ORAL TABLET 25 MG, 50 MG	5	NDS
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	5	NDS
TRIUMEQ ORAL TABLET 600-50-300 MG	5	NDS; QL (30 per 30 days)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	4	
TRIZIVIR ORAL TABLET 300-150-300 MG	5	NDS
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	5	NDS
VEMLIDY ORAL TABLET 25 MG	5	ST; NDS; QL (30 per 30 days)
VIRACEPT ORAL TABLET 250 MG, 625 MG	5	NDS
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	5	NDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	NDS
VOCABRIA ORAL TABLET 30 MG	4	
<i>zidovudine oral capsule 100 mg</i> (Retrovir)	2	

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
<i>zidovudine oral syrup 10 mg/ml</i> (Retrovir)	2	
<i>zidovudine oral tablet 300 mg</i>	2	
Antivirals, Miscellaneous		
LIVTENCITY ORAL TABLET 200 MG	5	PA; NDS
<i>oseltamivir oral capsule 30 mg</i> (Tamiflu)	2	QL (84 per 180 days)
<i>oseltamivir oral capsule 45 mg</i> (Tamiflu)	2	QL (48 per 180 days)
<i>oseltamivir oral capsule 75 mg</i> (Tamiflu)	2	QL (42 per 180 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> (Tamiflu)	2	QL (540 per 180 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10)	2	QL (20 per 5 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	2	QL (30 per 5 days)
PREVYMIS ORAL TABLET 240 MG, 480 MG	5	PA; NDS; QL (28 per 28 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	4	QL (60 per 180 days)
Hcv Antivirals		
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	5	PA; NDS; QL (28 per 28 days)
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	5	PA; NDS; QL (56 per 28 days)
EPCLUSA ORAL TABLET 200-50 MG	5	PA; NDS; QL (28 per 28 days)
EPCLUSA ORAL TABLET 400-100 (sofosbuvir-velpatasvir) MG	5	PA; NDS; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	5	PA; NDS; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG	5	PA; NDS; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG	5	PA; NDS; QL (28 per 28 days)

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
HARVONI ORAL TABLET 90-400 MG (ledipasvir-sofosbuvir)	5	PA; NDS; QL (28 per 28 days)
VOSEVI ORAL TABLET 400-100-100 MG	5	PA; NDS; QL (28 per 28 days)
Interferons		
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	5	NDS
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	PA; NDS
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	5	PA; NDS
Nucleosides And Nucleotides		
acyclovir oral capsule 200 mg	1	
acyclovir oral suspension 200 mg/5 ml (Zovirax)	2	
acyclovir oral tablet 400 mg, 800 mg	1	
acyclovir sodium intravenous solution 50 mg/ml	2	PA BvD
adefovir oral tablet 10 mg (Hepsera)	2	
entecavir oral tablet 0.5 mg, 1 mg (Baraclude)	2	
famciclovir oral tablet 125 mg, 250 mg, 500 mg	2	
ribavirin oral tablet 200 mg	2	
valacyclovir oral tablet 1 gram, 500 mg (Valtrex)	2	
valganciclovir oral recon soln 50 mg/ml (Valcyte)	5	NDS
valganciclovir oral tablet 450 mg (Valcyte)	2	
Blood Products/Modifiers/Volume Expanders		
Anticoagulants		
dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg (Pradaxa)	2	QL (60 per 30 days)

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	3	
ELIQUIS ORAL TABLET 2.5 MG	3	QL (60 per 30 days)
ELIQUIS ORAL TABLET 5 MG	3	QL (74 per 30 days)
<i>enoxaparin subcutaneous syringe</i> (Lovenox) <i>100 mg/ml, 150 mg/ml</i>	2	QL (60 per 30 days)
<i>enoxaparin subcutaneous syringe</i> (Lovenox) <i>120 mg/0.8 ml, 80 mg/0.8 ml</i>	2	QL (48 per 30 days)
<i>enoxaparin subcutaneous syringe 30</i> (Lovenox) <i>mg/0.3 ml</i>	2	QL (18 per 30 days)
<i>enoxaparin subcutaneous syringe 40</i> (Lovenox) <i>mg/0.4 ml</i>	2	QL (24 per 30 days)
<i>enoxaparin subcutaneous syringe 60</i> (Lovenox) <i>mg/0.6 ml</i>	2	QL (36 per 30 days)
<i>fondaparinux subcutaneous syringe</i> (Arixtra) <i>10 mg/0.8 ml</i>	5	NDS; QL (24 per 30 days)
<i>fondaparinux subcutaneous syringe</i> (Arixtra) <i>2.5 mg/0.5 ml</i>	2	QL (15 per 30 days)
<i>fondaparinux subcutaneous syringe 5</i> (Arixtra) <i>mg/0.4 ml</i>	5	NDS; QL (12 per 30 days)
<i>fondaparinux subcutaneous syringe</i> (Arixtra) <i>7.5 mg/0.6 ml</i>	5	NDS; QL (18 per 30 days)
<i>heparin (porcine) injection solution</i> <i>1,000 unit/ml, 10,000 unit/ml, 20,000</i> <i>unit/ml, 5,000 unit/ml</i>	2	
<i>jantoven oral tablet 1 mg, 10 mg, 2</i> (warfarin) <i>mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg,</i> <i>7.5 mg</i>	1	
<i>warfarin oral tablet 1 mg, 10 mg, 2</i> (Jantoven) <i>mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg,</i> <i>7.5 mg</i>	1	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	3	
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	3	QL (600 per 30 days)

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
XARELTO ORAL TABLET 10 MG, 20 MG	3	QL (30 per 30 days)
XARELTO ORAL TABLET 15 MG	3	QL (60 per 30 days)
XARELTO ORAL TABLET 2.5 MG (rivaroxaban)	3	QL (60 per 30 days)
Blood Formation Modifiers		
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG	5	PA; NDS; QL (60 per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT	5	PA; NDS; QL (30 per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT	5	PA; NDS; QL (20 per 30 days)
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	5	PA; NDS
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	5	PA; NDS
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	PA; NDS
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; NDS
PROMACTA ORAL POWDER IN PACKET 12.5 MG	5	PA; NDS; QL (90 per 30 days)
PROMACTA ORAL POWDER IN PACKET 25 MG	5	PA; NDS; QL (180 per 30 days)
PROMACTA ORAL TABLET 12.5 MG	5	PA; NDS; QL (90 per 30 days)
PROMACTA ORAL TABLET 25 MG	5	PA; NDS; QL (30 per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG	5	PA; NDS; QL (60 per 30 days)
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; QL (12 per 28 days)

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	3	PA; QL (4 per 28 days)
Hematologic Agents, Miscellaneous		
<i>anagrelide oral capsule 0.5 mg</i> (Agrylin)	2	
<i>anagrelide oral capsule 1 mg</i>	2	
<i>tranexamic acid oral tablet 650 mg</i>	2	
Platelet-Aggregation Inhibitors		
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	2	
BRILINTA ORAL TABLET 60 MG	3	
BRILINTA ORAL TABLET 90 MG (ticagrelor)	3	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	
<i>clopidogrel oral tablet 75 mg</i> (Plavix)	1	
<i>dipyridamole oral tablet 50 mg, 75 mg</i>	2	
<i>pentoxifylline oral tablet extended release 400 mg</i>	1	
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i> (Effient)	2	QL (30 per 30 days)
Caloric Agents		
Caloric Agents		
CLINIMIX 6%-D5W (SULFITE- FREE) INTRAVENOUS PARENTERAL SOLUTION 6-5 %	4	PA BvD
CLINIMIX 8%-D10W(SULFITE- FREE) INTRAVENOUS PARENTERAL SOLUTION 8-10 %	4	PA BvD
CLINIMIX 8%-D14W(SULFITE- FREE) INTRAVENOUS PARENTERAL SOLUTION 8-14 %	4	PA BvD
CLINIMIX E 8%-D10W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-10 %	4	PA BvD
CLINIMIX E 8%-D14W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-14 %	4	PA BvD
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	2	

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
PROCALAMINE 3% INTRAVENOUS PARENTERAL SOLUTION 3 %	4	PA BvD
Cardiovascular Agents		
Alpha-Adrenergic Agents		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr</i> (Catapres-TTS-1)	2	
<i>clonidine transdermal patch weekly 0.2 mg/24 hr</i> (Catapres-TTS-2)	2	
<i>clonidine transdermal patch weekly 0.3 mg/24 hr</i> (Catapres-TTS-3)	2	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> (Cardura)	1	
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i> (Northera)	5	PA; NDS; QL (180 per 30 days)
<i>guanfacine oral tablet 1 mg, 2 mg</i>	2	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	2	
Angiotensin II Receptor Antagonists		
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Atacand)	6	
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i> (Atacand HCT)	6	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (sacubitril-valsartan)	3	QL (60 per 30 days)
ENTRESTO SPRINKLE ORAL PELLET 15-16 MG, 6-6 MG	3	QL (240 per 30 days)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i> (Avapro)	6	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> (Avalide)	6	

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i> (Cozaar)	6	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> (Hyzaar)	6	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i> (Benicar)	6	
<i>olmesartan-amlodipin-hcthiiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i> (Tribenzor)	6	
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i> (Benicar HCT)	6	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i> (Micardis)	6	
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i> (Micardis HCT)	6	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> (Diovan)	6	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i> (Diovan HCT)	6	
Angiotensin-Converting Enzyme Inhibitors		
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg</i> (Lotensin)	6	
<i>benazepril oral tablet 5 mg</i>	6	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Lotensin HCT)	6	
<i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>	6	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	6	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Vasotec)	6	

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i> (Vaseretic)	6	
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	6	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	6	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	6	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i> (Zestril)	6	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Zestoretic)	6	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	6	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	6	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Accupril)	6	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Accuretic)	6	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i> (Altace)	6	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	6	
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	6	
Antiarrhythmic Agents		
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i> (Pacerone)	2	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> (Tikosyn)	2	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	2	
MULTAQ ORAL TABLET 400 MG	3	

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i> (amiodarone)	2	
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>	2	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	2	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	2	
Beta-Adrenergic Blocking Agents		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> (Tenormin)	1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg</i> (Tenoretic 100)	1	
<i>atenolol-chlorthalidone oral tablet 50-25 mg</i> (Tenoretic 50)	1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> (Coreg)	1	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i> (Toprol XL)	1	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i> (Lopressor)	1	
<i>metoprolol tartrate oral tablet 25 mg</i>	1	
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Bystolic)	2	
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i> (Inderal LA)	2	

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i> (sotalol)	1	
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i> (sotalol)	1	
<i>sotalol oral tablet 120 mg, 160 mg, 80 mg</i> (Sotalol AF)	1	
<i>sotalol oral tablet 240 mg</i> (Betapace)	1	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	2	
Calcium-Channel Blocking Agents		
<i>cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (diltiazem hcl)	1	
<i>diltiazem 24hr er 360 mg cap once-a-day dosage</i> (Tiadylt ER)	2	
<i>diltiazem 24hr er 420 mg cap</i> (Tiadylt ER)	2	
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	2	
<i>diltiazem hcl oral capsule,extended release 24 hr 360 mg, 420 mg</i> (Tiadylt ER)	2	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (Cartia XT)	1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i> (Cardizem)	1	
<i>diltiazem hcl oral tablet 90 mg</i>	1	
<i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i> (diltiazem hcl)	1	
<i>taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i> (diltiazem hcl)	1	
<i>tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (diltiazem hcl)	1	

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
<i>verapamil oral capsule, ext rel. pellets</i> 24 hr 120 mg, 180 mg, 240 mg	2	
<i>verapamil oral capsule, ext rel. pellets</i> 24 hr 360 mg	4	
<i>verapamil oral tablet 120 mg, 40 mg,</i> 80 mg	1	
<i>verapamil oral tablet extended</i> <i>release 120 mg, 180 mg, 240 mg</i>	1	
Cardiovascular Agents, Miscellaneous		
CORLANOR ORAL SOLUTION 5 MG/5 ML	3	QL (600 per 30 days)
<i>digoxin injection syringe 250 mcg/ml</i> (0.25 mg/ml)	2	
<i>digoxin oral tablet 125 mcg (0.125</i> (Digitek) <i>mg), 250 mcg (0.25 mg)</i>	1	
<i>digoxin oral tablet 62.5 mcg (0.0625</i> (Lanoxin) <i>mg)</i>	1	
<i>epinephrine injection auto-injector</i> (Auvi-Q) <i>0.15 mg/0.15 ml</i>	3	QL (4 per 30 days)
<i>epinephrine injection auto-injector</i> (EpiPen Jr) <i>0.15 mg/0.3 ml</i>	2	QL (4 per 30 days)
<i>epinephrine injection auto-injector</i> <i>0.3 mg/0.3 ml</i>	3	QL (4 per 30 days)
<i>epinephrine injection auto-injector</i> (Auvi-Q) <i>0.3 mg/0.3 ml</i>	2	QL (4 per 30 days)
<i>hydralazine oral tablet 10 mg, 100</i> <i>mg, 25 mg, 50 mg</i>	1	
<i>icatibant subcutaneous syringe 30</i> (Firazyr) <i>mg/3 ml</i>	5	PA; NDS; QL (18 per 30 days)
<i>ivabradine oral tablet 5 mg, 7.5 mg</i> (Corlanor)	3	QL (60 per 30 days)
<i>metyrosine oral capsule 250 mg</i> (Demser)	5	NDS
<i>ranolazine oral tablet extended</i> <i>release 12 hr 1,000 mg</i>	2	QL (60 per 30 days)
<i>ranolazine oral tablet extended</i> <i>release 12 hr 500 mg</i>	2	QL (120 per 30 days)

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	4	PA; QL (30 per 30 days)
Dihydropyridines		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i> (Norvasc)	1	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg</i> (Lotrel)	6	
<i>amlodipine-benazepril oral capsule 2.5-10 mg, 5-40 mg</i>	6	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i> (Azor)	6	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i> (Exforge)	6	
<i>amlodipine-valsartan-hcthiiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i> (Exforge HCT)	2	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	1	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i> (Procardia XL)	1	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	2	
Diuretics		
<i>amiloride oral tablet 5 mg</i>	1	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>furosemide injection solution 10 mg/ml</i>	1	
<i>furosemide injection syringe 10 mg/ml</i>	1	

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> (Lasix)	1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> (Aldactone)	1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	1	
<i>torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	1	
Dyslipidemics		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 5-10 mg</i> (Caduet)	6	
<i>amlodipine-atorvastatin oral tablet 10-20 mg, 10-40 mg, 10-80 mg, 5-20 mg, 5-40 mg, 5-80 mg</i> (Caduet)	6	QL (30 per 30 days)
<i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg</i>	6	
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> (Lipitor)	6	QL (30 per 30 days)
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i> (Questran)	2	
<i>cholestyramine light oral powder in packet 4 gram</i>	2	

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
<i>colesevelam oral powder in packet 3.75 gram</i> (WelChol)	2	
<i>colesevelam oral tablet 625 mg</i> (WelChol)	2	
<i>colestipol oral packet 5 gram</i>	2	
<i>colestipol oral tablet 1 gram</i> (Colestid)	2	
<i>ezetimibe oral tablet 10 mg</i> (Zetia)	1	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-10 mg</i> (Vytorin 10-10)	6	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-20 mg</i> (Vytorin 10-20)	6	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-40 mg</i> (Vytorin 10-40)	6	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i> (Vytorin 10-80)	6	QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	2	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i> (Tricor)	1	
<i>fenofibrate oral tablet 120 mg, 40 mg</i> (Fenoglide)	1	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	
<i>fluvastatin oral capsule 20 mg, 40 mg</i>	6	QL (60 per 30 days)
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i> (Lescol XL)	6	
<i>gemfibrozil oral tablet 600 mg</i> (Lopid)	1	
<i>icosapent ethyl oral capsule 0.5 gram</i> (Vascepa)	2	QL (240 per 30 days)
<i>icosapent ethyl oral capsule 1 gram</i> (Vascepa)	2	QL (120 per 30 days)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	6	
NEXLETOL ORAL TABLET 180 MG	3	ST; QL (30 per 30 days)
NEXLIZET ORAL TABLET 180-10 MG	3	ST; QL (30 per 30 days)
<i>niacin oral tablet 500 mg</i> (Niacor)	2	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	2	

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
<i>niacor oral tablet 500 mg</i> (niacin)	2	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i> (Lovaza)	2	ST; QL (120 per 30 days)
<i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i> (Livalo)	2	QL (30 per 30 days)
<i>pravastatin oral tablet 10 mg, 80 mg</i>	6	
<i>pravastatin oral tablet 20 mg, 40 mg</i>	6	QL (30 per 30 days)
<i>prevalite oral powder in packet 4 gram</i>	2	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	3	ST; QL (7 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	3	ST; QL (6 per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	3	ST; QL (6 per 28 days)
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Crestor)	6	QL (30 per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i> (Zocor)	6	QL (30 per 30 days)
<i>simvastatin oral tablet 5 mg, 80 mg</i>	6	QL (30 per 30 days)
Renin-Angiotensin-Aldosterone System Inhibitors		
<i>aliskiren oral tablet 150 mg, 300 mg</i> (Tekturna)	2	
<i>eplerenone oral tablet 25 mg, 50 mg</i> (Inspra)	2	
KERENDIA ORAL TABLET 10 MG, 20 MG	3	PA; QL (30 per 30 days)
Vasodilators		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>	2	
<i>isosorbide dinitrate oral tablet 40 mg</i> (Isordil)	2	
<i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil Titradose)	2	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	1	
<i>minitran transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> (nitroglycerin)	2	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i> (Nitrostat)	1	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> (Nitro-Dur)	2	
Central Nervous System Agents		
Central Nervous System Agents		
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i> (Strattera)	2	QL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i> (Strattera)	2	QL (30 per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG	5	PA; NDS; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG	5	PA; NDS; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG	5	PA; NDS; QL (90 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG, 24 MG	5	PA; NDS; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 30 MG, 36 MG, 42 MG, 48 MG	5	PA; NDS; QL (30 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG	5	PA; NDS; QL (210 per 30 days)

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24- 30 MG, 6 MG (14)-12 MG (14)-24 MG (14)	5	PA; NDS
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	5	PA; NDS; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	5	PA; NDS; QL (1 per 28 days)
AVONEX PEN 30 MCG/0.5 ML	5	PA; NDS; QL (1 per 28 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	5	PA; NDS; QL (15 per 30 days)
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i> (Ampyra)	2	PA; QL (60 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg</i> (Adderall XR)	2	QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg</i> (Adderall XR)	2	QL (60 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> (Adderall)	2	QL (60 per 30 days)
<i>dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg</i> (Tecfidera)	5	PA; NDS; QL (14 per 7 days)
<i>dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i> (Tecfidera)	5	PA; NDS
<i>dimethyl fumarate oral capsule,delayed release(dr/ec) 240 mg</i> (Tecfidera)	5	PA; NDS; QL (60 per 30 days)
<i>fingolimod oral capsule 0.5 mg</i> (Gilenya)	5	PA; NDS; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i> (Glatopa)	5	PA; NDS; QL (30 per 30 days)

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
<i>glatiramer subcutaneous syringe 40 mg/ml</i> (Glatopa)	5	PA; NDS; QL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i> (glatiramer)	5	PA; NDS; QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i> (glatiramer)	5	PA; NDS; QL (12 per 28 days)
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i> (Intuniv ER)	2	
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21)	5	PA; NDS
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	5	PA; NDS; QL (30 per 30 days)
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG	5	PA; NDS; QL (30 per 30 days)
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	5	PA; NDS; QL (1.2 per 28 days)
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	
<i>lithium carbonate oral tablet 300 mg</i>	1	
<i>lithium carbonate oral tablet extended release 300 mg</i> (Lithobid)	1	
<i>lithium carbonate oral tablet extended release 450 mg</i>	1	
<i>lithium citrate oral solution 8 meq/5 ml</i>	2	
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	5	PA; NDS
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	5	PA; NDS
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	5	PA; NDS
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	5	PA; NDS

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	5	PA; NDS
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	5	PA; NDS
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	5	PA; NDS
MAYZENT ORAL TABLET 0.25 MG	5	PA; NDS; QL (112 per 28 days)
MAYZENT ORAL TABLET 1 MG, 2 MG	5	PA; NDS; QL (30 per 30 days)
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)	3	PA
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	5	PA; NDS
<i>methylphenidate hcl oral solution 10</i> (Methylin) <i>mg/5 ml</i>	2	QL (900 per 30 days)
<i>methylphenidate hcl oral tablet 10</i> (Ritalin) <i>mg, 20 mg, 5 mg</i>	2	QL (90 per 30 days)
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	5	PA; NDS; QL (20 per 180 days)
OCREVUS ZUNOVO SUBCUTANEOUS SOLUTION 920 MG-23,000 UNIT/23 ML	5	PA; NDS; QL (23 per 180 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	5	PA; NDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; NDS
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	5	PA; NDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; NDS
<i>riluzole oral tablet 50 mg</i> (Rilutek)	2	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	3	QL (60 per 30 days)

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	3	
tetrabenazine oral tablet 12.5 mg, 25 mg (Xenazine)	5	PA; NDS; QL (112 per 28 days)
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	5	PA; NDS; QL (120 per 30 days)
Contraceptives		
Contraceptives		
afirmelle oral tablet 0.1-20 mg-mcg (levonorgestrel-ethinyl estradiol)	1	
altavera (28) oral tablet 0.15-0.03 mg (levonorgestrel-ethinyl estradiol)	1	
alyacen 1/35 (28) oral tablet 1-35 mg-mcg (norethindrone-ethin estradiol)	1	
alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	1	
amethyst (28) oral tablet 90-20 mcg (28) (levonorgestrel-ethinyl estradiol)	1	
apri oral tablet 0.15-0.03 mg (desogestrel-ethinyl estradiol)	1	
aubra eq oral tablet 0.1-20 mg-mcg (levonorgestrel-ethinyl estradiol)	1	
aurovela 1.5/30 (21) oral tablet 1.5- 30 mg-mcg (norethindrone ac-eth estradiol)	1	
aurovela 1/20 (21) oral tablet 1-20 mg-mcg (norethindrone ac-eth estradiol)	1	
aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4) (norethindrone- e.estradiol-iron)	1	
aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7) (norethindrone- e.estradiol-iron)	1	
aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7) (norethindrone- e.estradiol-iron)	1	
aviane oral tablet 0.1-20 mg-mcg (levonorgestrel-ethinyl estradiol)	1	

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name		Drug Tier	Requirements/Limits
<i>ayuna oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	1	
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	2	
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	1	
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	
<i>camila oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	
<i>chateal eq (28) oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	1	
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	(norgestrel-ethinyl estradiol)	1	
<i>cyclafem 1/35 (28) oral tablet 1-35 mg-mcg</i>	(norethindrone-ethin estradiol)	2	
<i>cyclafem 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>		1	
<i>cyred eq oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	1	
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	(norethindrone-ethin estradiol)	1	
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>		1	
<i>deblitane oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(Azurette (28))	2	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	(Apri)	1	
<i>dolishale oral tablet 90-20 mcg (28)</i>	(levonorgestrel-ethinyl estrad)	1	
<i>elinest oral tablet 0.3-30 mg-mcg</i>	(norgestrel-ethinyl estradiol)	1	

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name		Drug Tier	Requirements/Limits
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	(etonogestrel-ethinyl estradiol)	2	QL (1 per 28 days)
<i>emoquette oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	1	
<i>emzahh oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	
<i>enilloring vaginal ring 0.12-0.015 mg/24 hr</i>	(etonogestrel-ethinyl estradiol)	2	QL (1 per 28 days)
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(levonorg-eth estrad triphasic)	1	
<i>enskyce oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	1	
<i>errin oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	
<i>estarylla oral tablet 0.25-0.035 mg</i>	(norgestimate-ethinyl estradiol)	1	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i>	(Kelnor 1/35 (28))	1	
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i>	(Kelnor 1/50 (28))	1	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	(EluRyng)	2	QL (1 per 28 days)
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	1	
<i>feirza oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	
<i>femynor oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	1	
<i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	1	
<i>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	
<i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	
<i>haloette vaginal ring 0.12-0.015 mg/24 hr</i>	(etonogestrel-ethinyl estradiol)	2	QL (1 per 28 days)

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name		Drug Tier	Requirements/Limits
<i>heather oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	
<i>iclevia oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i>	(levonorgestrel-ethinyl estrad)	1	QL (91 per 84 days)
<i>incassia oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	
<i>isibloom oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	1	
<i>jencycla oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	
<i>jolessa oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i>	(levonorgestrel-ethinyl estrad)	1	QL (91 per 84 days)
<i>juleber oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	1	
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	2	
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	(norethindrone ac-eth estradiol)	2	
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	1	
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	2	
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	(ethynodiol diac-eth estradiol)	1	
<i>kelnor 1/50 (28) oral tablet 1-50 mg-mcg</i>	(ethynodiol diac-eth estradiol)	1	
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	1	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG		4	
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	2	

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name		Drug Tier	Requirements/Limits
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	(norethindrone ac-eth estradiol)	2	
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	1	
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	
<i>larissia oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	1	
<i>lessina oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	1	
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(levonorg-eth estrad triphasic)	1	
<i>levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>	(Balcoltra)	1	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	(Afirmelle)	1	
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i>	(Altavera (28))	1	
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)</i>	(Amethyst (28))	1	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	(Iclevia)	1	QL (91 per 84 days)
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(Enpresse)	1	
<i>levora-28 oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	1	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG		3	
<i>lillow (28) oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	1	
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	(norgestrel-ethinyl estradiol)	1	
<i>luteru (28) oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	1	

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name		Drug Tier	Requirements/Limits
<i>lyleq oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	
<i>lyza oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	1	
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	2	
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	(norethindrone ac-eth estradiol)	2	
<i>microgestin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	1	
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	
<i>mili oral tablet 0.25-0.035 mg</i>	(norgestimate-ethinyl estradiol)	1	
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG		4	
<i>mono-lynyah oral tablet 0.25-0.035 mg</i>	(norgestimate-ethinyl estradiol)	1	
NEXPLANON SUBDERMAL IMPLANT 68 MG		3	
<i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i>	(Xulane)	2	QL (3 per 28 days)
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	(Camila)	1	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(Aurovela Fe 1-20 (28))	1	
<i>norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(Aurovela Fe 1.5/30 (28))	1	
<i>norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	(Tilia Fe)	1	

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name		Drug Tier	Requirements/Limits
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	(Tri-Lo-Estarylla)	1	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	(Tri-Estarylla)	1	
<i>norgestimate-ethinyl estradiol oral tablet 0.25-0.035 mg</i>	(Estarylla)	1	
<i>norlyda oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>		1	
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	(norethindrone-ethin estradiol)	1	
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>		1	
<i>nylia 1/35 (28) oral tablet 1-35 mg-mcg</i>	(norethindrone-ethin estradiol)	1	
<i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>		1	
<i>nymyo oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	1	
<i>pimtreea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	2	
<i>pirmella oral tablet 0.5/0.75/1 mg- 35 mcg</i>		1	
<i>pirmella oral tablet 1-35 mg-mcg</i>	(norethindrone-ethin estradiol)	1	
<i>portia 28 oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	1	
<i>previfem oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	1	
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	1	
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	(levonorgestrel-ethinyl estrad)	1	QL (91 per 84 days)
<i>sharobel oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name		Drug Tier	Requirements/Limits
<i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	2	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG		4	
<i>sprintec (28) oral tablet 0.25-0.035 mg</i>	(norgestimate-ethinyl estradiol)	1	
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	1	
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	1	
<i>tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	
<i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	(norethindrone-e.estradiol-iron)	1	
<i>tri femynor oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	1	
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	(norgestimate-ethinyl estradiol)	1	
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	(norethindrone-e.estradiol-iron)	1	
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	(norgestimate-ethinyl estradiol)	1	
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	(norgestimate-ethinyl estradiol)	1	
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	(norgestimate-ethinyl estradiol)	1	
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	(norgestimate-ethinyl estradiol)	1	
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	(norgestimate-ethinyl estradiol)	1	
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	(norgestimate-ethinyl estradiol)	1	
<i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	1	
<i>tri-previfem (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	1	

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name		Drug Tier	Requirements/Limits
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	(norgestimate-ethinyl estradiol)	1	
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(levonorg-eth estrad triphasic)	1	
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	(norgestimate-ethinyl estradiol)	1	
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	(norgestimate-ethinyl estradiol)	1	
<i>turqoz (28) oral tablet 0.3-30 mg-mcg</i>	(norgestrel-ethinyl estradiol)	1	
<i>valtya oral tablet 1-50 mg-mcg</i>	(ethynodiol diac-eth estradiol)	1	
<i>vienva oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	1	
<i>violele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	2	
<i>volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	2	
<i>vylibra oral tablet 0.25-0.035 mg</i>	(norgestimate-ethinyl estradiol)	1	
<i>xarah fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	(norethindrone-e.estradiol-iron)	1	
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	(norelgestromin-ethin.estradiol)	2	QL (3 per 28 days)
<i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i>	(norelgestromin-ethin.estradiol)	2	QL (3 per 28 days)
<i>zovia 1-35 (28) oral tablet 1-35 mg-mcg</i>	(ethynodiol diac-eth estradiol)	1	
Dental And Oral Agents			
Dental And Oral Agents			
<i>cevimeline oral capsule 30 mg</i>	(Evoxac)	2	
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	(Periogard)	1	
<i>denta 5000 plus dental cream 1.1 %</i>	(fluoride (sodium))	1	
<i>dentagel dental gel 1.1 %</i>	(fluoride (sodium))	1	
<i>fluoride (sodium) dental solution 0.2 %</i>	(PreviDent)	1	

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
<i>periogard mucous membrane mouthwash 0.12 %</i> (chlorhexidine gluconate)	1	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i> (Salagen (pilocarpine))	2	
<i>sf 5000 plus dental cream 1.1 %</i> (fluoride (sodium))	1	
<i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i> (Denta 5000 Plus Sensitive)	1	
<i>triamcinolone acetonide dental paste 0.1 %</i> (Kourzeq)	2	
Dermatological Agents		
Dermatological Agents, Other		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	2	
<i>acyclovir topical ointment 5 %</i> (Zovirax)	2	QL (30 per 30 days)
<i>ammonium lactate topical cream 12 %</i>	1	
<i>ammonium lactate topical lotion 12 %</i> (AmLactin)	1	
<i>calcipotriene scalp solution 0.005 %</i>	2	QL (120 per 30 days)
<i>calcipotriene topical cream 0.005 %</i>	2	QL (120 per 30 days)
<i>calcipotriene topical ointment 0.005 %</i>	2	QL (120 per 30 days)
<i>fluorouracil topical cream 5 %</i> (Efudex)	2	
<i>fluorouracil topical solution 2 %, 5 %</i>	2	
<i>imiquimod topical cream in packet 5 %</i>	2	QL (24 per 30 days)
ISOPROPYL ALCOHOL TOPICAL SWAB 70 %	1	
KLISYRI (250 MG) TOPICAL OINTMENT IN PACKET 1 %	3	QL (5 per 5 days)
<i>methoxsalen oral capsule,liqd-filled,rapid rel 10 mg</i>	5	NDS
PANRETIN TOPICAL GEL 0.1 %	5	NDS; QL (60 per 28 days)
<i>podofilox topical solution 0.5 %</i>	2	

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	4	QL (180 per 30 days)
VALCHLOR TOPICAL GEL 0.016 %	5	PA NSO; NDS
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg (isotretinoin)	2	
Dermatological Antibacterials		
clindamycin phosphate topical solution 1 %	1	QL (180 per 30 days)
clindamycin phosphate topical swab 1 % (Clindacin ETZ)	1	
clindamycin-benzoyl peroxide topical gel 1-5 %	2	
erythromycin with ethanol topical solution 2 %	2	
gentamicin topical cream 0.1 %	2	QL (90 per 30 days)
gentamicin topical ointment 0.1 %	2	QL (120 per 30 days)
metronidazole topical cream 0.75 % (Rosadan)	2	
metronidazole topical gel 0.75 % (Rosadan)	2	
metronidazole topical gel 1 % (Metrogel)	2	
mupirocin topical ointment 2 % (Centany)	1	QL (220 per 30 days)
neuac topical gel 1.2 %(1 % base) -5 % (clindamycin-benzoyl peroxide)	1	
rosadan topical cream 0.75 % (metronidazole)	2	
selenium sulfide topical lotion 2.5 %	1	
silver sulfadiazine topical cream 1 % (SSD)	1	
ssd topical cream 1 % (silver sulfadiazine)	4	
Dermatological Anti-Inflammatory Agents		
ala-cort topical cream 1 % (hydrocortisone)	1	
betamethasone dipropionate topical cream 0.05 %	2	
betamethasone dipropionate topical lotion 0.05 %	2	
betamethasone dipropionate topical ointment 0.05 %	2	

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone valerate topical cream 0.1 %</i>	2	
<i>betamethasone valerate topical lotion 0.1 %</i>	2	
<i>betamethasone valerate topical ointment 0.1 %</i>	1	
<i>betamethasone, augmented topical cream 0.05 %</i>	1	
<i>betamethasone, augmented topical gel 0.05 %</i>	2	
<i>betamethasone, augmented topical lotion 0.05 %</i>	2	
<i>betamethasone, augmented topical ointment 0.05 %</i> (Diprolene (augmented))	2	
<i>clobetasol scalp solution 0.05 %</i>	2	
<i>clobetasol topical cream 0.05 %</i>	2	
<i>clobetasol topical gel 0.05 %</i>	2	
<i>clobetasol topical lotion 0.05 %</i> (Clobex)	2	
<i>clobetasol topical ointment 0.05 %</i>	2	
<i>clobetasol topical shampoo 0.05 %</i> (Clobex)	2	
<i>clobetasol-emollient topical cream 0.05 %</i>	2	
<i>clobetasol-emollient topical foam 0.05 %</i> (Olux-E)	2	
EUCRISA TOPICAL OINTMENT 2 %	3	
<i>fluocinolone topical cream 0.01 %</i>	2	
<i>fluocinolone topical cream 0.025 %</i> (Synalar)	2	
<i>fluocinolone topical ointment 0.025 %</i> (Synalar)	2	
<i>fluocinonide topical cream 0.05 %</i>	2	
<i>fluocinonide topical cream 0.1 %</i> (Vanos)	2	
<i>fluocinonide topical gel 0.05 %</i>	2	
<i>fluocinonide topical ointment 0.05 %</i>	2	
<i>fluocinonide topical solution 0.05 %</i>	2	

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone propionate topical cream 0.05 %</i>	1	
<i>halobetasol propionate topical cream 0.05 %</i>	2	
<i>halobetasol propionate topical ointment 0.05 %</i>	2	
<i>hydrocortisone 2.5% cream</i>	1	
<i>hydrocortisone topical cream 1 %</i> (Ala-Cort)	1	
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i> (Procto-Med HC)	1	
<i>hydrocortisone topical lotion 2.5 %</i>	1	
<i>hydrocortisone topical ointment 1 %</i> (Anti-Itch (HC))	1	
<i>hydrocortisone topical ointment 2.5 %</i>	1	
<i>hydrocortisone valerate topical cream 0.2 %</i>	2	
<i>mometasone topical cream 0.1 %</i>	1	
<i>mometasone topical ointment 0.1 %</i>	1	
<i>mometasone topical solution 0.1 %</i>	1	
<i>pimecrolimus topical cream 1 %</i> (Elidel)	2	QL (100 per 30 days)
<i>procto-med hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone)	2	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone)	2	
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone)	2	
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	2	QL (100 per 30 days)
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide topical cream 0.5 %</i> (Triderm)	1	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	2	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name		Drug Tier	Requirements/Limits
<i>triamcinolone acetonide topical ointment 0.05 %</i>	(Trianex)	1	
Dermatological Retinoids			
<i>adapalene topical cream 0.1 %</i>	(Differin)	2	
ALTRENO TOPICAL LOTION 0.05 %		4	PA
<i>tazarotene topical cream 0.1 %</i>	(Tazorac)	2	
<i>tretinoin topical cream 0.025 %</i>	(Avita)	2	PA
<i>tretinoin topical cream 0.05 %, 0.1 %</i>	(Retin-A)	2	PA
Scabicides And Pediculicides			
<i>malathion topical lotion 0.5 %</i>	(Ovide)	2	
<i>permethrin topical cream 5 %</i>	(Elimite)	2	QL (60 per 30 days)
Devices			
Devices			
1ST TIER UNIFINE PENTP 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	1	PA; ST
1ST TIER UNIFINE PNTIP 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	1	PA; ST
1ST TIER UNIFINE PNTIP 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	1	PA; ST
1ST TIER UNIFINE PNTIP 8MM 31G STRL,SINGLE-USE,SHRT 31 GAUGE X 5/16"	(pen needle, diabetic)	1	PA; ST
1ST TIER UNIFINE PNTP 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	1	PA; ST
1ST TIER UNIFINE PNTP 31GX3/16 31 GAUGE X 3/16"	(pen needle, diabetic)	1	PA; ST
1ST TIER UNIFINE PNTP 32GX5/32 32 GAUGE X 5/32"	(pen needle, diabetic)	1	PA; ST
ABOUTTIME PEN NEEDLE NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	(pen needle, diabetic)	1	PA; ST
ADVOCATE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name		Drug Tier	Requirements/Limits
ADVOCATE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
ADVOCATE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
ADVOCATE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
ADVOCATE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	PA; ST
ADVOCATE INS SYR 0.3 ML 29GX1/2 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
ADVOCATE INS SYR 0.5 ML 29GX1/2 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
ADVOCATE INS SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
ADVOCATE INS SYR 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	1	PA; ST
ADVOCATE PEN NDL 12.7MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	1	PA; ST
ADVOCATE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	PA; ST
ADVOCATE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32"	(pen needle, diabetic)	1	PA; ST
ADVOCATE PEN NEEDLES 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	1	PA; ST
ADVOCATE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	1	PA; ST
ALCOHOL 70% SWABS	(Alcohol Pads)	1	PA; ST
ALCOHOL PADS TOPICAL PADS, MEDICATED	(alcohol swabs)	1	PA; ST
ALCOHOL PREP SWABS TOPICAL PADS, MEDICATED	(alcohol swabs)	1	PA; ST
ALCOHOL WIPES TOPICAL PADS, MEDICATED	(alcohol swabs)	1	PA; ST
AQINJECT PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	1	PA; ST

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
AQINJECT PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" (pen needle, diabetic)	1	PA; ST
ASSURE ID DUO PRO NDL 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic, safety)	1	PA; ST
ASSURE ID DUO-SHIELD 30GX3/16" 30 GAUGE X 3/16"	1	PA; ST
ASSURE ID DUO-SHIELD 30GX5/16" 30 GAUGE X 5/16"	1	PA; ST
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	1	PA; ST
ASSURE ID PEN NEEDLE 30GX3/16" 30 GAUGE X 3/16"	1	PA; ST
ASSURE ID PEN NEEDLE 30GX5/16" 30 GAUGE X 5/16"	1	PA; ST
ASSURE ID PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16" (pen needle, diabetic, safety)	1	PA; ST
ASSURE ID PRO PEN NDL 30G 5MM 30 GAUGE X 3/16"	1	PA; ST
ASSURE ID SYR 0.5 ML 29GX1/2" (RX) 0.5 ML 29 GAUGE X 1/2"	1	PA; ST
ASSURE ID SYR 0.5 ML 31GX15/64" 0.5 ML 31 GAUGE X 15/64"	1	PA; ST
ASSURE ID SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64"	1	PA; ST
AUTOSHIELD DUO PEN NDL 30G 5MM 30 GAUGE X 3/16"	1	PA; ST
BD AUTOSHIELD DUO NDL 5MMX30G 30 GAUGE X 3/16"	1	PA; ST
BD ECLIPSE 30GX1/2" SYRINGE 1 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	1	PA; ST
BD ECLIPSE NEEDLE 30GX1/2" (OTC) 30 X 1/2 "	1	PA; ST
BD INS SYR 0.3 ML 8MMX31G(1/2) 0.3 ML 31 GAUGE X 5/16"	1	PA; ST

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name		Drug Tier	Requirements/Limits
BD INS SYR UF 0.3 ML 12.7MMX30G 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
BD INS SYR UF 0.5 ML 12.7MMX30G NOT FOR RETAIL SALE 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
BD INS SYRN UF 1 ML 12.7MMX30G NOT FOR RETAIL SALE 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
BD INS SYRNG UF 0.3 ML 8MMX31G 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
BD INS SYRNG UF 0.5 ML 8MMX31G 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
BD INSULIN SYR 1 ML 25GX1" 1 ML 25 X 1"		1	PA; ST
BD INSULIN SYR 1 ML 25GX5/8" 1 ML 25 GAUGE X 5/8"	(insulin syringe-needle u-100)	1	PA; ST
BD INSULIN SYR 1 ML 26GX1/2" 1 ML 26 X 1/2"		1	PA; ST
BD INSULIN SYR 1 ML 27GX12.7MM 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
BD INSULIN SYR 1 ML 27GX5/8" MICRO-FINE 1 ML 27 GAUGE X 5/8"	(insulin syringe-needle u-100)	1	PA; ST
BD INSULIN SYRINGE SLIP TIP SYRINGE 1 ML	(insulin syringe needleless)	1	PA; ST
BD INSULIN SYRINGE U-500 SYRINGE 1/2 ML 31 GAUGE X 15/64"	(insulin u-500 syringe- needle)	1	PA; ST
BD LUER-LOK SYRINGE 1 ML	(Easy Touch Luer Lock Insulin)	1	PA; ST
BD NANO 2 GEN PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	PA; ST
BD SAFETGLD INS 0.3 ML 29G 13MM 0.3 ML 29 GAUGE X 1/2"		1	PA; ST

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
BD SAFETGLD INS 0.5 ML 13MMX29G 0.5 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	1	PA; ST
BD SAFETYGLD INS 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"	1	PA; ST
BD SAFETYGLD INS 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16"	1	PA; ST
BD SAFETYGLD INS 1 ML 29G 13MM 1 ML 29 GAUGE X 1/2"	1	PA; ST
BD SAFETYGLID INS 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"	1	PA; ST
BD SAFETYGLIDE SYRINGE 27GX5/8 1 ML 27 GAUGE X 5/8" (insulin syringe-needle u-100)	1	PA; ST
BD SAFTYGLD INS 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64"	1	PA; ST
BD SAFTYGLD INS 0.5 ML 29G 13MM 0.5 ML 29 GAUGE X 1/2"	1	PA; ST
BD SAFTYGLD INS 0.5 ML 6MMX31G 0.5 ML 31 GAUGE X 15/64"	1	PA; ST
BD SINGLE USE SWAB (alcohol swabs)	1	PA; ST
BD UF MICRO PEN NEEDLE 6MMX32G 32 GAUGE X 1/4" (pen needle, diabetic)	1	PA; ST
BD UF MINI PEN NEEDLE 5MMX31G 31 GAUGE X 3/16" (pen needle, diabetic)	1	PA; ST
BD UF NANO PEN NEEDLE 4MMX32G 32 GAUGE X 5/32" (pen needle, diabetic)	1	PA; ST
BD UF ORIG PEN NDL 12.7MMX29G 29 GAUGE X 1/2" (pen needle, diabetic)	1	PA; ST
BD UF SHORT PEN NEEDLE 8MMX31G 31 GAUGE X 5/16" (pen needle, diabetic)	1	PA; ST
BD VEO INS 0.3 ML 6MMX31G (1/2) 0.3 ML 31 GAUGE X 15/64"	1	PA; ST
BD VEO INS SYRING 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64" (insulin syringe-needle u-100)	1	PA; ST

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name		Drug Tier	Requirements/Limits
BD VEO INS SYRN 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	1	PA; ST
BD VEO INS SYRN 0.5 ML 6MMX31G 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	1	PA; ST
BORDERED GAUZE 2"X2" 2 X 2 "	(gauze bandage)	1	PA; ST
CAREFINE PEN NEEDLE 12.7MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	1	PA; ST
CAREFINE PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	1	PA; ST
CAREFINE PEN NEEDLE 5MM 32G 32 GAUGE X 3/16"	(pen needle, diabetic)	1	PA; ST
CAREFINE PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	1	PA; ST
CAREFINE PEN NEEDLE 8MM 30G 30 GAUGE X 5/16"	(pen needle, diabetic)	1	PA; ST
CAREFINE PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	(pen needle, diabetic)	1	PA; ST
CAREFINE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	1	PA; ST
CARETOUCH ALCOHOL 70% PREP PAD	(alcohol swabs)	1	PA; ST
CARETOUCH PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	1	PA; ST
CARETOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	1	PA; ST
CARETOUCH PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	1	PA; ST
CARETOUCH PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	1	PA; ST
CARETOUCH PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	(pen needle, diabetic)	1	PA; ST
CARETOUCH PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	1	PA; ST
CARETOUCH SYR 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
CARETOUCH SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	1	PA; ST
CARETOUCH SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	1	PA; ST
CARETOUCH SYR 1 ML 28GX5/16" 1 ML 28 X 5/16"	1	PA; ST
CARETOUCH SYR 1 ML 29GX5/16" 1 ML 29 GAUGE X 5/16"	1	PA; ST
CARETOUCH SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16 (insulin syringe-needle u-100)	1	PA; ST
CARETOUCH SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	1	PA; ST
CLICKFINE 31G X 5/16" NEEDLES 8MM, UNIVERSAL 31 GAUGE X 5/16" (pen needle, diabetic)	1	PA; ST
CLICKFINE PEN NEEDLE 32GX5/32" 32GX4MM, STERILE 32 GAUGE X 5/32" (pen needle, diabetic)	1	PA; ST
CLICKFINE UNIVERSAL 31G X 1/4" 6MM, STORE BRAND 31 GAUGE X 1/4" (pen needle, diabetic)	1	PA; ST
COMFORT EZ 0.3 ML 31G 15/64" 0.3 ML 31 GAUGE X 15/64" (insulin syringe-needle u-100)	1	PA; ST
COMFORT EZ 0.5 ML 31G 15/64" 1/2 ML 31 GAUGE X 15/64" (insulin syringe-needle u-100)	1	PA; ST
COMFORT EZ INS 0.3 ML 30GX1/2" 0.3 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	1	PA; ST
COMFORT EZ INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	1	PA; ST
COMFORT EZ INS 1 ML 31G 15/64" 1 ML 31 GAUGE X 15/64" (insulin syringe-needle u-100)	1	PA; ST
COMFORT EZ INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	1	PA; ST

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name		Drug Tier	Requirements/Limits
COMFORT EZ INSULIN SYR 0.3 ML 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
COMFORT EZ INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
COMFORT EZ PEN NEEDLE 12MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	1	PA; ST
COMFORT EZ PEN NEEDLES 4MM 32G SINGLE USE, MICRO 32 GAUGE X 5/32"	(pen needle, diabetic)	1	PA; ST
COMFORT EZ PEN NEEDLES 4MM 33G 33 GAUGE X 5/32"	(pen needle, diabetic)	1	PA; ST
COMFORT EZ PEN NEEDLES 5MM 31G MINI 31 GAUGE X 3/16"	(pen needle, diabetic)	1	PA; ST
COMFORT EZ PEN NEEDLES 5MM 32G SINGLE USE,MINI,HRI 32 GAUGE X 3/16"	(pen needle, diabetic)	1	PA; ST
COMFORT EZ PEN NEEDLES 5MM 33G 33 GAUGE X 3/16"	(pen needle, diabetic)	1	PA; ST
COMFORT EZ PEN NEEDLES 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	1	PA; ST
COMFORT EZ PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	(pen needle, diabetic)	1	PA; ST
COMFORT EZ PEN NEEDLES 6MM 33G 33 GAUGE X 1/4"	(pen needle, diabetic)	1	PA; ST
COMFORT EZ PEN NEEDLES 8MM 31G SHORT 31 GAUGE X 5/16"	(pen needle, diabetic)	1	PA; ST
COMFORT EZ PEN NEEDLES 8MM 32G 32 GAUGE X 5/16"	(pen needle, diabetic)	1	PA; ST
COMFORT EZ PEN NEEDLES 8MM 33G 33 GAUGE X 5/16"		1	PA; ST
COMFORT EZ PRO PEN NDL 30G 8MM 30 GAUGE X 5/16"		1	PA; ST
COMFORT EZ PRO PEN NDL 31G 4MM 31 GAUGE X 5/32"	(pen needle, diabetic, safety)	1	PA; ST

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name		Drug Tier	Requirements/Limits
COMFORT EZ PRO PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	1	PA; ST
COMFORT EZ SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
COMFORT EZ SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
COMFORT EZ SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
COMFORT EZ SYR 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
COMFORT EZ SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
COMFORT EZ SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
COMFORT EZ SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
COMFORT EZ SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	1	PA; ST
COMFORT POINT PEN NDL 31GX1/3" 31 GAUGE X 1/3"		1	PA; ST
COMFORT POINT PEN NDL 31GX1/6" 31 GAUGE X 1/6"		1	PA; ST
COMFORT TOUCH PEN NDL 31G 4MM 31 GAUGE X 5/32"	(pen needle, diabetic)	1	PA; ST
COMFORT TOUCH PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	1	PA; ST
COMFORT TOUCH PEN NDL 31G 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	1	PA; ST
COMFORT TOUCH PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	1	PA; ST
COMFORT TOUCH PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	PA; ST
COMFORT TOUCH PEN NDL 32G 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)	1	PA; ST

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
COMFORT TOUCH PEN NDL 32G (pen needle, diabetic) 6MM 32 GAUGE X 1/4"	1	PA; ST
COMFORT TOUCH PEN NDL 32G (pen needle, diabetic) 8MM 32 GAUGE X 5/16"	1	PA; ST
COMFORT TOUCH PEN NDL 33G (pen needle, diabetic) 4MM 33 GAUGE X 5/32"	1	PA; ST
COMFORT TOUCH PEN NDL 33G (pen needle, diabetic) 6MM 33 GAUGE X 1/4"	1	PA; ST
COMFORT TOUCH PEN NDL (pen needle, diabetic) 33GX5MM 33 GAUGE X 3/16"	1	PA; ST
CURAD GAUZE PADS 2" X 2" 2 X (gauze bandage) 2 "	1	PA; ST
CURITY ALCOHOL PREPS 2 (alcohol swabs) PLY,MEDIUM	1	PA; ST
CURITY GAUZE SPONGES (12 PLY)-200/BAG 2 X 2 "	1	PA; ST
CURITY GUAZE PADS 1'S(12 (gauze bandage) PLY) 2 X 2 "	1	PA; ST
DERMACEA 2"X2" GAUZE 12 (gauze bandage) PLY, USP TYPE VII 2 X 2 "	1	PA; ST
DERMACEA GAUZE 2"X2" SPONGE 8 PLY 2 X 2 "	1	PA; ST
DERMACEA NON-WOVEN 2"X2" SPNGE 2 X 2 "	1	PA; ST
DROPLET 0.3 ML 29G 12.7MM(1/2) 0.3 ML 29 GAUGE X 1/2"	1	PA; ST
DROPLET 0.3 ML 30G 12.7MM(1/2) 0.3 ML 30 GAUGE X 1/2"	1	PA; ST
DROPLET 0.5 ML 29GX12.5MM(1/2) 0.5 ML 29 GAUGE X 1/2"	1	PA; ST
DROPLET 0.5 ML 30GX12.5MM(1/2) 0.5 ML 30 GAUGE X 1/2"	1	PA; ST

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
DROPLET INS 0.3 ML 29GX12.5MM 0.3 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	1	PA; ST
DROPLET INS 0.3 ML 30G 8MM(1/2) 0.3 ML 30 GAUGE X 5/16"	1	PA; ST
DROPLET INS 0.3 ML 30GX12.5MM 0.3 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	1	PA; ST
DROPLET INS 0.3 ML 31G 6MM(1/2) 0.3 ML 31 GAUGE X 1/4" (insulin syr/ndl u100 half mark)	1	PA; ST
DROPLET INS 0.3 ML 31G 8MM(1/2) 0.3 ML 31 GAUGE X 5/16"	1	PA; ST
DROPLET INS 0.5 ML 29G 12.7MM 0.5 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	1	PA; ST
DROPLET INS 0.5 ML 30G 12.7MM 0.5 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	1	PA; ST
DROPLET INS 0.5 ML 30GX6MM(1/2) 0.5ML 30 GAUGE X 15/64"	1	PA; ST
DROPLET INS 0.5 ML 30GX8MM(1/2) 0.5 ML 30 GAUGE X 5/16"	1	PA; ST
DROPLET INS 0.5 ML 31GX6MM(1/2) 0.5 ML 31 GAUGE X 15/64"	1	PA; ST
DROPLET INS 0.5 ML 31GX8MM(1/2) 0.5 ML 31 GAUGE X 5/16"	1	PA; ST
DROPLET INS SYR 0.3 ML 30GX6MM 0.3 ML 30 GAUGE X 15/64"	1	PA; ST
DROPLET INS SYR 0.3 ML 30GX8MM 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	1	PA; ST

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name		Drug Tier	Requirements/Limits
DROPLET INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	1	PA; ST
DROPLET INS SYR 0.3 ML 31GX8MM 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
DROPLET INS SYR 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
DROPLET INS SYR 0.5 ML 31G 6MM 1/2 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	1	PA; ST
DROPLET INS SYR 0.5 ML 31G 8MM 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
DROPLET INS SYR 1 ML 29GX12.5MM 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
DROPLET INS SYR 1 ML 30GX12.5MM 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
DROPLET INS SYR 1 ML 30GX6MM 1 ML 30 GAUGE X 15/64"		1	PA; ST
DROPLET INS SYR 1 ML 30GX8MM 1 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
DROPLET INS SYR 1 ML 31G 6MM 1 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	1	PA; ST
DROPLET INS SYR 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	1	PA; ST
DROPLET INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
DROPLET MICRON 34G X 9/64" 34 GAUGE X 9/64"		1	PA; ST
DROPLET PEN NEEDLE 29G 10MM 29 GAUGE X 3/8"		1	PA; ST
DROPLET PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	1	PA; ST

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name		Drug Tier	Requirements/Limits
DROPLET PEN NEEDLE 30G 8MM 30 GAUGE X 5/16"	(pen needle, diabetic)	1	PA; ST
DROPLET PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	1	PA; ST
DROPLET PEN NEEDLE 31G 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	1	PA; ST
DROPLET PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	1	PA; ST
DROPLET PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	PA; ST
DROPLET PEN NEEDLE 32G 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)	1	PA; ST
DROPLET PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	1	PA; ST
DROPLET PEN NEEDLE 32G 8MM 32 GAUGE X 5/16"	(pen needle, diabetic)	1	PA; ST
DROPSAFE ALCOHOL 70% PREP PADS	(alcohol swabs)	1	PA; ST
DROPSAFE INS SYR 0.3 ML 31G 6MM 0.3 ML 31 GAUGE X 15/64"		1	PA; ST
DROPSAFE INS SYR 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"		1	PA; ST
DROPSAFE INS SYR 0.5 ML 31G 6MM 0.5 ML 31 GAUGE X 15/64"		1	PA; ST
DROPSAFE INS SYR 0.5 ML 31G 8MM 0.5 ML 31 GAUGE X 5/16"		1	PA; ST
DROPSAFE INSUL SYR 1 ML 31G 6MM 1 ML 31 GAUGE X 15/64"		1	PA; ST
DROPSAFE INSUL SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16"		1	PA; ST
DROPSAFE INSULN 1 ML 29G 12.5MM 1 ML 29 GAUGE X 1/2"		1	PA; ST
DROPSAFE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"		1	PA; ST
DROPSAFE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	1	PA; ST

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
DROPSAFE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	1	PA; ST
DRUG MART ULTRA COMFORT SYR 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	1	PA; ST
EASY CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic, safety)	1	PA; ST
EASY CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"	1	PA; ST
EASY CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"	1	PA; ST
EASY COMFORT 0.3 ML 31G 1/2" 0.3 ML 31 X 1/2"	1	PA; ST
EASY COMFORT 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	1	PA; ST
EASY COMFORT 0.3 ML SYRINGE 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	1	PA; ST
EASY COMFORT 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	1	PA; ST
EASY COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	1	PA; ST
EASY COMFORT 0.5 ML 32GX5/16" 1/2 ML 32 GAUGE X 5/16"	1	PA; ST
EASY COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	1	PA; ST
EASY COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	1	PA; ST
EASY COMFORT 1 ML 32GX5/16" 1 ML 32 GAUGE X 5/16"	1	PA; ST

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
EASY COMFORT ALCOHOL 70% (alcohol swabs) PAD	1	PA; ST
EASY COMFORT INSULIN 1 ML (insulin syringe-needle SYR 1 ML 30 GAUGE X 5/16 u-100)	1	PA; ST
EASY COMFORT PEN NDL (pen needle, diabetic) 31GX1/4" 31 GAUGE X 1/4"	1	PA; ST
EASY COMFORT PEN NDL (pen needle, diabetic) 31GX3/16" 31 GAUGE X 3/16"	1	PA; ST
EASY COMFORT PEN NDL (pen needle, diabetic) 31GX5/16" 31 GAUGE X 5/16"	1	PA; ST
EASY COMFORT PEN NDL (pen needle, diabetic) 32GX5/32" 32 GAUGE X 5/32"	1	PA; ST
EASY COMFORT PEN NDL 33G (pen needle, diabetic) 4MM 33 GAUGE X 5/32"	1	PA; ST
EASY COMFORT PEN NDL 33G (pen needle, diabetic) 5MM 33 GAUGE X 3/16"	1	PA; ST
EASY COMFORT PEN NDL 33G (pen needle, diabetic) 6MM 33 GAUGE X 1/4"	1	PA; ST
EASY COMFORT SYR 0.5 ML 29G (insulin syringe-needle 8MM 1/2 ML 29 X5/16 " u-100)	1	PA; ST
EASY COMFORT SYR 1 ML 29G 8MM 1 ML 29 GAUGE X 5/16	1	PA; ST
EASY COMFORT SYR 1 ML (insulin syringe-needle 30GX1/2" 1 ML 30 GAUGE X 1/2" u-100)	1	PA; ST
EASY GLIDE INS 0.3 ML (insulin syringe-needle 31GX6MM 0.3 ML 31 GAUGE X u-100) 15/64"	1	PA; ST
EASY GLIDE INS 0.5 ML (insulin syringe-needle 31GX6MM 1/2 ML 31 GAUGE X u-100) 15/64"	1	PA; ST
EASY GLIDE INS 1 ML (insulin syringe-needle 31GX6MM 1 ML 31 GAUGE X u-100) 15/64"	1	PA; ST
EASY GLIDE PEN NEEDLE 4MM (pen needle, diabetic) 33G 33 GAUGE X 5/32"	1	PA; ST
EASY TOUCH 0.3 ML SYR (insulin syringe-needle 30GX1/2" 0.3 ML 30 GAUGE X u-100) 1/2"	1	PA; ST

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name		Drug Tier	Requirements/Limits
EASY TOUCH 0.5 ML SYR 27GX1/2" 1/2 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
EASY TOUCH 0.5 ML SYR 29GX1/2" 0.5 ML 29 GAUGE X 1/2"		1	PA; ST
EASY TOUCH 0.5 ML SYR 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
EASY TOUCH 0.5 ML SYR 30GX5/16 0.5 ML 30 GAUGE X 5/16"		1	PA; ST
EASY TOUCH 1 ML SYR 27GX1/2" 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
EASY TOUCH 1 ML SYR 29GX1/2" 1 ML 29 GAUGE X 1/2"		1	PA; ST
EASY TOUCH 1 ML SYR 30GX1/2" 1 ML 30 GAUGE X 1/2"		1	PA; ST
EASY TOUCH ALCOHOL 70% PADS GAMMA-STERILIZED	(alcohol swabs)	1	PA; ST
EASY TOUCH FLIPLOK 1 ML 27GX0.5 1 ML 27 GAUGE X 1/2"		1	PA; ST
EASY TOUCH INSULIN 1 ML 29GX1/2 1 ML 29 GAUGE X 1/2"		1	PA; ST
EASY TOUCH INSULIN 1 ML 30GX1/2 1 ML 30 GAUGE X 1/2"		1	PA; ST
EASY TOUCH INSULIN SYR 0.3 ML 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
EASY TOUCH INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
EASY TOUCH INSULIN SYR 1 ML 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	PA; ST
EASY TOUCH INSULIN SYR 1 ML RETRACTABLE 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH INSULN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	1	PA; ST
EASY TOUCH INSULN 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	1	PA; ST
EASY TOUCH INSULN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16"	1	PA; ST
EASY TOUCH INSULN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16"	1	PA; ST
EASY TOUCH INSULN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16"	1	PA; ST
EASY TOUCH INSULN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16"	1	PA; ST
EASY TOUCH LUER LOK INSUL 1 ML (insulin syringe needleless)	1	PA; ST
EASY TOUCH PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2" (pen needle, diabetic)	1	PA; ST
EASY TOUCH PEN NEEDLE 30GX5/16 30 GAUGE X 5/16" (pen needle, diabetic)	1	PA; ST
EASY TOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4" (pen needle, diabetic)	1	PA; ST
EASY TOUCH PEN NEEDLE 31GX3/16 31 GAUGE X 3/16" (pen needle, diabetic)	1	PA; ST
EASY TOUCH PEN NEEDLE 31GX5/16 31 GAUGE X 5/16" (pen needle, diabetic)	1	PA; ST
EASY TOUCH PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4" (pen needle, diabetic)	1	PA; ST
EASY TOUCH PEN NEEDLE 32GX3/16 32 GAUGE X 3/16" (pen needle, diabetic)	1	PA; ST
EASY TOUCH PEN NEEDLE 32GX5/32 32 GAUGE X 5/32" (pen needle, diabetic)	1	PA; ST
EASY TOUCH SAF PEN NDL 29G 5MM 29 GAUGE X 3/16"	1	PA; ST
EASY TOUCH SAF PEN NDL 29G 8MM 29 GAUGE X 5/16"	1	PA; ST
EASY TOUCH SAF PEN NDL 30G 5MM 30 GAUGE X 3/16"	1	PA; ST

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name		Drug Tier	Requirements/Limits
EASY TOUCH SAF PEN NDL 30G 8MM 30 GAUGE X 5/16"		1	PA; ST
EASY TOUCH SYR 0.5 ML 28G 12.7MM 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
EASY TOUCH SYR 0.5 ML 29G 12.7MM 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
EASY TOUCH SYR 1 ML 27G 16MM 1 ML 27 GAUGE X 5/8"	(insulin syringe-needle u-100)	1	PA; ST
EASY TOUCH SYR 1 ML 28G 12.7MM 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
EASY TOUCH SYR 1 ML 29G 12.7MM 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
EASY TOUCH UNI-SLIP SYR 1 ML	(insulin syringe needleless)	1	PA; ST
EASYTOUCH SAF PEN NDL 30G 6MM 30 GAUGE X 1/4"		1	PA; ST
EMBRACE PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	1	PA; ST
EMBRACE PEN NEEDLE 30G 5MM 30 GAUGE X 3/16"	(pen needle, diabetic)	1	PA; ST
EMBRACE PEN NEEDLE 30G 8MM 30 GAUGE X 5/16"	(pen needle, diabetic)	1	PA; ST
EMBRACE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	1	PA; ST
EMBRACE PEN NEEDLE 31G 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	1	PA; ST
EMBRACE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	1	PA; ST
EMBRACE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	PA; ST
EQL INSULIN 0.3 ML SYRINGE SHORT NEEDLE 0.3 ML 30	(Ultra Comfort Insulin Syringe)	1	PA; ST
EQL INSULIN 0.5 ML SYRINGE SHORT NEEDLE 1/2 ML 30 GAUGE	(Ultra Comfort Insulin Syringe)	1	PA; ST
EQL INSULIN 1 ML SYRINGE SHORT NEEDLE 1 ML 30 GAUGE X 7/16"	(Ultra Comfort Insulin Syringe)	1	PA; ST

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
FIFTY50 INS SYR 1 ML 31GX5/16" SHORT NEEDLE (OTC) 1 ML 31 GAUGE X 5/16 (Advocate Syringes)	1	PA; ST
FIFTY50 PEN 31G X 3/16" NEEDLE (OTC) 31 GAUGE X 3/16" (pen needle, diabetic)	1	PA; ST
FP INSULIN 1 ML SYRINGE 1 ML 28 GAUGE (Ultra Comfort Insulin Syringe)	1	PA; ST
FREESTYLE PREC 0.5 ML 30GX5/16 0.5 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	1	PA; ST
FREESTYLE PREC 0.5 ML 31GX5/16 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	1	PA; ST
FREESTYLE PREC 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16 u-100) (insulin syringe-needle u-100)	1	PA; ST
FREESTYLE PREC 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 u-100) (insulin syringe-needle u-100)	1	PA; ST
GAUZE PAD TOPICAL BANDAGE 2 X 2 " (gauze bandage)	1	PA; ST
GNP ULT C 0.3 ML 29GX1/2" (1/2) 1/2 UNIT 0.3 ML 29 GAUGE X 1/2"	1	PA; ST
GNP ULTRA COMFORT 0.5 ML SYR 1/2 ML 29 , 1/2 ML 30 GAUGE (insulin syringe-needle u-100)	1	PA; ST
GNP ULTRA COMFORT 1 ML SYRINGE 1 ML 28 GAUGE, 1 ML 30 GAUGE X 7/16" (insulin syringe-needle u-100)	1	PA; ST
GNP ULTRA COMFORT 1 ML SYRINGE 1 ML 29 GAUGE	1	PA; ST
GNP ULTRA COMFORT 3/10 ML SYR 0.3 ML 30 (insulin syringe-needle u-100)	1	PA; ST
HEALTHWISE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	1	PA; ST
HEALTHWISE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	1	PA; ST

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name		Drug Tier	Requirements/Limits
HEALTHWISE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
HEALTHWISE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
HEALTHWISE INS 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	1	PA; ST
HEALTHWISE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	PA; ST
HEALTHWISE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	1	PA; ST
HEALTHWISE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	1	PA; ST
HEALTHWISE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	PA; ST
HEALTHY ACCENTS PENTIP 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	1	PA; ST
HEALTHY ACCENTS PENTIP 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	1	PA; ST
HEALTHY ACCENTS PENTIP 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	1	PA; ST
HEALTHY ACCENTS PENTIP 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	1	PA; ST
HEALTHY ACCENTS PENTP 12MM 29G 29 GAUGE X 1/2"		1	PA; ST
HEB INCONTROL ALCOHOL 70% PADS	(alcohol swabs)	1	PA; ST
INCONTROL PEN NEEDLE 12MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	1	PA; ST
INCONTROL PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	1	PA; ST
INCONTROL PEN NEEDLE 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	1	PA; ST
INCONTROL PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	1	PA; ST
INCONTROL PEN NEEDLE 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	1	PA; ST

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN	3	
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN	3	
INSULIN SYR 0.3 ML (Droplet Insulin Syr(half 31GX1/4(1/2) 0.3 ML 31 GAUGE X unit)) 1/4"	1	PA; ST
INSULIN SYRIN 0.5 ML 28GX1/2" (Comfort EZ Insulin (OTC) 1/2 ML 28 GAUGE X 1/2" Syringe)	1	PA; ST
INSULIN SYRIN 0.5 ML 29GX1/2" (Comfort EZ Insulin (OTC) 0.5 ML 29 GAUGE X 1/2" Syringe)	1	PA; ST
INSULIN SYRIN 0.5 ML 30GX1/2" (Comfort EZ Insulin (RX) 0.5 ML 30 GAUGE X 1/2" Syringe)	1	PA; ST
INSULIN SYRIN 0.5 ML (Advocate Syringes) 30GX5/16" SHORT NEEDLE (OTC) 0.5 ML 30 GAUGE X 5/16"	1	PA; ST
INSULIN SYRINGE 0.5 ML 27G 1/2" (Easy Touch Insulin OUTER 1/2 ML 27 GAUGE X 1/2" Syringe)	1	PA; ST
INSULIN SYRINGE 0.3 ML 0.3 ML (insulin syringe-needle 29 GAUGE u-100)	1	PA; ST
INSULIN SYRINGE 0.3 ML (Sure Comfort Insulin 31GX1/4 0.3 ML 31 GAUGE X 1/4" Syringe)	1	PA; ST
INSULIN SYRINGE 0.5 ML 1/2 ML (insulin syringe-needle 29 u-100)	1	PA; ST
INSULIN SYRINGE 0.5 ML (Droplet Insulin 31GX1/4 1/2 ML 31 GAUGE X 1/4" Syringe)	1	PA; ST
INSULIN SYRINGE 1 ML 1 ML 29 GAUGE	1	PA; ST
INSULIN SYRINGE 1 ML 27G 1/2" (Easy Touch Insulin INNER 1 ML 27 GAUGE X 1/2" Syringe)	1	PA; ST
INSULIN SYRINGE 1 ML 27G (BD SafetyGlide 16MM 1 ML 27 GAUGE X 5/8" Syringe)	1	PA; ST
INSULIN SYRINGE 1 ML (Comfort EZ Insulin 28GX1/2" (OTC) 1 ML 28 GAUGE Syringe) X 1/2"	1	PA; ST

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRINGE 1 ML (BD Eclipse Luer-Lok) 30GX1/2" (RX) 1 ML 30 GAUGE X 1/2"	1	PA; ST
INSULIN SYRINGE 1 ML (Advocate Syringes) 30GX5/16" SHORT NEEDLE (OTC) 1 ML 30 GAUGE X 5/16"	1	PA; ST
INSULIN SYRINGE 1 ML (Droplet Insulin Syringe) 31GX1/4" 1 ML 31 GAUGE X 1/4"	1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE (Ultilet Insulin Syringe)	1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1 ML 29 GAUGE X 1/2" (Comfort EZ Insulin Syringe)	1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1/2 ML 28 GAUGE (Monoject Syringe)	1	PA; ST
INSUPEN 30G ULTRAFIN NEEDLE 30 GAUGE X 5/16" (pen needle, diabetic)	1	PA; ST
INSUPEN 31G ULTRAFIN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16" (pen needle, diabetic)	1	PA; ST
INSUPEN 32G 6MM PEN NEEDLE 32 GAUGE X 1/4" (pen needle, diabetic)	1	PA; ST
INSUPEN 32G 8MM PEN NEEDLE 32 GAUGE X 5/16" (pen needle, diabetic)	1	PA; ST
INSUPEN PEN NEEDLE 29GX12MM 29 GAUGE X 1/2" (pen needle, diabetic)	1	PA; ST
INSUPEN PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16" (pen needle, diabetic)	1	PA; ST
INSUPEN PEN NEEDLE 32GX4MM 32 GAUGE X 5/32" (pen needle, diabetic)	1	PA; ST
INSUPEN PEN NEEDLE 33GX4MM 33 GAUGE X 5/32" (pen needle, diabetic)	1	PA; ST
IV ANTISEPTIC WIPES (alcohol swabs)	1	PA; ST
KENDALL ALCOHOL 70% PREP PAD (alcohol swabs)	1	PA; ST
LISCO SPONGES 100/BAG 2 X 2 "	1	PA; ST
LITE TOUCH 31GX1/4" PEN NEEDLE 31 GAUGE X 1/4" (pen needle, diabetic)	1	PA; ST

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
LITE TOUCH INSULIN 0.5 ML SYR 1/2 ML 28 GAUGE, 1/2 ML 29 , 1/2 ML 30 GAUGE (insulin syringe-needle u-100)	1	PA; ST
LITE TOUCH INSULIN 1 ML SYR 1 ML 28 GAUGE, 1 ML 30 GAUGE X 7/16" (insulin syringe-needle u-100)	1	PA; ST
LITE TOUCH INSULIN 1 ML SYR 1 ML 29 GAUGE	1	PA; ST
LITE TOUCH INSULIN SYR 1 ML 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	1	PA; ST
LITE TOUCH PEN NEEDLE 29G 29 GAUGE X 1/2" (pen needle, diabetic)	1	PA; ST
LITE TOUCH PEN NEEDLE 31G 31 GAUGE X 3/16", 31 GAUGE X 5/16" (pen needle, diabetic)	1	PA; ST
LITETOUCH INS 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	1	PA; ST
LITETOUCH INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	1	PA; ST
LITETOUCH INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	1	PA; ST
LITETOUCH INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	1	PA; ST
LITETOUCH SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	1	PA; ST
LITETOUCH SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	1	PA; ST
LITETOUCH SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	1	PA; ST
LITETOUCH SYRIN 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	1	PA; ST

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
LITETOUCH SYRIN 1 ML (insulin syringe-needle 29GX1/2" 1 ML 29 GAUGE X 1/2" u-100)	1	PA; ST
LITETOUCH SYRIN 1 ML (insulin syringe-needle 30GX5/16" 1 ML 30 GAUGE X 5/16 u-100)	1	PA; ST
MAGELLAN INSUL SYRINGE 0.3 ML 0.3 ML 30 X 5/16"	1	PA; ST
MAGELLAN INSUL SYRINGE 0.5 ML 0.5 ML 30 GAUGE X 5/16"	1	PA; ST
MAGELLAN INSULIN SYR 0.3 ML 0.3 ML 29 GAUGE X 1/2"	1	PA; ST
MAGELLAN INSULIN SYR 0.5 ML 0.5 ML 29 GAUGE X 1/2"	1	PA; ST
MAGELLAN INSULIN SYRINGE 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16"	1	PA; ST
MAXICOMFORT II PEN NDL (pen needle, diabetic) 31GX6MM 31 GAUGE X 1/4"	1	PA; ST
MAXICOMFORT INS 0.5 ML (insulin syringe-needle 27GX1/2" 1/2 ML 27 GAUGE X u-100) 1/2"	1	PA; ST
MAXI-COMFORT INS 0.5 ML 28G (insulin syringe-needle 1/2 ML 28 GAUGE X 1/2" u-100)	1	PA; ST
MAXICOMFORT INS 1 ML (insulin syringe-needle 27GX1/2" 1 ML 27 GAUGE X 1/2" u-100)	1	PA; ST
MAXI-COMFORT INS 1 ML (insulin syringe-needle 28GX1/2" 1 ML 28 GAUGE X 1/2" u-100)	1	PA; ST
MAXICOMFORT PEN NDL 29G X 5MM 29 GAUGE X 3/16"	1	PA; ST
MAXICOMFORT PEN NDL 29G X 8MM 29 GAUGE X 5/16"	1	PA; ST
MICRODOT PEN NEEDLE (pen needle, diabetic) 31GX6MM 31 GAUGE X 1/4"	1	PA; ST
MICRODOT PEN NEEDLE (pen needle, diabetic) 32GX4MM 32 GAUGE X 5/32"	1	PA; ST
MICRODOT PEN NEEDLE (pen needle, diabetic) 33GX4MM 33 GAUGE X 5/32"	1	PA; ST

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name		Drug Tier	Requirements/Limits
MICRODOT READYGARD NDL 31G 5MM OUTER 31 GAUGE X 3/16"		1	PA; ST
MINI PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(1st Tier Unifine Pentips)	1	PA; ST
MINI PEN NEEDLE 32G 5MM 32 GAUGE X 3/16"	(CareFine Pen Needle)	1	PA; ST
MINI PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	(CareFine Pen Needle)	1	PA; ST
MINI PEN NEEDLE 32G 8MM 32 GAUGE X 5/16"	(Comfort EZ Pen Needles)	1	PA; ST
MINI PEN NEEDLE 33G 4MM 33 GAUGE X 5/32"	(Advocate Pen Needle)	1	PA; ST
MINI PEN NEEDLE 33G 5MM 33 GAUGE X 3/16"	(Comfort EZ Pen Needles)	1	PA; ST
MINI PEN NEEDLE 33G 6MM 33 GAUGE X 1/4"	(Comfort EZ Pen Needles)	1	PA; ST
MINI ULTRA-THIN II PEN NDL 31G STERILE 31 GAUGE X 3/16"	(pen needle, diabetic)	1	PA; ST
MONOJECT 0.5 ML SYRN 28GX1/2" 1/2 ML 28 GAUGE	(insulin syringe-needle u-100)	1	PA; ST
MONOJECT 1 ML SYRN 27X1/2" 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
MONOJECT 1 ML SYRN 28GX1/2" (OTC) 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
MONOJECT INSUL SYR U100 (OTC) 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
MONOJECT INSUL SYR U100 .5ML,29GX1/2" (OTC) 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
MONOJECT INSUL SYR U100 0.5 ML CONVERTS TO 29G (OTC) 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
MONOJECT INSUL SYR U100 1 ML 1 ML 25 GAUGE X 5/8"	(insulin syringe-needle u-100)	1	PA; ST
MONOJECT INSUL SYR U100 1 ML 3'S, 29GX1/2" (OTC) 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name		Drug Tier	Requirements/Limits
MONOJECT INSUL SYR U100 1 ML W/O NEEDLE (OTC)	(insulin syringes (disposable))	1	PA; ST
MONOJECT INSULIN SYR 0.3 ML (OTC) 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
MONOJECT INSULIN SYR 0.3 ML 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
MONOJECT INSULIN SYR 0.5 ML (OTC) 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
MONOJECT INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
MONOJECT INSULIN SYR 1 ML 3'S (OTC) 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	1	PA; ST
MONOJECT INSULIN SYR U-100 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
MONOJECT INSULIN SYR U-100 29 GAUGE X 1/2"		1	PA; ST
MONOJECT SYRINGE 0.3 ML 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
MONOJECT SYRINGE 0.5 ML 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
MONOJECT SYRINGE 1 ML 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	PA; ST
NANO 2 GEN PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	PA; ST
NOVOFINE 30 NEEDLE		1	PA; ST
NOVOFINE 32G NEEDLES 32 GAUGE X 1/4"	(pen needle, diabetic)	1	PA; ST
NOVOFINE PLUS PEN NDL 32GX1/6" 32 GAUGE X 1/6"		1	PA; ST
NOVOTWIST NEEDLE 32G 5MM 32 GAUGE X 1/5"		1	PA; ST
OMNIPOD 5 (G6/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE		3	QL (10 per 30 days)
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE		3	QL (1 per 365 days)

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	3	QL (10 per 30 days)
OMNIPOD 5 INTRO(G6/LIBRE2PLUS) SUBCUTANEOUS CARTRIDGE	3	QL (1 per 365 days)
OMNIPOD CLASSIC PDM KIT(GEN 3)	3	QL (1 per 365 days)
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE	3	QL (10 per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	3	QL (1 per 365 days)
OMNIPOD DASH PDM KIT (GEN 4)	3	QL (1 per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	3	QL (10 per 30 days)
PC UNIFINE PENTIPS 8MM (pen needle, diabetic) NEEDLE SHORT 31 GAUGE X 5/16"	1	PA; ST
PEN NEEDLE 30G 5MM OUTER (Embrace Pen Needle) 30 GAUGE X 3/16"	1	PA; ST
PEN NEEDLE 30G 8MM INNER 30 (CareFine Pen Needle) GAUGE X 5/16"	1	PA; ST
PEN NEEDLE 30G X 5/16" 30 (pen needle, diabetic) GAUGE X 5/16"	1	PA; ST
PEN NEEDLE, DIABETIC (1st Tier Unifine Pentips NEEDLE 29 GAUGE X 1/2" Plus)	1	PA; ST
PEN NEEDLES 12MM 29G (pen needle, diabetic) 29GX12MM,STRL 29 GAUGE X 1/2"	1	PA; ST
PEN NEEDLES 4MM 32G 32 (pen needle, diabetic) GAUGE X 5/32"	1	PA; ST
PEN NEEDLES 6MM 31G (1st Tier Unifine 31GX6MM, STRL 31 GAUGE X Pentips) 1/4"	1	PA; ST
PEN NEEDLES 8MM 31G (pen needle, diabetic) 31GX8MM,STRL,SHORT (OTC) 31 GAUGE X 5/16"	1	PA; ST

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
PENTIPS PEN NEEDLE 29G 1/2" (pen needle, diabetic) 29 GAUGE X 1/2"	1	PA; ST
PENTIPS PEN NEEDLE 31G 1/4" (pen needle, diabetic) 31 GAUGE X 1/4"	1	PA; ST
PENTIPS PEN NEEDLE 31GX3/16" (pen needle, diabetic) MINI, 5MM 31 GAUGE X 3/16"	1	PA; ST
PENTIPS PEN NEEDLE 31GX5/16" (pen needle, diabetic) SHORT, 8MM 31 GAUGE X 5/16"	1	PA; ST
PENTIPS PEN NEEDLE 32G 1/4" (pen needle, diabetic) 32 GAUGE X 1/4"	1	PA; ST
PENTIPS PEN NEEDLE 32GX5/32" (pen needle, diabetic) 4MM 32 GAUGE X 5/32"	1	PA; ST
PIP PEN NEEDLE 31G X 5MM 31 (pen needle, diabetic) GAUGE X 3/16"	1	PA; ST
PIP PEN NEEDLE 32G X 4MM 32 (pen needle, diabetic) GAUGE X 5/32"	1	PA; ST
PREVENT PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	1	PA; ST
PREVENT PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	1	PA; ST
PRO COMFORT 0.5 ML 30GX1/2" (insulin syringe-needle 0.5 ML 30 GAUGE X 1/2" u-100)	1	PA; ST
PRO COMFORT 0.5 ML 30GX5/16" (insulin syringe-needle 0.5 ML 30 GAUGE X 5/16" u-100)	1	PA; ST
PRO COMFORT 0.5 ML 31GX5/16" (insulin syringe-needle 0.5 ML 31 GAUGE X 5/16" u-100)	1	PA; ST
PRO COMFORT 1 ML 30GX1/2" 1 (insulin syringe-needle ML 30 GAUGE X 1/2" u-100)	1	PA; ST
PRO COMFORT 1 ML 30GX5/16" 1 (insulin syringe-needle ML 30 GAUGE X 5/16 u-100)	1	PA; ST
PRO COMFORT 1 ML 31GX5/16" 1 (insulin syringe-needle ML 31 GAUGE X 5/16 u-100)	1	PA; ST
PRO COMFORT ALCOHOL 70% (alcohol swabs) PADS	1	PA; ST
PRO COMFORT PEN NDL (pen needle, diabetic) 31GX5/16" 31 GAUGE X 5/16"	1	PA; ST

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
PRO COMFORT PEN NDL 32G X 1/4" 32 GAUGE X 1/4" (pen needle, diabetic)	1	PA; ST
PRO COMFORT PEN NDL 4MM 32G 32 GAUGE X 5/32" (pen needle, diabetic)	1	PA; ST
PRO COMFORT PEN NDL 5MM 32G 32 GAUGE X 3/16" (pen needle, diabetic)	1	PA; ST
PRODIGY INS SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	1	PA; ST
PRODIGY SYRNG 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	1	PA; ST
PRODIGY SYRNGE 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	1	PA; ST
PURE CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic, safety)	1	PA; ST
PURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"	1	PA; ST
PURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"	1	PA; ST
PURE COMFORT ALCOHOL 70% PADS (alcohol swabs)	1	PA; ST
PURE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32" (pen needle, diabetic)	1	PA; ST
PURE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16" (pen needle, diabetic)	1	PA; ST
PURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4" (pen needle, diabetic)	1	PA; ST
PURE COMFORT PEN NDL 32G 8MM 32 GAUGE X 5/16" (pen needle, diabetic)	1	PA; ST
RAYA SURE PEN NEEDLE 29G 12MM 29 GAUGE X 15/32"	1	PA; ST
RAYA SURE PEN NEEDLE 31G 4MM 31 GAUGE X 5/32" (Comfort Touch Pen Needle)	1	PA; ST
RAYA SURE PEN NEEDLE 31G 5MM 31 GAUGE X 13/64"	1	PA; ST
RAYA SURE PEN NEEDLE 31G 6MM 31 GAUGE X 15/64"	1	PA; ST

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name		Drug Tier	Requirements/Limits
RELION INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	(Comfort EZ Insulin Syringe)	1	PA; ST
RELION INS SYR 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64"	(Comfort EZ Insulin Syringe)	1	PA; ST
RELION INS SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64"	(Comfort EZ Insulin Syringe)	1	PA; ST
RELI-ON INSULIN 0.5 ML SYR 1/2 ML 29	(Ultilet Insulin Syringe)	1	PA; ST
RELI-ON INSULIN 1 ML SYR 1 ML 29 GAUGE X 7/16"		1	PA; ST
RELION MINI PEN 31G X 1/4" NDL 31 GAUGE X 1/4"	(pen needle, diabetic)	1	PA; ST
SAFESNAP INS SYR UNITS-100 0.3 ML 30GX5/16",10X10 0.3 ML 30 GAUGE X 5/16"		1	PA; ST
SAFESNAP INS SYR UNITS-100 0.5 ML 29GX1/2",10X10 0.5 ML 29 GAUGE X 1/2"		1	PA; ST
SAFESNAP INS SYR UNITS-100 0.5 ML 30GX5/16",10X10 0.5 ML 30 GAUGE X 5/16"		1	PA; ST
SAFESNAP INS SYR UNITS-100 1 ML 28GX1/2",10X10 1 ML 28 GAUGE X 1/2"		1	PA; ST
SAFESNAP INS SYR UNITS-100 1 ML 29GX1/2",10X10 1 ML 29 GAUGE X 1/2"		1	PA; ST
SAFETY PEN NEEDLE 31G 4MM 31 GAUGE X 5/32"	(Comfort EZ PRO Safety Pen Ndl)	1	PA; ST
SAFETY PEN NEEDLE 5MM X 31G 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	1	PA; ST
SAFETY SYRINGE 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2"		1	PA; ST

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
SECURESAFE PEN NDL 30GX5/16" OUTER 30 GAUGE X 5/16"	1	PA; ST
SECURESAFE SYR 0.5 ML 29G 1/2" OUTER 0.5 ML 29 GAUGE X 1/2"	1	PA; ST
SECURESAFE SYRNG 1 ML 29G 1/2" OUTER 1 ML 29 GAUGE X 1/2"	1	PA; ST
SKY SAFETY PEN NEEDLE 30G 5MM 30 GAUGE X 3/16"	1	PA; ST
SKY SAFETY PEN NEEDLE 30G 8MM 30 GAUGE X 5/16"	1	PA; ST
SM ULT CFT 0.3 ML 31GX5/16(1/2) 0.3 ML 31 GAUGE X 5/16"	1	PA; ST
STERILE PADS 2" X 2" 2 X 2 " (gauze bandage)	1	PA; ST
SURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"	1	PA; ST
SURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"	1	PA; ST
NEEDLES, INSULIN DISP., (insulin syringe-needle SAFETY u-100)	1	PA; ST
SURE COMFORT 0.5 ML (insulin syringe-needle SYRINGE 0.5 ML 30 GAUGE X u-100) 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2"	1	PA; ST
SURE COMFORT 1 ML SYRINGE (insulin syringe-needle 1 ML 28 GAUGE X 1/2", 1 ML 29 u-100) GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	1	PA; ST
SURE COMFORT 3/10 ML (insulin syringe-needle SYRINGE 0.3 ML 29 GAUGE X u-100) 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16"	1	PA; ST

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
SURE COMFORT 3/10 ML SYRINGE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	1	PA; ST
SURE COMFORT 30G PEN NEEDLE 30 GAUGE X 5/16" (pen needle, diabetic)	1	PA; ST
SURE COMFORT ALCOHOL PREP PADS (alcohol swabs)	1	PA; ST
SURE COMFORT INS 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4" (insulin syringe-needle u-100)	1	PA; ST
SURE COMFORT INS 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4" (insulin syringe-needle u-100)	1	PA; ST
SURE COMFORT INS 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4" (insulin syringe-needle u-100)	1	PA; ST
SURE COMFORT PEN NDL 29GX1/2" 12.7MM 29 GAUGE X 1/2" (pen needle, diabetic)	1	PA; ST
SURE COMFORT PEN NDL 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic)	1	PA; ST
SURE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16" (pen needle, diabetic)	1	PA; ST
SURE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32" (pen needle, diabetic)	1	PA; ST
SURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4" (pen needle, diabetic)	1	PA; ST
SURE-FINE PEN NEEDLES 12.7MM 29 GAUGE X 1/2" (pen needle, diabetic)	1	PA; ST
SURE-FINE PEN NEEDLES 5MM 31 GAUGE X 3/16" (pen needle, diabetic)	1	PA; ST
SURE-FINE PEN NEEDLES 8MM 31 GAUGE X 5/16" (pen needle, diabetic)	1	PA; ST
SURE-JECT INSU SYR U100 0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	1	PA; ST
SURE-JECT INSU SYR U100 0.5 ML 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	1	PA; ST

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
SURE-JECT INSU SYR U100 1 ML 1 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	1	PA; ST
SURE-JECT INSUL SYR U100 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16 (insulin syringe-needle u-100)	1	PA; ST
SURE-JECT INSULIN SYRINGE 1 ML 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	1	PA; ST
SURE-PREP ALCOHOL PREP PADS (alcohol swabs)	1	PA; ST
TECHLITE 0.3 ML 29GX12MM (1/2) 0.3 ML 29 GAUGE X 1/2"	1	PA; ST
TECHLITE 0.3 ML 30GX8MM (1/2) 0.3 ML 30 GAUGE X 5/16"	1	PA; ST
TECHLITE 0.3 ML 31GX6MM (1/2) 0.3 ML 31 GAUGE X 15/64"	1	PA; ST
TECHLITE 0.3 ML 31GX8MM (1/2) 0.3 ML 31 GAUGE X 5/16"	1	PA; ST
TECHLITE 0.5 ML 30GX12MM (1/2) 0.5 ML 30 GAUGE X 1/2"	1	PA; ST
TECHLITE 0.5 ML 30GX8MM (1/2) 0.5 ML 30 GAUGE X 5/16"	1	PA; ST
TECHLITE 0.5 ML 31GX6MM (1/2) 0.5 ML 31 GAUGE X 15/64"	1	PA; ST
TECHLITE 0.5 ML 31GX8MM (1/2) 0.5 ML 31 GAUGE X 5/16"	1	PA; ST
TECHLITE INS SYR 1 ML 29GX12MM 1 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	1	PA; ST
TECHLITE INS SYR 1 ML 30GX12MM 1 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	1	PA; ST
TECHLITE INS SYR 1 ML 30GX8MM 1 ML 30 GAUGE X 5/16 (insulin syringe-needle u-100)	1	PA; ST
TECHLITE INS SYR 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64" (insulin syringe-needle u-100)	1	PA; ST

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name		Drug Tier	Requirements/Limits
TECHLITE INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	PA; ST
TECHLITE PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	1	PA; ST
TECHLITE PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8"		1	PA; ST
TECHLITE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	1	PA; ST
TECHLITE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	1	PA; ST
TECHLITE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	1	PA; ST
TECHLITE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	1	PA; ST
TECHLITE PEN NEEDLE 32GX5/16" 32 GAUGE X 5/16"	(pen needle, diabetic)	1	PA; ST
TECHLITE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	1	PA; ST
TECHLITE PLUS PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	PA; ST
TERUMO INS SYRINGE U100-1 ML 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
TERUMO INS SYRINGE U100-1 ML 1 ML 30 GAUGE X 3/8"	(Thinpro Insulin Syringe)	1	PA; ST
TERUMO INS SYRINGE U100-1/2 ML 1/2 ML 30 X 3/8"	(insulin syringe-needle u-100)	1	PA; ST
TERUMO INS SYRINGE U100-1/3 ML 0.3 ML 30 X 3/8"	(insulin syringe-needle u-100)	1	PA; ST
TERUMO INS SYRNG U100-1/2 ML 0.5 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
THINPRO INS SYRIN U100-0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 X 3/8"	(insulin syringe-needle u-100)	1	PA; ST

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
THINPRO INS SYRIN U100-0.3 ML 0.3 ML 31 X 3/8"	1	PA; ST
THINPRO INS SYRIN U100-0.5 ML 0.5 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8" (insulin syringe-needle u-100)	1	PA; ST
THINPRO INS SYRIN U100-0.5 ML 0.5 ML 31 X 3/8"	1	PA; ST
THINPRO INS SYRIN U100-1 ML 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8" (insulin syringe-needle u-100)	1	PA; ST
THINPRO INS SYRIN U100-1 ML 1 ML 31 X 3/8"	1	PA; ST
TOPCARE CLICKFINE 31G X 1/4" 31 GAUGE X 1/4" (pen needle, diabetic)	1	PA; ST
TOPCARE CLICKFINE 31G X 5/16" 31 GAUGE X 5/16" (pen needle, diabetic)	1	PA; ST
TOPCARE ULTRA COMFORT SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	1	PA; ST
TRUE CMFRT PRO 0.5 ML 30G 5/16" 0.5 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	1	PA; ST
TRUE CMFRT PRO 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	1	PA; ST
TRUE CMFRT PRO 0.5 ML 32G 5/16" 1/2 ML 32 GAUGE X 5/16"	1	PA; ST
TRUE CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic, safety)	1	PA; ST
TRUE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"	1	PA; ST
TRUE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"	1	PA; ST

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name		Drug Tier	Requirements/Limits
TRUE COMFORT 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2"		1	PA; ST
TRUE COMFORT 0.5 ML 30G 5/16" 0.5 ML 30 GAUGE X 5/16"		1	PA; ST
TRUE COMFORT 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"		1	PA; ST
TRUE COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
TRUE COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
TRUE COMFORT ALCOHOL 70% PADS	(alcohol swabs)	1	PA; ST
TRUE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	1	PA; ST
TRUE COMFORT PEN NDL 31GX5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	1	PA; ST
TRUE COMFORT PEN NDL 31GX6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	1	PA; ST
TRUE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)	1	PA; ST
TRUE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	1	PA; ST
TRUE COMFORT PEN NDL 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	PA; ST
TRUE COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	1	PA; ST
TRUE COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16"	(pen needle, diabetic)	1	PA; ST
TRUE COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4"	(pen needle, diabetic)	1	PA; ST
TRUE COMFORT PRO 1 ML 30G 1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
TRUE COMFORT PRO 1 ML 30G 5/16" 1 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
TRUE COMFORT PRO 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
TRUE COMFORT PRO 1 ML 32G 5/16" 1 ML 32 GAUGE X 5/16"	1	PA; ST
TRUE COMFORT PRO ALCOHOL (alcohol swabs) PADS	1	PA; ST
TRUE COMFORT SFTY 1 ML 30G 1/2" 1 ML 30 GAUGE X 1/2"	1	PA; ST
TRUE COMFRT PRO 0.5 ML 30G (insulin syringe-needle 1/2" 0.5 ML 30 GAUGE X 1/2" u-100)	1	PA; ST
TRUE COMFRT SFTY 1 ML 30G 5/16" 1 ML 30 GAUGE X 5/16"	1	PA; ST
TRUE COMFRT SFTY 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16"	1	PA; ST
TRUE COMFRT SFTY 1 ML 32G 5/16" 1 ML 32 GAUGE X 5/16"	1	PA; ST
TRUEPLUS PEN NEEDLE (pen needle, diabetic) 29GX1/2" 29 GAUGE X 1/2"	1	PA; ST
TRUEPLUS PEN NEEDLE 31G X (pen needle, diabetic) 1/4" 31 GAUGE X 1/4"	1	PA; ST
TRUEPLUS PEN NEEDLE (pen needle, diabetic) 31GX3/16" 31 GAUGE X 3/16"	1	PA; ST
TRUEPLUS PEN NEEDLE (pen needle, diabetic) 31GX5/16" 31 GAUGE X 5/16"	1	PA; ST
TRUEPLUS PEN NEEDLE (pen needle, diabetic) 32GX5/32" 32 GAUGE X 5/32"	1	PA; ST
TRUEPLUS SYR 0.3 ML 29GX1/2" (insulin syringe-needle 0.3 ML 29 GAUGE X 1/2" u-100)	1	PA; ST
TRUEPLUS SYR 0.3 ML (insulin syringe-needle 30GX5/16" 0.3 ML 30 GAUGE X u-100) 5/16"	1	PA; ST
TRUEPLUS SYR 0.3 ML (insulin syringe-needle 31GX5/16" 0.3 ML 31 GAUGE X u-100) 5/16"	1	PA; ST
TRUEPLUS SYR 0.5 ML 28GX1/2" (insulin syringe-needle 1/2 ML 28 GAUGE X 1/2" u-100)	1	PA; ST
TRUEPLUS SYR 0.5 ML 29GX1/2" (insulin syringe-needle 0.5 ML 29 GAUGE X 1/2" u-100)	1	PA; ST

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name		Drug Tier	Requirements/Limits
TRUEPLUS SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
TRUEPLUS SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
TRUEPLUS SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
TRUEPLUS SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
TRUEPLUS SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	1	PA; ST
TRUEPLUS SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	PA; ST
ULTICAR INS 0.3 ML 31GX1/4(1/2) 0.3 ML 31 GAUGE X 1/4"	(insulin syr/ndl u100 half mark)	1	PA; ST
ULTICARE INS 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	1	PA; ST
ULTICARE INS SYR 0.3 ML 30G 8MM 0.3 ML 30 GAUGE X 5/16"	(Advocate Syringes)	1	PA; ST
ULTICARE INS SYR 0.3 ML 31G 6MM 0.3 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	1	PA; ST
ULTICARE INS SYR 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"	(Advocate Syringes)	1	PA; ST
ULTICARE INS SYR 0.5 ML 31G 6MM 1/2 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	1	PA; ST
ULTICARE INS SYR 0.5 ML 31G 8MM (OTC) 0.5 ML 31 GAUGE X 5/16"	(Advocate Syringes)	1	PA; ST
ULTICARE INS SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
ULTICARE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	1	PA; ST
ULTICARE PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	1	PA; ST
ULTICARE PEN NEEDLE 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	1	PA; ST

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
ULTICARE PEN NEEDLES 12MM (pen needle, diabetic) 29G 29 GAUGE X 1/2"	1	PA; ST
ULTICARE PEN NEEDLES 4MM (pen needle, diabetic) 32G MICRO, 32GX4MM 32 GAUGE X 5/32"	1	PA; ST
ULTICARE PEN NEEDLES 6MM (pen needle, diabetic) 32G 32 GAUGE X 1/4"	1	PA; ST
ULTICARE SAFE PEN NDL 30G 8MM 30 GAUGE X 5/16"	1	PA; ST
ULTICARE SAFE PEN NDL 5MM 30G 30 GAUGE X 3/16"	1	PA; ST
ULTICARE SYR 0.3 ML 29G (Comfort EZ Insulin 12.7MM 0.3 ML 29 GAUGE X 1/2" Syringe)	1	PA; ST
ULTICARE SYR 0.3 ML 30GX1/2" (insulin syringe-needle 0.3 ML 30 GAUGE X 1/2" u-100)	1	PA; ST
ULTICARE SYR 0.3 ML (insulin syringe-needle 31GX5/16" SHORT NDL 0.3 ML 31 u-100) GAUGE X 5/16"	1	PA; ST
ULTICARE SYR 0.5 ML 30GX1/2" (insulin syringe-needle 0.5 ML 30 GAUGE X 1/2" u-100)	1	PA; ST
ULTICARE SYR 0.5 ML (insulin syringe-needle 31GX5/16" SHORT NDL 0.5 ML 31 u-100) GAUGE X 5/16"	1	PA; ST
ULTICARE SYR 1 ML 31GX5/16" (insulin syringe-needle 1 ML 31 GAUGE X 5/16 u-100)	1	PA; ST
ULTIGUARD SAFE 1 ML 30G 12.7MM 1 ML 30 X 1/2"	1	PA; ST
ULTIGUARD SAFE0.3 ML 30G 12.7MM 0.3 ML 30 X 1/2"	1	PA; ST
ULTIGUARD SAFE0.5 ML 30G 12.7MM 1/2 ML 30 X 1/2"	1	PA; ST
ULTIGUARD SAFEPACK 1 ML 31G 8MM 1 ML 31 X 5/16"	1	PA; ST
ULTIGUARD SAFEPACK 29G 12.7MM 29 GAUGE X 1/2"	1	PA; ST
ULTIGUARD SAFEPACK 31G 5MM 31 GAUGE X 3/16"	1	PA; ST

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
ULTIGUARD SAFEPAK 31G 6MM 31 GAUGE X 1/4"	1	PA; ST
ULTIGUARD SAFEPAK 31G 8MM 31 GAUGE X 5/16"	1	PA; ST
ULTIGUARD SAFEPAK 32G 4MM 32 GAUGE X 5/32"	1	PA; ST
ULTIGUARD SAFEPAK 32G 6MM 32 GAUGE X 1/4"	1	PA; ST
ULTIGUARD SAFEPK 0.3 ML 31G 8MM 0.3 ML 31 X 5/16"	1	PA; ST
ULTIGUARD SAFEPK 0.5 ML 31G 8MM 1/2 ML 31 X 5/16"	1	PA; ST
ULTILET ALCOHOL STERL (alcohol swabs) SWAB	1	PA; ST
ULTILET INSULIN SYRINGE 0.3 (insulin syringe-needle ML 0.3 ML 29 GAUGE X 1/2", 0.3 u-100) ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16"	1	PA; ST
ULTILET INSULIN SYRINGE 0.5 (insulin syringe-needle ML 0.5 ML 29 GAUGE X 1/2", 0.5 u-100) ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16"	1	PA; ST
ULTILET INSULIN SYRINGE 1 (insulin syringe-needle ML 1 ML 29 GAUGE X 1/2", 1 ML u-100) 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	1	PA; ST
ULTILET PEN NEEDLE 29 GAUGE	1	PA; ST
ULTILET PEN NEEDLE 4MM 32G (pen needle, diabetic) 32 GAUGE X 5/32"	1	PA; ST
ULTRA COMFORT 0.3 ML (insulin syringe-needle SYRINGE 0.3 ML 30 GAUGE X u-100) 5/16"	1	PA; ST
ULTRA COMFORT 0.5 ML (insulin syringe-needle 28GX1/2" CONVERTS TO 29G 1/2 u-100) ML 28 GAUGE X 1/2"	1	PA; ST

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name		Drug Tier	Requirements/Limits
ULTRA COMFORT 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
ULTRA COMFORT 0.5 ML SYRINGE 1/2 ML 28 GAUGE	(insulin syringe-needle u-100)	1	PA; ST
ULTRA COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	PA; ST
ULTRA COMFORT 1 ML SYRINGE 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
ULTRA FLO 0.3 ML 30G 1/2" (1/2) 0.3 ML 30 GAUGE X 1/2"		1	PA; ST
ULTRA FLO 0.3 ML 30G 5/16"(1/2) 0.3 ML 30 GAUGE X 5/16"		1	PA; ST
ULTRA FLO 0.3 ML 31G 5/16"(1/2) 0.3 ML 31 GAUGE X 5/16"		1	PA; ST
ULTRA FLO PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	1	PA; ST
ULTRA FLO PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	1	PA; ST
ULTRA FLO PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	PA; ST
ULTRA FLO PEN NEEDLE 33G 4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	1	PA; ST
ULTRA FLO PEN NEEDLES 12MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	1	PA; ST
ULTRA FLO SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
ULTRA FLO SYR 0.3 ML 30G 5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
ULTRA FLO SYR 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
ULTRA FLO SYR 0.5 ML 29G 1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
ULTRA THIN PEN NDL 32G X 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	PA; ST

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name		Drug Tier	Requirements/Limits
ULTRACARE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
ULTRACARE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
ULTRACARE INS 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
ULTRACARE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
ULTRACARE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
ULTRACARE INS 1 ML 30G X 5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	1	PA; ST
ULTRACARE INS 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
ULTRACARE INS 1 ML 31G X 5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	PA; ST
ULTRACARE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	1	PA; ST
ULTRACARE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	1	PA; ST
ULTRACARE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	1	PA; ST
ULTRACARE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	1	PA; ST
ULTRACARE PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	(pen needle, diabetic)	1	PA; ST
ULTRACARE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	1	PA; ST
ULTRACARE PEN NEEDLE 33GX5/32" 33 GAUGE X 5/32"	(pen needle, diabetic)	1	PA; ST
ULTRA-FINE 0.3 ML 30G 12.7MM 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
ULTRA-FINE 0.3 ML 31G 6MM (1/2) 0.3 ML 31 GAUGE X 15/64"	1	PA; ST
ULTRA-FINE 0.3 ML 31G 8MM (1/2) 0.3 ML 31 GAUGE X 5/16"	1	PA; ST
ULTRA-FINE 0.5 ML 30G 12.7MM (insulin syringe-needle 0.5 ML 30 GAUGE X 1/2" u-100)	1	PA; ST
ULTRA-FINE INS SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	1	PA; ST
ULTRA-FINE PEN NDL 29G 12.7MM 29 GAUGE X 1/2" (pen needle, diabetic)	1	PA; ST
ULTRA-FINE PEN NEEDLE 32G 6MM 32 GAUGE X 1/4" (pen needle, diabetic)	1	PA; ST
ULTRA-FINE SYR 0.5 ML 31G 8MM 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	1	PA; ST
ULTRA-FINE SYR 1 ML 30G 12.7MM 1 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	1	PA; ST
ULTRA-THIN II 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	1	PA; ST
ULTRA-THIN II INS 0.3 ML 30G 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	1	PA; ST
ULTRA-THIN II INS 0.3 ML 31G 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	1	PA; ST
ULTRA-THIN II INS 0.5 ML 29G 0.5 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	1	PA; ST
ULTRA-THIN II INS 0.5 ML 30G 0.5 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	1	PA; ST
ULTRA-THIN II INS 0.5 ML 31G 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	1	PA; ST
ULTRA-THIN II INS SYR 1 ML 29G 1 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	1	PA; ST
ULTRA-THIN II INS SYR 1 ML 30G 1 ML 30 GAUGE X 5/16 (insulin syringe-needle u-100)	1	PA; ST
ULTRA-THIN II PEN NDL 29GX1/2" 29 GAUGE X 1/2" (pen needle, diabetic)	1	PA; ST
ULTRA-THIN II PEN NDL 31GX5/16 31 GAUGE X 5/16" (pen needle, diabetic)	1	PA; ST

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
UNIFINE OTC PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic)	1	PA; ST
UNIFINE OTC PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" (pen needle, diabetic)	1	PA; ST
UNIFINE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" (pen needle, diabetic)	1	PA; ST
UNIFINE PENTIPS 12MM 29G 29GX12MM, STRL 29 GAUGE X 1/2" (pen needle, diabetic)	1	PA; ST
UNIFINE PENTIPS 31GX3/16" 31GX5MM,STRL,MINI 31 GAUGE X 3/16" (pen needle, diabetic)	1	PA; ST
UNIFINE PENTIPS 32GX1/4" 32 GAUGE X 1/4" (pen needle, diabetic)	1	PA; ST
UNIFINE PENTIPS 32GX5/32" 32GX4MM, STRL, NANO 32 GAUGE X 5/32" (pen needle, diabetic)	1	PA; ST
UNIFINE PENTIPS 33GX5/32" 33 GAUGE X 5/32" (pen needle, diabetic)	1	PA; ST
UNIFINE PENTIPS 6MM 31G 31 GAUGE X 1/4" (pen needle, diabetic)	1	PA; ST
UNIFINE PENTIPS MAX 30GX3/16" 30 GAUGE X 3/16" (pen needle, diabetic)	1	PA; ST
UNIFINE PENTIPS NEEDLES 29G 29 GAUGE	1	PA; ST
UNIFINE PENTIPS PLUS 29GX1/2" 12MM 29 GAUGE X 1/2" (pen needle, diabetic)	1	PA; ST
UNIFINE PENTIPS PLUS 30GX3/16" 30 GAUGE X 3/16" (pen needle, diabetic)	1	PA; ST
UNIFINE PENTIPS PLUS 31GX1/4" ULTRA SHORT, 6MM 31 GAUGE X 1/4" (pen needle, diabetic)	1	PA; ST
UNIFINE PENTIPS PLUS 31GX3/16" MINI 31 GAUGE X 3/16" (pen needle, diabetic)	1	PA; ST
UNIFINE PENTIPS PLUS 31GX5/16" SHORT 31 GAUGE X 5/16" (pen needle, diabetic)	1	PA; ST

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
UNIFINE PENTIPS PLUS (pen needle, diabetic) 32GX5/32" 32 GAUGE X 5/32"	1	PA; ST
UNIFINE PENTIPS PLUS (pen needle, diabetic) 33GX5/32" 33 GAUGE X 5/32"	1	PA; ST
UNIFINE PROTECT 30G 5MM 30 GAUGE X 3/16"	1	PA; ST
UNIFINE PROTECT 30G 8MM 30 GAUGE X 5/16"	1	PA; ST
UNIFINE PROTECT 32G 4MM 32 GAUGE X 5/32"	1	PA; ST
UNIFINE SAFECONTROL 30G 5MM 30 GAUGE X 3/16"	1	PA; ST
UNIFINE SAFECONTROL 30G 8MM 30 GAUGE X 5/16"	1	PA; ST
UNIFINE SAFECONTROL 31G (pen needle, diabetic) 5MM 31 GAUGE X 3/16"	1	PA; ST
UNIFINE SAFECONTROL 31G (pen needle, diabetic) 6MM 31 GAUGE X 1/4"	1	PA; ST
UNIFINE SAFECONTROL 31G (pen needle, diabetic) 8MM 31 GAUGE X 5/16"	1	PA; ST
UNIFINE SAFECONTROL 32G 4MM 32 GAUGE X 5/32"	1	PA; ST
UNIFINE ULTRA PEN NDL 31G (pen needle, diabetic) 5MM 31 GAUGE X 3/16"	1	PA; ST
UNIFINE ULTRA PEN NDL 31G (pen needle, diabetic) 6MM 31 GAUGE X 1/4"	1	PA; ST
UNIFINE ULTRA PEN NDL 31G (pen needle, diabetic) 8MM 31 GAUGE X 5/16"	1	PA; ST
UNIFINE ULTRA PEN NDL 32G (pen needle, diabetic) 4MM 32 GAUGE X 5/32"	1	PA; ST
VANISHPOINT 0.5 ML 30GX1/2" (insulin syringe-needle SY OUTER 0.5 ML 30 GAUGE X u-100) 1/2"	1	PA; ST
VANISHPOINT INS 1 ML 30GX3/16" 1 ML 30 GAUGE X 3/16"	1	PA; ST
VANISHPOINT U-100 29X1/2 SYR (insulin syringe-needle 1 ML 29 GAUGE X 1/2" u-100)	1	PA; ST

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
VERIFINE INS SYR 1 ML 29G 1/2" (insulin syringe-needle u-100) 1 ML 29 GAUGE X 1/2"	1	PA; ST
VERIFINE PEN NEEDLE 29G (pen needle, diabetic) 12MM 29 GAUGE X 1/2"	1	PA; ST
VERIFINE PEN NEEDLE 31G (pen needle, diabetic) 5MM 31 GAUGE X 3/16"	1	PA; ST
VERIFINE PEN NEEDLE 31G X (pen needle, diabetic) 6MM 31 GAUGE X 1/4"	1	PA; ST
VERIFINE PEN NEEDLE 31G X (pen needle, diabetic) 8MM 31 GAUGE X 5/16"	1	PA; ST
VERIFINE PEN NEEDLE 32G (pen needle, diabetic) 6MM 32 GAUGE X 1/4"	1	PA; ST
VERIFINE PEN NEEDLE 32G X (pen needle, diabetic) 4MM 32 GAUGE X 5/32"	1	PA; ST
VERIFINE PEN NEEDLE 32G X (pen needle, diabetic) 5MM 32 GAUGE X 3/16"	1	PA; ST
VERIFINE PLUS PEN NDL 31G (pen needle, diabetic) 5MM 31 GAUGE X 3/16"	1	PA; ST
VERIFINE PLUS PEN NDL 31G (pen needle, diabetic) 8MM 31 GAUGE X 5/16"	1	PA; ST
VERIFINE PLUS PEN NDL 32G (pen needle, diabetic) 4MM 32 GAUGE X 5/32"	1	PA; ST
VERIFINE PLUS PEN NDL 32G 4MM-SHARPS CONTAINER 32 GAUGE X 5/32"	1	PA; ST
VERIFINE SYRING 0.5 ML 29G (insulin syringe-needle u-100) 1/2" 0.5 ML 29 GAUGE X 1/2"	1	PA; ST
VERIFINE SYRING 1 ML 31G (insulin syringe-needle u-100) 5/16" 1 ML 31 GAUGE X 5/16"	1	PA; ST
VERIFINE SYRNG 0.3 ML 31G (insulin syringe-needle u-100) 5/16" 0.3 ML 31 GAUGE X 5/16"	1	PA; ST
VERIFINE SYRNG 0.5 ML 31G (insulin syringe-needle u-100) 5/16" 0.5 ML 31 GAUGE X 5/16"	1	PA; ST
VERSALON ALL PURPOSE SPONGE 25'S,N-STERILE,3PLY 2 X 2 "	1	PA; ST
V-GO 20 DEVICE	3	QL (30 per 30 days)

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
V-GO 30 DEVICE	3	QL (30 per 30 days)
V-GO 40 DEVICE	3	QL (30 per 30 days)
WEBCOL ALCOHOL PREPS (alcohol swabs) 20'S,LARGE	1	PA; ST
Enzyme Cofactors/Chaperones		
Enzyme Cofactors/Chaperones		
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG	5	PA; NDS; QL (90 per 30 days)
Enzyme Replacement/Modifiers		
Enzyme Replacement/Modifiers		
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 - 120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	3	
<i>javygtor oral tablet,soluble 100 mg</i> (sapropterin)	5	PA; NDS
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i> (Orfadin)	5	PA; NDS
ORFADIN ORAL SUSPENSION 4 MG/ML	5	PA; NDS
PULMOZYME INHALATION SOLUTION 1 MG/ML	5	PA BvD; NDS
<i>sapropterin oral tablet,soluble 100 mg</i> (Javygtor)	5	PA; NDS
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	5	PA; LA; NDS

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000- 126,000- 168,000 UNIT, 5,000- 17,000- 24,000 UNIT, 60,000- 189,600- 252,600 UNIT	3	
Eye, Ear, Nose, Throat Agents		
Eye, Ear, Nose, Throat Agents, Miscellaneous		
<i>atropine ophthalmic (eye) drops 1 %</i> (Isopto Atropine)	2	
<i>azelastine nasal spray,non-aerosol 137 mcg (0.1 %)</i>	1	QL (60 per 30 days)
<i>azelastine nasal spray,non-aerosol</i> (Astepro Allergy) <i>205.5 mcg (0.15 %)</i>	1	QL (30 per 25 days)
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	2	
<i>cromolyn ophthalmic (eye) drops 4 %</i>	1	
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	2	
<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)</i>	2	QL (30 per 28 days)
<i>ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)</i>	2	QL (15 per 10 days)
<i>olopatadine ophthalmic (eye) drops 0.1 %</i> (Eye Allergy Itch- Redness Rlf)	1	
<i>olopatadine ophthalmic (eye) drops 0.2 %</i> (Eye Allergy Itch Relief)	1	
Eye, Ear, Nose, Throat Anti- Infectives Agents		
<i>acetic acid otic (ear) solution 2 %</i>	1	
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	2	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i> (Polycin)	1	

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	1	
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	2	QL (7.5 per 7 days)
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	1	QL (3.5 per 4 days)
<i>gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)</i>	2	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	2	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	2	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i> (Vigamox)	2	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	4	
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i> (Neo-Polycin HC)	2	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i> (Neo-Polycin)	2	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i> (Maxitrol)	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i> (Maxitrol)	1	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	2	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	2	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	2	

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name		Drug Tier	Requirements/Limits
<i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	(neomycin-bacitracin-poly-hc)	2	
<i>neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	(neomycin-bacitracin-polymyxin)	2	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	(Ocuflox)	1	
<i>ofloxacin otic (ear) drops 0.3 %</i>		2	
<i>polycin ophthalmic (eye) ointment 500-10,000 unit/gram</i>	(bacitracin-polymyxin b)	1	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>		1	
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>		2	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>		2	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>		1	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>		1	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>		2	
<i>trifluridine ophthalmic (eye) drops 1 %</i>		2	
XDEM VY OPHTHALMIC (EYE) DROPS 0.25 %		5	PA; NDS; QL (10 per 42 days)
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %		4	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %		3	
Eye, Ear, Nose, Throat Anti-Inflammatory Agents			
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %	(loteprednol etabonate)	3	ST

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
<i>bromfenac ophthalmic (eye) drops</i> (Prolensa) 0.07 %	2	
<i>bromfenac ophthalmic (eye) drops</i> (BromSite) 0.075 %	2	
<i>bromfenac ophthalmic (eye) drops</i> 0.09 %	2	
<i>cyclosporine ophthalmic (eye)</i> (Restasis) <i>dropperette</i> 0.05 %	2	QL (60 per 30 days)
<i>dexamethasone sodium phosphate</i> <i>ophthalmic (eye) drops</i> 0.1 %	2	
<i>diclofenac sodium ophthalmic (eye)</i> <i>drops</i> 0.1 %	1	
<i>difluprednate ophthalmic (eye) drops</i> (Durezol) 0.05 %	2	
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	3	QL (8.3 per 14 days)
<i>flunisolide nasal spray,non-aerosol</i> 25 mcg (0.025 %)	2	QL (50 per 25 days)
<i>fluocinolone acetonide oil otic (ear)</i> (DermOtic Oil) <i>drops</i> 0.01 %	2	
<i>fluorometholone ophthalmic (eye)</i> (FML Liquifilm) <i>drops,suspension</i> 0.1 %	4	
<i>flurbiprofen sodium ophthalmic (eye)</i> <i>drops</i> 0.03 %	2	
<i>fluticasone propionate nasal</i> (24 Hour Allergy Relief) <i>spray,suspension</i> 50 mcg/actuation	1	QL (16 per 30 days)
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	3	
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	3	QL (5.6 per 14 days)
<i>ketorolac ophthalmic (eye) drops</i> 0.5 % (Acular)	1	QL (10 per 25 days)
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	3	QL (3.5 per 14 days)
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	3	QL (5 per 16 days)

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
<i>loteprednol etabonate ophthalmic (eye) drops, gel 0.5 %</i> (Lotemax)	2	QL (10 per 14 days)
<i>loteprednol etabonate ophthalmic (eye) drops, suspension 0.2 %</i> (Alrex)	2	ST
<i>loteprednol etabonate ophthalmic (eye) drops, suspension 0.5 %</i>	2	QL (15 per 19 days)
<i>mometasone nasal spray, non-aerosol 50 mcg/actuation</i> (Allergy Nasal (mometasone))	2	QL (34 per 30 days)
<i>prednisolone acetate ophthalmic (eye) drops, suspension 1 %</i> (Pred Forte)	4	
XIIDRA OPTHALMIC (EYE) DROPPERETTE 5 %	3	QL (60 per 30 days)
Gastrointestinal Agents		
Antiulcer Agents And Acid Suppressants		
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	2	
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	2	
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg</i> (Acid Reducer (esomeprazole))	2	QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i> (Nexium)	2	QL (60 per 30 days)
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i> (Nexium Packet)	2	ST; QL (30 per 30 days)
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i> (Nexium Packet)	2	ST; QL (60 per 30 days)
<i>famotidine oral tablet 20 mg</i> (Acid Controller)	1	
<i>famotidine oral tablet 40 mg</i> (Pepcid)	1	
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i> (Acid Reducer (lansoprazole))	2	QL (30 per 30 days)
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i> (Prevacid)	2	QL (60 per 30 days)
<i>misoprostol oral tablet 100 mcg, 200 mcg</i> (Cytotec)	2	

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>	1	
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i> (Protonix)	1	QL (30 per 30 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i> (Protonix)	1	QL (60 per 30 days)
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i> (AcipHex)	2	QL (30 per 30 days)
<i>sucralfate oral tablet 1 gram</i> (Carafate)	1	
Gastrointestinal Agents, Other		
<i>carglumic acid oral tablet, dispersible 200 mg</i> (Carbaglu)	5	PA; NDS
<i>constulose oral solution 10 gram/15 ml</i> (lactulose)	1	
<i>cromolyn oral concentrate 100 mg/5 ml</i> (Gastrocrom)	2	
<i>dicyclomine oral capsule 10 mg</i>	1	
<i>dicyclomine oral solution 10 mg/5 ml</i>	2	
<i>dicyclomine oral tablet 20 mg</i>	1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> (Lomotil)	1	
<i>enulose oral solution 10 gram/15 ml</i> (lactulose)	1	
<i>generlac oral solution 10 gram/15 ml</i> (lactulose)	1	
<i>glycopyrrolate oral tablet 1 mg</i> (Robinul)	2	
<i>glycopyrrolate oral tablet 2 mg</i> (Robinul Forte)	2	
<i>kionex (with sorbitol) oral suspension 15-19.3 gram/60 ml, 15-20 gram/60 ml</i>	2	
<i>lactulose oral solution 10 gram/15 ml</i> (Constulose)	1	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	3	QL (30 per 30 days)
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	3	
<i>loperamide oral capsule 2 mg</i> (Anti-Diarrheal (loperamide))	1	
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i> (Amitiza)	2	QL (60 per 30 days)

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> (Reglan)	1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	3	QL (30 per 30 days)
<i>sodium polystyrene sulfonate oral powder</i>	2	
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	2	
<i>ursodiol oral capsule 200 mg, 400 mg</i> (Reltone)	5	NDS
<i>ursodiol oral capsule 300 mg</i>	2	
<i>ursodiol oral tablet 250 mg</i>	2	
<i>ursodiol oral tablet 500 mg</i> (URSO Forte)	2	
VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	3	
XERMELO ORAL TABLET 250 MG	5	PA; NDS; QL (84 per 28 days)
Laxatives		
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/160 ML, 10 MG-3.5 GRAM- 12 GRAM/175 ML	3	
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i> (peg 3350-electrolytes)	1	
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i> (peg 3350-electrolytes)	1	
<i>gavilyte-n oral recon soln 420 gram</i> (peg-electrolyte soln)	2	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i> (GaviLyte-G)	1	
<i>peg-electrolyte soln oral recon soln 420 gram</i> (GaviLyte-N)	1	
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i> (Suprep Bowel Prep Kit)	3	

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram 2 pack (480ml)</i>	2	
SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM	3	
Phosphate Binders		
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	2	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	2	
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i> (Renvela)	2	
<i>sevelamer carbonate oral tablet 800 mg</i> (Renvela)	2	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	2	
Genitourinary Agents		
Antispasmodics, Urinary		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	2	
<i>fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg</i> (Toviaz)	2	
<i>flavoxate oral tablet 100 mg</i>	2	
<i>mirabegron oral tablet extended release 24 hr 25 mg, 50 mg</i> (Myrbetriq)	2	
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	1	
<i>oxybutynin chloride oral tablet 5 mg</i>	1	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	1	
<i>solifenacin oral tablet 10 mg, 5 mg</i> (Vesicare)	1	
<i>tolterodine oral capsule,extended release 24hr 2 mg, 4 mg</i>	2	
<i>tolterodine oral tablet 1 mg, 2 mg</i>	2	
<i>tropium oral capsule,extended release 24hr 60 mg</i>	2	

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
<i>tropium oral tablet 20 mg</i>	2	
Genitourinary Agents, Miscellaneous		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i> (Uroxatral)	1	QL (30 per 30 days)
<i>dutasteride oral capsule 0.5 mg</i> (Avodart)	1	
<i>finasteride oral tablet 5 mg</i> (Proscar)	1	
<i>tamsulosin oral capsule 0.4 mg</i> (Flomax)	1	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
Heavy Metal Antagonists		
Heavy Metal Antagonists		
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i> (Jadenu Sprinkle)	5	PA; NDS
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i> (Jadenu)	2	PA
<i>penicillamine oral tablet 250 mg</i> (Depen Titratabs)	5	PA; NDS
<i>trientine oral capsule 250 mg</i> (Syprine)	5	PA; NDS; QL (240 per 30 days)
Hormonal Agents, Stimulant/Replacement/Modifying		
Androgens		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	2	
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	2	PA
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i> (Depo-Testosterone)	1	PA
<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	1	PA
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	2	PA; QL (5 per 28 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i> (Vogelxo)	2	PA; QL (300 per 30 days)

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %) (AndroGel)	2	PA; QL (150 per 30 days)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram) (AndroGel)	2	PA; QL (300 per 30 days)
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML	3	PA; QL (2 per 28 days)
Estrogens And Antiestrogens		
DUAVEE ORAL TABLET 0.45-20 MG	3	
estradiol oral tablet 0.5 mg, 1 mg, 2 mg (Estrace)	1	
estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr (Dotti)	2	QL (8 per 28 days)
estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr (Climara)	2	QL (4 per 28 days)
estradiol vaginal cream 0.01 % (0.1 mg/gram) (Estrace)	2	
estradiol vaginal tablet 10 mcg (Yuvaferm)	2	QL (18 per 28 days)
estradiol-norethindrone acet oral tablet 0.5-0.1 mg	2	
estradiol-norethindrone acet oral tablet 1-0.5 mg (Mimvey)	2	
mimvey oral tablet 1-0.5 mg (estradiol-norethindrone acet)	2	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.9 MG	3	
PREMARIN ORAL TABLET 0.625 MG, 1.25 MG (conjugated estrogens)	3	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	3	

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	3	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	3	
<i>raloxifene oral tablet 60 mg</i> (Evista)	2	
<i>yuvafem vaginal tablet 10 mcg</i> (estradiol)	2	QL (18 per 28 days)
Glucocorticoids/Mineralocorticoids		
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i>	1	
<i>fludrocortisone oral tablet 0.1 mg</i>	1	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> (Cortef)	1	
<i>methylprednisolone acetate injection suspension 40 mg/ml</i> (Depo-Medrol)	2	
<i>methylprednisolone oral tablet 16 mg, 4 mg, 8 mg</i> (Medrol)	1	
<i>methylprednisolone oral tablet 32 mg</i>	1	
<i>methylprednisolone oral tablets,dose pack 4 mg</i> (Medrol (Pak))	1	
<i>prednisolone 15 mg/5 ml soln d/f 15 mg/5 ml (3 mg/ml)</i>	1	PA BvD
<i>prednisolone oral solution 15 mg/5 ml</i>	1	PA BvD
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)</i>	2	PA BvD
<i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i> (Pediapred)	2	PA BvD
<i>prednisone oral solution 5 mg/5 ml</i>	2	PA BvD
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	PA BvD

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
<i>prednisone oral tablets, dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>	1	
<i>triamcinolone acetonide injection suspension 40 mg/ml</i> (Kenalog)	1	
Pituitary		
ACTHAR INJECTION GEL 80 UNIT/ML	5	PA; NDS; QL (35 per 28 days)
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML	5	PA; NDS; QL (15 per 30 days)
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 80 UNIT/ML	5	PA; NDS; QL (30 per 30 days)
<i>desmopressin 10 mcg/0.1 ml spr 10 mcg/spray (0.1 ml)</i>	2	
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	2	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> (DDAVP)	2	
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	5	PA; NDS
<i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i> (Somatuline Depot)	5	PA NSO; NDS; QL (0.5 per 28 days)
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	5	PA NSO; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	5	PA NSO; NDS
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG	5	PA; NDS
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG	5	PA; NDS

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	5	PA; NDS
<i>octreotide acetate injection solution</i> <i>1,000 mcg/ml, 200 mcg/ml</i>	2	
<i>octreotide acetate injection solution</i> (Sandostatin) <i>100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	2	
ORGOVYX ORAL TABLET 120 MG	5	PA NSO; NDS
ORILISSA ORAL TABLET 150 MG	5	PA; NDS; QL (28 per 28 days)
ORILISSA ORAL TABLET 200 MG	5	PA; NDS; QL (56 per 28 days)
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	5	PA; NDS
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	5	PA; NDS; QL (60 per 30 days)
SOMATULINE DEPOT (lanreotide) SUBCUTANEOUS SYRINGE 60 MG/0.2 ML	5	PA NSO; NDS; QL (0.2 per 28 days)
SOMATULINE DEPOT (lanreotide) SUBCUTANEOUS SYRINGE 90 MG/0.3 ML	5	PA NSO; NDS; QL (0.3 per 28 days)
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; NDS
Progestins		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	3	QL (0.65 per 84 days)
<i>gallifrey oral tablet 5 mg</i> (norethindrone acetate)	2	
<i>medroxyprogesterone intramuscular</i> (Depo-Provera) <i>suspension 150 mg/ml</i>	1	QL (1 per 84 days)

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i> (Depo-Provera)	1	QL (1 per 84 days)
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i> (Provera)	1	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	2	
<i>norethindrone acetate oral tablet 5 mg</i> (Gallifrey)	2	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i> (Prometrium)	2	
Thyroid And Antithyroid Agents		
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Euthyrox)	1	
<i>levothyroxine oral tablet 300 mcg</i> (Levo-T)	1	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> (Cytomel)	2	
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil oral tablet 50 mg</i>	2	
Immunological Agents		
Immunological Agents		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	5	PA; NDS
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	5	PA; NDS
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	5	PA; NDS
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	5	PA; NDS
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG (tacrolimus)	4	PA BvD

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
ASTAGRAF XL ORAL (tacrolimus) CAPSULE,EXTENDED RELEASE 24HR 5 MG	5	PA BvD; NDS
<i>azathioprine oral tablet 50 mg</i> (Imuran)	2	PA BvD
<i>azathioprine sodium injection recon soln 100 mg</i>	1	PA BvD
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	5	PA; NDS; QL (8 per 28 days)
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	5	PA; NDS; QL (8 per 28 days)
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	5	PA NSO; NDS; QL (2 per 28 days)
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	5	PA; NDS
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	5	PA; NDS
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; NDS
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; NDS
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; NDS
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5	PA; NDS
<i>cyclosporine intravenous solution</i> (Sandimmune) <i>250 mg/5 ml</i>	2	PA BvD
<i>cyclosporine modified oral capsule</i> (Gengraf) <i>100 mg, 25 mg</i>	2	PA BvD
<i>cyclosporine modified oral capsule</i> <i>50 mg</i>	2	PA BvD
<i>cyclosporine modified oral solution</i> (Gengraf) <i>100 mg/ml</i>	2	PA BvD

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
<i>cyclosporine oral capsule 100 mg, 25 mg</i> (Sandimmune)	2	PA BvD
CYLTEZO(CF) PEN CROHN'S-UC- (adalimumab-adbm) HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	5	PA; NDS
CYLTEZO(CF) PEN PSORIASIS- (adalimumab-adbm) UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	5	PA; NDS
CYLTEZO(CF) PEN (adalimumab-adbm) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	5	PA; NDS
CYLTEZO(CF) SUBCUTANEOUS (adalimumab-adbm) SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML	5	PA; NDS
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	5	PA; NDS
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML	5	PA; NDS
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	5	PA; NDS
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	5	PA; NDS
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	5	PA; NDS
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	5	PA; NDS
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	5	PA; NDS
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i> (Zortress)	5	PA BvD; NDS

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	5	PA BvD; NDS
<i>gengraf oral capsule 100 mg, 25 mg</i> (cyclosporine modified)	2	PA BvD
<i>gengraf oral solution 100 mg/ml</i> (cyclosporine modified)	2	PA BvD
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NDS; Only NDCs starting with 00074
HUMIRA PEN PSOR-UEVITS- ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NDS; Only NDCs starting with 00074
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NDS; Only NDCs starting with 00074
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEN CROHNS-UC- HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; NDS
HUMIRA(CF) PEN PSOR-UV- ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	5	PA; NDS; Only NDCs starting with 00074
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	5	PA; NDS; Only NDCs starting with 00074
<i>infliximab intravenous recon soln</i> (Remicade) <i>100 mg</i>	5	PA; NDS
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	5	PA; NDS

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
<i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava)	2	
<i>mycophenolate mofetil (hcl) intravenous recon soln 500 mg</i> (CellCept Intravenous)	2	PA BvD
<i>mycophenolate mofetil oral capsule 250 mg</i> (CellCept)	2	PA BvD
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i> (CellCept)	5	PA BvD; NDS
<i>mycophenolate mofetil oral tablet 500 mg</i> (CellCept)	2	PA BvD
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i> (Myfortic)	2	PA BvD
NIKTIMVO INTRAVENOUS SOLUTION 50 MG/ML	5	PA NSO; NDS
NULOJIX INTRAVENOUS RECON SOLN 250 MG	5	PA BvD; NDS
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	5	PA; NDS
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	5	PA; NDS
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	5	PA; NDS
OTEZLA ORAL TABLET 20 MG, 30 MG	5	PA; NDS
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)-20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG (19)	5	PA; NDS
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	4	PA BvD
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	4	PA BvD

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	4	ST
REZUROCK ORAL TABLET 200 MG	5	PA NSO; NDS
RINVOQ LQ ORAL SOLUTION 1 MG/ML	5	PA; NDS; QL (360 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	5	PA; NDS
SELARSDI INTRAVENOUS SOLUTION 130 MG/26 ML	5	PA; NDS
SELARSDI SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; NDS
<i>sirolimus oral solution 1 mg/ml</i>	5	PA BvD; NDS
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	PA BvD
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML	5	PA; NDS
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; NDS
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.83 ML	5	PA; NDS
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2)	5	PA; NDS
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)	5	PA; NDS
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML (ustekinumab)	5	PA; NDS
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML (ustekinumab)	5	PA; NDS

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML (ustekinumab)	5	PA; NDS
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Prograf)	2	PA BvD
TAVNEOS ORAL CAPSULE 10 MG	5	PA; NDS; QL (180 per 30 days)
TREMFYA INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML)	5	PA; NDS
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	5	PA; NDS
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	5	PA; NDS
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML	5	PA; NDS
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	5	PA; NDS
TYENNE INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	5	PA; NDS
TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	5	PA; NDS
XELJANZ ORAL SOLUTION 1 MG/ML	5	PA; NDS
XELJANZ ORAL TABLET 10 MG, 5 MG	5	PA; NDS
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	5	PA; NDS
YESINTEK INTRAVENOUS SOLUTION 130 MG/26 ML	5	PA; NDS
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	5	PA; NDS

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	5	PA; NDS
YUFLYMA(CF) AI CROHN'S-UC- HS SUBCUTANEOUS AUTO- INJECTOR, KIT 80 MG/0.8 ML (adalimumab-aaty)	5	PA; NDS
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO- INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML (adalimumab-aaty)	5	PA; NDS
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML (adalimumab-aaty)	5	PA; NDS
Vaccines		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	6	\$0 copay
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	6	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	6	\$0 copay
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	6	\$0 copay
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	6	\$0 copay
AREXVY ANTIGEN COMPONENT 120 MCG	6	\$0 copay
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	6	\$0 copay
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	6	\$0 copay

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	6	\$0 copay
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5- 8-5 LF-MCG-LF/0.5ML	6	\$0 copay
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG- LF/0.5ML	6	
DENG VAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	6	QL (3 per 365 days)
ENGRIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	6	PA BvD; \$0 copay
ENGRIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	6	PA BvD; \$0 copay
ENGRIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	6	PA BvD; \$0 copay
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	6	\$0 copay
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	6	\$0 copay
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	6	\$0 copay
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	6	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	6	PA BvD; \$0 copay
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	6	

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	6	PA BvD; \$0 copay
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25- 58-10 LF-MCG-LF/0.5ML	6	
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	6	\$0 copay
IXCHIQ (PF) INTRAMUSCULAR RECON SOLN 1,000 TCID50/0.5 ML	6	\$0 copay
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	6	\$0 copay
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	6	\$0 copay
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	6	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	6	\$0 copay
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	6	\$0 copay
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	6	\$0 copay
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	6	\$0 copay
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	6	\$0 copay
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	6	

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	6	
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	6	\$0 copay
PENBRAYA MENACWY COMPONENT(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 5 MCG/0.5 ML	6	\$0 copay
PENBRAYA MENB COMPONENT (PF) INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	6	\$0 copay
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML, 15LF- 20MCG-5LF- 62 DU/0.5 ML	6	
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML	6	PA BvD; \$0 copay
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	6	\$0 copay
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	6	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	6	
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	6	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	6	PA BvD; \$0 copay

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	6	PA BvD; \$0 copay
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	6	PA BvD; \$0 copay
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	6	
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	6	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	6	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	6	\$0 copay; QL (2 per 365 days)
TDVAX INTRAMUSCULAR (tetanus-diphtheria SUSPENSION 2-2 LF UNIT/0.5 ML toxoids-td)	6	\$0 copay
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	6	\$0 copay
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	6	\$0 copay
TETANUS,DIPHThERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	6	
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	6	
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	6	\$0 copay
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	6	\$0 copay
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	6	\$0 copay

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	6	\$0 copay
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML (typhoid vi polysacch vaccine)	6	\$0 copay
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	6	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	6	\$0 copay
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	6	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	6	\$0 copay
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	6	\$0 copay
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	6	\$0 copay
VIMKUNYA INTRAMUSCULAR SYRINGE 40 MCG/0.8 ML	6	\$0 copay
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT	6	\$0 copay
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML, 10 EXP4.74 UNIT/0.5 ML(2.5 ML IN 1 VIAL)	6	\$0 copay

Inflammatory Bowel Disease Agents

Inflammatory Bowel Disease Agents

<i>alosetron oral tablet 0.5 mg, 1 mg</i> (Lotronex)	2	
<i>balsalazide oral capsule 750 mg</i> (Colazal)	2	
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>	2	

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
<i>budesonide rectal foam 2 mg/actuation</i> (Uceris)	2	
<i>hydrocortisone rectal enema 100 mg/60 ml</i> (Cortenema)	2	
<i>mesalamine oral capsule, extended release 500 mg</i> (Pentasa)	2	
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i> (Apriso)	2	
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i> (Lialda)	2	QL (120 per 30 days)
<i>sulfasalazine oral tablet 500 mg</i> (Azulfidine)	1	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i> (Azulfidine EN-tabs)	4	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate oral solution 70 mg/75 ml</i>	2	QL (300 per 28 days)
<i>alendronate oral tablet 10 mg</i>	1	QL (30 per 30 days)
<i>alendronate oral tablet 35 mg</i>	1	QL (4 per 28 days)
<i>alendronate oral tablet 70 mg</i> (Fosamax)	1	QL (4 per 28 days)
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	2	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	1	
<i>cinacalcet oral tablet 30 mg, 60 mg</i> (Sensipar)	2	QL (60 per 30 days)
<i>cinacalcet oral tablet 90 mg</i> (Sensipar)	5	NDS; QL (120 per 30 days)
<i>ibandronate oral tablet 150 mg</i>	1	QL (1 per 28 days)
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	5	PA; NDS; QL (2 per 28 days)
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i> (Zemplar)	2	
<i>paricalcitol oral capsule 4 mcg</i>	2	
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	4	QL (1 per 180 days)

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG	3	QL (60 per 30 days)
<i>teriparatide subcutaneous pen injector 20 mcg/dose (620mcg/2.48ml)</i>	5	PA; NDS; QL (2.48 per 28 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	5	PA; NDS; QL (1.56 per 30 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	5	PA; NDS
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	5	PA; NDS
<i>betaine oral powder 1 gram/scoop</i> (Cystadane)	5	PA; NDS
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
COSENTYX INTRAVENOUS SOLUTION 25 MG/ML	5	PA; NDS
<i>diazoxide oral suspension 50 mg/ml</i> (Proglycem)	2	
<i>glutamine (sickle cell) oral powder in packet 5 gram</i> (Endari)	5	PA; NDS; QL (180 per 30 days)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO- INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	3	
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	3	
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML	3	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	3	

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	1	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	2	
<i>mesna oral tablet 400 mg</i> (Mesnex)	5	NDS
<i>nitroglycerin rectal ointment 0.4 %</i> (Rectiv) (w/w)	2	QL (30 per 30 days)
<i>pyridostigmine bromide oral tablet 60 mg</i> (Mestinon)	2	
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	5	PA NSO; NDS; QL (56 per 28 days)
TYBOST ORAL TABLET 150 MG	3	QL (30 per 30 days)
VEOZAH ORAL TABLET 45 MG	4	PA; QL (30 per 30 days)
VOWST ORAL CAPSULE	5	PA; NDS; QL (12 per 30 days)
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO- INJECTOR 0.6 MG/0.6 ML	3	
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML	3	
Ophthalmic Agents		
Antiglaucoma Agents		
<i>acetazolamide oral capsule, extended release 500 mg</i>	2	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	2	
<i>acetazolamide sodium injection recon soln 500 mg</i>	1	
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	2	QL (2.5 per 25 days)
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %</i> (Alphagan P)	2	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	2	

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
<i>brimonidine-timolol ophthalmic (eye) (Combigan) drops 0.2-0.5 %</i>	2	
<i>brinzolamide ophthalmic (eye) (Azopt) drops,suspension 1 %</i>	2	
<i>carteolol ophthalmic (eye) drops 1 %</i>	1	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	1	
<i>dorzolamide-timolol ophthalmic (eye) (Cosopt) drops 22.3-6.8 mg/ml</i>	1	
<i>latanoprost ophthalmic (eye) drops (Xalatan) 0.005 %</i>	1	QL (2.5 per 25 days)
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	QL (2.5 per 25 days)
<i>methazolamide oral tablet 25 mg, 50 mg</i>	2	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	2	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	3	QL (2.5 per 25 days)
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	3	QL (2.5 per 25 days)
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	3	
<i>tafluprost (pf) ophthalmic (eye) (Zioptan (PF)) dropperette 0.0015 %</i>	2	QL (30 per 30 days)
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	1	
<i>timolol ophthalmic (eye) drops 0.5 % (Betimol)</i>	1	
<i>travoprost ophthalmic (eye) drops (Travatan Z) 0.004 %</i>	2	QL (2.5 per 25 days)
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	4	QL (5 per 30 days)

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name		Drug Tier	Requirements/Limits
Replacement Preparations			
Replacement Preparations			
<i>d5 % (d-glucose)-0.9 % sodchlr intravenous parenteral solution</i>	(d5 % and 0.9 % sodium chloride)	1	
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	(D5 % (d-glucose)-0.9 % sodchlr)	1	
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>		2	
<i>klor-con m10 oral tablet,er particles/crystals 10 meq</i>	(potassium chloride)	1	
<i>klor-con m15 oral tablet,er particles/crystals 15 meq</i>	(potassium chloride)	1	
<i>klor-con m20 oral tablet,er particles/crystals 20 meq</i>	(potassium chloride)	1	
<i>magnesium sulfate injection solution 500 mg/ml (50 %)</i>		4	
<i>magnesium sulfate injection syringe 500 mg/ml (50 %)</i>		2	
<i>potassium chloride intravenous solution 2 meq/ml</i>		2	PA BvD
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>		1	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>		2	
<i>potassium chloride oral tablet extended release 10 meq</i>	(Klor-Con 10)	1	
<i>potassium chloride oral tablet extended release 15 meq</i>		2	
<i>potassium chloride oral tablet extended release 20 meq</i>		1	
<i>potassium chloride oral tablet extended release 8 meq</i>	(Klor-Con 8)	1	
<i>potassium chloride oral tablet,er particles/crystals 10 meq</i>	(Klor-Con M10)	1	
<i>potassium chloride oral tablet,er particles/crystals 15 meq</i>	(Klor-Con M15)	1	

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride oral tablet, er particles/crystals 20 meq</i> (Klor-Con M20)	1	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg)</i> (Urocit-K 10)	2	
<i>potassium citrate oral tablet extended release 15 meq</i> (Urocit-K 15)	2	
<i>potassium citrate oral tablet extended release 5 meq (540 mg)</i>	2	
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	2	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	2	
<i>sodium chloride 0.9% solution mini-bag, single use</i>	2	
Respiratory Tract Agents		
Anti-Inflammatories, Inhaled Corticosteroids		
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION (fluticasone propion-salmeterol)	3	QL (12 per 30 days)
AIRSUPRA 90-80 MCG INHALER 90-80 MCG/ACTUATION	3	QL (32.1 per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	3	QL (30 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE (fluticasone furoate-vilanterol)	3	QL (60 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE	3	QL (60 per 30 days)
<i>breyndia inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i> (budesonide-formoterol)	1	QL (30.9 per 30 days)

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i> (Pulmicort)	2	PA BvD; QL (120 per 30 days)
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i> (Breyna)	1	QL (30.6 per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation</i>	1	QL (12 per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation</i>	1	QL (24 per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>	1	QL (21.2 per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i> (Wixela Inhub)	1	QL (60 per 30 days)
<i>wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i> (fluticasone propion-salmeterol)	1	QL (60 per 30 days)
Antileukotrienes		
<i>montelukast oral tablet 10 mg</i> (Singulair)	1	
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i> (Singulair)	1	
<i>zafirlukast oral tablet 10 mg, 20 mg</i> (Accolate)	2	
Bronchodilators		
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION	3	QL (32.1 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i> (Ventolin HFA)	2	QL (17 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)</i>	2	QL (13.4 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020983)</i>	2	QL (36 per 30 days)

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml</i>	1	PA BvD
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION (umeclidinium-vilanterol)	3	QL (60 per 30 days)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	4	QL (25.8 per 28 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	3	QL (10.7 per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	3	QL (8 per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	PA BvD
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	1	PA BvD; QL (540 per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	3	QL (60 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	3	QL (4 per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	3	QL (4 per 30 days)
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	3	QL (4 per 28 days)
<i>theophylline oral solution 80 mg/15 ml</i>	2	

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	2	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	2	
<i>tiotropium bromide inhalation capsule, w/inhalation device 18 mcg</i> (Spiriva with HandiHaler)	2	QL (30 per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	3	QL (60 per 30 days)
Respiratory Tract Agents, Other		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	2	PA BvD
ALYFTREK ORAL TABLET 10-50-125 MG	5	PA; NDS; QL (60 per 30 days)
ALYFTREK ORAL TABLET 4-20-50 MG	5	PA; NDS; QL (90 per 30 days)
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	5	NDS; QL (560 per 28 days)
CINQAIR INTRAVENOUS SOLUTION 10 MG/ML	5	PA; NDS
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	2	PA BvD
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	5	PA; NDS; QL (1 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML	5	PA; NDS; QL (1 per 28 days)
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	5	PA; NDS; QL (56 per 28 days)
KALYDECO ORAL TABLET 150 MG	5	PA; NDS; QL (56 per 28 days)
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	5	PA; LA; NDS; QL (3 per 28 days)

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	5	PA; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	5	PA; LA; NDS; QL (0.4 per 28 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	5	PA; NDS; QL (60 per 30 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	5	PA; NDS; QL (112 per 28 days)
<i>pirfenidone oral capsule 267 mg</i> (Esbriet)	5	PA; NDS; QL (270 per 30 days)
<i>pirfenidone oral tablet 267 mg</i> (Esbriet)	5	PA; NDS; QL (270 per 30 days)
<i>pirfenidone oral tablet 534 mg</i>	5	PA; NDS; QL (90 per 30 days)
<i>pirfenidone oral tablet 801 mg</i> (Esbriet)	5	PA; NDS; QL (90 per 30 days)
<i>roflumilast oral tablet 250 mcg</i> (Daliresp)	2	QL (28 per 28 days)
<i>roflumilast oral tablet 500 mcg</i> (Daliresp)	2	QL (30 per 30 days)
WINREVAIR SUBCUTANEOUS KIT 45 MG, 45 MG (2 PACK), 60 MG, 60 MG (2 PACK)	5	PA; NDS; QL (1 per 21 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	5	PA; NDS
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	5	PA; NDS
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	5	PA; NDS
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>baclofen oral tablet 10 mg, 15 mg, 20 mg, 5 mg</i>	2	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
<i>dantrolene oral capsule 100 mg, 50 mg</i>	2	
<i>dantrolene oral capsule 25 mg</i> (Dantrium)	2	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	
<i>tizanidine oral tablet 2 mg</i>	1	
<i>tizanidine oral tablet 4 mg</i> (Zanaflex)	1	
Sleep Disorder Agents		
Sleep Disorder Agents		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i> (Nuvigil)	2	PA; QL (30 per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	3	QL (30 per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i> (Lunesta)	2	QL (30 per 30 days)
<i>modafinil oral tablet 100 mg</i> (Provigil)	2	PA; QL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i> (Provigil)	2	PA; QL (60 per 30 days)
<i>sodium oxybate oral solution 500 mg/ml</i> (Xyrem)	5	PA; LA; NDS; QL (540 per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	1	QL (30 per 30 days)
<i>zolpidem oral tablet 10 mg, 5 mg</i> (Ambien)	1	QL (30 per 30 days)
<i>zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg</i> (Ambien CR)	1	QL (30 per 30 days)
Vasodilating Agents		
Vasodilating Agents		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	5	PA; NDS; QL (90 per 30 days)
<i>alyq oral tablet 20 mg</i> (tadalafil (pulm. hypertension))	2	PA; QL (60 per 30 days)
<i>bosentan oral tablet 125 mg, 62.5 mg</i> (Tracleer)	5	PA; LA; NDS; QL (60 per 30 days)
OPSUMIT ORAL TABLET 10 MG	5	PA; NDS; QL (30 per 30 days)
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i> (Revatio)	2	PA; QL (360 per 30 days)

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
<i>sildenafil oral tablet 100 mg, 25 mg, 50 mg</i> (Viagra)	2	EX; CB (6 EA per 30 days)
<i>tadalafil oral tablet 2.5 mg</i>	2	PA
<i>tadalafil oral tablet 5 mg</i> (Cialis)	2	PA
UPTRAVI INTRAVENOUS RECON SOLN 1,800 MCG	5	PA; NDS; QL (60 per 30 days)
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA; NDS; QL (60 per 30 days)
UPTRAVI ORAL TABLET 200 MCG	5	PA; NDS; QL (240 per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	5	PA; NDS
Vitamins And Minerals		
Vitamins And Minerals		
<i>bal-care dha combo pack 27-1-430 mg</i>	1	
<i>bal-care dha essential pack 27 mg iron-1 mg -374 mg</i>	1	
<i>c-nate dha softgel 28 mg iron-1 mg - 200 mg</i>	1	
<i>completenate tablet chew 29 mg iron-1 mg</i>	1	
<i>folivane-ob capsule 85-1 mg</i>	1	
<i>kosher prenatal plus iron tab 30 mg iron- 1 mg</i>	1	
<i>marnatal-f capsule 60 mg iron-1 mg</i>	1	
<i>m-natal plus tablet 27 mg iron- 1 mg</i> (pnv,calcium 72-iron-folic acid)	1	
<i>mynatal advance oral tablet 90-1-50 mg</i>	1	
<i>mynatal capsule 65 mg iron- 1 mg</i>	1	
<i>mynatal oral tablet 90-1-50 mg</i>	1	
<i>mynatal plus captab 65 mg iron- 1 mg</i>	1	

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
<i>mynatal-z captab 65 mg iron- 1 mg</i>	1	
<i>mynate 90 plus oral tablet extended release 90 mg iron-1 mg</i>	1	
<i>newgen tablet 32-1,000 mg-mcg</i>	1	
<i>niva-plus tablet 27 mg iron- 1 mg</i>	1	
<i>obstetrix dha combo pack 29 mg iron- 1,700 mcg dfe</i>	1	
<i>obstetrix dha oral combo pack,tablet and cap,dr 29 mg iron-1 mg -50 mg</i>	1	
<i>o-cal prenatal oral tablet 15 mg iron- 1,000 mcg</i>	1	
<i>pnv 29-1 oral tablet 29 mg iron- 1 mg</i>	1	
<i>pnv prenatal plus multivit tab gluten-free (rx) 27 mg iron- 1 mg</i>	(pnv,calcium 72-iron-folic acid) 1	
<i>pnv-dha + docusate oral capsule 27-1.25-55-300 mg</i>	1	
<i>pnv-omega softgel 28-1-300 mg</i>	1	
<i>pr natal 400 combo pack 29-1-400 mg</i>	1	
<i>pr natal 400 ec combo pack 29-1-400 mg</i>	1	
<i>pr natal 430 combo pack 29 mg iron- 1 mg -430 mg</i>	1	
<i>pr natal 430 ec combo pack 29-1-430 mg</i>	1	
<i>prenal true combo pack 30 mg iron- 1.4 mg-300 mg</i>	1	
<i>prenaissance oral capsule 29-1.25-55-325 mg</i>	1	
<i>prenaissance plus oral capsule 28-1-50-250 mg</i>	1	
<i>prenatabs fa tablet 29-1 mg</i>	1	
<i>prenatal 19 (with docusate) oral tablet 29 mg iron- 1 mg-25 mg</i>	1	
<i>prenatal 19 chewable tablet 29 mg iron- 1 mg</i>	1	

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
<i>prenatal low iron oral tablet 27 mg iron- 1 mg</i>	1	
<i>prenatal plus iron tablet (rx) 29 mg iron- 1 mg</i> (pnv,calcium 72-iron,carb-folic)	1	
<i>prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg</i> (pnv,calcium 72-iron-folic acid)	1	
<i>prenatal-u capsule 106.5-1 mg</i>	1	
<i>preplus ca-fe 27 mg-fa 1 mg tb (rx) 27 mg iron- 1 mg</i> (pnv,calcium 72-iron-folic acid)	1	
<i>pretab oral tablet 29-1 mg</i>	1	
<i>r-natal ob softgel 20 mg iron- 1 mg-320 mg</i>	1	
<i>select-ob chewable caplet 29 mg iron- 1 mg</i>	1	
<i>select-ob chewable caplet 29 mg iron- 1 mg</i>	1	
<i>se-natal 19 chewable tablet 29 mg iron- 1 mg</i>	1	
<i>taron-c dha capsule 35-1-200 mg</i>	1	
<i>taron-prex prenatal-dha oral capsule 30 mg iron-1.2 mg-55 mg-265 mg</i>	1	
<i>triveen-duo dha oral combo pack 29-1-400 mg</i>	1	
<i>virt-c dha softgel (rx) 35-1-200 mg</i>	1	
<i>virt-nate dha softgel 28 mg iron-1 mg -200 mg</i>	1	
<i>virt-pn dha softgel (rx) 27 mg iron-1 mg -300 mg</i>	1	
<i>virt-pn plus oral capsule 28-1-300 mg</i>	1	
<i>vitafol gummies 3.33 mg iron- 0.33 mg</i>	1	
<i>vitafol nano tablet 18 mg iron- 1 mg</i>	1	
<i>vitafol-ob+dha combo pack 65-1-250 mg</i>	1	
<i>vp-ch-pnv oral capsule 30 mg iron-1 mg -50 mg-260 mg</i>	1	

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

Drug Name	Drug Tier	Requirements/Limits
<i>vp-pnv-dha softgel (rx) 28 mg iron- 1 mg-200 mg</i>	1	
<i>zatean-pn dha capsule 27 mg iron-1 mg -300 mg</i>	1	
<i>zatean-pn plus softgel 28-1-300 mg</i>	1	
<i>zingiber tablet 1.2 mg-40 mg- 124.1 mg-100 mg</i>	1	

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

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

Effective Date: 05/01/2025

Formulary ID: 25197.000

INDEX

1ST TIER UNIFINE PENTIPS 100	AIRSUPRA..... 178, 179	<i>amlodipine-valsartan</i>79
1ST TIER UNIFINE PENTIPS PLUS..... 100	AJOVY AUTOINJECTOR..... 51	<i>amlodipine-valsartan-hcthiacid</i> ..79
<i>abacavir</i>63	AJOVY SYRINGE.....51	<i>ammonium lactate</i>96
<i>abacavir-lamivudine</i>63	AKEEGA.....16	<i>amoxapine</i>40
ABELCET..... 48	<i>ala-cort</i> 97	<i>amoxicil-clarithromy-lansopraz</i>
ABILIFY ASIMTUFII..... 56	<i>albendazole</i>54	 151
ABILIFY MAINTENA..... 56	<i>albuterol sulfate</i> 179, 180	<i>amoxicillin</i> 13
<i>abiraterone</i> 16	ALCOHOL PADS..... 101	<i>amoxicillin-pot clavulanate</i> 13
<i>abirtega</i>16	ALCOHOL PREP PADS..... 121	<i>amphotericin b</i>48
ABOUTTIME PEN NEEDLE..100	ALCOHOL PREP SWABS..... 101	<i>amphotericin b liposome</i> 48
ABRYSVO (PF)..... 167	ALCOHOL SWABS..... 101	<i>ampicillin</i>13
<i>acamprosate</i>7	ALCOHOL WIPES..... 101	<i>ampicillin sodium</i> 13
<i>acarbose</i>43	ALECENSA..... 16	<i>ampicillin-sulbactam</i> 13
<i>acebutolol</i> 76	<i>alendronate</i> 173	<i>anagrelide</i>72
<i>acetaminophen-codeine</i>3	<i>alfuzosin</i>155	<i>anastrozole</i> 17
<i>acetazolamide</i> 175	<i>aliskiren</i> 82	ANKTIVA.....17
<i>acetazolamide sodium</i>175	<i>allopurinol</i> 50	ANORO ELLIPTA.....180
<i>acetic acid</i>147	<i>alosetron</i> 172	<i>aprepitant</i> 53
<i>acetylcysteine</i>181	<i>alprazolam</i>8	APRETUDE..... 63
<i>acitretin</i>96	ALREX..... 149	<i>apri</i> 87
ACTEMRA.....160	<i>altavera (28)</i> 87	APTIOM.....34
ACTEMRA ACTPEN..... 160	ALTRENO.....100	APTIVUS..... 63
ACTHAR.....158	ALUNBRIG.....16, 17	AQINJECT PEN NEEDLE
ACTHAR SELFJECT..... 158	ALVAIZ..... 71	 101, 102
ACTHIB (PF)..... 167	<i>alyacen 1/35 (28)</i>87	ARCALYST..... 160
ACTIMMUNE.....174	<i>alyacen 7/7/7 (28)</i>87	AREXVY (PF)..... 167
<i>acyclovir</i> 69, 96	ALYFTREK..... 181	AREXVY ANTIGEN
<i>acyclovir sodium</i>69	<i>alyq</i> 183	COMPONENT..... 167
ADACEL(TDAP	<i>amantadine hcl</i> 55	ARIKAYCE.....9
ADOLESN/ADULT)(PF)..... 167	<i>amethyst (28)</i> 87	<i>aripiprazole</i> 56, 57
<i>adapalene</i>100	<i>amikacin</i>9	ARISTADA.....57
<i>adefovir</i>69	<i>amiloride</i>79	ARISTADA INITIO.....57
ADEMPAS..... 183	<i>amiloride-hydrochlorothiazide</i> ...79	<i>armodafinil</i> 183
<i>adrucil</i>16	<i>amiodarone</i>75	ARNUITY ELLIPTA..... 178
ADVAIR HFA.....178	<i>amitriptyline</i> 40	<i>asenapine maleate</i> 57
ADVOCATE PEN NEEDLE... 101	<i>amlodipine</i> 79	<i>aspirin-dipyridamole</i> 72
ADVOCATE SYRINGES 100, 101	<i>amlodipine-atorvastatin</i> 80	ASSURE ID DUO PRO SFTY
<i>afirmelle</i>87	<i>amlodipine-benazepril</i>79	PEN NDL..... 102
	<i>amlodipine-olmesartan</i>79	ASSURE ID DUO-SHIELD.... 102

ASSURE ID INSULIN SAFETY	102	<i>bacitracin-polymyxin b</i>	147	<i>benazepril-hydrochlorothiazide</i> ..	74
ASSURE ID PEN NEEDLE	102	<i>baclofen</i>	182	<i>bendamustine</i>	17
ASSURE ID PRO PEN NEEDLE	102	<i>bal-care dha</i>	184	BENDAMUSTINE	17
ASTAGRAF XL	160, 161	<i>bal-care dha essential</i>	184	BENDEKA	17
<i>atazanavir</i>	63	<i>balsalazide</i>	172	BENLYSTA	161
<i>atenolol</i>	76	BALVERSA	17	<i>benztropine</i>	55
<i>atenolol-chlorthalidone</i>	76	BCG VACCINE, LIVE (PF)	167	BESREMI	161
<i>atomoxetine</i>	83	BD ALCOHOL SWABS	104	<i>betaine</i>	174
<i>atorvastatin</i>	80	BD AUTOSHIELD DUO PEN NEEDLE	102	<i>betamethasone dipropionate</i>	97
<i>atovaquone</i>	54	BD ECLIPSE LUER-LOK	102	<i>betamethasone valerate</i>	98
<i>atovaquone-proguanil</i>	54	BD INSULIN SYRINGE	103	<i>betamethasone, augmented</i>	98
<i>atropine</i>	147	BD INSULIN SYRINGE (HALF UNIT)	102	BETASERON	84
ATROVENT HFA	180	BD INSULIN SYRINGE SLIP TIP	103	<i>betaxolol</i>	175
<i>aubra eq</i>	87	BD INSULIN SYRINGE U-500	103	<i>bethanechol chloride</i>	154
AUGTYRO	17	BD INSULIN SYRINGE ULTRA-FINE	103	<i>bexarotene</i>	17
<i>aurovela 1.5/30 (21)</i>	87	BD NANO 2ND GEN PEN NEEDLE	103	BEXSERO	167
<i>aurovela 1/20 (21)</i>	87	BD SAFETYGLIDE INSULIN SYRINGE	103, 104	<i>bicalutamide</i>	17
<i>aurovela 24 fe</i>	87	BD SAFETYGLIDE SYRINGE	104	BICILLIN L-A	14
<i>aurovela fe 1.5/30 (28)</i>	87	BD ULTRA-FINE MICRO PEN NEEDLE	104	BIKTARVY	63
<i>aurovela fe 1-20 (28)</i>	87	BD ULTRA-FINE MINI PEN NEEDLE	104	<i>bimatoprost</i>	175
AUSTEDO	83	BD ULTRA-FINE NANO PEN NEEDLE	104	<i>bisoprolol fumarate</i>	76
AUSTEDO XR	83	BD ULTRA-FINE ORIG PEN NEEDLE	104	<i>bisoprolol-hydrochlorothiazide</i> ..	76
AUSTEDO XR TITRATION KT(WK1-4)	84	BD ULTRA-FINE SHORT PEN NEEDLE	104	BIZENGRI	17
AUTOSHIELD DUO PEN NEEDLE	102	BD VEO INSULIN SYR (HALF UNIT)	104	<i>bleomycin</i>	18
AUVELITY	40	BD VEO INSULIN SYRINGE UF	104, 105	<i>blisovi 24 fe</i>	88
<i>aviane</i>	87	BELSOMRA	183	<i>blisovi fe 1.5/30 (28)</i>	88
AVONEX	84	<i>benazepril</i>	74	<i>blisovi fe 1/20 (28)</i>	88
AXTLE	17			BOOSTRIX TDAP	168
<i>ayuna</i>	88			BORDERED GAUZE	105
AYVAKIT	17			<i>bortezomib</i>	18
<i>azacitidine</i>	17			BORUZU	18
<i>azathioprine</i>	161			<i>bosentan</i>	183
<i>azathioprine sodium</i>	161			BOSULIF	18
<i>azelastine</i>	147			BRAFTOVI	18
<i>azithromycin</i>	12			BREO ELLIPTA	178
<i>aztreonam</i>	12			<i>breyana</i>	178
<i>azurette (28)</i>	88			BREZTRI AEROSPHERE	180
<i>bacitracin</i>	147			BRILINTA	72
				<i>brimonidine</i>	175
				<i>brimonidine-timolol</i>	176
				<i>brinzolamide</i>	176
				BRIVIACT	34

<i>bromfenac</i>	150	<i>cartia xt</i>	77	CLICKFINE PEN NEEDLE....	106
<i>bromocriptine</i>	55	<i>carvedilol</i>	76	<i>clindamycin hcl</i>	10
BRONCHITOL.....	181	CAYSTON.....	12	<i>clindamycin phosphate</i> ...	10, 51, 97
BRUKINSA.....	18	<i>cefaclor</i>	11	<i>clindamycin-benzoyl peroxide</i>	97
<i>budesonide</i>	172, 173, 179	<i>cefadroxil</i>	11	CLINIMIX 6%-D5W	
<i>budesonide-formoterol</i>	179	<i>cefazolin</i>	11	(SULFITE-FREE).....	72
<i>bumetanide</i>	79	<i>cefdinir</i>	11	CLINIMIX 8%-	
<i>buprenorphine</i>	3	<i>cefepime</i>	11	D10W(SULFITE-FREE).....	72
<i>buprenorphine hcl</i>	7	<i>cefixime</i>	11	CLINIMIX 8%-	
<i>buprenorphine-naloxone</i>	7	<i>cefoxitin</i>	11	D14W(SULFITE-FREE).....	72
<i>bupropion hcl</i>	40	<i>cefpodoxime</i>	11	CLINIMIX E 8%-D10W	
<i>bupropion hcl (smoking deter)</i>	7	<i>cefprozil</i>	11	SULFITEFREE.....	72
<i>bupirone</i>	174	<i>ceftazidime</i>	11	CLINIMIX E 8%-D14W	
<i>butalbital-acetaminop-caf-cod</i>	3	<i>ceftriaxone</i>	11	SULFITEFREE.....	72
<i>butalbital-acetaminophen-caff</i>	3	<i>cefuroxime axetil</i>	11	<i>clobazam</i>	34
CABENUVA.....	63	<i>cefuroxime sodium</i>	11	<i>clobetasol</i>	98
<i>cabergoline</i>	55	<i>celecoxib</i>	5	<i>clobetasol-emollient</i>	98
CABOMETYX.....	18	<i>cephalexin</i>	11	<i>clomipramine</i>	40
<i>cabotegravir</i>	63	<i>cevimeline</i>	95	<i>clonazepam</i>	8
<i>calcipotriene</i>	96	<i>chateal eq (28)</i>	88	<i>clonidine</i>	73
<i>calcitonin (salmon)</i>	173	<i>chlordiazepoxide hcl</i>	8	<i>clonidine hcl</i>	73
<i>calcitriol</i>	173	<i>chlorhexidine gluconate</i>	95	<i>clopidogrel</i>	72
<i>calcium acetate(phosphat bind)</i>	154	<i>chloroquine phosphate</i>	54	<i>clorazepate dipotassium</i>	8
CALQUENCE.....	18	<i>chlorpromazine</i>	57	<i>clotrimazole</i>	48
CALQUENCE		<i>chlorthalidone</i>	79	<i>clotrimazole-betamethasone</i>	48
(ACALABRUTINIB MAL).....	18	<i>cholestyramine (with sugar)</i>	80	<i>clozapine</i>	57
<i>camila</i>	88	<i>cholestyramine light</i>	80	<i>c-nate dha</i>	184
<i>candesartan</i>	73	<i>ciclopirox</i>	48	COARTEM.....	54
<i>candesartan-hydrochlorothiazid</i>	73	<i>cilostazol</i>	72	COBENFY.....	58
CAPLYTA.....	57	CIMDUO.....	64	COBENFY STARTER PACK...	58
CAPRELSA.....	18	<i>cimetidine hcl</i>	151	<i>colchicine</i>	50
<i>captopril</i>	74	CIMZIA.....	161	<i>colesevelam</i>	81
<i>carbamazepine</i>	34	CIMZIA POWDER FOR		<i>colestipol</i>	81
<i>carbidopa-levodopa</i>	55	RECONST.....	161	<i>colistin (colistimethate na)</i>	10
CAREFINE PEN NEEDLE.....	105	<i>cinacalcet</i>	173	COMBIVENT RESPIMAT.....	180
CARETOUCH ALCOHOL		CINQAIR.....	181	COMETRIQ.....	18
PREP PAD.....	105	<i>ciprofloxacin hcl</i>	14, 148	COMFORT EZ INSULIN	
CARETOUCH INSULIN		<i>ciprofloxacin in 5 % dextrose</i>	14	SYRINGE.....	106, 107, 108
SYRINGE.....	105, 106	<i>ciprofloxacin-dexamethasone</i> ...	148	COMFORT EZ PEN	
CARETOUCH PEN NEEDLE.....	105	<i>citalopram</i>	40	NEEDLES.....	107
<i>carglumic acid</i>	152	<i>clarithromycin</i>	12	COMFORT EZ PRO SAFETY	
<i>carteolol</i>	176	CLENPIQ.....	153	PEN NDL.....	107, 108

COMFORT TOUCH PEN	DANYELZA.....	19	<i>diclofenac-misoprostol</i>	5
NEEDLE.....	DANZITEN.....	19	<i>dicloxacillin</i>	14
COMPLERA.....	<i>dapsone</i>	52	<i>dicyclomine</i>	152
<i>completenate</i>	DAPTACEL (DTAP		<i>didanosine</i>	64
<i>compro</i>	PEDIATRIC) (PF).....	168	DIFICID.....	12
<i>constulose</i>	<i>daptomycin</i>	10	<i>difluprednate</i>	150
COPIKTRA.....	<i>darunavir</i>	64	<i>digoxin</i>	78
CORLANOR.....	<i>dasatinib</i>	19	<i>dihydroergotamine</i>	51
COSENTYX.....	<i>dasetta 1/35 (28)</i>	88	<i>diltiazem hcl</i>	77
COSENTYX (2 SYRINGES)...	<i>dasetta 7/7/7 (28)</i>	88	<i>dilt-xr</i>	77
COSENTYX PEN (2 PENS)....	DATROWAY.....	19	<i>dimethyl fumarate</i>	84
COSENTYX UNOREADY	DAURISMO.....	19	<i>diphenoxylate-atropine</i>	152
PEN.....	<i>deblitane</i>	88	<i>dipyridamole</i>	72
COTELLIC.....	<i>decitabine</i>	19	<i>disulfiram</i>	7
CREON.....	<i>deferasirox</i>	155	<i>divalproex</i>	35
<i>cromolyn</i>	DELSTRIGO.....	64	<i>dofetilide</i>	75
<i>cryselle (28)</i>	<i>demeclocycline</i>	15	<i>dolishale</i>	88
CURAD GAUZE PAD.....	DENG VAXIA (PF).....	168	<i>donepezil</i>	39
CURITY ALCOHOL SWABS	<i>denta 5000 plus</i>	95	<i>dorzolamide</i>	176
CURITY GAUZE.....	<i>dentagel</i>	95	<i>dorzolamide-timolol</i>	176
<i>cyclafem 1/35 (28)</i>	DEPO-SUBQ PROVERA	104, 159	DOVATO.....	64
<i>cyclafem 7/7/7 (28)</i>	DERMACEA.....	109	<i>doxazosin</i>	73
<i>cyclobenzaprine</i>	DERMACEA NON-WOVEN..	109	<i>doxepin</i>	40
<i>cyclophosphamide</i>	<i>dermacinrx lidocan</i>	6	<i>doxorubicin, peg-liposomal</i>	19
<i>cyclosporine</i>	DESCOVY.....	64	<i>doxy-100</i>	15
<i>cyclosporine modified</i>	<i>desipramine</i>	40	<i>doxycycline hyclate</i>	15
CYLTEZO(CF).....	<i>desmopressin</i>	158	<i>doxycycline monohydrate</i>	15, 16
CYLTEZO(CF) PEN.....	<i>desog-e.estradiol/e.estradiol</i>	88	DRIZALMA SPRINKLE.....	40, 41
CYLTEZO(CF) PEN	<i>desogestrel-ethinyl estradiol</i>	88	<i>dronabinol</i>	53
CROHN'S-UC-HS.....	<i>desvenlafaxine succinate</i>	40	DROPLET INSULIN	
CYLTEZO(CF) PEN	<i>dexamethasone</i>	157	SYR(HALF UNIT).....	109, 110
PSORIASIS-UV.....	<i>dexamethasone sodium</i>		DROPLET INSULIN	
<i>cyred eq</i>	<i>phosphate</i>	150, 157	SYRINGE.....	110, 111
<i>d5 % (d-glucose)-0.9 % sodchlr</i>	<i>dextroamphetamine-</i>		DROPLET MICRON PEN	
.....	<i>amphetamine</i>	84	NEEDLE.....	111
<i>d5 % and 0.9 % sodium</i>	<i>dextrose 5 % in water (d5w)</i>	72	DROPLET PEN NEEDLE	
<i>chloride</i>	DIACOMIT.....	34, 35		111, 112
<i>d5 %-0.45 % sodium chloride</i> ..	<i>diazepam</i>	8, 35	DROPSAFE ALCOHOL PREP	
<i>dabigatran etexilate</i>	<i>diazepam intensol</i>	8	PADS.....	112
<i>dalfampridine</i>	<i>diazoxide</i>	174	DROPSAFE INSULIN	
<i>danazol</i>	<i>diclofenac potassium</i>	5	SYRINGE.....	112
<i>dantrolene</i>	<i>diclofenac sodium</i>	5, 150		

DROPSAFE PEN NEEDLE	<i>efavirenz-emtricitabin-tenofov</i> ...64	EPIDIOLEX..... 35
..... 112, 113	<i>efavirenz-lamivu-tenofov disop</i> ...64	<i>epinastine</i> 147
<i>droxidopa</i>73	ELAHERE..... 19	<i>epinephrine</i> 78
DUAVEE.....156	ELIGARD.....20	<i>epitol</i> 35
<i>duloxetine</i>41	ELIGARD (3 MONTH)..... 19	EPIVIR HBV.....64
DUPIXENT PEN.....162	ELIGARD (4 MONTH)..... 20	EPKINLY..... 20
DUPIXENT SYRINGE.....162	ELIGARD (6 MONTH)..... 20	<i>eplerenone</i> 82
<i>dutasteride</i> 155	<i>elinest</i>88	EPRONTIA..... 35
EASY COMFORT ALCOHOL	ELIQUIS.....70	ERBITUX.....20
PAD..... 114	ELIQUIS DVT-PE TREAT	<i>ergoloid</i>39
EASY COMFORT INSULIN	30D START.....70	ERIVEDGE..... 20
SYRINGE..... 113, 114	ELREXFIO.....20	ERLEADA.....20
EASY COMFORT PEN	<i>eluryng</i>89	<i>erlotinib</i> 20
NEEDLES..... 114	EMBRACE PEN NEEDLE.....117	<i>errin</i> 89
EASY COMFORT SAFETY	EMCYT..... 20	<i>ertapenem</i> 12
PEN NEEDLE..... 113	EMGALITY PEN.....51	<i>erythromycin</i> 12, 148
EASY GLIDE INSULIN	EMGALITY SYRINGE.....51	<i>erythromycin ethylsuccinate</i> 12
SYRINGE..... 114	<i>emoquette</i>89	<i>erythromycin with ethanol</i>97
EASY GLIDE PEN NEEDLE..114	EMSAM..... 41	ERZOFRI..... 58
EASY TOUCH.....116	<i>emtricitabine</i>64	<i>escitalopram oxalate</i>41
EASY TOUCH ALCOHOL	<i>emtricitabine-tenofovir (tdf)</i> 64	<i>esomeprazole magnesium</i> 151
PREP PADS..... 115	EMTRIVA.....64	<i>estarylla</i> 89
EASY TOUCH FLIPLOCK	<i>emzahh</i>89	<i>estradiol</i> 156
INSULIN..... 116	<i>enalapril maleate</i>74	<i>estradiol-norethindrone acet</i> 156
EASY TOUCH FLIPLOCK	<i>enalapril-hydrochlorothiazide</i>75	<i>eszopiclone</i>183
SYRINGE..... 115	ENBREL.....162	<i>ethambutol</i> 52
EASY TOUCH INSULIN	ENBREL MINI.....162	<i>ethosuximide</i> 35
SAFETY SYR..... 115	ENBREL SURECLICK..... 162	<i>ethynodiol diac-eth estradiol</i>89
EASY TOUCH INSULIN	<i>endocet</i>3	<i>etodolac</i> 6
SYRINGE..... 114, 115, 117	ENERGIX-B (PF).....168	<i>etonogestrel-ethinyl estradiol</i>89
EASY TOUCH LUER LOCK	ENERGIX-B PEDIATRIC (PF)	ETOPOPHOS..... 20
INSULIN..... 116	 168	<i>etoposide</i>20
EASY TOUCH PEN NEEDLE 116	<i>enilloring</i> 89	<i>etravirine</i> 64
EASY TOUCH SAFETY PEN	<i>enoxaparin</i>70	EUCRISA.....98
NEEDLE.....116, 117	<i>enpresse</i>89	<i>everolimus (antineoplastic)</i> .. 20, 21
EASY TOUCH	<i>enskyce</i>89	<i>everolimus</i>
SHEATHLOCK INSULIN	<i>entacapone</i>55	<i>(immunosuppressive)</i> 162
..... 115, 116	<i>entecavir</i> 69	EVOTAZ..... 64
EASY TOUCH UNI-SLIP..... 117	ENTRESTO.....73	<i>exemestane</i>21
<i>econazole nitrate</i>49	ENTRESTO SPRINKLE.....73	EXTENCILLINE.....14
EDURANT..... 64	<i>enulose</i> 152	EYSUVIS..... 150
<i>efavirenz</i>64	EPCLUSA..... 68	<i>ezetimibe</i> 81

<i>ezetimibe-simvastatin</i>	81	<i>fluorometholone</i>	150	<i>gentamicin sulfate (ped) (pf)</i>	9
<i>falmina (28)</i>	89	<i>fluorouracil</i>	21, 96	<i>gentamicin sulfate (pf)</i>	9
<i>famciclovir</i>	69	<i>fluoxetine</i>	41	GENVOYA.....	65
<i>famotidine</i>	151	<i>fluphenazine decanoate</i>	58	GILOTRIF.....	21
FANAPT.....	58	<i>fluphenazine hcl</i>	58	<i>glatiramer</i>	84, 85
FARXIGA.....	43	<i>flurbiprofen</i>	6	<i>glatopa</i>	85
FASENRA.....	181	<i>flurbiprofen sodium</i>	150	GLEOSTINE.....	21, 22
FASENRA PEN.....	181	<i>flutamide</i>	21	<i>glimepiride</i>	47
<i>febuxostat</i>	50	<i>fluticasone propionate</i> 99, 150, 179		<i>glipizide</i>	48
<i>feirza</i>	89	<i>fluticasone propion-salmeterol</i> 179		<i>glipizide-metformin</i>	48
<i>felbamate</i>	35	<i>fluvastatin</i>	81	<i>glutamine (sickle cell)</i>	174
<i>felodipine</i>	79	<i>fluvoxamine</i>	41	<i>glyburide</i>	48
<i>femynor</i>	89	<i>folivane-ob</i>	184	<i>glyburide micronized</i>	48
<i>fenofibrate</i>	81	<i>fondaparinux</i>	70	<i>glyburide-metformin</i>	48
<i>fenofibrate micronized</i>	81	<i>fosamprenavir</i>	64	<i>glycopyrrolate</i>	152
<i>fenofibrate nanocrystallized</i>	81	<i>fosinopril</i>	75	<i>glydo</i>	6
<i>fentanyl</i>	3	<i>fosinopril-hydrochlorothiazide</i> ... 75		GLYXAMBI.....	43
<i>fentanyl citrate</i>	3	<i>fosphenytoin</i>	35	GOMEKLI.....	22
<i>fesoterodine</i>	154	FOTIVDA.....	21	<i>griseofulvin microsize</i>	49
FETZIMA.....	41	FREESTYLE PRECISION.....	118	<i>griseofulvin ultramicrosize</i>	49
FIASP FLEXTOUCH U-100		FRUZAQLA.....	21	<i>guanfacine</i>	73, 85
INSULIN.....	45	<i>fulvestrant</i>	21	GVOKE.....	174
FIASP PENFILL U-100		<i>furosemide</i>	79, 80	GVOKE HYPOPEN 2-PACK..	174
INSULIN.....	45	FUZEON.....	65	GVOKE PFS 1-PACK	
FIASP U-100 INSULIN.....	45	FYARRO.....	21	SYRINGE.....	174
<i>finasteride</i>	155	FYCOMPA.....	35	GVOKE PFS 2-PACK	
<i>fingolimod</i>	84	<i>gabapentin</i>	36	SYRINGE.....	174
FINTEPLA.....	35	<i>galantamine</i>	39	HAEGARDA.....	71
FIRMAGON KIT W		<i>gallifrey</i>	159	<i>hailey 24 fe</i>	89
DILUENT SYRINGE.....	21	GAMUNEX-C.....	163	<i>hailey fe 1.5/30 (28)</i>	89
<i>flavoxate</i>	154	GARDASIL 9 (PF).....	168	<i>hailey fe 1/20 (28)</i>	89
<i>flecainide</i>	75	GAUZE PAD.....	118	<i>halobetasol propionate</i>	99
<i>floxuridine</i>	21	<i>gavilyte-c</i>	153	<i>haloette</i>	89
<i>fluconazole</i>	49	<i>gavilyte-g</i>	153	<i>haloperidol</i>	59
<i>fluconazole in nacl (iso-osm)</i>	49	<i>gavilyte-n</i>	153	<i>haloperidol decanoate</i>	58
<i>flucytosine</i>	49	GAVRETO.....	21	<i>haloperidol lactate</i>	59
<i>fludrocortisone</i>	157	<i>gefitinib</i>	21	HARVONI.....	68, 69
<i>flunisolide</i>	150	<i>gemfibrozil</i>	81	HAVRIX (PF).....	168
<i>fluocinolone</i>	98	<i>generlac</i>	152	HEALTHWISE INSULIN	
<i>fluocinolone acetonide oil</i>	150	<i>gengraf</i>	163	SYRINGE.....	118, 119
<i>fluocinonide</i>	98	<i>gentak</i>	148	HEALTHWISE PEN NEEDLE	119
<i>fluoride (sodium)</i>	95	<i>gentamicin</i>	9, 97, 148		

HEALTHY ACCENTS		<i>ibuprofen</i>6	INSULIN SYR/NDL U100
UNIFINE PENTIP.....119	<i>icatibant</i>78		HALF MARK.....120
<i>heather</i>90	<i>iclevia</i>90		INSULIN SYRINGE.....104
<i>heparin (porcine)</i>70	ICLUSIG.....22		INSULIN SYRINGE
HEPLISAV-B (PF).....168	<i>icosapent ethyl</i>81		MICROFINE.....103
HERCEPTIN HYLECTA.....22	IDHIFA.....22		INSULIN SYRINGE
HERZUMA.....22	<i>ifosfamide</i>22		NEEDLELESS.....103
HIBERIX (PF).....168	ILEVRO.....150		INSULIN SYRINGE-NEEDLE
HUMIRA.....163	<i>imatinib</i>22		U-100
HUMIRA PEN.....163	IMBRUVICA.....22, 23		117, 118, 120, 121, 129, 133, 137,
HUMIRA PEN CROHNS-UC-	IMDELLTRA.....23		138
HS START.....163	<i>imipenem-cilastatin</i>13		INSUPEN PEN NEEDLE.....121
HUMIRA PEN PSOR-	<i>imipramine hcl</i>41		INTELENCE.....65
UVEITS-ADOL HS.....163	<i>imiquimod</i>96		INTRON A.....69
HUMIRA(CF).....163	IMJUDO.....23		INVEGA HAFYERA.....59
HUMIRA(CF) PEDI CROHNS	IMKELDI.....23		INVEGA SUSTENNA.....59
STARTER.....163	IMOVAX RABIES VACCINE		INVEGA TRINZA.....59, 60
HUMIRA(CF) PEN.....163	(PF).....169		INVELTYS.....150
HUMIRA(CF) PEN CROHNS-	IMPAVIDO.....54		IPOLE.....169
UC-HS.....163	<i>incassia</i>90		<i>ipratropium bromide</i>147, 180
HUMIRA(CF) PEN	INCONTROL ALCOHOL		<i>ipratropium-albuterol</i>180
PEDIATRIC UC.....163	PADS.....119		<i>irbesartan</i>73
HUMIRA(CF) PEN PSOR-UV-	INCONTROL PEN NEEDLE..119		<i>irbesartan-hydrochlorothiazide</i> ..73
ADOL HS.....163	INCRELEX.....158		ISENTRESS.....65
HUMULIN R U-500 (CONC)	<i>indapamide</i>80		ISENTRESS HD.....65
INSULIN.....45	<i>indomethacin</i>6		<i>isibloom</i>90
HUMULIN R U-500 (CONC)	INFANRIX (DTAP) (PF).....169		<i>isoniazid</i>52
KWIKPEN.....46	<i>infliximab</i>163		ISOPROPYL ALCOHOL.....96
<i>hydralazine</i>78	INGREZZA.....85		<i>isosorbide dinitrate</i>82
<i>hydrochlorothiazide</i>80	INGREZZA INITIATION		<i>isosorbide mononitrate</i>82, 83
<i>hydrocodone-acetaminophen</i>3, 4	PK(TARDIV).....85		ITOVEBI.....23
<i>hydrocortisone</i>99, 157, 173	INGREZZA SPRINKLE.....85		<i>itraconazole</i>49
<i>hydrocortisone valerate</i>99	INLYTA.....23		IV PREP WIPES.....121
<i>hydrocortisone-acetic acid</i>148	INPEN (FOR HUMALOG)		<i>ivabradine</i>78
<i>hydromorphone</i>4	BLUE.....120		<i>ivermectin</i>54
<i>hydroxychloroquine</i>54	INPEN (NOVOLOG OR		IWILFIN.....23
<i>hydroxyurea</i>22	FIASP) BLUE.....120		IXCHIQ (PF).....169
<i>hydroxyzine hcl</i>50	INQOVI.....23		IXIARO (PF).....169
<i>hydroxyzine pamoate</i>175	INREBIC.....23		JAKAFI.....23
<i>ibandronate</i>173	<i>insulin asp prt-insulin aspart</i>46		<i>jantoven</i>70
IBRANCE.....22	<i>insulin aspart u-100</i>46		JANUMET.....43
<i>ibu</i>6			JANUMET XR.....43

JANUVIA.....	43	<i>kurvelo</i> (28).....	90	<i>levora-28</i>	91
JARDIANCE.....	43	KYLEENA.....	90	<i>levothyroxine</i>	160
<i>javygtor</i>	146	KYNMOBI.....	55	LEXIVA.....	65
JAYPIRCA.....	23	<i>labetalol</i>	76	LIBERVANT.....	36
JEMPERLI.....	23	<i>lacosamide</i>	36	<i>lidocaine</i>	6
<i>jencycla</i>	90	<i>lactulose</i>	152	<i>lidocaine hcl</i>	6
JENTADUETO.....	43	<i>lamivudine</i>	65	<i>lidocaine viscous</i>	6
JENTADUETO XR.....	43	<i>lamivudine-zidovudine</i>	65	<i>lidocaine-prilocaine</i>	6
<i>jolessa</i>	90	<i>lamotrigine</i>	36	<i>lidocan iii</i>	7
<i>juleber</i>	90	<i>lanreotide</i>	158	LILETTA.....	91
JULUCA.....	65	<i>lansoprazole</i>	151	<i>lillow</i> (28).....	91
<i>junel 1.5/30</i> (21).....	90	LANTUS SOLOSTAR U-100		<i>linezolid</i>	10
<i>junel 1/20</i> (21).....	90	INSULIN.....	46	<i>linezolid in dextrose 5%</i>	10
<i>junel fe 1.5/30</i> (28).....	90	LANTUS U-100 INSULIN.....	46	LINZESS.....	152
<i>junel fe 1/20</i> (28).....	90	<i>lapatinib</i>	24	<i>liothyronine</i>	160
<i>junel fe 24</i>	90	<i>larin 1.5/30</i> (21).....	90	LISCO.....	121
JYLAMVO.....	23	<i>larin 1/20</i> (21).....	91	<i>lisinopril</i>	75
JYNNEOS (PF).....	169	<i>larin 24 fe</i>	91	<i>lisinopril-hydrochlorothiazide</i>	75
KALYDECO.....	181	<i>larin fe 1.5/30</i> (28).....	91	LITE TOUCH INSULIN PEN	
<i>kariva</i> (28).....	90	<i>larin fe 1/20</i> (28).....	91	NEEDLES.....	121, 122
<i>kelnor 1/35</i> (28).....	90	<i>larissia</i>	91	LITE TOUCH INSULIN	
<i>kelnor 1/50</i> (28).....	90	<i>latanoprost</i>	176	SYRINGE.....	122, 123
KERENDIA.....	82	LAZCLUZE.....	24	<i>lithium carbonate</i>	85
KESIMPTA PEN.....	85	<i>leflunomide</i>	164	<i>lithium citrate</i>	85
<i>ketoconazole</i>	49	<i>lenalidomide</i>	24	LIVTENCITY.....	68
<i>ketorolac</i>	6, 150	LENTOCILIN S.....	14	LOKELMA.....	152
KEYTRUDA.....	23	LENVIMA.....	24	LONSURF.....	25
KIMMTRAK.....	23	<i>lessina</i>	91	<i>loperamide</i>	152
KINERET.....	163	<i>letrozole</i>	24	<i>lopinavir-ritonavir</i>	65
KINRIX (PF).....	169	<i>leucovorin calcium</i>	175	LOQTORZI.....	25
<i>kionex (with sorbitol)</i>	152	LEUKERAN.....	24	<i>lorazepam</i>	8, 9
KISQALI.....	24	<i>leuprolide</i>	25	<i>lorazepam intensol</i>	8
KISQALI FEMARA CO-		<i>leuprolide</i> (3 month).....	25	LORBRENA.....	25
PACK.....	24	<i>levetiracetam</i>	36	<i>losartan</i>	74
KLISYRI (250 MG).....	96	<i>levobunolol</i>	176	<i>losartan-hydrochlorothiazide</i>	74
<i>klor-con m10</i>	177	<i>levocetirizine</i>	50	LOTEMAX.....	150
<i>klor-con m15</i>	177	<i>levofloxacin</i>	15	LOTEMAX SM.....	150
<i>klor-con m20</i>	177	<i>levofloxacin in d5w</i>	15	<i>loteprednol etabonate</i>	151
KLOXXADO.....	7	<i>levonest</i> (28).....	91	<i>lovastatin</i>	81
KOSELUGO.....	24	<i>levonorgest-eth.estradiol-iron</i>	91	<i>low-ogestrel</i> (28).....	91
<i>kosher prenatal plus iron</i>	184	<i>levonorgestrel-ethinyl estrad</i>	91	<i>loxapine succinate</i>	60
KRAZATI.....	24	<i>levonorg-eth estrad triphasic</i>	91	<i>lubiprostone</i>	152

LUMAKRAS.....	25	MAVENCLAD (9 TABLET PACK).....	86	<i>methylprednisolone</i>	157
LUMIGAN.....	176	MAXICOMFORT II PEN NEEDLE.....	123	<i>methylprednisolone acetate</i>	157
LUNSUMIO.....	25	MAXICOMFORT INSULIN SYRINGE.....	123	<i>metoclopramide hcl</i>	153
LUPRON DEPOT.....	25, 158	MAXI-COMFORT INSULIN SYRINGE.....	123	<i>metolazone</i>	80
LUPRON DEPOT (3 MONTH)	25, 158	MAXICOMFORT SAFETY PEN NEEDLE.....	123	<i>metoprolol succinate</i>	76
LUPRON DEPOT (4 MONTH).25		MAYZENT.....	86	<i>metoprolol tartrate</i>	76
LUPRON DEPOT (6 MONTH).25		MAYZENT STARTER(FOR 1MG MAINT).....	86	<i>metronidazole</i>	10, 51, 97
LUPRON DEPOT-PED.....	158	MAYZENT STARTER(FOR 2MG MAINT).....	86	<i>metronidazole in nacl (iso-os)</i>	10
LUPRON DEPOT-PED (3 MONTH).....	158	<i>meclizine</i>	53	<i>metryrosine</i>	78
<i>lurasidone</i>	60	<i>medroxyprogesterone</i>	159, 160	<i>micafungin</i>	49
<i>lutea (28)</i>	91	<i>mefloquine</i>	54	<i>miconazole-3</i>	49
LYBALVI.....	60	<i>megestrol</i>	26, 160	MICRODOT INSULIN PEN NEEDLE.....	123
<i>lyleq</i>	92	MEKINIST.....	26	MICRODOT READYGARD PEN NEEDLE.....	124
LYNPARZA.....	25	<i>meloxicam</i>	6	<i>microgestin 1.5/30 (21)</i>	92
LYSODREN.....	26	<i>memantine</i>	39	<i>microgestin 1/20 (21)</i>	92
LYTGOBI.....	26	MENACTRA (PF).....	169	<i>microgestin 24 fe</i>	92
<i>lyza</i>	92	MENQUADFI (PF).....	169	<i>microgestin fe 1.5/30 (28)</i>	92
MAGELLAN INSULIN SAFETY SYRNG.....	123	MENVEO A-C-Y-W-135-DIP (PF).....	169	<i>microgestin fe 1/20 (28)</i>	92
MAGELLAN SYRINGE.....	123	<i>mercaptapurine</i>	26	<i>midodrine</i>	73
<i>magnesium sulfate</i>	177	<i>meropenem</i>	13	<i>mifepristone</i>	44
<i>malathion</i>	100	<i>mesalamine</i>	173	<i>mili</i>	92
<i>maraviroc</i>	65	<i>mesna</i>	175	<i>mimvey</i>	156
MARGENZA.....	26	<i>metformin</i>	43, 44	MINI ULTRA-THIN II.....	124
<i>marlissa (28)</i>	92	<i>methadone</i>	4	<i>minitran</i>	83
<i>marnatal-f</i>	184	<i>methazolamide</i>	176	<i>minocycline</i>	16
MARPLAN.....	41	<i>methenamine hippurate</i>	10	<i>minoxidil</i>	83
MATULANE.....	26	<i>methimazole</i>	160	MIPLYFFA.....	146
MAVENCLAD (10 TABLET PACK).....	85	<i>methocarbamol</i>	183	<i>mirabegron</i>	154
MAVENCLAD (4 TABLET PACK).....	85	<i>methotrexate sodium</i>	26	MIRENA.....	92
MAVENCLAD (5 TABLET PACK).....	85	<i>methotrexate sodium (pf)</i>	26	<i>mirtazapine</i>	41
MAVENCLAD (6 TABLET PACK).....	85	<i>methoxsalen</i>	96	<i>misoprostol</i>	151
MAVENCLAD (7 TABLET PACK).....	86	<i>methsuximide</i>	36	<i>mitoxantrone</i>	26
MAVENCLAD (8 TABLET PACK).....	86	<i>methylphenidate hcl</i>	86	M-M-R II (PF).....	169
				<i>m-natal plus</i>	184
				<i>modafinil</i>	183
				<i>moexipril</i>	75
				<i>molindone</i>	60
				<i>mometasone</i>	99, 151
				MONOJECT INSULIN SAFETY SYRING.....	125

MONOJECT INSULIN		
SYRINGE.....	124, 125	
MONOJECT SYRINGE.....	124	
MONOJECT ULTRA		
COMFORT INSULIN.....	140	
<i>mono-lynyah</i>	92	
<i>montelukast</i>	179	
<i>morphine</i>	4	
MORPHINE.....	4	
<i>morphine concentrate</i>	4	
MOUNJARO.....	44	
MOVANTIK.....	153	
<i>moxifloxacin</i>	15, 148	
<i>moxifloxacin-sod.ace,sul-water</i> ..	15	
<i>moxifloxacin-sod.chloride(iso)</i> ...	15	
MRESVIA (PF).....	169	
MULTAQ.....	75	
<i>mupirocin</i>	97	
MVASI.....	26	
<i>mycophenolate mofetil</i>	164	
<i>mycophenolate mofetil (hcl)</i>	164	
<i>mycophenolate sodium</i>	164	
<i>mynatal</i>	184	
<i>mynatal advance</i>	184	
<i>mynatal plus</i>	184	
<i>mynatal-z</i>	185	
<i>mynate 90 plus</i>	185	
<i>nabumetone</i>	6	
<i>nafcillin</i>	14	
<i>naloxone</i>	7	
<i>naltrexone</i>	7	
NANO 2ND GEN PEN		
NEEDLE.....	125	
<i>naproxen</i>	6	
<i>naratriptan</i>	51	
NATACYN.....	148	
<i>nateglinide</i>	44	
NATPARA.....	173	
NAYZILAM.....	36	
<i>nebivolol</i>	76	
<i>nefazodone</i>	41	
<i>neomycin</i>	9	
<i>neomycin-bacitracin-poly-hc</i>	148	
<i>neomycin-bacitracin-polymyxin</i>	148	
<i>neomycin-polymyxin b-</i>		
<i>dexameth</i>	148	
<i>neomycin-polymyxin-gramicidin</i>		
.....	148	
<i>neomycin-polymyxin-hc</i>	148	
<i>neo-polycin</i>	149	
<i>neo-polycin hc</i>	149	
NERLYNX.....	26	
<i>neuac</i>	97	
NEULASTA ONPRO.....	71	
<i>nevirapine</i>	65, 66	
<i>newgen</i>	185	
NEXLETOL.....	81	
NEXLIZET.....	81	
NEXPLANON.....	92	
<i>niacin</i>	81	
<i>niacor</i>	82	
NICOTROL NS.....	7	
<i>nifedipine</i>	79	
NIKTIMVO.....	164	
<i>nilutamide</i>	26	
NINLARO.....	27	
<i>nitazoxanide</i>	54	
<i>nitisinone</i>	146	
<i>nitrofurantoin macrocrystal</i>	10	
<i>nitrofurantoin monohyd/m-cryst</i> ..	10	
<i>nitroglycerin</i>	83, 175	
<i>niva-plus</i>	185	
NIVESTYM.....	71	
NORDITROPIN FLEXPEN.....	159	
<i>norelgestromin-ethin.estradiol</i> ...	92	
<i>norethindrone (contraceptive)</i>	92	
<i>norethindrone acetate</i>	160	
<i>norethindrone-e.estradiol-iron</i> ...	92	
<i>norgestimate-ethinyl estradiol</i>	93	
<i>norlyda</i>	93	
<i>nortrel 1/35 (21)</i>	93	
<i>nortrel 1/35 (28)</i>	93	
<i>nortrel 7/7/7 (28)</i>	93	
<i>nortriptyline</i>	41, 42	
NORVIR.....	66	
NOVOFINE 30.....	125	
NOVOFINE 32.....	125	
NOVOFINE PLUS.....	125	
NOVOLIN 70/30 U-100		
INSULIN.....	46	
NOVOLIN 70-30 FLEXPEN		
U-100.....	46	
NOVOLIN N FLEXPEN.....	46	
NOVOLIN N NPH U-100		
INSULIN.....	46	
NOVOLIN R FLEXPEN.....	47	
NOVOLIN R REGULAR U100		
INSULIN.....	47	
NOVOTWIST.....	125	
NUBEQA.....	27	
NUCALA.....	181, 182	
NULOJIX.....	164	
NUPLAZID.....	60	
NURTEC ODT.....	51	
<i>nyamyc</i>	49	
<i>nylia 1/35 (28)</i>	93	
<i>nylia 7/7/7 (28)</i>	93	
<i>nymyo</i>	93	
<i>nystatin</i>	49, 50	
<i>nystatin-triamcinolone</i>	50	
<i>nystop</i>	50	
NYVEPRIA.....	71	
<i>obstetrix dha</i>	185	
<i>obstetrix dha prenatal duo</i>	185	
<i>o-cal prenatal</i>	185	
OCREVUS.....	86	
OCREVUS ZUNOVO.....	86	
<i>octreotide acetate</i>	159	
ODEFSEY.....	66	
ODOMZO.....	27	
OFEV.....	182	
<i>ofloxacin</i>	149	
OGIVRI.....	27	
OGSIVEO.....	27	
OJEMDA.....	27	
OJJAARA.....	27	

<i>olanzapine</i>	60	ORSERDU	27	<i>penicillin v potassium</i>	14
<i>olmesartan</i>	74	<i>oseltamivir</i>	68	PENTACEL (PF).....	170
<i>olmesartan-amlodipin-hcthiazid</i>	74	OTEZLA	164	<i>pentamidine</i>	54, 55
<i>olmesartan-hydrochlorothiazide</i>	74	OTEZLA STARTER.....	164	PENTIPS PEN NEEDLE	127
<i>olopatadine</i>	147	<i>oxandrolone</i>	155	<i>pentoxifylline</i>	72
<i>omega-3 acid ethyl esters</i>	82	<i>oxcarbazepine</i>	36	<i>perindopril erbumine</i>	75
<i>omeprazole</i>	152	<i>oxybutynin chloride</i>	154	<i>periogard</i>	96
OMNIPOD 5 (G6/LIBRE 2 PLUS).....	125	<i>oxycodone</i>	4	<i>permethrin</i>	100
OMNIPOD 5 G6-G7 INTRO KT(GEN5).....	125	<i>oxycodone-acetaminophen</i>	5	<i>perphenazine</i>	60
OMNIPOD 5 G6-G7 PODS (GEN 5).....	126	OZEMPIC.....	44	<i>perphenazine-amitriptyline</i>	42
OMNIPOD 5 INTRO(G6/LIBRE2PLUS).....	126	<i>pacerone</i>	76	PERSERIS.....	60
OMNIPOD CLASSIC PDM KIT(GEN 3).....	126	<i>paclitaxel protein-bound</i>	28	<i>phenelzine</i>	42
OMNIPOD CLASSIC PODS (GEN 3).....	126	<i>paliperidone</i>	60	<i>phenobarbital</i>	37
OMNIPOD DASH INTRO KIT (GEN 4).....	126	PANRETIN.....	96	PHENYTEK.....	37
OMNIPOD DASH PDM KIT (GEN 4).....	126	<i>pantoprazole</i>	152	<i>phenytoin</i>	37
OMNIPOD DASH PODS (GEN 4).....	126	<i>paricalcitol</i>	173	<i>phenytoin sodium</i>	37
ONAPGO.....	56	<i>paromomycin</i>	54	<i>phenytoin sodium extended</i>	37
<i>ondansetron</i>	53	<i>paroxetine hcl</i>	42	PIFELTRO.....	66
<i>ondansetron hcl</i>	53	PAXLOVID.....	68	<i>pilocarpine hcl</i>	96, 176
ONTRUZANT.....	27	<i>pazopanib</i>	28	<i>pimecrolimus</i>	99
ONUREG.....	27	PEDIARIX (PF).....	169	<i>pimozide</i>	61
OPDIVO.....	27	PEDVAX HIB (PF).....	170	<i>pimtrea (28)</i>	93
OPDIVO QVANTIG.....	27	<i>peg 3350-electrolytes</i>	153	<i>pioglitazone</i>	44
OPDUALAG.....	27	PEGASYS.....	69	<i>pioglitazone-metformin</i>	44
OPSUMIT.....	183	<i>peg-electrolyte soln</i>	153	PIP PEN NEEDLE.....	127
ORENCIA.....	164	PEMAZYRE.....	28	<i>piperacillin-tazobactam</i>	14
ORENCIA (WITH MALTOSE).....	164	<i>pemetrexed</i>	28	PIQRAY.....	28
ORENCIA CLICKJECT.....	164	<i>pemetrexed disodium</i>	28	<i>pirfenidone</i>	182
ORFADIN.....	146	PEMRYDI RTU.....	28	<i>pirmella</i>	93
ORGOVYX.....	159	PEN NEEDLE.....	118, 126, 129	<i>pitavastatin calcium</i>	82
ORILISSA.....	159	PEN NEEDLE, DIABETIC.....	108, 124, 126, 128	PLEGRIDY.....	86
ORKAMBI.....	182	PEN NEEDLE, DIABETIC, SAFETY.....	129	<i>pnv 29-1</i>	185
		PENBRAYA (PF).....	170	<i>pnv-dha + docusate</i>	185
		PENBRAYA MENACWY COMPONENT(PF).....	170	<i>pnv-omega</i>	185
		PENBRAYA MENB COMPONENT (PF).....	170	<i>podofilox</i>	96
		<i>penicillamine</i>	155	<i>polycin</i>	149
		<i>penicillin g potassium</i>	14	<i>polymyxin b sulf-trimethoprim</i>	149
		<i>penicillin g procaine</i>	14	POMALYST.....	28
				<i>portia 28</i>	93
				<i>posaconazole</i>	50
				<i>potassium chloride</i>	177, 178
				<i>potassium citrate</i>	178

<i>pr natal 400</i>	185	PRO COMFORT ALCOHOL		<i>quinapril</i>	75
<i>pr natal 400 ec</i>	185	PADS.....	127	<i>quinapril-hydrochlorothiazide</i> ...	75
<i>pr natal 430</i>	185	PRO COMFORT INSULIN		<i>quinidine sulfate</i>	76
<i>pr natal 430 ec</i>	185	SYRINGE.....	127	<i>quinine sulfate</i>	55
<i>pramipexole</i>	56	PRO COMFORT PEN		QULIPTA.....	51
<i>prasugrel hcl</i>	72	NEEDLE.....	127, 128	RABAVERT (PF).....	170
<i>pravastatin</i>	82	<i>probenecid</i>	50	<i>rabeprazole</i>	152
<i>praziquantel</i>	55	<i>probenecid-colchicine</i>	50	RALDESY.....	42
<i>prazosin</i>	73	PROCALAMINE 3%.....	73	<i>raloxifene</i>	157
<i>prednisolone</i>	157	<i>prochlorperazine</i>	53	<i>ramipril</i>	75
<i>prednisolone acetate</i>	151	<i>prochlorperazine edisylate</i> ... 53, 61		<i>ranolazine</i>	78
<i>prednisolone sodium phosphate</i> 157		<i>prochlorperazine maleate</i>	53	<i>rasagiline</i>	56
<i>prednisone</i>	157, 158	<i>procto-med hc</i>	99	RASUVO (PF).....	165
<i>pregabalin</i>	37	<i>proctosol hc</i>	99	RAYALDEE.....	174
PREHEVBRIO (PF).....	170	<i>proctozone-hc</i>	99	<i>reclipsen (28)</i>	93
PREMARIN.....	156	PRODIGY INSULIN		RECOMBIVAX HB (PF).....	171
PREMPHASE.....	157	SYRINGE.....	128	RELENZA DISKHALER.....	68
PREMPRO.....	157	<i>progesterone micronized</i>	160	<i>repaglinide</i>	44
<i>prenal true</i>	185	PROGRAF.....	164	REPATHA PUSHTRONEX.....	82
<i>prenaissance</i>	185	PROLIA.....	173	REPATHA SURECLICK.....	82
<i>prenaissance plus</i>	185	PROMACTA.....	71	REPATHA SYRINGE.....	82
<i>prenatabs fa</i>	185	<i>promethazine</i>	53, 54	RETACRIT.....	71, 72
<i>prenatal 19</i>	185	<i>promethegan</i>	54	RETEVMO.....	28
<i>prenatal 19 (with docusate)</i>	185	<i>propafenone</i>	76	RETROVIR.....	66
<i>prenatal low iron</i>	186	<i>propranolol</i>	76, 77	REVUFORJ.....	28, 29
<i>prenatal plus</i>	186	<i>propylthiouracil</i>	160	REXULTI.....	61
<i>prenatal plus (calcium carb)</i>	185	PROQUAD (PF).....	170	REYATAZ.....	66
<i>prenatal vitamin plus low iron</i> . 186		<i>protriptyline</i>	42	REZLIDHIA.....	29
<i>prenatal-u</i>	186	PULMOZYME.....	146	REZUROCK.....	165
<i>preplus</i>	186	PURE COMFORT ALCOHOL		RHOPRESSA.....	176
<i>pretab</i>	186	PADS.....	128	RIABNI.....	29
<i>prevalite</i>	82	PURE COMFORT PEN		<i>ribavirin</i>	69
PREVENT DROPSAFE PEN		NEEDLE.....	128	<i>rifabutin</i>	52
NEEDLE.....	127	PURE COMFORT SAFETY		<i>rifampin</i>	52, 53
<i>previfem</i>	93	PEN NEEDLE.....	128	<i>rilpivirine</i>	66
PREVYMIS.....	68	PURIXAN.....	28	<i>riluzole</i>	86
PREZCOBIX.....	66	<i>pyrazinamide</i>	52	RINVOQ.....	165
PREZISTA.....	66	<i>pyridostigmine bromide</i>	175	RINVOQ LQ.....	165
PRIFTIN.....	52	<i>pyrimethamine</i>	55	<i>risperidone</i>	61
PRIMAQUINE.....	55	QINLOCK.....	28	<i>risperidone microspheres</i>	61
<i>primidone</i>	37	QUADRACEL (PF).....	170	<i>ritonavir</i>	66
PRIORIX (PF).....	170	<i>quetiapine</i>	61	RITUXAN HYCELA.....	29

<i>rivastigmine</i>	40	SEMGLEE(INSULIN GLARG- YFGN)PEN.....	47	<i>spironolactone</i>	80
<i>rivastigmine tartrate</i>	39	<i>se-natal 19 chewable</i>	186	<i>spironolacton-hydrochlorothiaz.</i>	80
<i>rizatriptan</i>	52	SEREVENT DISKUS.....	180	SPRAVATO.....	42
<i>r-natal ob</i>	186	SEROSTIM.....	159	<i>sprintec (28)</i>	94
ROCKLATAN.....	176	<i>sertraline</i>	42	SPRITAM.....	37
<i>roflumilast</i>	182	<i>setlakin</i>	93	<i>sps (with sorbitol)</i>	153
ROMVIMZA.....	29	<i>sevelamer carbonate</i>	154	<i>sronyx</i>	94
<i>ropinirole</i>	56	<i>sevelamer hcl</i>	154	<i>ssd</i>	97
<i>rosadan</i>	97	SEZABY.....	37	<i>stavudine</i>	66
<i>rosuvastatin</i>	82	<i>sf 5000 plus</i>	96	STELARA.....	165, 166
ROTARIX.....	171	<i>sharobel</i>	93	STERILE PADS.....	130
ROTATEQ VACCINE.....	171	SHINGRIX (PF).....	171	STIOLTO RESPIMAT.....	180
ROZLYTREK.....	29	SIGNIFOR.....	159	STIVARGA.....	30
RUBRACA.....	29	<i>sildenafil</i>	184	STRENSIQ.....	146
<i>rufinamide</i>	37	<i>sildenafil (pulm.hypertension)</i> ..	183	<i>streptomycin</i>	9
RUKOBIA.....	66	<i>silver sulfadiazine</i>	97	STRIBILD.....	67
RUXIENCE.....	29	SIMBRINZA.....	176	STRIVERDI RESPIMAT.....	180
RYBELSUS.....	44	<i>simliya (28)</i>	94	<i>subvenite</i>	37
RYBREVANT.....	29	<i>simvastatin</i>	82	<i>sucralfate</i>	152
RYDAPT.....	29	<i>sirolimus</i>	165	<i>sulfacetamide sodium</i>	149
RYKINDO.....	61	SIRTURO.....	53	<i>sulfacetamide-prednisolone</i>	149
RYTELO.....	29	SKY SAFETY PEN NEEDLE.....	130	<i>sulfadiazine</i>	15
SAFESNAP INSULIN		SKYLA.....	94	<i>sulfamethoxazole-trimethoprim</i> ..	15
SYRINGE.....	129	SKYRIZI.....	165	<i>sulfasalazine</i>	173
SAFETY PEN NEEDLE.....	129	<i>sodium chloride 0.45 %</i>	178	<i>sulindac</i>	6
SANTYL.....	97	<i>sodium chloride 0.9 %</i>	178	<i>sumatriptan</i>	52
<i>sapropterin</i>	146	<i>sodium fluoride-pot nitrate</i>	96	<i>sumatriptan succinate</i>	52
SAVELLA.....	86, 87	<i>sodium oxybate</i>	183	<i>sunitinib malate</i>	30
SCEMBLIX.....	29	<i>sodium polystyrene sulfonate</i>	153	SUNLENCA.....	67
<i>scopolamine base</i>	54	<i>sodium,potassium,mag sulfates</i>	153, 154	SURE COMFORT ALCOHOL	
SECUADO.....	61	<i>solifenacin</i>	154	PREP PADS.....	131
SECURESAFE INSULIN		SOLQUA 100/33.....	47	SURE COMFORT INS. SYR.	
SYRINGE.....	130	SOLTAMOX.....	29	U-100.....	130
SECURESAFE PEN NEEDLE	130	SOMATULINE DEPOT.....	159	SURE COMFORT INSULIN	
SELARSDI.....	165	SOMAVERT.....	159	SYRINGE.....	130, 131
<i>select-ob</i>	186	<i>sorafenib</i>	30	SURE COMFORT PEN	
<i>select-ob (folic acid)</i>	186	<i>sorine</i>	77	NEEDLE.....	131
<i>selegiline hcl</i>	56	<i>sotalol</i>	77	SURE COMFORT SAFETY	
<i>selenium sulfide</i>	97	<i>sotalol af</i>	77	PEN NEEDLE.....	130
SELZENTRY.....	66	SPIRIVA RESPIMAT.....	180	SURE-FINE PEN NEEDLES..	131
SEMGLEE(INSULIN				SURE-JECT INSULIN	
GLARGINE-YFGN).....	47			SYRINGE.....	131, 132

SURE-PREP ALCOHOL PREP	<i>telmisartan-hydrochlorothiazid</i> .. 74	<i>tobramycin</i> 149
PADS..... 132	<i>temazepam</i> 9	<i>tobramycin in 0.225 % nacl</i>9
SUTAB..... 154	TEMIXYS..... 67	<i>tobramycin sulfate</i> 10
SYMPAZAN..... 38	TENIVAC (PF).....171	<i>tobramycin-dexamethasone</i> 149
SYMTUZA..... 67	<i>tenofovir disoproxil fumarate</i> 67	<i>tolterodine</i> 154
SYNJARDY..... 44	TEPMETKO..... 30	TOPCARE CLICKFINE..... 134
SYNJARDY XR..... 44, 45	<i>terazosin</i> 155	TOPCARE ULTRA
SYNRIBO..... 30	<i>terbinafine hcl</i> 50	COMFORT..... 134
SYRINGE WITH NEEDLE,	<i>terconazole</i> 51	<i>topiramate</i> 38
SAFETY..... 129	<i>teriparatide</i> 174	<i>toposar</i> 31
TABLOID..... 30	TERUMO INSULIN	<i>toremifene</i> 31
TABRECTA..... 30	SYRINGE..... 133	<i>torpenz</i> 31
<i>tacrolimus</i> 99, 166	<i>testosterone</i> 155, 156	<i>torsemide</i> 80
<i>tadalafil</i> 184	<i>testosterone cypionate</i> 155	TOUJEO MAX U-300
TAFINLAR..... 30	<i>testosterone enanthate</i> 155	SOLOSTAR..... 47
<i>tafluprost (pf)</i> 176	TETANUS,DIPHThERIA	TOUJEO SOLOSTAR U-300
TAGRISSE..... 30	TOX PED(PF)..... 171	INSULIN..... 47
TALVEY..... 30	<i>tetrabenazine</i> 87	TRADJENTA..... 45
TALZENNA..... 30	<i>tetracycline</i> 16	<i>tramadol</i> 5
<i>tamoxifen</i> 30	TEVIMBRA..... 30	<i>tramadol-acetaminophen</i> 5
<i>tamsulosin</i> 155	THALOMID..... 175	<i>trandolapril</i> 75
<i>tarina 24 fe</i> 94	<i>theophylline</i> 180, 181	<i>trandolapril-verapamil</i> 75
<i>tarina fe 1-20 eq (28)</i> 94	THINPRO INSULIN	<i>tranexamic acid</i> 72
<i>taron-c dha</i> 186	SYRINGE..... 133, 134	<i>tranylcypromine</i> 42
<i>taron-prex prenatal-dha</i> 186	<i>thioridazine</i> 61	<i>travoprost</i> 176
TASIGNA..... 30	<i>thiothixene</i> 62	TRAZIMERA..... 31
TAVNEOS..... 166	<i>tiadylt er</i> 77	<i>trazodone</i> 42
<i>tazarotene</i> 100	<i>tiagabine</i> 38	TRECTOR..... 53
<i>tazicef</i> 12	TIBSOVO..... 30	TRELEGY ELLIPTA..... 181
<i>taztia xt</i> 77	TICE BCG..... 31	TRELSTAR..... 31
TAZVERIK..... 30	TICOVAC..... 171	TREMFYA..... 166
TDVAX..... 171	<i>tigecycline</i> 16	TREMFYA PEN..... 166
TECHLITE INSULIN	<i>tilia fe</i> 94	TRESIBA FLEXTOUCH U-
SYRINGE..... 132, 133	<i>timolol</i> 176	100..... 47
TECHLITE INSULN	<i>timolol maleate</i> 77, 176	TRESIBA FLEXTOUCH U-
SYR(HALF UNIT)..... 132	<i>tinidazole</i> 55	200..... 47
TECHLITE PEN NEEDLE..... 133	<i>tiotropium bromide</i> 181	TRESIBA U-100 INSULIN..... 47
TECHLITE PLUS PEN	TIVDAK..... 31	<i>tretinoin</i> 100
NEEDLE..... 133	TIVICAY..... 67	<i>tretinoin (antineoplastic)</i> 31
TECVAYLI..... 30	TIVICAY PD..... 67	<i>tri femynor</i> 94
TEFLARO..... 12	<i>tizanidine</i> 183	
<i>telmisartan</i> 74	TOBI PODHALER..... 9	

<i>triamcinolone acetonide</i>	TRUE COMFORT SAFE	ULTRA FLO INSUL
..... 96, 99, 100, 158	INSULIN SYRG.....135, 136	SYR(HALF UNIT)..... 140
<i>triamterene-hydrochlorothiazid</i> ..80	TRUE COMFORT SAFETY	ULTRA FLO INSULIN
<i>triazolam</i>9	PEN NEEDLE..... 134	SYRINGE..... 140
<i>trientine</i>155	TRUEPLUS INSULIN..... 136, 137	ULTRA FLO PEN NEEDLE... 140
<i>tri-estarylla</i>94	TRUEPLUS PEN NEEDLE..... 136	ULTRA THIN PEN NEEDLE. 140
<i>trifluoperazine</i> 62	TRULICITY.....45	ULTRACARE INSULIN
<i>trifluridine</i>149	TRUMENBA.....171	SYRINGE..... 141
<i>trihexyphenidyl</i> 56	TRUQAP..... 31	ULTRACARE PEN NEEDLE. 141
TRIJARDY XR.....45	TRUXIMA.....31	ULTRA-FINE INS SYR
<i>tri-legest fe</i>94	TUKYSA.....31	(HALF UNIT).....142
<i>tri-linyah</i>94	TURALIO.....31	ULTRA-FINE INSULIN
<i>tri-lo-estarylla</i>94	<i>turqoz (28)</i> 95	SYRINGE..... 141, 142
<i>tri-lo-marzia</i>94	TWINRIX (PF).....171	ULTRA-FINE PEN NEEDLE..142
<i>tri-lo-mili</i>94	TYBOST.....175	ULTRA-THIN II (SHORT)
<i>tri-lo-sprintec</i>94	TYENNE..... 166	INS SYR..... 142
<i>trimethoprim</i> 10	TYENNE AUTOINJECTOR... 166	ULTRA-THIN II (SHORT)
<i>tri-mili</i>94	TYMLOS.....174	PEN NDL..... 142
<i>trimipramine</i>42	TYPHIM VI.....172	ULTRA-THIN II INS PEN
TRINTELLIX.....42	UBRELVY..... 52	NEEDLES..... 142
<i>tri-nymyo</i>94	ULTICARE..... 137, 138	ULTRA-THIN II INSULIN
<i>tri-previfem (28)</i>94	ULTICARE INSULIN	SYRINGE..... 142
<i>tri-sprintec (28)</i>95	SYRINGE..... 137	UNIFINE OTC PEN NEEDLE 143
TRIUMEQ.....67	ULTICARE INSULN	UNIFINE PEN NEEDLE..... 143
TRIUMEQ PD.....67	SYR(HALF UNIT).....137	UNIFINE PENTIPS..... 126, 143
<i>triveen-duo dha</i>186	ULTICARE PEN NEEDLE	UNIFINE PENTIPS
<i>trivora (28)</i>95	 137, 138	MAXFLOW.....143
<i>tri-vylibra</i>95	ULTICARE SAFETY PEN	UNIFINE PENTIPS PLUS
<i>tri-vylibra lo</i>95	NEEDLE.....138	 143, 144
TRIZIVIR.....67	ULTIGUARD SAFEPAK-	UNIFINE PENTIPS PLUS
TROGARZO..... 67	INSULIN SYR..... 138, 139	MAXFLOW.....143
<i>trosipium</i> 154, 155	ULTIGUARD SAFEPAK-	UNIFINE PROTECT..... 144
TRUE COMFORT ALCOHOL	PEN NEEDLE..... 138, 139	UNIFINE SAFECONTROL.....144
PADS.....135	ULTILET ALCOHOL SWAB. 139	UNIFINE SAFECONTROL
TRUE COMFORT INSULIN	ULTILET INSULIN SYRINGE	PEN NEEDLE..... 144
SYRINGE..... 135	 120, 139	UNIFINE ULTRA PEN
TRUE COMFORT PEN	ULTILET PEN NEEDLE.....139	NEEDLE.....144
NEEDLE.....135	ULTRA CMFT INS SYR	UPTRAVI.....184
TRUE COMFORT PRO	(HALF UNIT).....118, 130	<i>ursodiol</i> 153
ALCOHOL PADS..... 136	ULTRA COMFORT INSULIN	UZEDY.....62
TRUE COMFORT PRO INS	SYRINGE..... 113, 118, 139, 140	<i>valacyclovir</i> 69
SYRINGE..... 134, 135, 136		VALCHLOR..... 97

<i>valganciclovir</i>	69	<i>vigadrone</i>	38	XARELTO DVT-PE TREAT	
<i>valproate sodium</i>	38	<i>vigpoder</i>	38	30D START.....	70
<i>valproic acid</i>	38	<i>vilazodone</i>	42	XATMEP.....	32
<i>valproic acid (as sodium salt)</i>	38	VIMKUNYA.....	172	XCOPRI.....	38, 39
<i>valsartan</i>	74	<i>vinorelbine</i>	32	XCOPRI MAINTENANCE	
<i>valsartan-hydrochlorothiazide</i> ...	74	<i>viorele (28)</i>	95	PACK.....	38
VALTOCO.....	38	VIRACEPT.....	67	XCOPRI TITRATION PACK....	39
<i>valtya</i>	95	VIREAD.....	67	XDEMVI.....	149
<i>vancomycin</i>	10	<i>virt-c dha</i>	186	XELJANZ.....	166
VANFLYTA.....	31	<i>virt-nate dha</i>	186	XELJANZ XR.....	166
VANISHPOINT INSULIN		<i>virt-pn dha</i>	186	XERMELO.....	153
SYRINGE.....	144	<i>virt-pn plus</i>	186	XGEVA.....	174
VANISHPOINT SYRINGE.....	144	<i>vitafol gummies</i>	186	XIFAXAN.....	10
VAQTA (PF).....	172	<i>vitafol nano</i>	186	XIGDUO XR.....	45
<i>varenicline tartrate</i>	7, 8	<i>vitafol-ob+dha</i>	186	XIIDRA.....	151
VARIVAX (PF).....	172	VITRAKVI.....	32	XOLAIR.....	182
VAXCHORA VACCINE.....	172	VIVOTIF.....	172	XOSPATA.....	32
VEGZELMA.....	31	VIZIMPRO.....	32	XPOVIO.....	33
VELTASSA.....	153	VOCABRIA.....	67	XTANDI.....	33
VEMLIDY.....	67	<i>volnea (28)</i>	95	<i>xulane</i>	95
VENCLEXTA.....	31, 32	VONJO.....	32	XULTOPHY 100/3.6.....	47
VENCLEXTA STARTING		VORANIGO.....	32	XYOSTED.....	156
PACK.....	32	<i>voriconazole</i>	50	YERVOY.....	33
<i>venlafaxine</i>	42	VOSEVI.....	69	YESINTEK.....	166, 167
VEOZAH.....	175	VOWST.....	175	YF-VAX (PF).....	172
<i>verapamil</i>	78	<i>vp-ch-pnv</i>	186	YONSA.....	33
VERIFINE INSULIN		<i>vp-pnv-dha</i>	187	YUFLYMA(CF).....	167
SYRINGE.....	145	VRAYLAR.....	62	YUFLYMA(CF) AI CROHN'S-	
VERIFINE PEN NEEDLE.....	145	VUMERITY.....	87	UC-HS.....	167
VERIFINE PLUS PEN		VYALEV.....	56	YUFLYMA(CF)	
NEEDLE.....	145	<i>vylibra</i>	95	AUTOINJECTOR.....	167
VERIFINE PLUS PEN		VYLOY.....	32	<i>yuvafem</i>	157
NEEDLE-SHARP.....	145	VYZULTA.....	176	<i>zafemy</i>	95
VERQUVO.....	79	<i>warfarin</i>	70	<i>zafirlukast</i>	179
VERSACLOZ.....	62	WEBCOL.....	146	<i>zaleplon</i>	183
VERSALON.....	145	WELIREG.....	32	<i>zatean-pn dha</i>	187
VERZENIO.....	32	WINREVAIR.....	182	<i>zatean-pn plus</i>	187
V-GO 20.....	145	<i>wixela inhub</i>	179	ZEGALOGUE	
V-GO 30.....	146	XALKORI.....	32	AUTOINJECTOR.....	175
V-GO 40.....	146	<i>xarah fe</i>	95	ZEGALOGUE SYRINGE.....	175
<i>vienva</i>	95	XARELTO.....	70, 71	ZEJULA.....	33
<i>vigabatrin</i>	38			ZELBORAF.....	33

<i>zenatane</i>	97
ZENPEP.....	147
<i>zidovudine</i>	67, 68
ZIIHERA.....	33
<i>zingiber</i>	187
<i>ziprasidone hcl</i>	62
<i>ziprasidone mesylate</i>	62
ZIRABEV.....	33
ZIRGAN.....	149
ZOLADEX.....	33
ZOLINZA.....	34
<i>zolpidem</i>	183
ZONISADE.....	39
<i>zonisamide</i>	39
<i>zovia 1-35 (28)</i>	95
ZTALMY.....	39
ZTLIDO.....	7
ZURZUVAE.....	43
ZYDELIG.....	34
ZYKADIA.....	34
ZYLET.....	149
ZYNLONTA.....	34
ZYNYZ.....	34
ZYPREXA RELPREVV.....	63

Notice about Nondiscrimination and Accessibility Requirements

Discrimination is Against the Law

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

- 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 any of the services listed above, contact ATRIO Member Services toll free at 1-877-672-8620, daily from 8 a.m. to 8 p.m. TTY users should call 711.

If you believe that ATRIO Health Plans 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:

ATRIO Compliance Officer:

550 Hawthorne Avenue, Suite 140, Salem, OR 97301

1-877-672-8620 (TTY 711)

File a complaint with ATRIO Compliance Hotline:

1-877-309-9952 or compliance@atriohp.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, contact Member Services toll free at 1-877-672-8620, daily from 8 a.m. to 8 p.m. TTY users should call 711.

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>

Español (Spanish) - ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-672-8620 (TTY: 711).

Tiếng Việt (Vietnamese) - CHÚ Ý: Nếu quý vị nói tiếng Việt, chúng tôi có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Hãy gọi số 1-877-672-8620 (TTY: 711)

繁體中文 (Chinese) - 注意: 如果您講國語, 您可以免費獲得語言援助服務。請致電 1-877-672-8620 (TTY: 711)。

Русский (Russian) - ВНИМАНИЕ! Если Вы говорите по-русски, Вы можете бесплатно воспользоваться услугами перевода. Телефон: 1-877-672-8620 (телетайп: 711).

한국어 (Korean) - 유의사항: 무료 한국어 지원 서비스를 이용하실 수 있습니다. 전화번호는 1-877-672-8620 (TTY: 711) 번입니다.

Українська (Ukrainian) - УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-877-672-8620 (телетайп: 711).

日本語 (Japanese) - 注意事項: 日本語でのサービスをご希望の場合、1-877-672-8620 (TTY:711) までご連絡ください。このサービスは無料です。

"إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-877-672-8620 (رقم هاتف الصم والبكم: 1-800-735-2900)."

فارسی – (Farsi) توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما موجود است. با شماره 1-877-672-8620 تماس بگیرید (TTY: 1-800-735-2900).

Română (Romanian) - ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-877-672-8620 (TTY: 711).

ខ្មែរ (Cambodian) - ប្រឹក្សា: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយភាសាសោយមិនគិតថ្លៃសម្រាប់អ្នក។ ចូរទូរស័ព្ទ 1-877-672-8620 (TTY: 711)។

Oroomiffa (Oromo) - XIYYEEFFANNAA: Afaandubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, niargama. 1-877-672-8620 (TTY: 711) Bilbilaa.

Deutsch (German) - ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-672-8620 (TTY: 711).

فارسی – (Farsi) توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما موجود است. با شماره 1-877-672-8620 تماس بگیرید (TTY: 1-800-735-2900).

Français (French) - ATTENTION : Si vous parlez français, des services d'aide linguistique sont disponibles gratuitement. Appelez le 1-877-672-8620 (ATS : 711).

ภาษาไทย (Thai) - โปรดทราบ: ถ้าคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-877-672-8620 (TTY: 711)

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 1-877-672-8620. 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 1-877-672-8620. 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 1-877-672-8620。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 1-877-672-8620。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 pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-877-672-8620. 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 1-877-672-8620. 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 1-877-672-8620 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 1-877-672-8620. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-877-672-8620 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 1-877-672-8620. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: نقدم خدمات الترجمة الفورية لمجلى في إل حجة عن أي أسئلة تتعلق قبل الصراحة أو جدول أل دهي ثلينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-877-672-8620 سيقيّم شخص خاص ميا تحدث ال عربي قبم س اعنتك. 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 1-877-672-8620 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 1-877-672-8620. 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 1-877-672-8620. 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 1-877-672-8620. 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 1-877-672-8620. 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、1-877-672-8620 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。

This formulary was updated on 04/28/2025. For more recent information or other questions, please contact ATRIO Health Plans at **1-877-672-8620** (TTY 711), daily from 8 a.m. to 8 p.m. local time or visit **atriohp.com**.