

Drugs Grouped by Medical Condition

Analgesics	3
Anesthetics	5
Anti-Addiction/Substance Abuse Treatment Agents	5
Antibacterials	6
Anticonvulsants	9
Antidementia Agents	11
Antidepressants	12
Antiemetics	13
Antifungals.....	14
Antigout Agents.....	15
Antimigraine Agents.....	15
Antimyasthenic Agents	15
Antimycobacterials	16
Antineoplastics.....	16
Antiparasitics	23
Antiparkinson Agents.....	24
Antipsychotics.....	24
Antispasticity Agents.....	26
Antivirals	26
Anxiolytics	29
Bipolar Agents	29
Blood Glucose Regulators.....	29
Blood Products and Modifiers	31
Cardiovascular Agents.....	33
Central Nervous System Agents	37
Dental and Oral Agents	39
Dermatological Agents.....	40
Electrolytes/Minerals/Metals/Vitamins.....	43
Gastrointestinal Agents	48
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment.....	51
Genitourinary Agents	52
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)	52
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)	53
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers).....	53
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)	56
Hormonal Agents, Suppressant (Adrenal or Pituitary)	56
Hormonal Agents, Suppressant (Thyroid)	57
Immunological Agents	57
Inflammatory Bowel Disease Agents.....	62
Metabolic Bone Disease Agents	62
Miscellaneous Therapeutic Agents.....	62
Ophthalmic Agents	64

Formulary ID: 25504, Version: 9, Effective Date: 02/01/2025

Last Updated: 01/02/2025

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

2025

Tufts Health One Care
(Medicare-Medicaid Plan)

2025 List of Covered Drugs

HPMS Approved Formulary File Submission ID: 25504, Version 9
Updated on 01/02/2025

For more recent information or other questions, contact us at
1-855-393-3154 (TTY: 711), seven days a week, from 8 a.m. to 8 p.m., or
visit [TuftsHealthOneCare.org](https://www.tuftshealthonecare.org).



a Point32Health company

H7419_LOCD25

080224

Tufts Health One Care | 2025 *List of Covered Drugs* (Drug List or Formulary)

Introduction

This document is called the *List of Covered Drugs* (also known as the *Drug List*). It tells you which prescription drugs and over-the-counter drugs are covered by Tufts Health One Care. The *Drug List* also tells you if there are any special rules or restrictions on any drugs covered by Tufts Health One Care. Key terms and their definitions appear in the last chapter of the *Member Handbook*.

Table of Contents

A. Disclaimers	iii
B. Frequently Asked Questions (FAQ)	iv
B1. What prescription drugs are on the <i>List of Covered Drugs</i> ? (We call the <i>List of Covered Drugs</i> the “ <i>Drug List</i> ” for short.)	iv
B2. Does the <i>Drug List</i> ever change?	iv
B3. What happens when there is a change to the <i>Drug List</i> ?	v
B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?	vi
B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug?	vii
B6. What happens if Tufts Health One Care changes their rules about some drugs (for example, prior authorization (PA) or approval, quantity limits, and/or step therapy restrictions)?	vii
B7. How can I find a drug on the <i>Drug List</i> ?	viii
B8. What if the drug I want to take is not on the <i>Drug List</i> ?	viii
B9. What if I am a new Tufts Health One Care member and can’t find my drug on the <i>Drug List</i> or have a problem getting my drug?	viii
B10. Can I ask for an exception to cover my drug?	ix
B11. How can I ask for an exception?	ix
B12. How long does it take to get an exception?	x



If you have questions, please call Tufts Health Plan at **1-855-393-3154** (TTY: 711), seven days a week, from 8 a.m. to 8 p.m. The call is free. **For more information**, visit TuftsHealthOneCare.org.

B13. What are generic drugs?.....	x
B14. What are original biological products and how are they related to biosimilars?	x
B15. What are OTC drugs?.....	xi
B16. Does Tufts Health One Care cover non-drug OTC products?	xi
B17. Does Tufts Health One Care cover long-term supplies of prescriptions?	xi
B18. Can I get prescriptions delivered to my home from my local pharmacy?.....	xi
B19. What is my copay?	xi
B20. What are drug tiers?	xi
C. Overview of the <i>List of Covered Drugs</i>	xii
C1. Drugs Grouped by Medical Condition	xiii
D. Index of Covered Drugs	72



If you have questions, please call Tufts Health Plan at **1-855-393-3154** (TTY: 711), seven days a week, from 8 a.m. to 8 p.m. The call is free. **For more information**, visit TuftsHealthOneCare.org.

A. Disclaimers

This is a list of drugs that members can get in *Tufts Health One Care*.

- ❖ Tufts Health One Care is a health plan that contracts with both Medicare and MassHealth (Medicaid) to provide benefits of both programs to enrollees.
- ❖ The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.
- ❖ Benefits may change on January 1 of each year
- ❖ You can always check Tufts Health One Care's up-to-date List of Covered Drugs online at TuftsHealthOneCare.org or by calling 1-855-393-3154 (TTY: 711), seven days a week, from 8 a.m. to 8 p.m.
- ❖ You can get this document for free in other formats, such as large print, formats that work with screen reader technology, braille, or audio. Call 1-855-393-3154 (TTY: 711), seven days a week, from 8 a.m. to 8 p.m. The call is free.
- ❖ Call to request materials in languages other than English or in an alternate format. You can also make a standing request to have future mailings be in the alternate language or format. This way, you do not need to make a separate request each time. You can call Member Services to change your standing request for preferred language and/or format.



If you have questions, please call Tufts Health Plan at **1-855-393-3154** (TTY: 711), seven days a week, from 8 a.m. to 8 p.m. The call is free. **For more information**, visit TuftsHealthOneCare.org.

B. Frequently Asked Questions (FAQ)

Find answers here to questions you have about this *List of Covered Drugs*. You can read all of the FAQ to learn more, or look for a question and answer.

B1. What prescription drugs are on the *List of Covered Drugs*? (We call the *List of Covered Drugs* the “*Drug List*” for short.)

The drugs on the *List of Covered Drugs* in section C are the drugs covered by Tufts Health One Care. These drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as “network pharmacies.”

- Tufts Health One Care will cover all drugs on the *Drug List* if:
 - your doctor or other prescriber says you need them to get better or stay healthy,
 - Tufts Health One Care agrees that the drug is medically necessary for you, **and**
 - you fill the prescription at a Tufts Health One Care network pharmacy.
- In some cases, you have to do something before you can get a drug (refer to question B4 below).

You can also refer to an up-to-date list of drugs that we cover on our website at [TuftsHealthOneCare.org](https://www.tuftshealthonecare.org) or call Member Services at 1-855-393-3154 (TTY: 711), seven days a week, from 8 a.m. to 8 p.m..

B2. Does the *Drug List* ever change?

Yes, and Tufts Health One Care must follow Medicare and MassHealth rules when making changes. We may add or remove drugs on the *Drug List* during the year.

We may also change our rules about drugs. For example, we could:

- Decide to require or not require prior approval (PA) for a drug. (PA is permission from Tufts Health One Care before you can get a drug.)
- Add or change the amount of a drug you can get (called quantity limits).
- Add or change step therapy restrictions on a drug. (Step therapy means you must try one drug before we will cover another drug.)

For more information on these drug rules, refer to question B4.



If you have questions, please call Tufts Health Plan at **1-855-393-3154** (TTY: 711), seven days a week, from 8 a.m. to 8 p.m. The call is free. **For more information**, visit [TuftsHealthOneCare.org](https://www.tuftshealthonecare.org).

If you are taking a drug that was covered at the **beginning** of the year, we will generally not remove or change coverage of that drug **during the rest of the year** unless:

- a new, cheaper drug comes on the market that works as well as a drug on the *Drug List* now, **or**
- we learn that drug is not safe, **or**
- a drug is removed from the market.

Questions B3 and B6 below have more information on what happens when the *Drug List* changes.

- You can always check Tufts Health One Care's up to date Drug List online at TuftsHealthOneCare.org.
- You can also call Member Services to check the current Drug List at 1-855-393-3154 (TTY: 711), seven days a week, from 8 a.m. to 8 p.m.

B3. What happens when there is a change to the *Drug List*?

Some changes to the *Drug List* will happen **immediately**. For example:

- **Substitutions new version of drugs.** We may immediately remove the drugs from the *Drug List* if we replace them with certain versions of that drug but your cost for the new drug will stay the same. When we add a new version of a drug, we may also decide to keep the brand name drug or original biological product on the list but change its coverage rules or limits.
 - We may not tell you before we make this change, but we will send you information about the specific change we made once it happens.
 - We can make these changes only if the drug we are adding:
 - Is a new generic version of a brand name drug, or
 - Is a certain new biosimilar version of original biological products on the *Drug List* (for example, adding an interchangeable biosimilar that can be substituted for an original biological product without a new prescription).
 - Some of these drug types may be new to you. For more information, refer to Section B14.
 - You or your provider can ask for an exception from these changes. We will send you a notice with the steps you can take to ask for an exception. Please refer to question B10 for more information on exceptions.



If you have questions, please call Tufts Health Plan at **1-855-393-3154** (TTY: 711), seven days a week, from 8 a.m. to 8 p.m. The call is free. **For more information**, visit TuftsHealthOneCare.org.

- **A drug is taken off the market.** If the Food and Drug Administration (FDA) says a drug you are taking is not safe or effective or the drug's manufacturer takes a drug off the market, we may immediately take it off the *Drug List*. If you are taking the drug, we will send you a notice after we make the change. Call your doctor or other prescriber to discuss alternative drugs and to request a new prescription.

We may make other changes that affect the drugs you take. We will tell you in advance about these other changes to the *Drug List*. These changes might happen if:

- The FDA provides new guidance or there are new clinical guidelines about a drug.
- We remove a brand name drug from the *Drug List* when adding a generic drug that is not new to the market, or
- we remove an original biological product when adding a biosimilar, or
- we change the coverage rules or limits for the brand name drug.]
- we add a new biosimilar to replace an original biological product currently on the *Drug List*, or
- we change the coverage rules or limits for the brand name drug.
- When these changes happen, we will:
 - tell you at least 30 days before we make the change to the *Drug List* **or**
 - let you know and give you a 30-day supply of the drug after you ask for a refill.

This will give you time to talk to your doctor or other prescriber. They can help you decide:

- if there is a similar drug on the *Drug List* you can take instead **or**
- whether to ask for an exception from these changes. Please refer to question B10 for more information about exceptions.

B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?

Yes, some drugs have coverage rules or have limits on the amount you can get. In some cases you or your doctor or other prescriber must do something before you can get the drug. For example:

- **Prior authorization (PA) or approval:** For some drugs, you or your doctor or other prescriber must get PA from Tufts Health One Care before you fill your prescription. Tufts Health One Care may not cover the drug if you do not get approval.



If you have questions, please call Tufts Health Plan at **1-855-393-3154** (TTY: 711), seven days a week, from 8 a.m. to 8 p.m. The call is free. **For more information**, visit TuftsHealthOneCare.org.

- **Quantity limits:** Sometimes Tufts Health One Care limits the amount of a drug you can get.
- **Step therapy:** Sometimes Tufts Health One Care requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your provider thinks the first drug doesn't work for you, then we will cover the second.

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

- OneTouch Test Strips
- OneTouch Meters (Quantity Limit: 1 meter per 180 days)
- Dexcom and FreeStyle Libre products that are considered Durable Medical Equipment (DME) by Medicare. (Requires prior authorization)

You can find out if your drug has any additional requirements or limits by looking in the tables beginning in section C. You can also get more information by visiting our website at TuftsHealthOneCare.org. We have posted online documents that explain our PA and step therapy restrictions. You may also ask us to send you a copy.

You can ask for an exception from these limits. This will give you time to talk to your doctor or other prescriber. They can help you decide if there is a similar drug on the *Drug List* you can take instead or whether to ask for an exception. Please refer to questions B10-B12 for more information about exceptions.

B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug?

The table of drugs on in section C has a column labeled "Necessary actions, restrictions, or limits on use."

B6. What happens if Tufts Health One Care changes their rules about some drugs (for example, prior authorization (PA) or approval, quantity limits, and/or step therapy restrictions)?

In some cases, we will tell you in advance if we add or change PA, quantity limits, and/or step therapy restrictions on a drug. Refer to question B3 for more information about this advance notice and situations where we may not be able to tell you in advance when our rules about drugs on the *Drug List* change.



If you have questions, please call Tufts Health Plan at **1-855-393-3154** (TTY: 711), seven days a week, from 8 a.m. to 8 p.m. The call is free. **For more information**, visit TuftsHealthOneCare.org.

B7. How can I find a drug on the *Drug List*?

There are two ways to find a drug:

- You can search alphabetically by the drug's name, **or**
- You can search by medical condition.

To search **alphabetically**, refer to the Index of Covered Drugs section. You can find it in Section D.

To search **by medical condition**, find the section labeled “Drugs Grouped by Medical Condition” in section C. The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, “Cardiovascular Drugs”. That is where you will find drugs that treat heart conditions.

B8. What if the drug I want to take is not on the *Drug List*?

If you don't find your drug on the *Drug List*, call Member Services at 1-855-393-3154 (TTY: 711), seven days a week, from 8 a.m. to 8 p.m. and ask about it. If you learn that Tufts Health One Care will not cover the drug, you can do one of these things:

- Ask Member Services for a list of drugs like the one you want to take. Then show the list to your doctor or other prescriber. They can prescribe a drug on the *Drug List* that is like the one you want to take. **Or**
- You can ask the health plan to make an exception to cover your drug. Please refer to questions B10-B12 for more information about exceptions.

B9. What if I am a new Tufts Health One Care member and can't find my drug on the *Drug List* or have a problem getting my drug?

We can help. We may cover a temporary 30-day supply of your drug during the first 90 days you are a member of Tufts Health One Care. This will give you time to talk to your doctor or other prescriber. They can help you decide if there is a similar drug on the *Drug List* you can take instead or whether to ask for an exception.

If your prescription is written for fewer days, we will allow multiple refills to provide up to a maximum of 30 days of medication.

We will cover a 30-day supply of your drug if:

- you are taking a drug that is not on our *Drug List*, **or**
- health plan rules do not let you get the amount ordered by your prescriber, **or**



If you have questions, please call Tufts Health Plan at **1-855-393-3154** (TTY: 711), seven days a week, from 8 a.m. to 8 p.m. The call is free. **For more information**, visit TuftsHealthOneCare.org.

- the drug requires PA by Tufts Health One Care, **or**
- you are taking a drug that is part of a step therapy restriction.

If you are taking a drug that Tufts Health One Care does not consider to be a Part D drug, you have the right to get a one-time, 72-hour supply of the drug. You can find more information about getting a temporary supply of a drug in Chapter 5 of your *Member Handbook*.

If you are in a nursing home or other long-term care facility and need a drug that is not on the *Drug List* or if you cannot easily get the drug you need, we can help. If you have been in the plan for more than 90 days, live in a long-term care facility, and need a supply right away:

- We will cover one 31-day supply of the drug you need (unless you have a prescription for fewer days), whether or not you are a new Tufts Health One Care member.
- This is in addition to the temporary supply during the first 90 days you are a member of Tufts Health One Care.

This one-time, temporary fill of the non-covered medication gives you time to discuss a transition plan with your physician. Your physician can also request an exception to coverage for the non-covered drug based on review for medical necessity following the standard exception process outlined previously.

As noted above, the temporary fill will generally be up to a 31-day supply, but it may be extended to allow you and your physician time to manage the complexities of multiple medications or when there are special circumstances. You can request a temporary prescription fill by calling the Tufts Health One Care Member Services department at 1-855-393-3154 (TTY: 711), seven days a week, from 8 a.m. to 8 p.m.

B10. Can I ask for an exception to cover my drug?

Yes. You can ask Tufts Health One Care to make an exception to cover a drug that is not on the *Drug List*.

You can also ask us to change the rules on your drug.

- For example, Tufts Health One Care may limit the amount of a drug we will cover. If your drug has a limit, you can ask us to change the limit and cover more.
- Other examples: You can ask us to drop step therapy restrictions or PA requirements.

B11. How can I ask for an exception?

To ask for an exception, call Member Services. A Member Services representative will work with you and your provider to help you ask for an exception. You can also read Chapter 9 of the *Member Handbook* to learn more about exceptions.



If you have questions, please call Tufts Health Plan at **1-855-393-3154** (TTY: 711), seven days a week, from 8 a.m. to 8 p.m. The call is free. **For more information**, visit TuftsHealthOneCare.org.

B12. How long does it take to get an exception?

After we get a statement from your prescriber supporting your request for an exception, we will give you a decision within 72 hours. To file a request, your provider or you may request an exception for coverage by mail, fax, by contacting Member Services, or by submitting a request via the Tufts Health One Care website.

Mail: Tufts Health Plan
ATTN: Pharmacy Utilization Management Department
1 Wellness Way
Canton, MA 02021

Fax: 617-673-0956

Member Services: 1-855-393-3154 (TTY: 711), seven days a week, from 8 a.m. to 8 p.m.

Tufts Health One Care website: TuftsHealthOneCare.org

If you or your prescriber think your health may be harmed if you have to wait 72 hours for a decision, you can ask for an expedited exception. This is a faster decision. If your prescriber supports your request, we will give you a decision within 24 hours of getting your prescriber's supporting statement.

B13. What are generic drugs?

Generic drugs are made up of the same active ingredients as brand name drugs. They usually cost less than the brand name drug and generally work just as well. They usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA). There are generic drugs available for many brand name drugs. Generic drugs usually can be substituted for brand name drugs at the pharmacy without a new prescription—depending on state laws.

Tufts Health One Care covers both brand name drugs and generic drugs.

B14. What are original biological products and how are they related to biosimilars?

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 forms that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilars alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

For more information on drug types, refer to Chapter 5 of the *Member Handbook*.



If you have questions, please call Tufts Health Plan at **1-855-393-3154** (TTY: 711), seven days a week, from 8 a.m. to 8 p.m. The call is free. **For more information**, visit TuftsHealthOneCare.org.

B15. What are OTC drugs?

OTC stands for “over-the-counter”. Tufts Health One Care covers some OTC drugs when they are written as prescriptions by your provider.

You can read the Tufts Health One Care *Drug List* to find out what OTC drugs are covered.

B16. Does Tufts Health One Care cover non-drug OTC products?

Tufts Health One Care covers some non-drug OTC products when they are written as prescriptions by your provider.

Examples of non-drug OTC products gauze and vitamin supplements.

You can read the Tufts Health One Care *Drug List* to find out what non-drug OTC products are covered.

B17. Does Tufts Health One Care cover long-term supplies of prescriptions?

- **Mail-Order Programs.** We offer a mail-order program that allows you to get up to a 90-day supply of your prescription drugs sent directly to your home. You will not have a copay for either a 90-day supply or a one-month supply.
- **90-Day Retail Pharmacy Programs.** Some retail pharmacies may also offer up to a 90-day supply of covered prescription drugs. You will not have a copay for either a 90-day supply or a one-month supply.

B18. Can I get prescriptions delivered to my home from my local pharmacy?

Your local pharmacy may be able to deliver your prescription to your home. You can call your pharmacy to find out if they offer home delivery.

B19. What is my copay?

Tufts Health One Care members have no copays for prescription and OTC drugs as long as the member follows the plan’s rules.

B20. What are drug tiers?

Tiers are groups of drugs on our *Drug List*.

- Tier 1 drugs are vaccines.
- Tier 2 drugs are generic drugs.
- Tier 3 drugs are brand-name drugs.
- Tier 4 drugs are MassHealth-covered OTC drugs



If you have questions, please call Tufts Health Plan at **1-855-393-3154** (TTY: 711), seven days a week, from 8 a.m. to 8 p.m. The call is free. **For more information**, visit TuftsHealthOneCare.org.

Please note: All tiers have no copay

C. Overview of the *List of Covered Drugs*

The following list of covered drugs gives you information about the drugs covered by Tufts Health One Care. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins in section D. The index alphabetically lists all drugs covered by Tufts Health One Care.

The first column of the chart lists the name of the drug. Brand name drugs are capitalized (e.g., ENTRESTO) and generic drugs are listed in lowercase italics (e.g., *lisinopril*).

The information in the “necessary actions, restrictions, or limits on use” column tells you if Tufts Health One Care has any rules for covering your drug.

Note: The letters “EC” (Enhanced Coverage) next to a drug means the drug is not a “Part D drug.” The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage).

- In addition, if you are getting Extra Help to pay for your prescriptions, you will not get any Extra Help to pay for these drugs. For more information on Extra Help, please refer to the call-out box below.

Extra Help is a Medicare program that helps people with limited incomes and resources reduce Medicare Part D prescription drug costs, such as premiums, deductibles, and copays. Extra Help is also called the “Low-Income Subsidy,” or “LIS.”

- These drugs have different rules for appeals. An appeal is a formal way of asking us to review a decision we made about your coverage and to change it if you think we made a mistake. For example, we might decide that a drug that you want is not covered or is no longer covered by Medicare or MassHealth.
- If you or your prescriber disagrees with our decision, you can appeal.
- If you ever have a question, call Member Services at 1-855-393-3154 (TTY: 711), seven days a week, from 8 a.m. to 8 p.m. You can also read Chapter 9 of the *Member Handbook* to learn how to appeal a decision.



If you have questions, please call Tufts Health Plan at **1-855-393-3154** (TTY: 711), seven days a week, from 8 a.m. to 8 p.m. The call is free. **For more information**, visit TuftsHealthOneCare.org.

C1. Drugs Grouped by Medical Condition

The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category “Cardiovascular Agents”. That is where you will find drugs that treat heart conditions.

Here are the meanings of the codes used in the “Necessary actions, restrictions, or limits on use” column:

- QL = Quantity limit: Limits the amount of a drug you can get.
- NEDS = Non-extended day supply drug: In an effort to contain drug costs, certain high-cost drugs will be limited up to a 30-day supply per fill.
- PA = Prior authorization (approval): you must have approval from the plan before you can get this drug.
- PA BvD = These drugs require prior authorization to determine appropriate coverage under Medicare Part B or Part D.
- PA NSO = The Prior Authorization restriction only applies if you are a new member or have not taken this drug before.
- SP = Available through a designated specialty pharmacy provider. You have the option to obtain this drug through a designated specialty pharmacy provider. These pharmacies specialize in supplying a select number of medications directly to our members. They provide free delivery to your home, educational support 24/7 by phone, and the support of nurses and pharmacists. They also will work closely with your doctor. Medications include, but are not limited to, drugs used in the treatment of multiple sclerosis, hepatitis C, rheumatoid arthritis, and cancers treated with oral medications.
- ST = Step therapy: you must try another drug before you can get this one.
- ST NSO = Step therapy applies to new starts only: the step therapy prior authorization restriction only applies if you are a new member or have not taken this drug before.



If you have questions, please call Tufts Health Plan at **1-855-393-3154** (TTY: 711), seven days a week, from 8 a.m. to 8 p.m. The call is free. **For more information**, visit [TuftsHealthOneCare.org](https://www.tuftshealthonecare.org).

Otic Agents.....	66
Respiratory Tract/Pulmonary Agents	66
Skeletal Muscle Relaxants	71
Sleep Disorder Agents.....	71

Formulary ID: 25504, Version: 9, Effective Date: 02/01/2025
Last Updated: 01/02/2025

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Analgesics		
<i>Analgesics</i>		
ACETAMINOPHEN ER 8 HOUR ARTHRITIS PAIN	4	EC
ACETAMINOPHEN SUPP 120MG, 650MG	4	EC
LIQUID ACETAMINOPHEN	4	EC
MAPAP CAPS	4	EC
Nonsteroidal Anti-inflammatory Drugs		
ACETAMINOPHEN EXTRA STRENGTH	4	EC
ACETAMINOPHEN SUSP 650MG/20.3ML	4	EC
ACETAMINOPHEN TABS 325MG	4	EC
ASPIRIN EC TBEC 81MG	4	EC
ASPIRIN REGULAR STRENGTH	4	EC
<i>celecoxib caps</i>	2	
<i>diclofenac epolamine</i>	2	QL(60 EA per 30 days); PA
<i>diclofenac potassium tabs 50mg</i>	2	
<i>diclofenac sodium dr</i>	2	
<i>diclofenac sodium er</i>	2	
<i>diclofenac sodium gel 1%</i>	2	QL(960 GM per 30 days)
<i>diclofenac sodium external soln 1.5%</i>	2	
<i>diflunisal tabs 500mg</i>	2	
<i>ec-naproxen tbec 500mg</i>	2	
<i>etodolac er</i>	2	
<i>etodolac caps, tabs</i>	2	
<i>flurbiprofen tabs 100mg</i>	2	
GNP IBUPROFEN CHILDRENS	4	EC
GNP IBUPROFEN INFANTS	4	EC
GNP NAPROXEN	4	EC
GOODSENSE ASPIRIN CHEW, TABS	4	EC
GOODSENSE IBUPROFEN CHILDRENS SUSP	4	EC
GOODSENSE IBUPROFEN INFANTS	4	EC
HM NAPROXEN SODIUM CAPS	4	EC
<i>ibu</i>	2	
IBUPROFEN CAPS	4	EC
<i>ibuprofen susp</i>	2	
IBUPROFEN TABS 200MG	4	EC
<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	2	
<i>indomethacin caps 25mg, 50mg</i>	2	
<i>meloxicam tabs</i>	2	
MENSTRUAL PAIN RELIEF MULTI-SYMP TOM MAXIMUM STRENGTH	4	EC
<i>nabumetone tabs</i>	2	

Formulary ID: 25504, Version: 9, Effective Date: 02/01/2025

Last Updated: 01/02/2025

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>naproxen dr</i>	2	
<i>naproxen sodium cr tb24 375mg</i>	2	
<i>naproxen sodium tabs 275mg, 550mg</i>	2	
<i>naproxen susp</i>	2	
<i>naproxen tabs 250mg, 375mg, 500mg</i>	2	
<i>naproxen tbec 500mg</i>	2	
<i>oxaprozin tabs</i>	2	
PAIN RELIEF EXTRA STRENGTH/ADULT	4	EC
<i>piroxicam caps</i>	2	
<i>salsalate tabs</i>	2	
<i>sulindac tabs</i>	2	
TRI-BUFFERED ASPIRIN TABS 325MG; 35MG; 40MG; 0; 0	4	EC
<i>Opioid Analgesics, Long-acting</i>		
<i>buprenorphine</i>	2	QL(4 EA per 28 days)
<i>fentanyl pt72 100mcg/hr, 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr</i>	2	QL(10 EA per 30 days)
<i>hydromorphone hcl er tb24 12mg, 16mg, 8mg</i>	2	QL(30 EA per 30 days)
<i>methadone hcl tabs</i>	2	QL(120 EA per 30 days)
<i>methadone hcl soln 5mg/5ml</i>	2	QL(1200 ML per 30 days)
<i>methadone hcl soln 10mg/5ml</i>	2	QL(600 ML per 30 days)
<i>morphine sulfate er tbc</i>	2	QL(60 EA per 30 days)
<i>tramadol hydrochloride er</i>	2	QL(30 EA per 30 days)
<i>Opioid Analgesics, Short-acting</i>		
<i>acetaminophen/codeine tabs</i>	2	QL(240 EA per 30 days)
<i>acetaminophen/codeine soln</i>	2	QL(3600 ML per 30 days)
<i>butorphanol tartrate soln</i>	2	QL(7.5 ML per 30 days)
<i>codeine sulfate tabs</i>	2	QL(180 EA per 30 days)
<i>endocet tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	QL(240 EA per 30 days)
<i>fentanyl citrate oral transmucosal lpop 200mcg</i>	2	QL(120 EA per 30 days); PA
<i>fentanyl citrate oral transmucosal lpop 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	2	QL(120 EA per 30 days); PA; NEDS
<i>hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 7.5mg/15ml</i>	2	QL(3600 ML per 30 days)
<i>hydrocodone bitartrate/acetaminophen tabs 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg, 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg</i>	2	QL(240 EA per 30 days)
<i>hydrocodone/acetaminophen tabs 325mg; 7.5mg</i>	2	QL(240 EA per 30 days)
<i>hydromorphone hcl liqd</i>	2	QL(1350 ML per 30 days)
<i>hydromorphone hcl tabs 8mg</i>	2	QL(120 EA per 30 days)
<i>hydromorphone hcl tabs 2mg, 4mg</i>	2	QL(240 EA per 30 days)

Formulary ID: 25504, Version: 9, Effective Date: 02/01/2025

Last Updated: 01/02/2025

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>morphine sulfate tabs</i>	2	QL(180 EA per 30 days)
<i>morphine sulfate soln 100mg/5ml</i>	2	QL(180 ML per 30 days)
<i>morphine sulfate soln 10mg/5ml, 20mg/5ml</i>	2	QL(900 ML per 30 days)
<i>oxycodone hydrochloride conc</i>	2	QL(120 ML per 30 days)
<i>oxycodone hydrochloride caps</i>	2	QL(240 EA per 30 days)
<i>oxycodone hydrochloride soln</i>	2	QL(2400 ML per 30 days)
<i>oxycodone hydrochloride tabs 20mg, 30mg</i>	2	QL(120 EA per 30 days)
<i>oxycodone hydrochloride tabs 10mg, 15mg</i>	2	QL(180 EA per 30 days)
<i>oxycodone hydrochloride tabs 5mg</i>	2	QL(240 EA per 30 days)
<i>oxycodone/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	QL(240 EA per 30 days)
<i>tramadol hydrochloride/acetaminophen</i>	2	QL(240 EA per 30 days)
<i>tramadol hydrochloride tabs 100mg</i>	2	QL(120 EA per 30 days)
<i>tramadol hydrochloride tabs 50mg</i>	2	QL(240 EA per 30 days)
Anesthetics		
Local Anesthetics		
<i>glydo</i>	2	QL(100 ML per 30 days)
ISOPROPYL RUBBING ALCOHOL	4	EC
<i>lidocaine hcl jelly</i>	2	QL(100 ML per 30 days)
<i>lidocaine hcl prsy</i>	2	QL(100 ML per 30 days)
<i>lidocaine hcl inj 0.5%, 1.5%, 2%, 4%</i>	2	
<i>lidocaine hydrochloride external soln</i>	2	QL(100 ML per 30 days)
<i>lidocaine hydrochloride inj 1%, 2%</i>	2	
<i>lidocaine/prilocaine crea</i>	2	QL(60 GM per 30 days)
<i>lidocaine oint 5%</i>	2	QL(100 GM per 30 days)
<i>lidocaine ptch 5%</i>	2	QL(90 EA per 30 days); PA
<i>premium lidocaine</i>	2	QL(100 GM per 30 days)
SM ALCOHOL	4	EC
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
<i>acamprosate calcium dr</i>	2	
<i>disulfiram tabs</i>	2	
<i>naltrexone hcl tabs</i>	2	
VIVITROL	3	NEDS
Opioid Dependence		
<i>buprenorphine hcl/naloxone hcl subl 2mg; 0.5mg</i>	2	QL(360 EA per 30 days)
<i>buprenorphine hcl/naloxone hcl subl 8mg; 2mg</i>	2	QL(90 EA per 30 days)
<i>buprenorphine hcl subl 2mg</i>	2	QL(360 EA per 30 days)
<i>buprenorphine hcl subl 8mg</i>	2	QL(90 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 4mg; 1mg</i>	2	QL(180 EA per 30 days)

Formulary ID: 25504, Version: 9, Effective Date: 02/01/2025

Last Updated: 01/02/2025

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg</i>	2	QL(360 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 8mg; 2mg</i>	2	QL(90 EA per 30 days)
Opioid Reversal Agents		
<i>naloxone hcl inj 4mg/10ml</i>	2	
<i>naloxone hydrochloride liqd</i>	2	QL(4 EA per 30 days)
<i>naloxone hydrochloride inj 0.4mg/ml, 2mg/2ml, 4mg/10ml</i>	2	
OPVEE	3	QL(4 EA per 30 days)
Smoking Cessation Agents		
<i>bupropion hydrochloride er (sr) tb12 150mg</i>	2	
GOODSENSE NICOTINE	4	EC
GOODSENSE NICOTINE POLACRILEX GUM	4	EC
NICOTINE TRANSDERMAL SYSTEM STEP 1	4	EC
NICOTINE TRANSDERMAL SYSTEM STEP 3	4	EC
NICOTINE TRANSDERMAL SYSTEM PT24 14MG/24HR, 7MG/24HR	4	EC
NICOTROL INHALER	3	
NICOTROL NS	3	
TYRVAYA	3	
<i>varenicline starting month</i>	2	QL(53 EA per 28 days)
<i>varenicline tartrate</i>	2	QL(60 EA per 30 days)
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate inj 1gm/4ml, 500mg/2ml</i>	2	
ARIKAYCE	3	PA; NEDS
<i>gentamicin sulfate/0.9% sodium chloride inj 1.2mg/ml; 0.9%, 1.6mg/ml; 0.9%, 1mg/ml; 0.9%, 2mg/ml; 0.9%</i>	2	
<i>gentamicin sulfate crea 0.1%</i>	2	
<i>gentamicin sulfate inj 40mg/ml</i>	2	
<i>gentamicin sulfate oint 0.1%</i>	2	
<i>isotonic gentamicin inj 0.8mg/ml; 0.9%</i>	2	
<i>neomycin sulfate</i>	2	
<i>streptomycin sulfate inj 1gm</i>	2	NEDS
<i>tobramycin sulfate inj 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml</i>	2	
Antibacterials, Other		
<i>aztreonam inj 1gm</i>	2	
<i>aztreonam inj 2gm</i>	2	NEDS
BACITRACIN ZINC OINT	4	EC
BACITRACIN EXTERNAL OINT 500UNIT/GM	4	EC
<i>clindacin-p</i>	2	
<i>clindamycin hcl caps 300mg</i>	2	

Formulary ID: 25504, Version: 9, Effective Date: 02/01/2025

Last Updated: 01/02/2025

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>clindamycin hydrochloride caps 150mg, 75mg</i>	2	
<i>clindamycin palmitate hydrochloride</i>	2	
<i>clindamycin phosphate crea 2%</i>	2	
<i>clindamycin phosphate inj 9000mg/60ml, 900mg/6ml</i>	2	
<i>clindamycin phosphate swab 1%</i>	2	
<i>colistimethate sodium</i>	2	NEDS
<i>daptomycin</i>	2	NEDS
<i>daptomycin/sodium chloride</i>	2	
GNP HYDROGEN PEROXIDE	4	EC
GNP TRIPLE ANTIBIOTIC PLUS	4	EC
HM BACITRACIN	4	EC
HYDROGEN PEROXIDE SOLN	4	EC
IMPAVIDO	3	NEDS
<i>linezolid tabs</i>	2	
<i>linezolid susr</i>	2	NEDS
<i>linezolid inj 600mg/300ml</i>	2	
<i>methenamine hippurate</i>	2	
<i>methenamine mandelate tabs 0.5gm, 1gm</i>	2	
<i>metronidazole vaginal</i>	2	
<i>metronidazole inj 500mg/100ml</i>	2	
<i>metronidazole tabs 250mg, 500mg</i>	2	
<i>nitrofurantoin macrocrystals</i>	2	
<i>nitrofurantoin monohydrate/macrocrystals</i>	2	
NUVESSA	3	
POVIDONE-IODINE SOLN	4	EC
SM TRIPLE ANTIBIOTIC PLUS MAXIMUM STRENGTH	4	EC
<i>tigecycline</i>	2	NEDS
<i>tinidazole</i>	2	
<i>trimethoprim tabs</i>	2	
TRIPLE ANTIBIOTIC OINT 400UNIT/GM; 3.5MG/GM; 5000UNIT/GM	4	EC
<i>vancomycin hcl inj 0.9%; 1gm/200ml, 100gm, 10gm</i>	2	
<i>vancomycin hydrochloride caps</i>	2	
<i>vancomycin hydrochloride inj 1.25gm, 1.5gm, 1.75gm, 1gm, 2gm, 500mg, 5gm, 750mg</i>	2	
<i>vancomycin inj 0.9%; 500mg/100ml, 0.9%; 750mg/150ml</i>	2	
Beta-lactam, Cephalosporins		
<i>cefaclor caps</i>	2	
<i>cefaclor susr 125mg/5ml, 375mg/5ml</i>	2	
<i>cefadroxil caps, susr</i>	2	
<i>cefazolin sodium/dextrose inj 1gm; 4%, 2gm; 3%</i>	2	
<i>cefazolin sodium inj 10gm, 1gm/50ml; 4%, 1gm, 2gm, 500mg</i>	2	
<i>cefazolin/dextrose inj 3gm/150ml; 4%</i>	2	

Formulary ID: 25504, Version: 9, Effective Date: 02/01/2025

Last Updated: 01/02/2025

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>cefazolin inj 2gm/100ml; 4%, 2gm, 3gm</i>	2	
<i>cefdinir</i>	2	
<i>cefepime</i>	2	
<i>cefepime hydrochloride inj 2gm</i>	2	
<i>cefepime/dextrose</i>	2	
<i>cefixime</i>	2	
<i>cefotetan inj 1gm, 2gm</i>	2	
<i>cefoxitin sodium inj 10gm, 1gm, 2gm</i>	2	
<i>cefpodoxime proxetil</i>	2	
<i>cefprozil</i>	2	
<i>ceftazidime inj 1gm, 2gm, 6gm</i>	2	
<i>ceftriaxone in iso-osmotic dextrose</i>	2	
<i>ceftriaxone sodium inj 10gm, 1gm, 250mg, 2gm, 500mg</i>	2	
<i>ceftriaxone/dextrose inj 1gm; 3.74%</i>	2	
<i>cefuroxime axetil tabs</i>	2	
<i>cefuroxime sodium inj 1.5gm, 750mg</i>	2	
<i>cephalexin</i>	2	
<i>tazicef inj 1gm, 2gm, 6gm</i>	2	
TEFLARO	3	NEDS
Beta-lactam, Penicillins		
<i>amoxicillin/clavulanate potassium</i>	2	
<i>amoxicillin/clavulanate potassium er</i>	2	
<i>amoxicillin chew 125mg, 250mg</i>	2	
<i>amoxicillin caps, susr, tabs</i>	2	
<i>ampicillin sodium inj</i>	2	
<i>ampicillin-sulbactam inj 10gm; 5gm, 1gm; 0.5gm</i>	2	
<i>ampicillin/sulbactam inj 2gm; 1gm</i>	2	
<i>ampicillin caps 500mg</i>	2	
BICILLIN L-A INJ 1200000UNIT/2ML, 2400000UNIT/4ML, 6000000UNIT/ML	3	
<i>dicloxacillin sodium</i>	2	
<i>naftacillin sodium inj 10gm, 1gm, 2gm</i>	2	
<i>oxacillin sodium inj 10gm, 1gm, 2gm</i>	2	
<i>penicillin g potassium in iso-osmotic dextrose inj 0; 20000unit/ml</i>	2	
<i>penicillin g potassium inj 20000000unit, 5000000unit</i>	2	
<i>penicillin g sodium</i>	2	NEDS
<i>penicillin v potassium</i>	2	
<i>piperacillin sodium/tazobactam sodium</i>	2	
ZOSYN INJ 5%; 4GM/100ML; 0.5GM/100ML	3	
Carbapenems		
<i>ertapenem</i>	2	
<i>ertapenem sodium</i>	2	

Formulary ID: 25504, Version: 9, Effective Date: 02/01/2025

Last Updated: 01/02/2025

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>imipenem/cilastatin</i>	2	
<i>meropenem</i>	2	
Macrolides		
<i>azithromycin pack, susr, tabs</i>	2	
<i>azithromycin inj 500mg</i>	2	
<i>clarithromycin er</i>	2	
<i>clarithromycin susr, tabs</i>	2	
DIFICID	3	NEDS
<i>erythromycin dr</i>	2	
<i>erythromycin ethylsuccinate tabs</i>	2	
Quinolones		
<i>ciprofloxacin hcl tabs 100mg, 750mg</i>	2	
<i>ciprofloxacin hydrochloride tabs 250mg, 500mg</i>	2	
<i>ciprofloxacin i.v.-in d5w</i>	2	
<i>ciprofloxacin susr 500mg/5ml, 5gm/100ml</i>	2	
<i>levofloxacin in d5w</i>	2	
<i>levofloxacin oral soln 25mg/ml</i>	2	
<i>levofloxacin tabs 250mg, 500mg, 750mg</i>	2	
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	2	
<i>moxifloxacin hydrochloride tabs 400mg</i>	2	
Sulfonamides		
<i>sulfacetamide sodium lotn 10%</i>	2	
<i>sulfadiazine tabs</i>	2	
<i>sulfamethoxazole/trimethoprim ds</i>	2	
<i>sulfamethoxazole/trimethoprim susp, tabs</i>	2	
Tetracyclines		
DOXY 100	3	
<i>doxycycline hyclate caps, inj</i>	2	
<i>doxycycline hyclate tabs 100mg, 150mg, 20mg</i>	2	
<i>doxycycline monohydrate caps 100mg, 50mg</i>	2	
<i>doxycycline monohydrate tabs</i>	2	
<i>doxycycline susr</i>	2	
<i>minocycline hcl caps 75mg</i>	2	
<i>minocycline hcl tabs</i>	2	
<i>minocycline hydrochloride caps 100mg, 50mg</i>	2	
<i>mondoxyne nl caps 100mg</i>	2	
<i>tetracycline hydrochloride caps</i>	2	
VIBRAMYCIN SYRP	3	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT SOLN, TABS	3	NEDS
EPIDIOLEX	3	PA NSO; NEDS
EPRONTIA	3	

Formulary ID: 25504, Version: 9, Effective Date: 02/01/2025

Last Updated: 01/02/2025

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>felbamate</i>	2	
FINTEPLA	3	PA NSO; NEDS
FYCOMPA	3	
<i>lamotrigine er</i>	2	
<i>lamotrigine odt</i>	2	
<i>lamotrigine starter kit/blue</i>	2	
<i>lamotrigine starter kit/green</i>	2	
<i>lamotrigine starter kit/orange</i>	2	
<i>lamotrigine chew, tabs</i>	2	
<i>levetiracetam er</i>	2	
<i>levetiracetam oral soln, tabs</i>	2	
<i>levetiracetam inj 500mg/5ml</i>	2	
NAYZILAM	3	QL(10 EA per 30 days); PA NSO
<i>roweepra tabs 500mg</i>	2	
SPRITAM	3	
<i>subvenite</i>	2	
<i>subvenite starter kit/blue</i>	2	
<i>subvenite starter kit/green</i>	2	
<i>subvenite starter kit/orange</i>	2	
<i>topiramate csp, tabs</i>	2	
<i>valproic acid</i>	2	
Calcium Channel Modifying Agents		
<i>ethosuximide</i>	2	
<i>methsuximide</i>	2	
Gamma-aminobutyric Acid (GABA) Modulating Agents		
<i>clobazam susp</i>	2	
<i>clobazam tabs</i>	2	QL(60 EA per 30 days)
<i>clonazepam odt</i>	2	
<i>clonazepam tabs</i>	2	
DIACOMIT	3	PA NSO; NEDS
<i>diazepam rectal gel</i>	2	
<i>divalproex sodium dr</i>	2	
<i>divalproex sodium er</i>	2	
<i>gabapentin caps, soln</i>	2	
<i>gabapentin tabs 600mg, 800mg</i>	2	
LIBERVANT	3	QL(10 EA per 30 days)
<i>phenobarbital elix 20mg/5ml</i>	2	
<i>phenobarbital tabs 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	2	
<i>pregabalin</i>	2	
<i>primidone tabs</i>	2	
SYMPAZAN FILM 5MG	3	

Formulary ID: 25504, Version: 9, Effective Date: 02/01/2025

Last Updated: 01/02/2025

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SYMPAZAN FILM 10MG, 20MG	3	NEDS
<i>tiagabine hydrochloride</i>	2	
VALTOCO 10 MG DOSE	3	QL(10 EA per 30 days); PA NSO; NEDS
VALTOCO 15 MG DOSE	3	QL(10 EA per 30 days); PA NSO; NEDS
VALTOCO 20 MG DOSE	3	QL(10 EA per 30 days); PA NSO; NEDS
VALTOCO 5 MG DOSE	3	QL(10 EA per 30 days); PA NSO; NEDS
<i>vigabatrin</i>	2	NEDS
<i>vigadrone</i>	2	NEDS
VIGAFYDE	3	PA NSO; NEDS
<i>vigpoder</i>	2	NEDS
ZTALMY	3	PA NSO; NEDS
Sodium Channel Agents		
APTIOM	3	
<i>carbamazepine er</i>	2	
<i>carbamazepine chew 100mg</i>	2	
<i>carbamazepine susp, tabs</i>	2	
<i>epitol</i>	2	
<i>lacosamide inj, oral soln</i>	2	
<i>lacosamide tabs</i>	2	QL(60 EA per 30 days)
<i>oxcarbazepine</i>	2	
<i>phenytek</i>	2	
<i>phenytoin sodium extended</i>	2	
<i>phenytoin chew, susp</i>	2	
<i>rufinamide susp</i>	2	NEDS
<i>rufinamide tabs 200mg</i>	2	
<i>rufinamide tabs 400mg</i>	2	NEDS
XCOPRI TABS	3	NEDS
XCOPRI TBPK 0	3	
XCOPRI TBPK 0	3	NEDS
ZONISADE	3	
<i>zonisamide</i>	2	
Antidementia Agents		
Antidementia Agents, Other		
NAMZARIC	3	
Cholinesterase Inhibitors		
<i>donepezil hcl tbdp</i>	2	
<i>donepezil hcl tabs 10mg, 23mg</i>	2	
<i>donepezil hydrochloride tabs 5mg</i>	2	
<i>galantamine hydrobromide er</i>	2	

Formulary ID: 25504, Version: 9, Effective Date: 02/01/2025

Last Updated: 01/02/2025

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>galantamine hydrobromide soln, tabs</i>	2	
<i>rivastigmine tartrate</i>	2	
<i>rivastigmine transdermal system</i>	2	
<i>N-methyl-D-aspartate (NMDA) Receptor Antagonist</i>		
<i>memantine hcl titration pak</i>	2	
<i>memantine hydrochloride er</i>	2	
<i>memantine hydrochloride soln, tabs</i>	2	
Antidepressants		
<i>Antidepressants, Other</i>		
AUVELITY	3	
<i>bupropion hcl tabs 100mg</i>	2	
<i>bupropion hydrochloride er (sr) tb12 100mg, 150mg, 200mg</i>	2	
<i>bupropion hydrochloride er (xl) tb24 150mg, 300mg</i>	2	
<i>bupropion hydrochloride tabs 75mg</i>	2	
<i>mirtazapine odt</i>	2	
<i>mirtazapine tabs</i>	2	
ZURZUVAE CAPS 30MG	3	QL(14 EA per 14 days); PA NSO; NEDS
ZURZUVAE CAPS 20MG, 25MG	3	QL(28 EA per 14 days); PA NSO; NEDS
<i>Monoamine Oxidase Inhibitors</i>		
EMSAM	3	ST NSO; NEDS
MARPLAN	3	
<i>phenelzine sulfate</i>	2	
<i>tranylcypromine sulfate</i>	2	
<i>SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor</i>		
<i>citalopram hydrobromide soln, tabs</i>	2	
<i>desvenlafaxine er</i>	2	
DRIZALMA SPRINKLE CSDR 20MG, 60MG	3	QL(60 EA per 30 days)
DRIZALMA SPRINKLE CSDR 30MG, 40MG	3	QL(90 EA per 30 days)
<i>duloxetine hcl cpep 40mg</i>	2	QL(90 EA per 30 days)
<i>duloxetine hydrochloride cpep 20mg, 60mg</i>	2	QL(60 EA per 30 days)
<i>duloxetine hydrochloride cpep 30mg</i>	2	QL(90 EA per 30 days)
<i>escitalopram oxalate soln, tabs</i>	2	
FETZIMA	3	ST NSO
FETZIMA TITRATION PACK	3	ST NSO
<i>fluoxetine dr</i>	2	
<i>fluoxetine hydrochloride caps, soln</i>	2	
<i>fluvoxamine maleate</i>	2	
<i>nefazodone hydrochloride</i>	2	
<i>paroxetine hcl tabs 30mg, 40mg</i>	2	
<i>paroxetine hydrochloride susp</i>	2	

Formulary ID: 25504, Version: 9, Effective Date: 02/01/2025

Last Updated: 01/02/2025

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>paroxetine hydrochloride tabs 10mg, 20mg</i>	2	
<i>sertraline hcl conc</i>	2	
<i>sertraline hcl tabs 50mg</i>	2	
<i>sertraline hydrochloride tabs 100mg, 25mg</i>	2	
<i>trazodone hydrochloride</i>	2	
TRINTELLIX	3	
<i>venlafaxine hcl er tb24 37.5mg</i>	2	
<i>venlafaxine hydrochloride</i>	2	
<i>venlafaxine hydrochloride er cp24</i>	2	
VIIBRYD STARTER PACK	3	
<i>vilazodone hydrochloride</i>	2	
Tricyclics		
<i>amitriptyline hcl tabs 100mg, 150mg, 25mg, 75mg</i>	2	
<i>amitriptyline hydrochloride tabs 100mg, 10mg, 50mg</i>	2	
<i>amoxapine</i>	2	
<i>clomipramine hydrochloride</i>	2	
<i>desipramine hydrochloride</i>	2	
<i>doxepin hcl caps 75mg</i>	2	
<i>doxepin hcl conc</i>	2	
<i>doxepin hydrochloride caps 100mg, 10mg, 150mg, 25mg, 50mg</i>	2	
<i>imipramine hcl tabs 25mg, 50mg</i>	2	
<i>imipramine hydrochloride tabs 10mg</i>	2	
<i>nortriptyline hcl caps 25mg, 75mg</i>	2	
<i>nortriptyline hcl soln</i>	2	
<i>nortriptyline hydrochloride caps 10mg, 50mg</i>	2	
<i>protriptyline hcl</i>	2	
<i>trimipramine maleate caps</i>	2	
Antiemetics		
Antiemetics, Other		
MECLIZINE 25	4	EC
MECLIZINE HCL TABS 12.5MG	4	EC
<i>meclizine hcl tabs 12.5mg, 25mg</i>	2	
MECLIZINE HYDROCHLORIDE CHEW	4	EC
<i>prochlorperazine edisylate inj 10mg/2ml</i>	2	
<i>prochlorperazine maleate tabs</i>	2	
<i>prochlorperazine supp 25mg</i>	2	
<i>promethazine hcl inj</i>	2	
<i>promethazine hcl tabs 12.5mg</i>	2	
<i>promethazine hydrochloride plain</i>	2	
<i>promethazine hydrochloride tabs 25mg, 50mg</i>	2	
<i>scopolamine</i>	2	
Emetogenic Therapy Adjuncts		

Formulary ID: 25504, Version: 9, Effective Date: 02/01/2025

Last Updated: 01/02/2025

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>aprepitant caps 0, 40mg, 80mg</i>	2	PA BvD
<i>aprepitant caps 125mg</i>	2	PA BvD; NEDS
<i>dronabinol</i>	2	PA BvD
<i>granisetron hydrochloride tabs</i>	2	PA BvD
<i>ondansetron hcl soln</i>	2	PA BvD
<i>ondansetron hcl tabs 24mg</i>	2	PA BvD
<i>ondansetron hydrochloride tabs</i>	2	PA BvD
<i>ondansetron odt tbdp 4mg, 8mg</i>	2	PA BvD
Antifungals		
<i>Antifungals</i>		
ABELCET	3	PA
<i>amphotericin b liposome</i>	2	PA; NEDS
<i>amphotericin b inj</i>	2	PA
CLOTRIMAZOLE CREA 1%	4	EC
<i>clotrimazole crea 1%</i>	2	
<i>clotrimazole troc</i>	2	
CLOTRIMAZOLE SOLN 1%	4	EC
<i>clotrimazole soln 1%</i>	2	
<i>econazole nitrate crea</i>	2	
<i>fluconazole in sodium chloride</i>	2	
<i>fluconazole susr, tabs</i>	2	
<i>flucytosine caps</i>	2	NEDS
GNP CLOTRIMAZOLE 3	4	EC
<i>griseofulvin microsize</i>	2	
<i>griseofulvin ultramicrosize tabs 125mg, 250mg</i>	2	
<i>itraconazole caps</i>	2	
<i>ketoconazole sham, tabs</i>	2	
<i>ketoconazole crea</i>	2	QL(120 GM per 30 days)
<i>klayesta</i>	2	
<i>micafungin</i>	2	
MICONAZOLE 3 COMBINATION PACK	4	EC
MICONAZOLE 3 COMBO PACK	4	EC
<i>miconazole 3 supp</i>	2	
MICONAZOLE 7	4	EC
MICONAZOLE NITRATE CREA	4	EC
<i>naftifine hcl</i>	2	
<i>naftifine hydrochloride crea</i>	2	
<i>nyamyc</i>	2	
<i>nystatin crea, oint, powd, susp, tabs</i>	2	
<i>nystop</i>	2	
<i>posaconazole dr</i>	2	NEDS
<i>posaconazole susp</i>	2	NEDS
SM CLOTRIMAZOLE VAGINAL	4	EC

Formulary ID: 25504, Version: 9, Effective Date: 02/01/2025

Last Updated: 01/02/2025

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SM MICONAZOLE 3	4	EC
<i>terbinafine hcl tabs</i>	2	QL(42 EA per 42 days)
<i>terconazole</i>	2	
TOLNAFTATE ANTIFUNGAL CREA	4	EC
TOLNAFTATE POWD	4	EC
<i>voriconazole tabs</i>	2	
<i>voriconazole susr</i>	2	NEDS
<i>voriconazole inj</i>	2	PA; NEDS
Antigout Agents		
<i>Antigout Agents</i>		
<i>allopurinol tabs 100mg, 300mg</i>	2	
<i>colchicine caps</i>	2	
<i>colchicine tabs 0.6mg</i>	2	
GLOPERBA	3	
<i>probenecid/colchicine</i>	2	
<i>probenecid tabs</i>	2	
Antimigraine Agents		
<i>Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists</i>		
AIMOVIG	3	QL(1 ML per 30 days); PA
EMGALITY INJ 120MG/ML	3	QL(2 ML per 30 days); PA
EMGALITY INJ 100MG/ML	3	QL(3 ML per 30 days); PA
NURTEC	3	PA
UBRELVY	3	PA
<i>Ergot Alkaloids</i>		
<i>dihydroergotamine mesylate soln</i>	2	QL(8 ML per 30 days); NEDS
<i>ergotamine tartrate/caffeine</i>	2	
<i>Prophylactic</i>		
<i>timolol maleate tabs 10mg, 20mg, 5mg</i>	2	
<i>Serotonin (5-HT) Receptor Agonist</i>		
<i>naratriptan hcl</i>	2	
<i>rizatriptan benzoate</i>	2	
<i>rizatriptan benzoate odt</i>	2	
<i>sumatriptan succinate refill inj 6mg/0.5ml</i>	2	
<i>sumatriptan succinate inj, tabs</i>	2	
<i>sumatriptan soln</i>	2	
Antimyasthenic Agents		
<i>Parasympathomimetics</i>		
<i>pyridostigmine bromide er</i>	2	
<i>pyridostigmine bromide tabs 60mg</i>	2	

Formulary ID: 25504, Version: 9, Effective Date: 02/01/2025

Last Updated: 01/02/2025

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Antimycobacterials		
<i>Antimycobacterials, Other</i>		
<i>dapsone tabs</i>	2	
<i>rifabutin</i>	2	
<i>Antituberculars</i>		
<i>ethambutol hydrochloride</i>	2	
<i>isoniazid syrp, tabs</i>	2	
PRIFTIN	3	
<i>pyrazinamide tabs</i>	2	
<i>rifampin caps, inj</i>	2	
SIRTURO	3	PA; NEDS
TRECTOR	3	
Antineoplastics		
<i>Alkylating Agents</i>		
<i>cyclophosphamide tabs</i>	2	PA BvD
<i>cyclophosphamide caps</i>	2	PA BvD; SP-Optum Specialty
GLEOSTINE CAPS 100MG, 10MG, 40MG	3	
LEUKERAN	3	NEDS
MATULANE	3	NEDS
VALCHLOR	3	NEDS; SP-Optum Specialty
<i>Antiandrogens</i>		
<i>abiraterone acetate</i>	2	PA NSO; NEDS; SP-Optum Specialty
<i>bicalutamide</i>	2	
ERLEADA TABS 240MG	3	PA NSO; NEDS
ERLEADA TABS 60MG	3	PA NSO; NEDS; SP-Optum Specialty
<i>flutamide</i>	2	
<i>nilutamide</i>	2	NEDS
NUBEQA	3	PA NSO; NEDS; SP-Optum Specialty
XTANDI	3	PA NSO; NEDS; SP-Optum Specialty
<i>Antiangiogenic Agents</i>		
<i>lenalidomide caps 2.5mg, 20mg</i>	2	PA NSO; NEDS
<i>lenalidomide caps 10mg, 15mg, 25mg, 5mg</i>	2	PA NSO; NEDS; SP-Optum Specialty
POMALYST	3	PA NSO; NEDS; SP-Optum Specialty
REVLIMID	3	PA NSO; NEDS

Formulary ID: 25504, Version: 9, Effective Date: 02/01/2025
Last Updated: 01/02/2025

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
THALOMID	3	NEDS; SP-Optum Specialty
<i>Antiestrogens/Modifiers</i>		
EMCYT	3	NEDS
ORSERDU	3	PA NSO; NEDS
SOLTAMOX	3	NEDS
<i>tamoxifen citrate tabs</i>	2	
<i>toremifene citrate</i>	2	NEDS
<i>Antimetabolites</i>		
DROXIA	3	
<i>hydroxyurea caps</i>	2	
<i>mercaptopurine tabs</i>	2	
PURIXAN	3	NEDS
TABLOID	3	SP-Optum Specialty
<i>Antineoplastics, Other</i>		
AKEEGA	3	PA NSO; NEDS
<i>bortezomib inj 1mg, 2.5mg</i>	2	
<i>bortezomib inj 3.5mg/1.4ml, 3.5mg</i>	2	NEDS
<i>boruzu</i>	2	
<i>docetaxel inj 160mg/8ml, 20mg/ml, 80mg/4ml</i>	2	
IBRANCE TABS 100MG, 125MG, 75MG	3	PA NSO; NEDS; SP-Optum Specialty
INREBIC	3	PA NSO; NEDS; SP-Optum Specialty
ITOVEBI TABS 9MG	3	PA NSO; NEDS
ITOVEBI TABS 3MG	3	QL(60 EA per 30 days); PA NSO; NEDS
IWILFIN	3	PA NSO; NEDS
KISQALI FEMARA 200 DOSE	3	PA NSO; NEDS; SP-Optum Specialty
KISQALI FEMARA 400 DOSE	3	PA NSO; NEDS; SP-Optum Specialty
KISQALI FEMARA 600 DOSE	3	PA NSO; NEDS; SP-Optum Specialty
LAZCLUZE TABS 240MG	3	PA NSO; NEDS
LAZCLUZE TABS 80MG	3	QL(60 EA per 30 days); PA NSO; NEDS
<i>leucovorin calcium tabs</i>	2	
LONSURF	3	PA NSO; NEDS; SP-Optum Specialty
LYSODREN	3	NEDS
OGSIVEO	3	PA NSO; NEDS
OJEMDA	3	PA NSO; NEDS

Formulary ID: 25504, Version: 9, Effective Date: 02/01/2025

Last Updated: 01/02/2025

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ONUREG	3	PA NSO; NEDS; SP-Optum Specialty
<i>paclitaxel inj 100mg/16.7ml, 150mg/25ml, 300mg/50ml, 30mg/5ml</i>	2	
SYNRIBO	3	NEDS
TRUSELTIQ	3	PA NSO; NEDS
VONJO	3	PA NSO; NEDS; SP-Optum Specialty
ZOLINZA	3	PA NSO; NEDS; SP-Optum Specialty
<i>Aromatase Inhibitors, 3rd Generation</i>		
<i>anastrozole tabs</i>	2	
<i>exemestane</i>	2	
<i>letrozole</i>	2	
<i>Enzyme Inhibitors</i>		
KYPROLIS	3	NEDS
<i>Molecular Target Inhibitors</i>		
ALECENSA	3	PA NSO; NEDS; SP-Optum Specialty
ALUNBRIG	3	PA NSO; NEDS
AUGTYRO	3	PA NSO; NEDS
AYVAKIT	3	QL(30 EA per 30 days); PA NSO; NEDS
BALVERSA	3	PA NSO; NEDS
BOSULIF CAPS 50MG	3	PA NSO; NEDS
BOSULIF CAPS 100MG	3	QL(120 EA per 30 days); PA NSO; NEDS
BOSULIF TABS 100MG	3	QL(120 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
BOSULIF TABS 400MG, 500MG	3	QL(30 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
BRAFTOVI CAPS 75MG	3	PA NSO; NEDS; SP-Optum Specialty
BRUKINSA	3	PA NSO; NEDS
CABOMETYX	3	PA NSO; NEDS; SP-Optum Specialty
CALQUENCE TABS	3	PA NSO; NEDS
CALQUENCE CAPS	3	PA NSO; NEDS; SP-Optum Specialty
CAPRELSA TABS 300MG	3	QL(30 EA per 30 days); PA NSO; NEDS

Formulary ID: 25504, Version: 9, Effective Date: 02/01/2025

Last Updated: 01/02/2025

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CAPRELSA TABS 100MG	3	QL(60 EA per 30 days); PA NSO; NEDS
COMETRIQ	3	PA NSO; NEDS; SP-Optum Specialty
COPIKTRA	3	PA NSO; NEDS; SP-Optum Specialty
COTELLIC	3	PA NSO; NEDS; SP-Optum Specialty
<i>dasatinib</i>	2	PA NSO; NEDS
DAURISMO	3	PA NSO; NEDS; SP-Optum Specialty
ERIVEDGE	3	PA NSO; NEDS; SP-Optum Specialty
<i>erlotinib hydrochloride tabs 150mg, 25mg</i>	2	QL(30 EA per 30 days); NEDS; SP-Optum Specialty
<i>erlotinib hydrochloride tabs 100mg</i>	2	QL(90 EA per 30 days); NEDS; SP-Optum Specialty
<i>everolimus tabs 10mg, 2.5mg, 5mg, 7.5mg</i>	2	QL(30 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
<i>everolimus tbso 2mg, 3mg, 5mg</i>	2	QL(60 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
EXKIVITY	3	PA NSO; NEDS
FOTIVDA	3	PA NSO; NEDS
FRUZAQLA	3	PA NSO; NEDS
GAVRETO	3	PA NSO; NEDS; SP-Optum Specialty
<i>gefitinib</i>	2	PA NSO; NEDS
GILOTRIF	3	PA NSO; NEDS
IBRANCE CAPS 100MG, 125MG, 75MG	3	PA NSO; NEDS; SP-Optum Specialty
ICLUSIG	3	PA NSO; NEDS
IDHIFA	3	QL(30 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
<i>imatinib mesylate</i>	2	NEDS; SP-Optum Specialty
IMBRUVICA SUSP	3	PA NSO; NEDS
IMBRUVICA CAPS, TABS	3	PA NSO; NEDS; SP-Optum Specialty

Formulary ID: 25504, Version: 9, Effective Date: 02/01/2025

Last Updated: 01/02/2025

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
INLYTA	3	PA NSO; NEDS; SP-Optum Specialty
INQOVI	3	PA NSO; NEDS; SP-Optum Specialty
JAKAFI	3	PA NSO; NEDS; SP-Optum Specialty
JAYPIRCA	3	PA NSO; NEDS
KISQALI	3	PA NSO; NEDS; SP-Optum Specialty
KOSELUGO	3	PA NSO; NEDS
KRAZATI	3	PA NSO; NEDS
<i>lapatinib ditosylate</i>	2	QL(180 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
LENVIMA 10 MG DAILY DOSE	3	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 12MG DAILY DOSE	3	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 14 MG DAILY DOSE	3	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 18 MG DAILY DOSE	3	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 20 MG DAILY DOSE	3	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 24 MG DAILY DOSE	3	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 4 MG DAILY DOSE	3	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 8 MG DAILY DOSE	3	PA NSO; NEDS; SP-Optum Specialty
LORBRENA	3	PA NSO; NEDS; SP-Optum Specialty
LUMAKRAS TABS 240MG, 320MG	3	PA NSO; NEDS
LUMAKRAS TABS 120MG	3	PA NSO; NEDS; SP-Optum Specialty
LYNPARZA TABS	3	PA NSO; NEDS; SP-Optum Specialty
LYTGOBI	3	PA NSO; NEDS
MEKINIST SOLR	3	PA NSO; NEDS
MEKINIST TABS	3	PA NSO; NEDS; SP-Optum Specialty
MEKTOVI	3	PA NSO; NEDS; SP-Optum Specialty

Formulary ID: 25504, Version: 9, Effective Date: 02/01/2025

Last Updated: 01/02/2025

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NERLYNX	3	PA NSO; NEDS; SP-Optum Specialty
NINLARO	3	PA NSO; NEDS; SP-Optum Specialty
ODOMZO	3	PA NSO; NEDS; SP-Optum Specialty
OJJAARA	3	PA NSO; NEDS
<i>pazopanib hydrochloride</i>	2	QL(120 EA per 30 days); PA NSO; NEDS
PEMAZYRE	3	PA NSO; NEDS
PIQRAY 200MG DAILY DOSE	3	PA NSO; NEDS; SP-Optum Specialty
PIQRAY 250MG DAILY DOSE	3	PA NSO; NEDS; SP-Optum Specialty
PIQRAY 300MG DAILY DOSE	3	PA NSO; NEDS; SP-Optum Specialty
QINLOCK	3	PA NSO; NEDS
RETEVMO CAPS	3	PA NSO; NEDS; SP-Optum Specialty
RETEVMO TABS 120MG, 160MG	3	PA NSO; NEDS
RETEVMO TABS 80MG	3	QL(60 EA per 30 days); PA NSO; NEDS
RETEVMO TABS 40MG	3	QL(90 EA per 30 days); PA NSO; NEDS
REZLIDHIA	3	PA NSO; NEDS
ROZLYTREK PACK	3	PA NSO; NEDS
ROZLYTREK CAPS	3	PA NSO; NEDS; SP-Optum Specialty
RUBRACA	3	QL(120 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
RYDAPT	3	PA NSO; NEDS; SP-Optum Specialty
SCEMBLIX TABS 20MG, 40MG	3	PA NSO; NEDS; SP-Optum Specialty
SCEMBLIX TABS 100MG	3	QL(120 EA per 30 days); PA NSO; NEDS
<i>sorafenib</i>	2	QL(220 EA per 30 days); PA NSO; NEDS
<i>sorafenib tosylate</i>	2	QL(220 EA per 30 days); PA NSO; NEDS
SPRYCEL	3	PA NSO; NEDS; SP-Optum Specialty

Formulary ID: 25504, Version: 9, Effective Date: 02/01/2025

Last Updated: 01/02/2025

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
STIVARGA	3	QL(90 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
<i>sunitinib malate</i>	2	PA NSO; NEDS; SP-Optum Specialty
TABRECTA	3	PA NSO; NEDS; SP-Optum Specialty
TAFINLAR TBSO	3	PA NSO; NEDS
TAFINLAR CAPS	3	PA NSO; NEDS; SP-Optum Specialty
TAGRISO	3	PA NSO; NEDS; SP-Optum Specialty
TALZENNA CAPS 0.1MG, 0.35MG	3	PA NSO; NEDS
TALZENNA CAPS 0.25MG, 0.5MG, 0.75MG, 1MG	3	PA NSO; NEDS; SP-Optum Specialty
TASIGNA	3	PA NSO; NEDS; SP-Optum Specialty
TAZVERIK	3	PA NSO; NEDS
TEPMETKO	3	PA NSO; NEDS
TIBSOVO	3	PA NSO; NEDS; SP-Optum Specialty
TRUQAP	3	PA NSO; NEDS
TUKYSA	3	PA NSO; NEDS
TURALIO	3	PA NSO; NEDS
VANFLYTA	3	PA NSO; NEDS
VENCLEXTA STARTING PACK	3	PA NSO; NEDS; SP-Optum Specialty
VENCLEXTA TABS 100MG	3	PA NSO; NEDS; SP-Optum Specialty
VENCLEXTA TABS 10MG, 50MG	3	PA NSO; SP-Optum Specialty
VERZENIO	3	PA NSO; NEDS; SP-Optum Specialty
VITRAKVI	3	PA NSO; NEDS
VIZIMPRO	3	PA NSO; NEDS; SP-Optum Specialty
XALKORI CPSP	3	PA NSO; NEDS
XALKORI CAPS	3	PA NSO; NEDS; SP-Optum Specialty
XOSPATA	3	PA NSO; NEDS
XPOVIO	3	PA NSO; NEDS
XPOVIO 60 MG TWICE WEEKLY	3	PA NSO; NEDS
XPOVIO 80 MG TWICE WEEKLY	3	PA NSO; NEDS

Formulary ID: 25504, Version: 9, Effective Date: 02/01/2025

Last Updated: 01/02/2025

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ZEJULA TABS	3	PA NSO; NEDS
ZEJULA CAPS	3	PA NSO; NEDS; SP-Optum Specialty
ZELBORAF	3	PA NSO; NEDS; SP-Optum Specialty
ZYDELIG	3	PA NSO; NEDS; SP-Optum Specialty
ZYKADIA TABS	3	PA NSO; NEDS; SP-Optum Specialty
Monoclonal Antibodies/Antibody-Drug Conjugates		
DARZALEX	3	NEDS
OPDIVO	3	NEDS
YERVOY	3	NEDS
Retinoids		
<i>bexarotene caps</i>	2	NEDS; SP-Optum Specialty
<i>bexarotene gel</i>	2	PA NSO; NEDS
PANRETIN	3	NEDS
<i>tretinoin caps 10mg</i>	2	NEDS; SP-Optum Specialty
Treatment Adjuncts		
MESNEX TABS	3	NEDS
VORANIGO TABS 40MG	3	PA NSO; NEDS
VORANIGO TABS 10MG	3	QL(60 EA per 30 days); PA NSO; NEDS
Antiparasitics		
Anthelmintics		
<i>albendazole tabs</i>	2	
<i>ivermectin tabs</i>	2	
<i>praziquantel tabs</i>	2	
REESSES PINWORM MEDICINE SUSP 144MG/ML	4	EC
Antiprotozoals		
<i>atovaquone</i>	2	
<i>atovaquone/proguanil hcl</i>	2	
<i>chloroquine phosphate tabs</i>	2	
COARTEM	3	QL(24 EA per 3 days)
<i>hydroxychloroquine sulfate tabs 200mg</i>	2	
<i>mefloquine hydrochloride</i>	2	
<i>nitazoxanide</i>	2	
<i>pentamidine isethionate inj</i>	2	
<i>pentamidine isethionate inhalation solr</i>	2	PA BvD
<i>primaquine phosphate tabs</i>	2	
<i>pyrimethamine tabs</i>	2	NEDS

Formulary ID: 25504, Version: 9, Effective Date: 02/01/2025

Last Updated: 01/02/2025

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>quinine sulfate caps 324mg</i>	2	PA
Antiparkinson Agents		
<i>Anticholinergics</i>		
<i>benztropine mesylate tabs</i>	2	
<i>trihexyphenidyl hcl soln</i>	2	
<i>trihexyphenidyl hydrochloride</i>	2	
<i>Antiparkinson Agents, Other</i>		
<i>carbidopa/levodopa/entacapone</i>	2	
<i>entacapone</i>	2	
<i>Dopamine Agonists</i>		
<i>bromocriptine mesylate caps, tabs</i>	2	
KYNMOBI	3	NEDS
<i>pramipexole dihydrochloride</i>	2	
<i>ropinirole er</i>	2	
<i>ropinirole hcl tabs 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	2	
<i>ropinirole hydrochloride tabs 0.25mg, 3mg</i>	2	
<i>Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors</i>		
<i>carbidopa/levodopa</i>	2	
<i>carbidopa/levodopa er</i>	2	
<i>carbidopa/levodopa odt</i>	2	
<i>carbidopa tabs</i>	2	
<i>Monoamine Oxidase B (MAO-B) Inhibitors</i>		
<i>rasagiline mesylate tabs</i>	2	
<i>selegiline hcl caps, tabs</i>	2	
Antipsychotics		
<i>1st Generation/Typical</i>		
<i>chlorpromazine hcl tabs</i>	2	
<i>chlorpromazine hydrochloride conc, tabs</i>	2	
<i>fluphenazine decanoate inj</i>	2	
<i>fluphenazine hcl conc</i>	2	
<i>fluphenazine hcl tabs 1mg</i>	2	
<i>fluphenazine hydrochloride elix, inj</i>	2	
<i>fluphenazine hydrochloride tabs 10mg, 2.5mg, 5mg</i>	2	
<i>haloperidol decanoate inj</i>	2	
<i>haloperidol lactate</i>	2	
<i>haloperidol conc, tabs</i>	2	
<i>loxapine</i>	2	
<i>molindone hydrochloride</i>	2	
<i>perphenazine tabs</i>	2	
<i>pimozide</i>	2	
<i>thioridazine hcl tabs 100mg, 10mg, 25mg, 50mg</i>	2	
<i>thiothixene caps 10mg, 1mg, 2mg, 5mg</i>	2	

Formulary ID: 25504, Version: 9, Effective Date: 02/01/2025

Last Updated: 01/02/2025

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>trifluoperazine hcl tabs 10mg, 2mg, 5mg</i>	2	
<i>trifluoperazine hydrochloride tabs 1mg</i>	2	
2nd Generation/Atypical		
ABILIFY ASIMTUFII	3	NEDS
ABILIFY MAINTENA	3	NEDS
ABILIFY MYCITE MAINTENANCE KIT TBPk 10MG	3	QL(30 EA per 30 days); PA NSO; NEDS
ABILIFY MYCITE STARTER KIT TBPk 15MG, 20MG, 2MG, 30MG, 5MG	3	QL(30 EA per 30 days); PA NSO; NEDS
<i>aripiprazole</i>	2	
<i>aripiprazole odt</i>	2	
ARISTADA	3	NEDS
ARISTADA INITIO	3	NEDS
<i>asenapine maleate sl</i>	2	ST NSO
CAPLYTA	3	QL(30 EA per 30 days); PA NSO; NEDS
FANAPT	3	ST NSO; NEDS
FANAPT TITRATION PACK	3	ST NSO
INVEGA HAFYERA	3	NEDS
INVEGA SUSTENNA INJ 39MG/0.25ML	3	
INVEGA SUSTENNA INJ 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	3	NEDS
INVEGA TRINZA	3	NEDS
<i>lurasidone hydrochloride tabs 120mg, 20mg, 40mg, 60mg</i>	2	QL(30 EA per 30 days)
<i>lurasidone hydrochloride tabs 80mg</i>	2	QL(60 EA per 30 days)
LYBALVI	3	PA NSO; NEDS
NUPLAZID CAPS	3	QL(60 EA per 30 days); PA NSO; NEDS
NUPLAZID TABS 10MG	3	QL(60 EA per 30 days); PA NSO; NEDS
<i>olanzapine</i>	2	
<i>olanzapine odt</i>	2	
OPIPZA	3	PA NSO; NEDS
<i>paliperidone er</i>	2	
PERSERIS	3	NEDS
<i>quetiapine fumarate tabs 100mg, 150mg, 200mg, 300mg, 400mg</i>	2	
<i>quetiapine fumarate tabs 25mg, 50mg</i>	2	QL(60 EA per 30 days)
REXULTI	3	NEDS
RISPERDAL CONSTA INJ 12.5MG, 25MG	3	
RISPERDAL CONSTA INJ 37.5MG, 50MG	3	NEDS
<i>risperidone</i>	2	
<i>risperidone er inj 12.5mg, 25mg</i>	2	

Formulary ID: 25504, Version: 9, Effective Date: 02/01/2025

Last Updated: 01/02/2025

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>risperidone er inj 37.5mg, 50mg</i>	2	NEDS
<i>risperidone odt</i>	2	
SECUADO	3	NEDS
VRAYLAR CPPK	3	
VRAYLAR CAPS	3	NEDS
<i>ziprasidone hcl</i>	2	
<i>ziprasidone mesylate</i>	2	
ZYPREXA RELPREVV INJ 210MG	3	
ZYPREXA RELPREVV INJ 300MG, 405MG	3	NEDS
Treatment-Resistant		
<i>clozapine odt</i>	2	
<i>clozapine tabs 100mg, 200mg, 25mg, 50mg</i>	2	
VERSACLOZ	3	NEDS
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen tabs 10mg, 20mg, 5mg</i>	2	
<i>dantrolene sodium caps</i>	2	
<i>tizanidine hcl tabs 2mg</i>	2	
<i>tizanidine hydrochloride tabs 4mg</i>	2	
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
<i>cidofovir</i>	2	NEDS
LIVTENCITY	3	PA; NEDS
PREVYMIS TABS	3	PA; NEDS
<i>valganciclovir</i>	2	
<i>valganciclovir hydrochloride</i>	2	NEDS
Anti-hepatitis B (HBV) Agents		
<i>adefovir dipivoxil</i>	2	
<i>entecavir</i>	2	
<i>lamivudine tabs 100mg</i>	2	
VEMLIDY	3	NEDS
Anti-hepatitis C (HCV) Agents		
MAVYRET	3	PA; NEDS; SP-Optum Specialty
<i>ribavirin caps</i>	2	SP-Optum Specialty
<i>ribavirin tabs 200mg</i>	2	SP-Optum Specialty
<i>sofosbuvir/velpatasvir</i>	2	PA; NEDS
VOSEVI	3	PA; NEDS; SP-Optum Specialty
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
BIKTARVY	3	NEDS
DOVATO	3	NEDS
GENVOYA	3	NEDS

Formulary ID: 25504, Version: 9, Effective Date: 02/01/2025

Last Updated: 01/02/2025

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ISENTRESS HD	3	QL(60 EA per 30 days); NEDS
ISENTRESS PACK	3	
ISENTRESS TABS	3	QL(120 EA per 30 days); NEDS
ISENTRESS CHEW 100MG	3	QL(180 EA per 30 days); NEDS
ISENTRESS CHEW 25MG	3	QL(720 EA per 30 days)
JULUCA	3	NEDS
STRIBILD	3	NEDS
TIVICAY PD	3	
TIVICAY TABS 10MG	3	
TIVICAY TABS 25MG, 50MG	3	NEDS
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA	3	NEDS
DELSTRIGO	3	NEDS
EDURANT	3	NEDS
<i>efavirenz</i>	2	
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	2	NEDS
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	2	NEDS
<i>etravirine</i>	2	NEDS
INTELENCE TABS 25MG	3	
<i>nevirapine</i>	2	
<i>nevirapine er</i>	2	
PIFELTRO	3	NEDS
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
<i>abacavir</i>	2	
<i>abacavir sulfate/lamivudine</i>	2	
CIMDUO	3	NEDS
DESCOVY	3	NEDS
<i>emtricitabine</i>	2	
<i>emtricitabine/tenofovir disoproxil fumarate</i>	2	NEDS
<i>emtricitabine/tenofovir disoproxil fumarate tabs 200mg; 300mg</i>	2	
<i>emtricitabine/tenofovir disoproxil fumarate tabs 100mg; 150mg, 133mg; 200mg</i>	2	NEDS
EMTRIVA SOLN	3	
<i>lamivudine/zidovudine</i>	2	
<i>lamivudine soln 10mg/ml</i>	2	
<i>lamivudine tabs 150mg, 300mg</i>	2	
ODEFSEY	3	NEDS

Formulary ID: 25504, Version: 9, Effective Date: 02/01/2025

Last Updated: 01/02/2025

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>tenofovir disoproxil fumarate</i>	2	
TRIUMEQ	3	NEDS
TRIUMEQ PD	3	
TRIZIVIR	3	NEDS
VIREAD POWD	3	NEDS
VIREAD TABS 150MG, 200MG, 250MG	3	NEDS
<i>zidovudine</i>	2	
<i>Anti-HIV Agents, Other</i>		
FUZEON	3	NEDS
<i>maraviroc tabs 300mg</i>	2	QL(120 EA per 30 days); NEDS
<i>maraviroc tabs 150mg</i>	2	QL(60 EA per 30 days); NEDS
RUKOBIA	3	NEDS
SELZENTRY SOLN	3	QL(1800 ML per 30 days)
SELZENTRY TABS 25MG	3	
SELZENTRY TABS 75MG	3	NEDS
SUNLENCA TBPK	3	NEDS
TYBOST	3	
<i>Anti-HIV Agents, Protease Inhibitors (PI)</i>		
APTIVUS CAPS	3	NEDS
<i>atazanavir</i>	2	
<i>atazanavir sulfate caps 300mg</i>	2	
<i>darunavir</i>	2	NEDS
EVOTAZ	3	NEDS
<i>fosamprenavir calcium</i>	2	NEDS
LEXIVA SUSP	3	
<i>lopinavir/ritonavir</i>	2	
NORVIR PACK, SOLN	3	
PREZCOBIX	3	NEDS
PREZISTA SUSP	3	NEDS
PREZISTA TABS 75MG	3	
PREZISTA TABS 150MG	3	NEDS
REYATAZ PACK	3	NEDS
<i>ritonavir</i>	2	
SYMTUZA	3	NEDS
VIRACEPT TABS 250MG	3	
VIRACEPT TABS 625MG	3	NEDS
<i>Anti-influenza Agents</i>		
<i>amantadine hcl caps, soln, tabs</i>	2	
<i>oseltamivir phosphate caps, susr</i>	2	
RELENZA DISKHALER	3	
<i>rimantadine hydrochloride</i>	2	

Formulary ID: 25504, Version: 9, Effective Date: 02/01/2025

Last Updated: 01/02/2025

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
XOFLUZA TBPK 40MG, 80MG	3	QL(1 EA per 7 days)
Antiherpetic Agents		
<i>acyclovir sodium inj 50mg/ml</i>	2	PA
<i>acyclovir caps, susp, tabs</i>	2	
<i>famciclovir tabs</i>	2	
<i>valacyclovir hydrochloride</i>	2	
Antiviral, Coronavirus Agents		
LAGEVRIO	3	QL(40 EA per 5 days)
PAXLOVID TBPK 150MG; 100MG	3	QL(20 EA per 5 days); \$0 Copay
PAXLOVID TBPK 300MG; 100MG	3	QL(30 EA per 5 days); \$0 Copay
Anxiolytics		
Anxiolytics, Other		
<i>bupirone hcl tabs 15mg</i>	2	
<i>bupirone hydrochloride tabs 10mg, 30mg, 5mg, 7.5mg</i>	2	
Benzodiazepines		
<i>alprazolam</i>	2	
<i>alprazolam er</i>	2	
<i>clorazepate dipotassium tabs</i>	2	
<i>diazepam intensol</i>	2	
<i>diazepam soln, tabs</i>	2	
<i>lorazepam intensol</i>	2	
<i>lorazepam tabs</i>	2	
<i>oxazepam</i>	2	
Bipolar Agents		
Mood Stabilizers		
<i>lithium</i>	2	
<i>lithium carbonate er</i>	2	
<i>lithium carbonate caps, tabs</i>	2	
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose tabs</i>	2	
BYDUREON BCISE	3	PA
BYETTA	3	PA
<i>glimepiride tabs 1mg, 2mg, 4mg</i>	2	
<i>glipizide er</i>	2	
<i>glipizide/metformin hydrochloride</i>	2	
<i>glipizide tabs 10mg, 5mg</i>	2	
<i>glyburide micronized</i>	2	
<i>glyburide/metformin hydrochloride</i>	2	
<i>glyburide tabs 1.25mg, 2.5mg, 5mg</i>	2	
GLYXAMBI	3	

Formulary ID: 25504, Version: 9, Effective Date: 02/01/2025

Last Updated: 01/02/2025

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
JANUMET	3	
JANUMET XR	3	
JANUVIA	3	
JENTADUETO	3	
JENTADUETO XR	3	
<i>metformin hydrochloride er tb24 500mg, 750mg</i>	2	
<i>metformin hydrochloride soln</i>	2	
<i>metformin hydrochloride tabs 1000mg, 500mg, 850mg</i>	2	
<i>migliitol</i>	2	
MOUNJARO	3	PA
<i>nateglinide</i>	2	
OZEMPIC	3	PA
<i>pioglitazone hcl-glimepiride</i>	2	
<i>pioglitazone hcl/metformin hcl</i>	2	
<i>pioglitazone hcl tabs 45mg</i>	2	
<i>pioglitazone hydrochloride tabs 15mg, 30mg</i>	2	
<i>repaglinide</i>	2	
RYBELSUS	3	PA
<i>saxagliptin hydrochloride</i>	2	
<i>saxagliptin hydrochloride/metformin hydrochloride er</i>	2	
SYMLINPEN 120	3	NEDS
SYMLINPEN 60	3	NEDS
SYNJARDY	3	
SYNJARDY XR	3	
TRADJENTA	3	
TRULICITY	3	PA
XIGDUO XR	3	
<i>Glycemic Agents</i>		
BAQSIMI ONE PACK	3	
BAQSIMI TWO PACK	3	
<i>diazoxide susp</i>	2	
GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY KIT	2	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJ 1MG	2	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJ 1MG/ML	3	
GLUTOSE 5	4	EC
GVOKE HYPOPEN 1-PACK	3	
GVOKE HYPOPEN 2-PACK	3	
GVOKE KIT	3	
GVOKE PFS	3	
<i>Insulins</i>		

Formulary ID: 25504, Version: 9, Effective Date: 02/01/2025

Last Updated: 01/02/2025

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
HUMALOG	3	
HUMALOG JUNIOR KWIKPEN	3	
HUMALOG KWIKPEN	3	
HUMALOG MIX 50/50	3	
HUMALOG MIX 50/50 KWIKPEN	3	
HUMALOG MIX 75/25	3	
HUMALOG MIX 75/25 KWIKPEN	3	
HUMULIN 70/30	3	
HUMULIN 70/30 KWIKPEN	3	
HUMULIN N	3	
HUMULIN N KWIKPEN	3	
HUMULIN R	3	
HUMULIN R U-500 (CONCENTRATED)	3	
HUMULIN R U-500 KWIKPEN	3	
INSULIN LISPRO	3	
<i>insulin lispro junior kwikpen</i>	2	
<i>insulin lispro kwikpen</i>	2	
<i>insulin lispro protamine/insulin lispro kwikpen</i>	2	
LANTUS	3	
LANTUS SOLOSTAR	3	
LEVEMIR FLEXTOUCH	3	
NOVOLIN 70/30	3	
NOVOLIN 70/30 FLEXPEN	3	
NOVOLIN N	3	
NOVOLIN N FLEXPEN	3	
NOVOLIN R	3	
NOVOLIN R FLEXPEN	3	
NOVOLOG	3	
NOVOLOG FLEXPEN	3	
NOVOLOG MIX 70/30	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	3	
NOVOLOG PENFILL	3	
TOUJEO MAX SOLOSTAR	3	
TOUJEO SOLOSTAR	3	
TRESIBA	3	
TRESIBA FLEXTOUCH	3	
Blood Products and Modifiers		
<i>Anticoagulants</i>		
<i>dabigatran etexilate</i>	2	
ELIQUIS	3	
ELIQUIS STARTER PACK	3	
<i>enoxaparin sodium</i>	2	
<i>fondaparinux sodium inj 2.5mg/0.5ml</i>	2	

Formulary ID: 25504, Version: 9, Effective Date: 02/01/2025

Last Updated: 01/02/2025

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>fondaparinux sodium inj 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	2	NEDS
FRAGMIN INJ 10000UNIT/4ML, 2500UNIT/0.2ML, 5000UNIT/0.2ML	3	
FRAGMIN INJ 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML	3	NEDS
<i>heparin sodium/d5w inj 5%; 40unit/ml</i>	2	
<i>heparin sodium inj 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml, 5000unit/ml</i>	2	
<i>jantoven</i>	2	
<i>warfarin sodium tabs</i>	2	
XARELTO STARTER PACK	3	
XARELTO TABS	3	
Blood Products and Modifiers, Other		
<i>anagrelide hydrochloride</i>	2	
MOZOBIL	3	NEDS
NEULASTA	3	NEDS; SP-Optum Specialty
NEULASTA ONPRO KIT	3	NEDS
<i>plerixafor</i>	2	NEDS
PROCRIT INJ 20000UNIT/ML, 40000UNIT/ML	3	NEDS; SP-Optum Specialty
PROCRIT INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	SP-Optum Specialty
PROMACTA	3	PA; NEDS; SP-Optum Specialty
RETACRIT INJ 40000UNIT/ML	3	NEDS; SP-Optum Specialty
RETACRIT INJ 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	SP-Optum Specialty
UDENYCA ONBODY	3	NEDS
UDENYCA INJ 6MG/0.6ML	3	NEDS
UDENYCA INJ 6MG/0.6ML	3	NEDS; SP-Optum Specialty
ZARXIO	3	NEDS; SP-Optum Specialty
Hemostasis Agents		
<i>aminocaproic acid inj, oral soln</i>	2	
<i>aminocaproic acid tabs 500mg</i>	2	
<i>tranexamic acid tabs</i>	2	
Platelet Modifying Agents		
<i>aspirin/dipyridamole er</i>	2	

Formulary ID: 25504, Version: 9, Effective Date: 02/01/2025

Last Updated: 01/02/2025

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BRILINTA	3	
CABLIVI	3	NEDS
<i>cilostazol</i>	2	
<i>clopidogrel</i>	2	
DOPTELET	3	PA; NEDS; SP-Optum Specialty
<i>prasugrel hydrochloride</i>	2	
Cardiovascular Agents		
<i>Alpha-adrenergic Agonists</i>		
<i>clonidine</i>	2	
<i>clonidine hydrochloride tabs</i>	2	
<i>droxidopa</i>	2	PA; NEDS
<i>midodrine hcl</i>	2	
<i>Alpha-adrenergic Blocking Agents</i>		
<i>prazosin hydrochloride caps</i>	2	
<i>Angiotensin II Receptor Antagonists</i>		
<i>candesartan cilexetil</i>	2	
<i>irbesartan</i>	2	
<i>losartan potassium tabs</i>	2	
<i>olmesartan medoxomil tabs</i>	2	
<i>telmisartan</i>	2	
<i>valsartan tabs</i>	2	
<i>Angiotensin-converting Enzyme (ACE) Inhibitors</i>		
<i>benazepril hcl tabs 10mg, 40mg, 5mg</i>	2	
<i>benazepril hydrochloride tabs 20mg</i>	2	
<i>captopril tabs</i>	2	
<i>enalapril maleate tabs</i>	2	
<i>fosinopril sodium</i>	2	
<i>lisinopril tabs</i>	2	
<i>moexipril hcl</i>	2	
<i>perindopril erbumine</i>	2	
<i>quinapril hydrochloride</i>	2	
<i>ramipril</i>	2	
<i>trandolapril</i>	2	
<i>Antiarrhythmics</i>		
<i>amiodarone hydrochloride tabs</i>	2	
<i>digitek tabs 0.125mg, 0.25mg</i>	2	
<i>digoxin oral soln</i>	2	
<i>digoxin inj 0.25mg/ml</i>	2	
<i>digoxin tabs 125mcg, 250mcg</i>	2	
<i>dofetilide</i>	2	
<i>flecainide acetate</i>	2	
<i>mexiletine hcl</i>	2	

Formulary ID: 25504, Version: 9, Effective Date: 02/01/2025

Last Updated: 01/02/2025

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
MULTAQ	3	
<i>propafenone hcl</i>	2	
<i>propafenone hydrochloride er</i>	2	
<i>propafenone hydrochloride tabs 300mg</i>	2	
<i>quinidine gluconate cr</i>	2	
<i>quinidine sulfate tabs</i>	2	
<i>sorine</i>	2	
<i>sotalol hcl</i>	2	
<i>sotalol hydrochloride (af)</i>	2	
Beta-adrenergic Blocking Agents		
<i>acebutolol hydrochloride</i>	2	
<i>atenolol tabs</i>	2	
<i>bisoprolol fumarate</i>	2	
<i>carvedilol</i>	2	
<i>labetalol hydrochloride tabs 100mg, 200mg, 300mg</i>	2	
<i>metoprolol succinate er</i>	2	
<i>metoprolol tartrate tabs</i>	2	
<i>nadolol tabs 20mg, 40mg, 80mg</i>	2	
<i>nebivolol hydrochloride</i>	2	
<i>pindolol tabs</i>	2	
<i>propranolol hcl er cp24 120mg, 160mg</i>	2	
<i>propranolol hcl soln</i>	2	
<i>propranolol hcl tabs 40mg</i>	2	
<i>propranolol hydrochloride er cp24 60mg, 80mg</i>	2	
<i>propranolol hydrochloride tabs 10mg, 20mg, 60mg, 80mg</i>	2	
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate tabs</i>	2	
<i>felodipine er</i>	2	
<i>nifedipine er</i>	2	
<i>nimodipine caps</i>	2	
Calcium Channel Blocking Agents, Nondihydropyridines		
<i>cartia xt</i>	2	
<i>dilt-xr</i>	2	
<i>diltiazem hcl cd</i>	2	
<i>diltiazem hcl er cp24 120mg, 180mg, 240mg, 420mg</i>	2	
<i>diltiazem hcl er cp12</i>	2	
<i>diltiazem hcl er tb24 300mg, 360mg, 420mg</i>	2	
<i>diltiazem hcl tabs 30mg, 60mg, 90mg</i>	2	
<i>diltiazem hydrochloride er cp24</i>	2	
<i>diltiazem hydrochloride er tb24 120mg, 180mg, 240mg, 300mg, 360mg</i>	2	
<i>diltiazem hydrochloride tabs 120mg</i>	2	
<i>matzim la</i>	2	

Formulary ID: 25504, Version: 9, Effective Date: 02/01/2025

Last Updated: 01/02/2025

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>taztia xt</i>	2	
<i>tiadylt er</i>	2	
<i>verapamil hcl er cp24 100mg, 300mg</i>	2	
<i>verapamil hcl er tbc 120mg, 240mg</i>	2	
<i>verapamil hcl sr cp24</i>	2	
<i>verapamil hcl tabs 40mg, 80mg</i>	2	
<i>verapamil hydrochloride er cp24 200mg</i>	2	
<i>verapamil hydrochloride er tbc 180mg</i>	2	
<i>verapamil hydrochloride tabs 120mg</i>	2	
Cardiovascular Agents, Other		
<i>aliskiren</i>	2	
<i>amiloride/hydrochlorothiazide</i>	2	
<i>amlodipine besylate/atorvastatin calcium</i>	2	
<i>amlodipine besylate/benazepril hydrochloride</i>	2	
<i>amlodipine besylate/valsartan</i>	2	
<i>amlodipine/olmesartan medoxomil</i>	2	
<i>amlodipine/valsartan/hydrochlorothiazide tabs 10mg; 12.5mg; 160mg, 10mg; 25mg; 160mg, 5mg; 12.5mg; 160mg, 5mg; 25mg; 160mg</i>	2	
<i>atenolol/chlorthalidone</i>	2	
<i>benazepril hydrochloride/hydrochlorothiazide</i>	2	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	2	
<i>candesartan cilexetil/hydrochlorothiazide</i>	2	
CORLANOR	3	
<i>enalapril maleate/hydrochlorothiazide</i>	2	
ENTRESTO	3	
<i>fosinopril sodium/hydrochlorothiazide</i>	2	
<i>irbesartan/hydrochlorothiazide</i>	2	
<i>ivabradine hydrochloride</i>	2	
<i>lisinopril/hydrochlorothiazide</i>	2	
<i>losartan potassium/hydrochlorothiazide</i>	2	
<i>metoprolol/hydrochlorothiazide</i>	2	
<i>metyrosine</i>	2	NEDS
NIACIN FLUSH FREE CAPS 500MG	4	EC
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide</i>	2	
<i>olmesartan medoxomil/hydrochlorothiazide</i>	2	
<i>pentoxifylline er</i>	2	
<i>quinapril/hydrochlorothiazide</i>	2	
<i>ranolazine er</i>	2	
<i>spironolactone/hydrochlorothiazide</i>	2	
TEKTURNA HCT TABS 150MG; 12.5MG, 300MG; 12.5MG, 300MG; 25MG	3	
<i>telmisartan/amlodipine</i>	2	

Formulary ID: 25504, Version: 9, Effective Date: 02/01/2025

Last Updated: 01/02/2025

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>telmisartan/hydrochlorothiazide</i>	2	
<i>trandolapril/verapamil hcl er</i>	2	
<i>triamterene/hydrochlorothiazide caps 25mg; 37.5mg</i>	2	
<i>triamterene/hydrochlorothiazide tabs</i>	2	
<i>valsartan/hydrochlorothiazide</i>	2	
Diuretics, Loop		
<i>bumetanide inj, tabs</i>	2	
<i>ethacrynic acid tabs</i>	2	
<i>furosemide inj, oral soln, tabs</i>	2	
<i>toremide tabs</i>	2	
Diuretics, Potassium-sparing		
<i>amiloride hcl tabs</i>	2	
<i>triamterene caps</i>	2	
Diuretics, Thiazide		
<i>chlorthalidone tabs 25mg, 50mg</i>	2	
<i>hydrochlorothiazide caps, tabs</i>	2	
<i>indapamide tabs</i>	2	
<i>metolazone</i>	2	
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate micronized caps 134mg, 200mg, 67mg</i>	2	
<i>fenofibrate caps 130mg, 150mg, 43mg, 50mg</i>	2	
<i>fenofibrate tabs 145mg, 160mg, 48mg, 54mg</i>	2	
<i>fenofibric acid dr</i>	2	
<i>gemfibrozil tabs</i>	2	
Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium</i>	2	
FLOLIPID	3	
<i>fluvastatin</i>	2	
<i>fluvastatin sodium er</i>	2	
<i>lovastatin tabs</i>	2	
<i>pitavastatin calcium</i>	2	
<i>pravastatin sodium</i>	2	
<i>rosuvastatin calcium tabs</i>	2	
<i>simvastatin tabs</i>	2	
Dyslipidemics, Other		
<i>cholestyramine light</i>	2	
<i>cholestyramine pack, powd</i>	2	
<i>colestipol hcl</i>	2	
<i>ezetimibe</i>	2	
<i>ezetimibe/simvastatin</i>	2	
<i>icosapent ethyl</i>	2	
<i>niacin er</i>	2	
NIACIN FLUSH FREE CAPS 100MG; 400MG	4	EC

Formulary ID: 25504, Version: 9, Effective Date: 02/01/2025

Last Updated: 01/02/2025

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>omega-3-acid ethyl esters</i>	2	
PRALUENT	3	PA
<i>prevalite powd</i>	2	
<i>prevalite pack</i>	3	
REPATHA	3	PA
REPATHA PUSHTRONEX SYSTEM	3	PA
REPATHA SURECLICK	3	PA
<i>Mineralocorticoid Receptor Antagonists</i>		
<i>eplerenone</i>	2	
KERENDIA	3	PA
<i>spironolactone tabs</i>	2	
<i>Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)</i>		
FARXIGA	3	
JARDIANCE	3	
<i>Vasodilators, Direct-acting Arterial/Venous</i>		
<i>isosorbide dinitrate tabs</i>	2	
<i>isosorbide mononitrate</i>	2	
<i>isosorbide mononitrate er</i>	2	
<i>nitroglycerin transdermal</i>	2	
<i>nitroglycerin soln 0.4mg/spray</i>	2	
<i>nitroglycerin subl 0.3mg, 0.4mg, 0.6mg</i>	2	
VERQUVO	3	
<i>Vasodilators, Direct-acting Arterial</i>		
<i>hydralazine hcl tabs 10mg</i>	2	
<i>hydralazine hydrochloride tabs 100mg, 25mg, 50mg</i>	2	
<i>minoxidil tabs</i>	2	
Central Nervous System Agents		
<i>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</i>		
<i>amphetamine/dextroamphetamine</i>	2	
<i>dextroamphetamine sulfate er</i>	2	
<i>dextroamphetamine sulfate tabs 10mg, 15mg, 20mg, 30mg, 5mg</i>	2	
<i>Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines</i>		
<i>atomoxetine hydrochloride caps 10mg, 25mg</i>	2	QL(60 EA per 30 days)
<i>atomoxetine caps 100mg, 80mg</i>	2	QL(30 EA per 30 days)
<i>atomoxetine caps 10mg, 18mg, 25mg, 40mg, 60mg</i>	2	QL(60 EA per 30 days)
<i>clonidine hydrochloride er</i>	2	
<i>dexmethylphenidate hcl er cp24 20mg, 35mg</i>	2	
<i>dexmethylphenidate hcl tabs 10mg, 5mg</i>	2	
<i>dexmethylphenidate hydrochloride er cp24 10mg, 15mg, 30mg, 40mg, 5mg</i>	2	
<i>dexmethylphenidate hydrochloride cp24</i>	2	

Formulary ID: 25504, Version: 9, Effective Date: 02/01/2025

Last Updated: 01/02/2025

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>dexmethylphenidate hydrochloride tabs 2.5mg</i>	2	
<i>guanfacine hydrochloride er</i>	2	QL(90 EA per 90 days)
<i>methylphenidate hydrochloride</i>	2	
<i>methylphenidate hydrochloride cd cpcr 10mg, 20mg, 30mg, 50mg, 60mg</i>	2	
<i>methylphenidate hydrochloride er (la)</i>	2	
<i>methylphenidate hydrochloride er cp24 10mg, 20mg, 30mg, 40mg</i>	2	
<i>methylphenidate hydrochloride er cpcr 40mg</i>	2	
<i>methylphenidate hydrochloride er tb24</i>	2	
<i>methylphenidate hydrochloride er tbcr 10mg, 18mg, 20mg, 27mg, 36mg, 54mg</i>	2	
Central Nervous System, Other		
ACETAMINOPHEN SOLN 160MG/5ML	4	EC
AUSTEDO	3	PA; NEDS; SP-Optum Specialty
AUSTEDO XR PATIENT TITRATION KIT TEPK 0	3	QL(56 EA per 365 days); PA; NEDS
AUSTEDO XR PATIENT TITRATION KIT TEPK 0	3	QL(84 EA per 365 days); PA; NEDS
AUSTEDO XR TB24 6MG	3	QL(210 EA per 30 days); PA; NEDS
AUSTEDO XR TB24 18MG, 30MG, 36MG, 42MG, 48MG	3	QL(30 EA per 30 days); PA; NEDS
AUSTEDO XR TB24 24MG	3	QL(60 EA per 30 days); PA; NEDS
AUSTEDO XR TB24 12MG	3	QL(90 EA per 30 days); PA; NEDS
COBENFY	3	QL(60 EA per 30 days); PA NSO; NEDS
COBENFY STARTER PACK	3	QL(112 EA per 365 days); PA NSO; NEDS
INGREZZA	3	PA; NEDS
NUEDEXTA	3	PA
RADICAVA ORS	3	PA; NEDS; SP-Optum Specialty
RADICAVA ORS STARTER KIT	3	PA; NEDS
<i>riluzole</i>	2	
TENSION HEADACHE	4	EC
<i>tetrabenazine</i>	2	PA; SP-Optum Specialty
VEOZAH	3	QL(30 EA per 30 days); PA
Fibromyalgia Agents		

Formulary ID: 25504, Version: 9, Effective Date: 02/01/2025
Last Updated: 01/02/2025

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SAVELLA	3	
SAVELLA TITRATION PACK	3	
Multiple Sclerosis Agents		
AVONEX PEN	3	NEDS; SP-Optum Specialty
AVONEX INJ 30MCG/0.5ML	3	NEDS; SP-Optum Specialty
BETASERON	3	NEDS; SP-Optum Specialty
<i>dalfampridine er</i>	2	SP-Optum Specialty
<i>dimethyl fumarate</i>	2	SP-Optum Specialty
<i>fingolimod hydrochloride</i>	2	NEDS
<i>glatiramer acetate inj 40mg/ml</i>	2	QL(12 ML per 28 days); NEDS
<i>glatiramer acetate inj 20mg/ml</i>	2	QL(30 ML per 30 days); NEDS
KESIMPTA	3	PA; NEDS; SP-Optum Specialty
MAYZENT	3	NEDS; SP-Optum Specialty
MAYZENT STARTER PACK TBPK 0.25MG	3	NEDS; SP-Optum Specialty
MAYZENT STARTER PACK TBPK 0.25MG	3	SP-Optum Specialty
PLEGRIDY	3	NEDS; SP-Optum Specialty
PLEGRIDY STARTER PACK	3	NEDS; SP-Optum Specialty
REBIF	3	ST NSO; NEDS; SP-Optum Specialty
REBIF REBIDOSE	3	ST NSO; NEDS; SP-Optum Specialty
REBIF REBIDOSE TITRATION PACK	3	ST NSO; NEDS; SP-Optum Specialty
REBIF TITRATION PACK	3	ST NSO; NEDS; SP-Optum Specialty
<i>teriflunomide</i>	2	
VUMERITY	3	NEDS; SP-Optum Specialty
ZEPOSIA	3	NEDS
ZEPOSIA 7-DAY STARTER PACK	3	NEDS
ZEPOSIA STARTER KIT	3	NEDS
Dental and Oral Agents		
<i>Dental and Oral Agents</i>		

Formulary ID: 25504, Version: 9, Effective Date: 02/01/2025

Last Updated: 01/02/2025

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>cevimeline hydrochloride</i>	2	
<i>chlorhexidine gluconate soln</i>	2	
DENTAGEL	4	EC
HM ANTISEPTIC SKIN CLEANSER	4	EC
<i>kourzeq</i>	2	
<i>lidocaine hydrochloride viscous</i>	2	
<i>lidocaine viscous</i>	2	
<i>oralone dental paste</i>	2	
<i>periogard</i>	2	
<i>pilocarpine hydrochloride</i>	2	
PREVIDENT 5000 BOOSTER PLUS	4	EC
PREVIDENT 5000 DRY MOUTH	4	EC
<i>sf 5000 plus</i>	2	
<i>sodium fluoride 5000 plus</i>	2	
<i>sodium fluoride 5000 ppm crea</i>	2	
<i>sodium fluoride crea 1.1%</i>	2	
<i>triamcinolone acetonide dental paste</i>	2	
Dermatological Agents		
<i>Acne and Rosacea Agents</i>		
<i>acutane</i>	2	
<i>acitretin</i>	2	
<i>adapalene gel</i>	2	PA
<i>amnesteem</i>	2	
<i>avita</i>	2	PA
<i>azelaic acid</i>	2	
<i>claravis</i>	2	
<i>clindamycin phosphate/benzoyl peroxide gel 2.5%; 1.2%, 5%; 1.2%</i>	2	
<i>clindamycin/benzoyl peroxide</i>	2	
<i>isotretinoin caps</i>	2	
<i>metronidazole crea 0.75%</i>	2	
<i>metronidazole gel 0.75%, 1%</i>	2	
<i>metronidazole lotn 0.75%</i>	2	
MYORISAN	2	
NEUAC	2	
<i>rosadan</i>	2	
<i>tazarotene crea, gel</i>	2	PA
<i>tretinoin microsphere</i>	2	PA
<i>tretinoin crea 0.025%, 0.05%, 0.1%</i>	2	PA
ZENATANE	2	
<i>Dermatitis and Pruritus Agents</i>		
<i>amcinonide crea</i>	2	
AMMONIUM LACTATE CREA 12%	4	EC

Formulary ID: 25504, Version: 9, Effective Date: 02/01/2025

Last Updated: 01/02/2025

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ammonium lactate crea 12%</i>	2	
<i>ammonium lactate lotn</i>	2	
ANTI-DANDRUFF SHAMPOO	4	EC
<i>betamethasone dipropionate augmented</i>	2	
<i>betamethasone dipropionate crea, lotn, oint</i>	2	
<i>betamethasone valerate crea, lotn, oint</i>	2	
<i>clobetasol propionate e</i>	2	QL(240 GM per 30 days)
<i>clobetasol propionate soln</i>	2	QL(200 ML per 30 days)
<i>clobetasol propionate sham</i>	2	QL(236 ML per 30 days)
<i>clobetasol propionate crea, gel, oint</i>	2	QL(240 GM per 30 days)
<i>clodan</i>	2	QL(236 ML per 30 days)
<i>desonide crea, oint</i>	2	
<i>desoximetasone crea</i>	2	
DESRX	2	
<i>fluocinolone acetonide body</i>	2	
<i>fluocinolone acetonide scalp</i>	2	
<i>fluocinolone acetonide topical</i>	2	
<i>fluocinolone acetonide crea 0.01%, 0.025%</i>	2	
<i>fluocinolone acetonide oint 0.025%</i>	2	
<i>fluocinolone acetonide soln 0.01%</i>	2	
<i>fluocinonide</i>	2	
<i>fluocinonide emulsified base</i>	2	
<i>fluticasone propionate crea 0.05%</i>	2	
<i>fluticasone propionate oint 0.005%</i>	2	
GNP HYDROCORTISONE MAXIMUM STRENGTH	4	EC
GNP HYDROCORTISONE CREA 0.5%	4	EC
<i>halobetasol propionate crea, oint</i>	2	
<i>hydrocortisone butyrate oint</i>	2	
<i>hydrocortisone valerate</i>	2	
HYDROCORTISONE CREA 1%	4	EC
<i>hydrocortisone crea 1%, 2.5%</i>	2	
HYDROCORTISONE LOTN 1%	4	EC
<i>hydrocortisone lotn 2.5%</i>	2	
<i>hydrocortisone oint 1%, 2.5%</i>	2	
<i>mometasone furoate crea 0.1%</i>	2	
<i>mometasone furoate oint 0.1%</i>	2	
<i>mometasone furoate soln 0.1%</i>	2	
<i>pimecrolimus</i>	2	
<i>prednicarbate oint</i>	2	
<i>selenium sulfide</i>	2	
<i>tacrolimus oint 0.03%, 0.1%</i>	2	
<i>triamcinolone acetonide crea 0.025%, 0.1%, 0.5%</i>	2	
<i>triamcinolone acetonide lotn 0.025%, 0.1%</i>	2	

Formulary ID: 25504, Version: 9, Effective Date: 02/01/2025

Last Updated: 01/02/2025

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>triamcinolone acetonide oint 0.025%, 0.1%, 0.5%</i>	2	
TRITOCIN	2	
<i>Dermatological Agents, Other</i>		
AMERIDERM PERISHIELD	4	EC
<i>calcipotriene crea, oint</i>	2	QL(120 GM per 30 days)
<i>calcipotriene soln</i>	2	QL(120 ML per 30 days)
<i>calcitriol oint 3mcg/gm</i>	2	
CAPSAICIN CREA 0.025%, 0.075%, 0.1%	4	EC
<i>clotrimazole/betamethasone dipropionate</i>	2	
DESITIN CREA	4	EC
<i>diclofenac sodium gel 3%</i>	2	QL(200 GM per 30 days)
<i>fluorouracil crea 5%</i>	2	
<i>fluorouracil soln</i>	2	
GNP WART REMOVER	4	EC
HIBICLENS	4	EC
HYDROLATUM	4	EC
<i>imiquimod crea</i>	2	
<i>nystatin/triamcinolone</i>	2	
<i>nystatin/triamcinolone acetonide oint</i>	2	
OTEZLA TABS 20MG, 30MG	3	QL(60 EA per 30 days); PA; NEDS
<i>podofilox</i>	2	
PROCTOFOAM HC	3	
SANTYL	3	
<i>silver sulfadiazine</i>	2	
<i>ssd</i>	2	
VITAMIN A & D OINT 76%; 0; 0	4	EC
WART REMOVER MAXIMUM STRENGTH LIQD	4	EC
ZINC OXIDE OINT 20%, 25%	4	EC
<i>Pediculicides/Scabicides</i>		
LICE TREATMENT CREME RINSE LIQD 1%	4	EC
<i>malathion</i>	2	
<i>permethrin crea</i>	2	
SM LICE TREATMENT LIQD	4	EC
<i>Topical Anti-infectives</i>		
BENZOYL PEROXIDE WASH LIQD 10%, 5%	4	EC
BENZOYL PEROXIDE GEL 10%, 2.5%, 5%	4	EC
BP WASH LIQD 2.5%	4	EC
<i>ciclopirox nail lacquer</i>	2	
<i>ciclopirox olamine</i>	2	
<i>ciclopirox gel, sham, susp</i>	2	
<i>clindamycin phosphate gel 1%</i>	2	
<i>clindamycin phosphate lotn 1%</i>	2	

Formulary ID: 25504, Version: 9, Effective Date: 02/01/2025

Last Updated: 01/02/2025

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>clindamycin phosphate external soln 1%</i>	2	
<i>ery</i>	2	
<i>erythromycin gel 2%</i>	2	
<i>erythromycin soln 2%</i>	2	
MENTAX	3	
<i>mupirocin crea</i>	2	QL(180 GM per 30 days)
<i>mupirocin oint</i>	2	QL(44 GM per 30 days)
SULFAMYLON CREA	3	
Electrolytes/Minerals/Metals/Vitamins		
<i>Electrolyte/Mineral Replacement</i>		
AMINOSYN II INJ 107.6MEQ/L; 1490MG/100ML; 1527MG/100ML; 1050MG/100ML; 1107MG/100ML; 750MG/100ML; 450MG/100ML; 990MG/100ML; 1500MG/100ML; 1575MG/100ML; 258MG/100ML; 405MG/100ML; 447MG/100ML; 1083MG/100ML; 795MG/100ML; 50MEQ/L; 600MG/100ML; 300MG/100ML; 750MG/100ML	3	PA BvD
AMINOSYN-PF 7% INJ 32.5MEQ/L; 490MG/100ML; 861MG/100ML; 370MG/100ML; 576MG/100ML; 270MG/100ML; 220MG/100ML; 534MG/100ML; 831MG/100ML; 475MG/100ML; 125MG/100ML; 300MG/100ML; 570MG/100ML; 347MG/100ML; 50MG/100ML; 360MG/100ML; 125MG/100ML; 44MG/100ML; 452MG/100ML	3	PA BvD
CALCIUM 500/VITAMIN D3	4	EC
CALCIUM 600 WITH VITAMIN D CHEW	4	EC
CALCIUM CARBONATE SUSP	4	EC
CALCIUM CARBONATE TABS 1250MG	4	EC
CALCIUM CITRATE TABS 200MG	4	EC
CALCIUM HIGH POTENCY TABS 1500MG	4	EC
<i>carglumic acid</i>	2	PA; NEDS
CHELATED MAGNESIUM	4	EC
CLINIMIX 6/5	3	PA BvD
CLINIMIX 8/10	3	PA BvD
CLINIMIX E 8/10	3	PA BvD
<i>dextrose 10%</i>	2	
<i>dextrose 10%/sodium chloride 0.2%</i>	2	
<i>dextrose 10%/sodium chloride 0.45%</i>	2	
<i>dextrose 2.5%/sodium chloride 0.45%</i>	2	
<i>dextrose 5%</i>	2	
<i>dextrose 5%/sodium chloride 0.2%</i>	2	
<i>dextrose 5%/sodium chloride 0.3%</i>	2	
<i>dextrose 5%/sodium chloride 0.33%</i>	2	

Formulary ID: 25504, Version: 9, Effective Date: 02/01/2025

Last Updated: 01/02/2025

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>dextrose 5%/sodium chloride 0.45%</i>	2	
<i>dextrose 5%/sodium chloride 0.9%</i>	2	
<i>dextrose 50%</i>	2	
<i>dextrose 70%</i>	2	
<i>dextrose/sodium chloride</i>	2	
<i>effer-k tbeq 25meq</i>	2	
FERROUS GLUCONATE TABS 240MG, 324MG	4	EC
FERROUS SULFATE TBEC	4	EC
FERROUS SULFATE SOLN 220MG/5ML, 300MG/5ML	4	EC
FERROUS SULFATE TABS 325MG	4	EC
<i>glucose (dextrose) 50%</i>	2	
<i>glucose (dextrose) 70%</i>	2	
IRON POLYSACCHARIDE COMPLEX	4	EC
IRON TBCR 45MG	4	EC
<i>k-prime</i>	2	
<i>kcl 0.075%/d5w/nacl 0.45% inj 5%; 10meq/l; 0.45%</i>	2	
<i>kcl 0.15%/d5w/nacl 0.2%</i>	2	
<i>kcl 0.15%/d5w/nacl 0.45% inj 5%; 20meq/l; 0.45%</i>	2	
<i>kcl 0.15%/d5w/nacl 0.9% inj 5%; 20meq/l; 0.9%</i>	2	
<i>kcl 0.3%/d5w/nacl 0.45% inj 5%; 40meq/l; 0.45%</i>	2	
<i>kcl 0.3%/d5w/nacl 0.9% inj 5%; 40meq/l; 0.9%</i>	2	
<i>klor-con</i>	2	
<i>klor-con 10</i>	2	
<i>klor-con 8</i>	2	
<i>klor-con m10</i>	2	
<i>klor-con m15</i>	2	
<i>klor-con m20</i>	2	
<i>klor-con/ef</i>	2	
KP FERROUS GLUCONATE	4	EC
<i>lactated ringers inj 3meq/l; 109meq/l; 28meq/l; 4meq/l; 130meq/l</i>	2	
MAG-OXIDE	4	EC
MAGNESIUM GLYCINATE	4	EC
MAGNESIUM OXIDE CAPS 500MG	4	EC
MAGNESIUM OXIDE TABS 250MG, 400MG, 420MG	4	EC
<i>magnesium sulfate inj 50%</i>	2	
MAGNESIUM TABS 250MG, 500MG	4	EC
PLENAMINE	3	PA BvD
<i>potassium chloride er</i>	2	
<i>potassium chloride/dextrose/sodium chloride inj 5%; 10meq/l; 0.45%, 5%; 20meq/l; 0.225%, 5%; 20meq/l; 0.45%, 5%; 20meq/l; 0.9%, 5%; 30meq/l; 0.45%, 5%; 40meq/l; 0.45%, 5%; 40meq/l; 0.9%</i>	2	

Formulary ID: 25504, Version: 9, Effective Date: 02/01/2025

Last Updated: 01/02/2025

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>potassium chloride pack, oral soln</i>	2	
<i>potassium chloride inj 10meq/50ml, 20meq/50ml, 2meq/ml</i>	2	
<i>potassium citrate er</i>	2	
PREMASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	3	PA BvD
PROSOL	3	PA BvD
<i>sodium chloride 0.45% inj</i>	2	
<i>sodium chloride inj 0.9%, 2.5meq/ml, 3%, 4meq/ml, 5%</i>	2	
SODIUM CHLORIDE TABS 1GM	4	EC
SODIUM FLUORIDE CHEW 0.25MG, 0.5MG, 1MG	4	EC
SODIUM FLUORIDE SOLN 0.5MG/ML	4	EC
TRAVASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 500MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	3	PA BvD
TROPHAMINE INJ 0.54GM/100ML; 1.2GM/100ML; 0.32GM/100ML; 0; 0; 0.5GM/100ML; 0.36GM/100ML; 0.48GM/100ML; 0.82GM/100ML; 1.4GM/100ML; 1.2GM/100ML; 0.34GM/100ML; 0.48GM/100ML; 0.68GM/100ML; 0.38GM/100ML; 5MEQ/L; 0.025GM/100ML; 0.42GM/100ML; 0.2GM/100ML; 0.24GM/100ML; 0.78GM/100ML	3	PA BvD
<i>Electrolyte/Mineral/Metal Modifiers</i>		
CHEMET	3	NEDS
<i>deferasirox pack</i>	2	NEDS; SP-Optum Specialty
<i>deferasirox tabs</i>	2	SP-Optum Specialty
<i>deferasirox tbso 250mg, 500mg</i>	2	NEDS; SP-Optum Specialty
<i>deferasirox tbso 125mg</i>	2	SP-Optum Specialty
<i>penicillamine tabs</i>	2	NEDS
<i>trientine hydrochloride</i>	2	NEDS
<i>Electrolytes/Minerals/Metals/Vitamins</i>		
VITAMIN B1 TABS 100MG	4	EC
<i>Phosphate Binders</i>		
<i>calcium acetate caps</i>	2	
<i>calcium acetate tabs 667mg</i>	2	EC

Formulary ID: 25504, Version: 9, Effective Date: 02/01/2025

Last Updated: 01/02/2025

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>sevelamer carbonate</i>	2	
VELPHORO	3	NEDS
Potassium Binders		
LOKELMA	3	QL(90 EA per 30 days)
<i>sodium polystyrene sulfonate powd</i>	2	
<i>sps</i>	2	
Vitamins		
B COMPLEX/C TABS 300MG; 150MG; 10MG; 50MG; 5MG; 10.2MG; 15MG	4	EC
B COMPLEX CAPS 5MG; 1MCG; 60MG; 20MG; 0.5MG; 3MG; 3MG; 60MG	4	EC
B COMPLEX TABS 6MCG; 0.4MG; 20MG; 10MG; 2MG; 1.7MG; 1.2MG	4	EC
B-COMPLEX/B-12 LIQD 1200MCG/ML; 30MG/ML; 20MG/ML; 2MG/ML; 1.7MG/ML	4	EC
B-COMPLEX CAPS 5MG; 1MCG; 400MCG; 60MG; 20MG; 0.5MG; 3MG; 3MG; 60MG	4	EC
B-COMPLEX TABS 6MCG; 400MCG; 20MG; 2MG; 1.7MG; 1.5MG	4	EC
C COMPLEX TBCR 500MG; 25MG; 25MG; 40MG; 5MG	4	EC
CALCIUM ASCORBATE TABS	4	EC
COD LIVER OIL CAPS 4000UNIT; 200UNIT	4	EC
CYANOCOBALAMIN INJ 1000MCG/ML	4	EC
D 5000 CAPS	4	EC
D-5000	4	EC
DIALYVITE VITAMIN D3 MAX	4	EC
ENDUR-ACIN TBCR 750MG	4	EC
ENDUR-AMIDE TBCR 750MG	4	EC
ERGOCALCIFEROL SOLN	4	EC
FOLIC ACID INJ	4	EC
FOLIC ACID CAPS 800MCG	4	EC
FOLIC ACID TABS 1MG, 400MCG, 800MCG	4	EC
GNP VITAMIN E WATER DISPERSIBLE	4	EC
HEALTHY KIDS COD LIVER OIL/VITAMIN D	4	EC
KP FOLIC ACID TABS 1MG	4	EC
LIQUID VITAMIN C	4	EC
MULTI VITAMIN TABS 60MG; 0; 45MG; 0; 10MG; 0; 400UNIT; 6MCG; 400MCG; 20MG; 2MG; 3000UNIT; 1.7MG; 1.5MG; 30UNIT	4	EC
MULTI-VIT/IRON/FLUORIDE SOLN 35MG/ML; 400UNIT/ML; 10MG/ML; 8MG/ML; 0.4MG/ML; 1500UNIT/ML; 0.6MG/ML; 0.25MG/ML; 0.5MG/ML; 5UNIT/ML	4	EC

Formulary ID: 25504, Version: 9, Effective Date: 02/01/2025

Last Updated: 01/02/2025

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
MULTI-VITAMIN/FLUORIDE DROPS SOLN 35MG/ML; 400UNIT/ML; 2MCG/ML; 8MG/ML; 0.4MG/ML; 1500UNIT/ML; 0.6MG/ML; 0.5MG/ML; 0.5MG/ML; 5UNIT/ML	4	EC
MULTI-VITAMIN/MINERALS TABS 60MG; 160MG; 6MCG; 18MG; 0.4MG; 150MCG; 100MG; 20MG; 125MG; 2MG; 1.7MG; 1.2MG; 5000UNIT; 400UNIT; 15MG	4	EC
MULTIVITAMIN CHILDRENS CHEW 60MG; 0; 10MCG; 4.5MCG; 300MCG; 13.5MG; 1.05MG; 750MCG; 1.2MG; 0; 1.05MG; 6.75MG; 0	4	EC
MULTIVITAMIN GUMMIES ADULT CHEW 30MG; 150MCG; 2.5MG; 400UNIT; 20MCG; 3MCG; 200MCG; 30MCG; 140MG; 1MG; 5MG; 1MG; 1250UNIT; 7.5UNIT; 2.5MG	4	EC
MULTIVITAMIN WITH FLUORIDE SOLN	4	EC
NIACIN TIMED RELEASE	4	EC
NIACIN TR CPR 250MG	4	EC
NIACIN TR TBCR 250MG	4	EC
NIACINAMIDE PROLONGED RELEASE	4	EC
NIACINAMIDE TABS 500MG	4	EC
NIACIN TABS 100MG, 250MG, 500MG, 50MG	4	EC
PHYTONADIONE TABS	4	EC
<i>prenatal tabs 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg</i>	2	
RENAL CAPS	4	EC
VITAMIN A PALMITATE TABS 10000UNIT	4	EC
VITAMIN A CAPS 10000UNIT, 8000UNIT	4	EC
VITAMIN B COMPLEX TABS 2MCG; 15MG; 5MG; 2MG; 2MG; 2MG	4	EC
VITAMIN B-12 TBDP	4	EC
VITAMIN B-12 LOZG 500MCG	4	EC
VITAMIN B-12 SUBL 1000MCG, 2500MCG, 500MCG	4	EC
VITAMIN B-12 TABS 1000MCG, 100MCG, 250MCG, 500MCG	4	EC
VITAMIN B-1 TABS 100MG, 50MG	4	EC
VITAMIN B-2	4	EC
VITAMIN B-6 TABS 100MG, 25MG, 50MG	4	EC
VITAMIN B-COMPLEX 100 INJ 2MG/ML; 100MG/ML; 2MG/ML; 2MG/ML; 100MG/ML	4	EC
VITAMIN B1 TABS 250MG	4	EC
VITAMIN B6 TABS 250MG	4	EC
VITAMIN C GUMMIES	4	EC
VITAMIN C TR TBCR 500MG	4	EC

Formulary ID: 25504, Version: 9, Effective Date: 02/01/2025

Last Updated: 01/02/2025

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VITAMIN C-500 TIMED RELEASE	4	EC
VITAMIN C CHEW 250MG, 500MG	4	EC
VITAMIN C LIQD 500MG/5ML	4	EC
VITAMIN C TABS 1000MG, 250MG, 500MG	4	EC
VITAMIN D (ERGOCALCIFEROL)	4	EC
VITAMIN D INFANT LIQD 400UNIT/ML	4	EC
VITAMIN D-3 TABS 2000UNIT	4	EC
VITAMIN D3 400	4	EC
VITAMIN D3 CAPS 1000UNIT, 250MCG; 0; 0, 50MCG	4	EC
VITAMIN D3 CHEW 1000UNIT, 2000UNIT, 400UNIT	4	EC
VITAMIN D3 TABS 25MCG, 400UNIT	4	EC
VITAMIN D CAPS 50000UNIT	4	EC
VITAMIN E CAPS 400UNIT, 90MG	4	EC
VITAMIN E SOLN 15MG/0.67ML	4	EC
VITAMIN K1 INJ 10MG/ML, 1MG/0.5ML	4	EC
VITAMINS A & D	4	EC
Gastrointestinal Agents		
<i>Anti-Constipation Agents</i>		
BISACODYL EC	4	EC
BISACODYL SUPP	4	EC
CHOCOLATED LAXATIVE REGULAR STRENGTH	4	EC
<i>constulose</i>	2	
DOCUSATE CALCIUM	4	EC
DOCUSATE MINI	4	EC
DOCUSATE SODIUM CAPS 100MG, 250MG	4	EC
DOCUSATE SODIUM LIQD 50MG/5ML	4	EC
ENEMA READY-TO-USE ENEM 7GM/118ML; 19GM/118ML	4	EC
<i>enulose</i>	2	
EPSOM SALT GRAN 0	4	EC
EVAC	4	EC
FIBER TABS TABS 625MG	4	EC
FIBER POWD 28.3%	4	EC
<i>generlac</i>	2	
GLYCERIN ADULT	4	EC
GLYCERIN ADULT SUPP 2GM	4	EC
GLYCERIN INFANTS & CHILDREN SUPP 1GM	4	EC
GNP BEST FIBER	4	EC
GNP FIBER POWDER	4	EC
GNP GLYCERIN ADULT SUPP 2.1GM	4	EC
GNP GLYCERIN CHILD	4	EC
GOODSENSE MAGNESIUM CITRATE	4	EC
HM ENEMA MINERAL OIL ENEM 100%	4	EC

Formulary ID: 25504, Version: 9, Effective Date: 02/01/2025

Last Updated: 01/02/2025

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>lactulose soln</i>	2	
LAXATIVE REGULAR STRENGTH	4	EC
LINZESS	3	
<i>lubiprostone</i>	2	
MILK OF MAGNESIA SUSP 7.75%	4	EC
MINERAL OIL OIL 100%	4	EC
MOVANTIK	3	
OSMOPREP	3	
POLYETHYLENE GLYCOL	4	EC
POLYETHYLENE GLYCOL 3350 PACK 17GM, 4GM	4	EC
PSYLLIUM FIBER	4	EC
REGULOID POWD 43%, 51.7%	4	EC
SENNA-S TABS	4	EC
SENNA CAPS	4	EC
SENNA SYRP 8.8MG/5ML	4	EC
SENNA TABS 8.6MG	4	EC
SOLUBLE FIBER	4	EC
STOOL SOFTENER TABS	4	EC
<i>Anti-Diarrheal Agents</i>		
<i>alosetron hydrochloride tabs 0.5mg</i>	2	PA
<i>alosetron hydrochloride tabs 1mg</i>	2	PA; NEDS
GNP ANTI-DIARRHEAL	4	EC
<i>loperamide hcl caps</i>	2	
SM ANTI-DIARRHEAL	4	EC
XERMELO	3	PA; NEDS; SP-Optum Specialty
<i>Antispasmodics, Gastrointestinal</i>		
<i>dicyclomine hcl soln</i>	2	
<i>dicyclomine hydrochloride caps, tabs</i>	2	
<i>glycopyrrolate soln</i>	2	
<i>glycopyrrolate tabs 1mg, 2mg</i>	2	
<i>Gastrointestinal Agents, Other</i>		
ALIGN CHEW	4	EC
ALUMINUM HYDROXIDE SUSP 320MG/5ML	4	EC
ANTACID CALCIUM RICH	4	EC
ANTACID EXTRA STRENGTH CHEW 160MG; 105MG, 750MG	4	EC
ANTACID MAXIMUM STRENGTH SUSP 800MG/10ML; 800MG/10ML; 80MG/10ML	4	EC
ANTACID ULTRA STRENGTH CHEW 1000MG	4	EC
ANTACID/ANTIGAS LIQUID SUSP 400MG/10ML; 400MG/10ML; 40MG/10ML	4	EC
BISMUTH	4	EC

Formulary ID: 25504, Version: 9, Effective Date: 02/01/2025

Last Updated: 01/02/2025

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CALCIUM ANTACID	4	EC
CLENPIQ	3	
CULTURELLE CAPS 10B CELL	4	EC
DAIRY RELIEF	4	EC
FLORASTOR CAPS 250MG	4	EC
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-n/ flavor pack</i>	2	
GNP ANTACID & ANTI-GAS MAXIMUM STRENGTH	4	EC
GNP FAST ACTING DAIRY RELIEF	4	EC
GNP PINK BISMUTH TABS	4	EC
GOODSENSE ANTACID/EXTRA STRENGTH	4	EC
LACTASE FAST ACTING	4	EC
LOPERAMIDE HYDROCHLORIDE/SIMETHICONE	4	EC
LOPERAMIDE HYDROCHLORIDE TABS	4	EC
LOPERAMIDE HYDROCHLORIDE SOLN 1MG/7.5ML	4	EC
MAGNESIUM OXIDE TABS 400MG, 420MG	4	EC
MAGNESIUM TABS 250MG	4	EC
<i>metoclopramide hcl inj, oral soln</i>	2	
<i>metoclopramide hcl tabs 5mg</i>	2	
<i>metoclopramide hydrochloride tabs 10mg</i>	2	
MINTOX PLUS	4	EC
<i>nitroglycerin oint 0.4%</i>	2	QL(30 GM per 30 days)
<i>opium</i>	2	
<i>opium tincture tinc 1%</i>	2	
<i>peg-3350/electrolytes</i>	2	
<i>peg-3350/electrolytes/ascorbate</i>	2	
<i>peg-3350/nacl/na bicarbonate/kcl</i>	2	
<i>peg-3350/sodium sulf/naclpotassium cl/na ascorbate/ascorbic</i>	2	
RECTIV	3	QL(30 GM per 30 days)
SIMETHICONE DROPS INFANTS	4	EC
SIMETHICONE ULTRA STRENGTH	4	EC
SIMETHICONE CHEW	4	EC
SIMETHICONE CAPS 125MG	4	EC
SODIUM BICARBONATE TABS	4	EC
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	2	
STOMACH RELIEF EXTRA STRENGTH	4	EC
STOMACH RELIEF SUSP 525MG/30ML	4	EC
<i>ursodiol caps 300mg</i>	2	
<i>ursodiol tabs</i>	2	
VOWST	3	PA; NEDS
XIFAXAN TABS 550MG	3	PA; NEDS
<i>Histamine2 (H2) Receptor Antagonists</i>		

Formulary ID: 25504, Version: 9, Effective Date: 02/01/2025

Last Updated: 01/02/2025

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>cimetidine tabs</i>	2	
FAMOTIDINE MAXIMUM STRENGTH	4	EC
FAMOTIDINE ORIGINAL STRENGTH	4	EC
<i>famotidine tabs 20mg, 40mg</i>	2	
Protectants		
<i>misoprostol</i>	2	
<i>sucralfate susp, tabs</i>	2	
Proton Pump Inhibitors		
DEXLANSOPRAZOLE	2	
<i>esomeprazole magnesium</i>	2	
<i>lansoprazole cpdr</i>	2	
<i>omeprazole dr cpdr 10mg</i>	2	
<i>omeprazole cpdr 20mg, 40mg</i>	2	
<i>pantoprazole sodium tbec</i>	2	
<i>rabeprazole sodium</i>	2	
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
<i>betaine anhydrous</i>	2	NEDS
CHOLBAM	3	PA; NEDS
CREON CPEP 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	3	
<i>cromolyn sodium conc 100mg/5ml</i>	2	
CYSTAGON	3	
<i>dichlorphenamide</i>	2	PA; NEDS
ENDARI	3	NEDS
<i>l-glutamine</i>	2	NEDS
<i>miglustat</i>	2	PA; NEDS; SP-Optum Specialty
<i>nitisinone caps 20mg</i>	2	PA; NEDS
<i>nitisinone caps 10mg, 2mg, 5mg</i>	2	PA; NEDS; SP-Optum Specialty
PROLASTIN-C	3	PA; NEDS
PYRUKYND	3	PA; NEDS; SP-Optum Specialty
PYRUKYND TAPER PACK	3	PA; NEDS; SP-Optum Specialty
REVCOVI	3	NEDS
<i>sapropterin dihydrochloride</i>	2	PA; NEDS; SP-Optum Specialty

Formulary ID: 25504, Version: 9, Effective Date: 02/01/2025
Last Updated: 01/02/2025

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>sodium phenylbutyrate powd, tabs</i>	2	NEDS
SUCRAID	3	NEDS
WELIREG	3	PA NSO; NEDS
<i>yargesa</i>	2	PA; NEDS
ZENPEP CPEP 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 252600UNIT; 60000UNIT; 189600UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	3	
Genitourinary Agents		
<i>Antispasmodics, Urinary</i>		
<i>darifenacin hydrobromide er</i>	2	
GEMTESA	3	
<i>mirabegron er</i>	2	
MYRBETRIQ	3	
<i>oxybutynin chloride er</i>	2	
<i>oxybutynin chloride soln, tabs</i>	2	
<i>solifenacin succinate</i>	2	
<i>tolterodine tartrate</i>	2	
<i>tolterodine tartrate er</i>	2	
<i>tropium chloride</i>	2	
<i>Benign Prostatic Hypertrophy Agents</i>		
<i>alfuzosin hcl er</i>	2	
<i>doxazosin mesylate</i>	2	
<i>dutasteride/tamsulosin hydrochloride</i>	2	
<i>dutasteride caps</i>	2	
<i>finasteride tabs</i>	2	
<i>tadalafil tabs 2.5mg, 5mg</i>	2	QL(30 EA per 30 days); PA
<i>tamsulosin hydrochloride</i>	2	
<i>terazosin hcl caps 10mg, 1mg, 5mg</i>	2	
<i>terazosin hydrochloride caps 2mg</i>	2	
<i>Genitourinary Agents, Other</i>		
<i>acetic acid 0.25%</i>	2	
<i>bethanechol chloride tabs</i>	2	
ELMIRON	3	
<i>tiopronin dr</i>	2	NEDS
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</i>		
DEPO-MEDROL	3	
<i>dexamethasone intensol</i>	2	

Formulary ID: 25504, Version: 9, Effective Date: 02/01/2025

Last Updated: 01/02/2025

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>dexamethasone sodium phosphate +rfid</i>	2	
<i>dexamethasone sodium phosphate inj 100mg/10ml, 10mg/ml, 120mg/30ml, 20mg/5ml, 4mg/ml</i>	2	
<i>dexamethasone elix, soln</i>	2	
<i>dexamethasone tabs 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	2	
<i>fludrocortisone acetate tabs</i>	2	
<i>hydrocortisone sodium succinate inj 100mg</i>	2	
HYDROCORTISONE OINT 1%	4	EC
<i>hydrocortisone tabs 10mg, 20mg, 5mg</i>	2	
<i>kenalog-10</i>	2	
<i>methylprednisolone acetate inj 40mg/ml, 50mg/ml, 80mg/ml</i>	2	
<i>methylprednisolone dose pack tbpk</i>	2	
<i>methylprednisolone tabs</i>	2	
<i>prednisolone sodium phosphate oral soln 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml, 5mg/5ml</i>	2	
<i>prednisolone soln, tabs</i>	2	
<i>prednisone soln, tbpk</i>	2	
<i>prednisone tabs 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	2	
SOLU-CORTEF INJ 100MG	3	
<i>triamcinolone acetonide inj 40mg/ml</i>	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i>		
<i>desmopressin acetate tabs</i>	2	
<i>desmopressin acetate soln 0.01%</i>	2	
GENOTROPIN	3	PA; NEDS; SP-Optum Specialty
GENOTROPIN MINIQUICK INJ 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	3	PA; NEDS; SP-Optum Specialty
GENOTROPIN MINIQUICK INJ 0.2MG	3	PA; SP-Optum Specialty
INCRELEX	3	PA; NEDS; SP-Optum Specialty
ZOMACTON INJ 5MG	4	EC
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
<i>Androgens</i>		
<i>danazol caps</i>	2	
<i>testosterone cypionate inj 100mg/ml, 200mg/ml</i>	2	
<i>testosterone enanthate inj</i>	2	
<i>testosterone pump</i>	2	
<i>testosterone gel 20.25mg/1.25gm, 25mg/2.5gm, 40.5mg/2.5gm, 50mg/5gm</i>	2	
<i>Estrogens</i>		

Formulary ID: 25504, Version: 9, Effective Date: 02/01/2025

Last Updated: 01/02/2025

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>amabelz</i>	2	
<i>amethia</i>	2	
<i>apri</i>	2	
<i>ashlyna</i>	2	
<i>aviane</i>	2	
<i>azurette</i>	2	
<i>balziva</i>	2	
<i>briellyn</i>	2	
<i>desogestrel/ethinyl estradiol tabs 0; 0</i>	2	
<i>dotti</i>	2	
<i>drospirenone/ethinyl estradiol tabs 3mg; 0.03mg</i>	2	
<i>eluryng</i>	2	
<i>enilloring</i>	2	
<i>estradiol valerate inj</i>	2	
<i>estradiol/norethindrone acetate</i>	2	
<i>estradiol crea, pttw, ptwk, oral tabs, vaginal tabs</i>	2	
ESTRING	3	
<i>etonogestrel/ethinyl estradiol</i>	2	
<i>falmina</i>	2	
<i>finzala</i>	2	
<i>fyavolv</i>	2	
<i>haloette</i>	2	
<i>iclevia</i>	2	
IMVEXXY MAINTENANCE PACK	3	
IMVEXXY STARTER PACK	3	
<i>introvale</i>	2	
<i>jinteli</i>	2	
<i>joyeaux</i>	2	
<i>junel 1.5/30</i>	2	
<i>junel 1/20</i>	2	
<i>junel fe 1.5/30</i>	2	
<i>junel fe 1/20</i>	2	
<i>junel fe 24</i>	2	
<i>kariva</i>	2	
<i>kelnor 1/35</i>	2	
<i>larin 1.5/30</i>	2	
<i>larin 1/20</i>	2	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonorgestrel and ethinyl estradiol tabs 20mcg; 90mcg</i>	2	
<i>levonorgestrel/ethinyl estradiol</i>	2	

Formulary ID: 25504, Version: 9, Effective Date: 02/01/2025

Last Updated: 01/02/2025

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>levora 0.15/30-28</i>	2	
<i>marlissa</i>	2	
<i>mibelas 24 fe</i>	2	
<i>microgestin 1.5/30</i>	2	
<i>microgestin 1/20</i>	2	
<i>microgestin fe 1.5/30</i>	2	
<i>microgestin fe 1/20</i>	2	
<i>necon 0.5/35-28</i>	2	
<i>nikki</i>	2	
<i>norelgestromin/ethinyl estradiol</i>	2	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tabs 0; 75mg; 1mg</i>	2	
<i>norethindrone acetate/ethinyl estradiol tabs 2.5mcg; 0.5mg, 5mcg; 1mg</i>	2	
<i>nortrel 0.5/35 (28)</i>	2	
<i>nortrel 1/35</i>	2	
<i>nortrel 7/7/7</i>	2	
<i>portia-28</i>	2	
PREMARIN CREA	3	
PREMARIN TABS 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	3	
PREMPHASE	3	
<i>tarina fe 1/20 eq</i>	2	
<i>taysofy</i>	2	
<i>tri-sprintec</i>	2	
<i>trivora-28</i>	2	
<i>turqoz</i>	2	
<i>velivet</i>	2	
<i>vyfemla</i>	2	
<i>xulane</i>	2	
<i>yuvafem</i>	2	
<i>zafemy</i>	2	
<i>zovia 1/35</i>	2	
Progestins		
<i>camila</i>	2	
<i>deblitane</i>	2	
DEPO-SUBQ PROVERA 104	3	
<i>errin</i>	2	
<i>gallifrey</i>	2	
<i>heather</i>	2	
LEVONORGESTREL TABS 1.5MG	4	EC
LILETTA	3	
<i>medroxyprogesterone acetate inj, tabs</i>	2	

Formulary ID: 25504, Version: 9, Effective Date: 02/01/2025

Last Updated: 01/02/2025

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>megestrol acetate tabs</i>	2	
<i>megestrol acetate susp</i>	2	EC
NEXPLANON	3	
<i>norethindrone acetate tabs</i>	2	
<i>progesterone caps</i>	2	
<i>sharobel</i>	2	
Selective Estrogen Receptor Modifying Agents		
OSPHENA	3	
<i>raloxifene hydrochloride</i>	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</i>		
ADTHYZA TABS 120MG, 15MG, 30MG, 60MG, 90MG	3	
ARMOUR THYROID	3	
<i>euthyrox tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	2	
<i>levo-t</i>	2	
<i>levothyroxine sodium tabs</i>	2	
<i>levoxyl tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	2	
<i>liothyronine sodium tabs</i>	2	
NIVA THYROID	3	
<i>np thyroid 120</i>	2	
<i>np thyroid 15</i>	2	
<i>np thyroid 30</i>	2	
<i>np thyroid 60</i>	2	
<i>np thyroid 90</i>	2	
SYNTHROID TABS	3	
THYROID TABS 120MG, 15MG, 30MG, 60MG, 90MG	3	
<i>unithroid</i>	2	
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
<i>Hormonal Agents, Suppressant (Adrenal or Pituitary)</i>		
<i>cabergoline</i>	2	
ELIGARD	3	
FIRMAGON INJ 80MG	3	
FIRMAGON INJ 120MG/VIAL	3	NEDS
KORLYM	3	QL(120 EA per 30 days); PA; NEDS
<i>lanreotide acetate</i>	2	NEDS
<i>leuprolide acetate inj 1mg/0.2ml</i>	2	SP-Optum Specialty
LUPRON DEPOT (1-MONTH)	3	NEDS
LUPRON DEPOT (3-MONTH)	3	NEDS
LUPRON DEPOT (4-MONTH)	3	NEDS
LUPRON DEPOT (6-MONTH)	3	NEDS

Formulary ID: 25504, Version: 9, Effective Date: 02/01/2025

Last Updated: 01/02/2025

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>mifepristone tabs 300mg</i>	2	QL(120 EA per 30 days); PA; NEDS
<i>octreotide acetate inj 100mcg/ml, 50mcg/ml</i>	2	
<i>octreotide acetate inj 1000mcg/ml</i>	2	NEDS; SP-Optum Specialty
<i>octreotide acetate inj 100mcg/ml, 200mcg/ml, 500mcg/ml, 50mcg/ml</i>	2	SP-Optum Specialty
ORGOVYX	3	PA NSO; NEDS
SIGNIFOR	3	QL(60 ML per 30 days); PA; NEDS
SOMATULINE DEPOT	3	NEDS
SOMAVERT	3	PA; NEDS; SP-Optum Specialty
SYNAREL	3	NEDS
Hormonal Agents, Suppressant (Thyroid)		
<i>Antithyroid Agents</i>		
<i>methimazole tabs 10mg, 5mg</i>	2	
<i>propylthiouracil tabs</i>	2	
Immunological Agents		
<i>Angioedema Agents</i>		
BERINERT	3	PA; NEDS
HAEGARDA	3	PA; NEDS; SP-Optum Specialty
<i>icatibant acetate</i>	2	QL(18 ML per 30 days); PA; NEDS; SP-Optum Specialty
<i>Immunoglobulins</i>		
BIVIGAM INJ 10%, 5GM/50ML	3	PA BvD; NEDS
CUVITRU	3	PA BvD; NEDS
FLEBOGAMMA DIF INJ 10GM/100ML, 10GM/200ML, 2.5GM/50ML, 20GM/200ML, 20GM/400ML, 5GM/100ML, 5GM/50ML	3	PA BvD; NEDS
GAMMAGARD LIQUID INJ 10GM/100ML, 2.5GM/25ML, 20GM/200ML, 30GM/300ML, 5GM/50ML	3	PA BvD; NEDS
GAMMAPLEX INJ 10GM/100ML, 10GM/200ML, 20GM/200ML, 20GM/400ML, 5GM/100ML, 5GM/50ML	3	PA BvD; NEDS
HIZENTRA	3	PA BvD; NEDS
OCTAGAM INJ 10GM/100ML, 10GM/200ML, 1GM/20ML, 2.5GM/50ML, 20GM/200ML, 2GM/20ML, 30GM/300ML, 5GM/100ML, 5GM/50ML	3	PA BvD; NEDS
PRIVIGEN	3	PA BvD; NEDS
<i>Immunological Agents, Other</i>		
ARCALYST	3	PA; NEDS

Formulary ID: 25504, Version: 9, Effective Date: 02/01/2025

Last Updated: 01/02/2025

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BENLYSTA	3	PA; NEDS; SP-Optum Specialty
COSENTYX SENSOREADY PEN	3	PA; NEDS; SP-Optum Specialty
COSENTYX UNOREADY	3	PA; NEDS
COSENTYX INJ 125MG/5ML	3	PA; NEDS
COSENTYX INJ 150MG/ML, 75MG/0.5ML	3	PA; NEDS; SP-Optum Specialty
DUPIXENT	3	PA; NEDS; SP-Optum Specialty
ORENCIA CLICKJECT	3	QL(4 ML per 28 days); PA; NEDS
ORENCIA INJ 50MG/0.4ML	3	QL(1.6 ML per 28 days); PA; NEDS
ORENCIA INJ 87.5MG/0.7ML	3	QL(2.8 ML per 28 days); PA; NEDS
ORENCIA INJ 125MG/ML	3	QL(4 ML per 28 days); PA; NEDS
OTEZLA TBPK 0	3	QL(110 EA per 365 days); PA; NEDS
RINVOQ	3	QL(30 EA per 30 days); PA; NEDS; SP-Optum Specialty
RINVOQ LQ	3	QL(360 ML per 30 days); PA; NEDS
SKYRIZI PEN	3	QL(1 ML per 28 days); PA; NEDS; SP-Optum Specialty
SKYRIZI INJ 600MG/10ML	3	PA; NEDS
SKYRIZI INJ 150MG/ML	3	QL(1 ML per 28 days); PA; NEDS; SP-Optum Specialty
SKYRIZI INJ 180MG/1.2ML	3	QL(1.2 ML per 28 days); PA; NEDS; SP-Optum Specialty
SKYRIZI INJ 360MG/2.4ML	3	QL(2.4 ML per 28 days); PA; NEDS
STELARA INJ 45MG/0.5ML	3	QL(1 ML per 28 days); PA; NEDS
STELARA INJ 45MG/0.5ML, 90MG/ML	3	QL(1 ML per 28 days); PA; NEDS; SP-Optum Specialty
TAVNEOS	3	PA; NEDS

Formulary ID: 25504, Version: 9, Effective Date: 02/01/2025

Last Updated: 01/02/2025

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
XELJANZ XR	3	QL(30 EA per 30 days); PA; NEDS; SP-Optum Specialty
XELJANZ SOLN	3	QL(300 ML per 30 days); PA; NEDS; SP-Optum Specialty
XELJANZ TABS	3	QL(60 EA per 30 days); PA; NEDS; SP-Optum Specialty
XOLAIR INJ 150MG/ML, 150MG, 300MG/2ML, 75MG/0.5ML	3	PA; NEDS
XOLAIR INJ 150MG/ML	3	PA; NEDS; SP-Optum Specialty
<i>Immunostimulants</i>		
ACTIMMUNE	3	NEDS; SP-Optum Specialty
BESREMI	3	PA NSO; NEDS
PEGASYS INJ 180MCG/ML	3	QL(4 ML per 28 days); NEDS; SP-Optum Specialty
<i>Immunosuppressants</i>		
<i>azathioprine tabs</i>	2	PA BvD
<i>cyclosporine modified</i>	2	PA BvD
<i>cyclosporine caps 100mg, 25mg</i>	2	PA BvD
ENBREL MINI	3	QL(8 ML per 28 days); PA; NEDS; SP-Optum Specialty
ENBREL SURECLICK	3	QL(8 ML per 28 days); PA; NEDS; SP-Optum Specialty
ENBREL INJ 50MG/ML	3	QL(8 ML per 28 days); PA; NEDS; SP-Optum Specialty
ENBREL INJ 25MG/0.5ML	3	QL(8.16 ML per 28 days); PA; NEDS; SP-Optum Specialty
ENVARUSUS XR TB24 0.75MG, 1MG	3	PA BvD
ENVARUSUS XR TB24 4MG	3	PA BvD; NEDS
<i>everolimus tabs 0.25mg, 0.5mg, 0.75mg, 1mg</i>	2	QL(60 EA per 30 days); PA BvD; NEDS
GENGRAF SOLN	2	PA BvD
GENGRAF CAPS 100MG, 25MG	2	PA BvD

Formulary ID: 25504, Version: 9, Effective Date: 02/01/2025
Last Updated: 01/02/2025

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 0, 80MG/0.8ML	3	PA; NEDS; SP-Optum Specialty
HUMIRA PEN-CD/UC/HS STARTER	3	PA; NEDS; SP-Optum Specialty
HUMIRA PEN-PEDIATRIC UC STARTER PACK	3	PA; NEDS; SP-Optum Specialty
HUMIRA PEN-PS/UV STARTER	3	PA; NEDS; SP-Optum Specialty
HUMIRA PEN INJ 80MG/0.8ML	3	QL(4 EA per 28 days); PA; NEDS; SP-Optum Specialty
HUMIRA PEN INJ 40MG/0.4ML, 40MG/0.8ML	3	QL(6 EA per 28 days); PA; NEDS; SP-Optum Specialty
HUMIRA INJ 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	3	QL(6 EA per 28 days); PA; NEDS; SP-Optum Specialty
JYLAMVO	3	NEDS
<i>leflunomide</i>	2	
<i>methotrexate sodium tabs</i>	2	
<i>methotrexate sodium inj 1gm/40ml, 250mg/10ml, 50mg/2ml</i>	2	
<i>methotrexate inj 50mg/2ml</i>	2	
<i>mycophenolate mofetil caps, tabs</i>	2	PA BvD
<i>mycophenolate mofetil susr</i>	2	PA BvD; NEDS
<i>mycophenolic acid dr</i>	2	PA BvD
NULOJIX	3	NEDS
PEGASYS INJ 180MCG/0.5ML	3	QL(4 ML per 28 days); NEDS; SP-Optum Specialty
PROGRAF PACK	3	PA BvD
REZUROCK	3	PA; NEDS
<i>sirolimus tabs</i>	2	PA BvD
<i>sirolimus soln</i>	2	PA BvD; NEDS
<i>tacrolimus caps 0.5mg, 1mg, 5mg</i>	2	PA BvD
TREXALL	3	
XATMEP	3	
Vaccines		
ABRYSVO	1	
ACTHIB INJ 0	1	
ADACEL	1	
AREXVY	1	
BCG VACCINE INJ 50MG	1	
BEXSERO	1	

Formulary ID: 25504, Version: 9, Effective Date: 02/01/2025

Last Updated: 01/02/2025

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BOOSTRIX	1	
DAPTACEL INJ 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	1	
DENGVAXIA	1	
<i>diphtheria/tetanus toxoids adsorbed pediatric</i>	1	
ENGERIX-B	1	PA BvD
GARDASIL 9	1	
HAVRIX INJ 1440ELU/ML, 720ELU/0.5ML	1	
HEPLISAV-B	1	PA BvD
HIBERIX	1	
IMOVAX RABIES (H.D.C.V.)	1	
INFANRIX	1	
IPOL INACTIVATED IPV	1	
IXCHIQ	1	
IXIARO	1	
JYNNEOS	1	
KINRIX INJ 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	1	
M-M-R II	1	
MENACTRA	1	
MENQUADFI	1	
MENVEO	1	
MRESVIA	1	
PEDIARIX INJ 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	1	
PEDVAX HIB INJ 7.5MCG/0.5ML	1	
PENBRAYA	1	
PENTACEL	1	
PREHEVBRIO	1	PA BvD
PRIORIX	1	
PROQUAD	1	
QUADRACEL	1	
RABAVERT	1	
RECOMBIVAX HB	1	PA BvD
ROTARIX	1	
ROTATEQ SOLN	1	
SHINGRIX	1	
STAMARIL	1	
<i>tdvax</i>	1	
TENIVAC	1	
TICOVAC	1	
TRUMENBA	1	
TWINRIX	1	
TYPHIM VI	1	

Formulary ID: 25504, Version: 9, Effective Date: 02/01/2025

Last Updated: 01/02/2025

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VAQTA	1	
VARIVAX	1	
VAXCHORA	1	
YF-VAX	1	
Inflammatory Bowel Disease Agents		
<i>Aminosalicylates</i>		
<i>balsalazide disodium</i>	2	
<i>mesalamine dr</i>	2	
<i>mesalamine er</i>	2	
<i>mesalamine enem, kit, supp</i>	2	
<i>sulfasalazine tabs, tbec</i>	2	
<i>Glucocorticoids</i>		
<i>budesonide er</i>	2	NEDS
<i>budesonide cpep 3mg</i>	2	
<i>budesonide foam 2mg</i>	2	
CORTIFOAM FOAM	3	
<i>hydrocortisone crea 1%, 2.5%</i>	2	
<i>hydrocortisone enem 100mg/60ml</i>	2	
<i>procto-med hc</i>	2	
<i>proctosol hc</i>	2	
<i>proctozone-hc</i>	2	
Metabolic Bone Disease Agents		
<i>Metabolic Bone Disease Agents</i>		
<i>alendronate sodium soln</i>	2	
<i>alendronate sodium tabs 10mg, 35mg, 70mg</i>	2	
<i>calcitonin salmon inj</i>	2	
<i>calcitonin-salmon soln</i>	2	
<i>calcitriol caps 0.25mcg, 0.5mcg</i>	2	
<i>calcitriol soln 1mcg/ml</i>	2	
<i>cinacalcet hydrochloride</i>	2	
<i>paricalcitol caps</i>	2	
PROLIA	3	PA
RAYALDEE	3	NEDS
<i>risedronate sodium</i>	2	
<i>risedronate sodium dr</i>	2	
<i>teriparatide</i>	2	PA; NEDS
XGEVA	3	PA; NEDS
<i>zoledronic acid inj 4mg/100ml, 4mg/5ml, 5mg/100ml</i>	2	
Miscellaneous Therapeutic Agents		
<i>Miscellaneous Therapeutic Agents</i>		
<i>alcohol prep pads</i>	2	
<i>b-d insulin syringe ultrafine ii/0.3ml/31g x 5/16"</i>	2	
<i>bd insulin syringe safetyglide/1ml/29g x 1/2"</i>	2	

Formulary ID: 25504, Version: 9, Effective Date: 02/01/2025

Last Updated: 01/02/2025

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>bd insulin syringe ultra-fine/0.5ml/30g x 12.7mm</i>	2	
<i>bd insulin syringe ultra-fine/1ml/31g x 8mm</i>	2	
<i>bd insulin syringe/u-100/1ml/27g x 1/2"</i>	2	
<i>bd insulin syringe/u-500/0.5ml/31g x 6mm</i>	2	
<i>bd pen needle/original/ultra-fine/29g x 12.7mm</i>	2	
CAPSAICIN PTCH 0.025%	4	EC
CHEWABLE ACETAMINOPHEN CHILDRENS	4	EC
CHILDRENS APAP	4	EC
<i>curity gauze pads 2"x2" 12 ply</i>	2	
<i>droplet pen needles 29gx10mm</i>	2	
<i>gauze pads 2"x2"</i>	2	
<i>gnp insulin syringe/0.3ml/30g x 5/16"</i>	2	
<i>gnp insulin syringe/0.5ml/30g x 5/16"</i>	2	
INTRALIPID INJ 20GM/100ML, 30GM/100ML	3	PA BvD
ISOPROPYL ALCOHOL SOLN 70%, 99%	4	EC
KETO-DIASTIX	4	EC
LANSINOH LANOLIN NIPPLE	4	EC
<i>levocarnitine tabs</i>	2	
MELATONIN GUMMIES CHEW 2.5MG	4	EC
MELATONIN QUICK DISSOLVE TBDP 5MG	4	EC
MELATONIN TR/VITAMIN B-6	4	EC
MELATONIN CHEW 5MG	4	EC
MELATONIN LIQD 1MG/ML	4	EC
MELATONIN SUBL 5MG	4	EC
MELATONIN TABS 1MG, 3MG, 5MG, 5MG; 10MG	4	EC
NUTRILIPID	3	PA BvD
OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5)	3	
OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5)	3	
OMNIPOD 5 G7 INTRO KIT (GEN 5)	3	
OMNIPOD 5 G7 PODS (GEN 5)	3	
OMNIPOD 5 LIBRE2 PLUS G6	3	
OMNIPOD 5 LIBRE2 PLUS G6 PODS	3	
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	3	
OMNIPOD CLASSIC PODS (GEN 3)	3	
OMNIPOD DASH INTRO KIT (GEN 4)	3	
OMNIPOD DASH PDM KIT (GEN 4)	3	
OMNIPOD DASH PODS (GEN 4)	3	
OMNIPOD GO 10 UNITS/DAY	3	
OMNIPOD GO 15 UNITS/DAY	3	
OMNIPOD GO 20 UNITS/DAY	3	
OMNIPOD GO 25 UNITS/DAY	3	
OMNIPOD GO 30 UNITS/DAY	3	
OMNIPOD GO 35 UNITS/DAY	3	

Formulary ID: 25504, Version: 9, Effective Date: 02/01/2025

Last Updated: 01/02/2025

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
OMNIPOD GO 40 UNITS/DAY	3	
<i>sodium chloride 0.9%</i>	2	
<i>sterile water for irrigation</i>	2	
<i>techlite insulin syringe u-100/0.5ml/30g x 1/2"</i>	2	
<i>trueplus insulin syringe /u-100/1ml/29g x 1/2"</i>	2	
<i>trueplus pen needles 29gx12mm</i>	2	
WHITE PETROLEUM JELLY	4	EC
Ophthalmic Agents		
<i>Ophthalmic Agents, Other</i>		
ARTIFICIAL TEARS SOLN 0.2%; 0.2%; 1%	4	EC
<i>atropine sulfate soln 1%</i>	2	
<i>bacitracin/polymyxin b</i>	2	
<i>brimonidine tartrate/timolol maleate</i>	2	
<i>cyclopentolate hcl soln 2%</i>	2	
<i>cyclopentolate hydrochloride</i>	2	
<i>cyclosporine emul 0.05%</i>	2	
CYSTARAN	3	NEDS
<i>dorzolamide hcl/timolol maleate</i>	2	
<i>dorzolamide hydrochloride/timolol maleate pf</i>	2	
LUBRICANT EYE DROPS SOLN 0.6%	4	EC
LUBRICATING EYE DROPS SOLN 0.4%; 0.3%	4	EC
<i>neo-polycin</i>	2	
<i>neo-polycin hc</i>	2	
<i>neomycin/bacitracin/polymyxin</i>	2	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	2	
<i>neomycin/polymyxin/dexamethasone</i>	2	
<i>neomycin/polymyxin/gramicidin</i>	2	
<i>neomycin/polymyxin/hydrocortisone ophthalmic susp 1%; 3.5mg/ml; 10000unit/ml</i>	2	
<i>polycin</i>	2	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	2	
QC ARTIFICIAL TEARS	4	EC
RESTASIS	3	
RESTASIS MULTIDOSE	3	
ROCKLATAN	3	
SIMBRINZA	3	
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	2	
TOBRADEX ST	3	
<i>tobramycin/dexamethasone</i>	2	
XIIDRA	3	
<i>Ophthalmic Anti-allergy Agents</i>		
ALOCRIL	3	
<i>azelastine hcl ophthalmic soln 0.05%</i>	2	

Formulary ID: 25504, Version: 9, Effective Date: 02/01/2025

Last Updated: 01/02/2025

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>bepotastine besilate</i>	2	
<i>cromolyn sodium soln 4%</i>	2	
<i>epinastine hcl</i>	2	
<i>olopatadine hcl</i>	2	
<i>olopatadine hydrochloride soln 0.2%</i>	2	
Ophthalmic Anti-Infectives		
<i>bacitracin ophthalmic oint 500unit/gm</i>	2	
BESIVANCE	3	
<i>ciprofloxacin hydrochloride soln 0.3%</i>	2	
<i>erythromycin oint 5mg/gm</i>	2	
<i>gatifloxacin</i>	2	
<i>gentak oint</i>	2	
<i>gentamicin sulfate ophthalmic soln 0.3%</i>	2	
<i>levofloxacin ophthalmic soln 1.5%</i>	2	
<i>moxifloxacin hydrochloride soln 0.5%</i>	2	
NATACYN	3	
<i>ofloxacin ophthalmic soln 0.3%</i>	2	
<i>sulfacetamide sodium oint 10%</i>	2	
<i>sulfacetamide sodium soln 10%</i>	2	
<i>tobramycin</i>	2	
<i>trifluridine</i>	2	
XDEMVI	3	PA; NEDS
ZIRGAN	3	
Ophthalmic Anti-inflammatory		
<i>bromfenac</i>	2	
<i>bromfenac sodium soln 0.07%, 0.075%</i>	2	
BROMSITE	3	
<i>dexamethasone sodium phosphate ophthalmic soln 0.1%</i>	2	
<i>diclofenac sodium ophthalmic soln 0.1%</i>	2	
<i>difluprednate</i>	2	
FLAREX	3	
<i>fluorometholone</i>	2	
<i>flurbiprofen sodium</i>	2	
ILEVRO	3	
<i>ketorolac tromethamine</i>	2	
LOTEMAX OINT	3	
<i>loteprednol etabonate</i>	2	
<i>prednisolone acetate</i>	2	
<i>prednisolone sodium phosphate ophthalmic soln 1%</i>	2	
PROLENSA	3	
Ophthalmic Beta-Adrenergic Blocking Agents		
<i>betaxolol hcl</i>	2	
BETIMOL	3	

Formulary ID: 25504, Version: 9, Effective Date: 02/01/2025

Last Updated: 01/02/2025

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>carteolol hcl</i>	2	
<i>levobunolol hcl soln 0.5%</i>	2	
<i>timolol hemihydrate</i>	2	
<i>timolol maleate ophthalmic gel forming</i>	2	
<i>timolol maleate soln 0.25%, 0.5%</i>	2	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
<i>acetazolamide</i>	2	
<i>acetazolamide er</i>	2	
ALPHAGAN P SOLN 0.1%	3	
<i>apraclonidine</i>	2	
<i>brimonidine tartrate</i>	2	
<i>brinzolamide</i>	2	
<i>dorzolamide hydrochloride</i>	2	
<i>methazolamide tabs</i>	2	
PHOSPHOLINE IODIDE SOLR 0.125%	3	
<i>pilocarpine hcl soln 1%, 2%, 4%</i>	2	
RHOPRESSA	3	
Ophthalmic Prostaglandin and Prostanamide Analogs		
<i>bimatoprost</i>	2	
<i>latanoprost soln</i>	2	
LUMIGAN	3	
<i>tafluprost</i>	2	
<i>travoprost</i>	2	
VYZULTA	3	
Otic Agents		
Otic Agents		
<i>acetic acid</i>	2	
<i>ciprofloxacin/dexamethasone</i>	2	
<i>ciprofloxacin soln 0.2%</i>	2	
CORTISPORIN-TC	3	
<i>flac</i>	2	
<i>fluocinolone acetonide oil 0.01%</i>	2	
<i>hydrocortisone/acetic acid</i>	2	
<i>neomycin/polymyxin/hc</i>	2	
<i>neomycin/polymyxin/hydrocortisone otic susp 1%; 3.5mg/ml; 10000unit/ml</i>	2	
<i>ofloxacin otic soln 0.3%</i>	2	
Respiratory Tract/Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
BUDESONIDE NASAL SPRAY	4	QL(16.86 ML per 30 days); EC
<i>budesonide susp 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	2	PA BvD

Formulary ID: 25504, Version: 9, Effective Date: 02/01/2025
Last Updated: 01/02/2025

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
FLOVENT DISKUS AEPB 100MCG/BLIST	3	QL(180 EA per 90 days); ST
FLOVENT DISKUS AEPB 250MCG/BLIST	3	QL(720 EA per 90 days); ST
FLOVENT DISKUS AEPB 50MCG/BLIST	3	ST
<i>flunisolide soln 0.025%</i>	2	QL(150 ML per 90 days)
<i>fluticasone propionate diskus aepb 100mcg/act</i>	2	QL(180 EA per 90 days); ST
<i>fluticasone propionate diskus aepb 250mcg/act</i>	2	QL(720 EA per 90 days); ST
<i>fluticasone propionate diskus aepb 50mcg/act</i>	2	ST
<i>fluticasone propionate hfa aero 44mcg/act</i>	2	QL(63.6 GM per 90 days); ST
<i>fluticasone propionate hfa aero 110mcg/act, 220mcg/act</i>	2	QL(72 GM per 90 days); ST
<i>fluticasone propionate susp 50mcg/act</i>	2	QL(48 GM per 90 days)
GNP BUDESONIDE NASAL SPRAY	4	QL(16.86 ML per 30 days); EC
<i>mometasone furoate susp 50mcg/act</i>	2	QL(102 GM per 90 days)
QVAR REDHALER	3	QL(63.6 GM per 90 days)
TRIAMCINOLONE ACETONIDE AERO 55MCG/ACT	4	QL(16.9 ML per 30 days); EC
Antihistamines		
ACETAMINOPHEN PM EXTRA STRENGTH	4	EC
<i>azelastine hcl nasal soln 0.15%</i>	2	QL(120 ML per 90 days)
<i>azelastine hydrochloride soln 0.1%</i>	2	QL(120 ML per 90 days)
CETIRIZINE HCL TABS 5MG	4	EC
CETIRIZINE HYDROCHLORIDE CHILDRENS ALLERGY SOLN 5MG/5ML	4	EC
CETIRIZINE HYDROCHLORIDE/PSEUDOEPHEDRINE HYDROCHLORIDE	4	EC
CETIRIZINE HYDROCHLORIDE TABS 10MG	4	EC
CHLORPHENIRAMINE MALEATE TABS, TBCR	4	EC
<i>cyproheptadine hcl syrj</i>	2	
<i>cyproheptadine hydrochloride tabs</i>	2	
<i>desloratadine</i>	2	
DIPHENHYDRAMINE HCL CAPS 50MG	4	EC
DIPHENHYDRAMINE HYDROCHLORIDE TABS	4	EC
DIPHENHYDRAMINE HYDROCHLORIDE CAPS 25MG	4	EC
<i>diphenhydramine hydrochloride inj</i>	2	
DIPHENHYDRAMINE HYDROCHLORIDE LIQD 12.5MG/5ML	4	EC
ED CHLORPED JR	4	EC

Formulary ID: 25504, Version: 9, Effective Date: 02/01/2025

Last Updated: 01/02/2025

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
FEXOFENADINE HYDROCHLORIDE/PSEUDOEPHEDRINE HYDROCHLORIDE ER	4	EC
GNP ALLERGY RELIEF CHEW	4	EC
<i>hydroxyzine hcl inj 25mg/ml</i>	2	
<i>hydroxyzine hcl tabs 50mg</i>	2	
<i>hydroxyzine hydrochloride syrp</i>	2	
<i>hydroxyzine hydrochloride tabs 10mg, 25mg</i>	2	
<i>hydroxyzine pamoate caps</i>	2	
<i>levocetirizine dihydrochloride tabs</i>	2	
LORATADINE CHILDRENS SOLN	4	EC
LORATADINE-D 24HR	4	EC
LORATADINE TABS	4	EC
NIGHTTIME SLEEP AID TABS 25MG	4	EC
SLEEP AID LIQD, TABS	4	EC
SLEEP-AID CAPS 50MG	4	EC
SM LORATADINE D 12HR	4	EC
Antileukotrienes		
<i>montelukast sodium chew, pack, tabs</i>	2	
<i>zafirlukast</i>	2	
Bronchodilators, Anticholinergic		
ATROVENT HFA	3	QL(77.4 GM per 90 days)
INCRUSE ELLIPTA	3	QL(30 EA per 30 days)
<i>ipratropium bromide inhalation soln</i>	2	PA BvD
<i>ipratropium bromide nasal soln 0.03%</i>	2	QL(180 ML per 90 days)
<i>ipratropium bromide nasal soln 0.06%</i>	2	QL(90 ML per 90 days)
LONHALA MAGNAIR REFILL KIT	3	NEDS
LONHALA MAGNAIR STARTER KIT	3	NEDS
SPIRIVA RESPIMAT	3	QL(12 GM per 90 days)
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate hfa aers 108mcg/act</i>	2	QL(108 GM per 90 days)
<i>albuterol sulfate hfa aers 108mcg/act</i>	2	QL(40.2 GM per 90 days)
<i>albuterol sulfate hfa aers 108mcg/act</i>	2	QL(51 GM per 90 days)
<i>albuterol sulfate syrp, tabs</i>	2	
<i>albuterol sulfate nebu</i>	2	PA BvD
<i>arformoterol tartrate</i>	2	PA BvD
<i>epinephrine inj 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	2	QL(2 EA per 1 days)
<i>formoterol fumarate nebu</i>	2	PA BvD
<i>levalbuterol hcl nebu</i>	2	PA BvD
<i>levalbuterol hydrochloride nebu 0.63mg/3ml</i>	2	PA BvD
<i>levalbuterol nebu</i>	2	PA BvD
PROAIR RESPICLICK	3	QL(6 EA per 90 days)
SEREVENT DISKUS	3	QL(180 EA per 90 days)

Formulary ID: 25504, Version: 9, Effective Date: 02/01/2025

Last Updated: 01/02/2025

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
STRIVERDI RESPIMAT	3	QL(12 GM per 90 days)
<i>Cystic Fibrosis Agents</i>		
CAYSTON	3	PA; NEDS
KALYDECO TABS	3	QL(56 EA per 28 days); PA; NEDS; SP-Optum Specialty
KALYDECO PACK 13.4MG, 5.8MG	3	QL(56 EA per 28 days); PA; NEDS
KALYDECO PACK 25MG, 50MG, 75MG	3	QL(56 EA per 28 days); PA; NEDS; SP-Optum Specialty
ORKAMBI TABS	3	QL(112 EA per 28 days); PA; NEDS; SP-Optum Specialty
ORKAMBI PACK 94MG; 75MG	3	QL(56 EA per 28 days); PA; NEDS
ORKAMBI PACK 125MG; 100MG, 188MG; 150MG	3	QL(56 EA per 28 days); PA; NEDS; SP-Optum Specialty
PULMOZYME	3	PA BvD; NEDS; SP-Optum Specialty
TOBI PODHALER	3	NEDS; SP-Optum Specialty
<i>Mast Cell Stabilizers</i>		
<i>cromolyn sodium nebu 20mg/2ml</i>	2	PA BvD
<i>Phosphodiesterase Inhibitors, Airways Disease</i>		
<i>elixophyllin</i>	2	
<i>roflumilast</i>	2	
<i>theophylline er tb12, tb24</i>	2	
<i>theophylline elix</i>	2	
<i>Pulmonary Antihypertensives</i>		
ADEMPAS	3	PA; NEDS
<i>alyq</i>	2	PA; SP-Optum Specialty
<i>ambrisentan</i>	2	PA; NEDS; SP-Optum Specialty
<i>bosentan</i>	2	PA; NEDS; SP-Optum Specialty
OPSUMIT	3	PA; NEDS
ORENITRAM TITRATION KIT MONTH 1	3	PA; NEDS
ORENITRAM TITRATION KIT MONTH 2	3	PA; NEDS
ORENITRAM TITRATION KIT MONTH 3	3	PA; NEDS
ORENITRAM TBCR 0.125MG, 0.25MG, 1MG, 2.5MG	3	PA
ORENITRAM TBCR 5MG	3	PA; NEDS

Formulary ID: 25504, Version: 9, Effective Date: 02/01/2025

Last Updated: 01/02/2025

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>sildenafil citrate tabs</i>	2	PA; SP-Optum Specialty
<i>tadalafil tabs 20mg</i>	2	PA; SP-Optum Specialty
TRACLEER TBSO	3	PA; NEDS; SP-Optum Specialty
VENTAVIS	3	PA; NEDS
<i>Pulmonary Fibrosis Agents</i>		
OFEV	3	QL(60 EA per 30 days); PA; NEDS; SP-Optum Specialty
<i>pirfenidone caps</i>	2	QL(270 EA per 30 days); PA; NEDS
<i>pirfenidone tabs 534mg</i>	2	QL(135 EA per 30 days); PA; NEDS
<i>pirfenidone tabs 267mg</i>	2	QL(270 EA per 30 days); PA; NEDS; SP-Optum Specialty
<i>pirfenidone tabs 801mg</i>	2	QL(90 EA per 30 days); PA; NEDS; SP-Optum Specialty
<i>Respiratory Tract Agents, Other</i>		
<i>acetylcysteine soln</i>	2	PA BvD
ANORO ELLIPTA	3	QL(180 EA per 90 days)
BEVESPI AEROSPHERE	3	QL(10.7 GM per 30 days)
BREO ELLIPTA	3	QL(180 EA per 90 days)
BREYNA	2	QL(30.9 GM per 90 days)
BREZTRI AEROSPHERE	3	QL(32.1 GM per 90 days)
BRONCHITOL	3	NEDS
COMBIVENT RESPIMAT	3	QL(24 GM per 90 days)
FASENRA PEN	3	PA; NEDS; SP-Optum Specialty
FASENRA INJ 10MG/0.5ML	3	PA
FASENRA INJ 30MG/ML	3	PA; NEDS
<i>fluticasone propionate/salmeterol diskus</i>	2	QL(180 EA per 90 days)
<i>fluticasone propionate/salmeterol aepb 500mcg/act; 50mcg/act</i>	2	QL(180 EA per 90 days)
<i>fluticasone propionate/salmeterol aepb 113mcg/act; 14mcg/act, 232mcg/act; 14mcg/act, 55mcg/act; 14mcg/act</i>	2	QL(3 EA per 90 days)
<i>ipratropium bromide/albuterol sulfate</i>	2	PA BvD
KP PSEUDOEPHEDRINE HCL TABS 60MG	4	EC
PSEUDOEPHEDRINE HCL ER	4	EC
PSEUDOEPHEDRINE HYDROCHLORIDE TABS 30MG	4	EC
SODIUM CHLORIDE NEBU 7%	4	EC
STIOLTO RESPIMAT	3	QL(12 GM per 90 days)

Formulary ID: 25504, Version: 9, Effective Date: 02/01/2025

Last Updated: 01/02/2025

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TRELEGY ELLIPTA	3	QL(180 EA per 90 days)
<i>wixela inhub</i>	2	QL(180 EA per 90 days)
Skeletal Muscle Relaxants		
<i>Skeletal Muscle Relaxants</i>		
<i>cyclobenzaprine hydrochloride tabs</i>	2	
Sleep Disorder Agents		
<i>Sleep Promoting Agents</i>		
BELSOMRA	3	
<i>eszopiclone</i>	2	
<i>flurazepam hcl</i>	2	
<i>flurazepam hydrochloride</i>	2	
<i>ramelteon</i>	2	QL(30 EA per 30 days)
<i>tasimelteon</i>	2	PA; NEDS
<i>temazepam caps 15mg, 30mg, 7.5mg</i>	2	
<i>triazolam</i>	2	
<i>zaleplon</i>	2	
<i>zolpidem tartrate tabs</i>	2	
Wakefulness Promoting Agents		
<i>armodafinil</i>	2	PA
<i>modafinil tabs</i>	2	PA
<i>sodium oxybate</i>	2	PA; NEDS

Formulary ID: 25504, Version: 9, Effective Date: 02/01/2025
Last Updated: 01/02/2025

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

D. Index of Covered Drugs

Drug Name	Page #	Drug Name	Page #
		alcohol prep pads	62
		ALECENSA	18
		alendronate sodium	62
		alfuzosin hcl er	52
		ALIGN	49
		aliskiren	35
		allopurinol	15
		ALOCRI	64
		alosetron hydrochloride	49
		ALPHAGAN P	66
		alprazolam	29
		alprazolam er	29
		ALUMINUM HYDROXIDE	49
		ALUNBRIG	18
		alyq	69
		amabelz	54
		amantadine hcl	28
		ambrisentan	69
		amcinonide	40
		AMERIDERM PERISHIELD	42
		amethia	54
		amikacin sulfate	6
		amiloride hcl	36
		amiloride/hydrochlorothiazide	35
		aminocaproic acid	32
		AMINOSYN II	43
		AMINOSYN-PF 7%	43
		amiodarone hydrochloride	33
		amitriptyline hcl	13
		amitriptyline hydrochloride	13
		amlodipine besylate	34
		amlodipine besylate/atorvastatin calcium	35
		amlodipine besylate/benazepril	35
		hydrochloride	
		amlodipine besylate/valsartan	35
		amlodipine/olmesartan medoxomil	35
		amlodipine/valsartan/hydrochlorothiazide	35
		AMMONIUM LACTATE	40
		amnesteem	40
		amoxapine	13
		amoxicillin	8
		amoxicillin/clavulanate potassium	8
		amoxicillin/clavulanate potassium er	8
		amphetamine/dextroamphetamine	37
		amphotericin b	14
abacavir	27		
abacavir sulfate/lamivudine	27		
ABELCET	14		
ABILIFY ASIMTUFII	25		
ABILIFY MAINTENA	25		
ABILIFY MYCITE MAINTENANCE KIT	25		
ABILIFY MYCITE STARTER KIT	25		
abiraterone acetate	16		
ABRYSVO	60		
acamprosate calcium dr	5		
acarbose	29		
accutane	40		
acebutolol hydrochloride	34		
ACETAMINOPHEN	3		
ACETAMINOPHEN	3		
ACETAMINOPHEN	38		
ACETAMINOPHEN ER 8 HOUR	3		
ARTHRITIS PAIN			
ACETAMINOPHEN EXTRA STRENGTH	3		
ACETAMINOPHEN PM EXTRA	67		
STRENGTH			
acetaminophen/codeine	4		
acetazolamide	66		
acetazolamide er	66		
acetic acid	66		
acetic acid 0.25%	52		
acetylcysteine	70		
acitretin	40		
ACTHIB	60		
ACTIMMUNE	59		
acyclovir	29		
acyclovir sodium	29		
ADACEL	60		
adapalene	40		
adefovir dipivoxil	26		
ADEMPAS	69		
ADTHYZA	56		
AIMOVIG	15		
AKEEGA	17		
albendazole	23		
albuterol sulfate	68		
albuterol sulfate hfa	68		

Formulary ID: 25504, Version: 9, Effective Date: 02/01/2025
Last Updated: 01/02/2025

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

Drug Name	Page #	Drug Name	Page #
<i>amphotericin b liposome</i>	14	ATROVENT HFA	68
<i>ampicillin</i>	8	AUGTYRO	18
<i>ampicillin sodium</i>	8	AUSTEDO	38
<i>ampicillin/sulbactam</i>	8	AUSTEDO XR	38
<i>ampicillin-sulbactam</i>	8	AUSTEDO XR PATIENT TITRATION	38
<i>anagrelide hydrochloride</i>	32	KIT	
<i>anastrozole</i>	18	AUVELITY	12
ANORO ELLIPTA	70	<i>aviane</i>	54
ANTACID CALCIUM RICH	49	<i>avita</i>	40
ANTACID EXTRA STRENGTH	49	AVONEX	39
ANTACID MAXIMUM STRENGTH	49	AVONEX PEN	39
ANTACID ULTRA STRENGTH	49	AYVAKIT	18
ANTACID/ANTIGAS LIQUID	49	<i>azathioprine</i>	59
ANTI-DANDRUFF SHAMPOO	41	<i>azelaic acid</i>	40
<i>apraclonidine</i>	66	<i>azelastine hcl</i>	64
<i>aprepitant</i>	14	<i>azelastine hcl</i>	67
<i>apri</i>	54	<i>azelastine hydrochloride</i>	67
APTIOM	11	<i>azithromycin</i>	9
APTIVUS	28	<i>aztreonam</i>	6
ARCALYST	57	<i>azurette</i>	54
AREXVY	60	B COMPLEX	46
<i>arformoterol tartrate</i>	68	B COMPLEX/C	46
ARIKAYCE	6	BACITRACIN	6
<i>aripiprazole</i>	25	<i>bacitracin</i>	65
<i>aripiprazole odt</i>	25	BACITRACIN ZINC	6
ARISTADA	25	<i>bacitracin/polymyxin b</i>	64
ARISTADA INITIO	25	<i>baclofen</i>	26
<i>armodafinil</i>	71	<i>balsalazide disodium</i>	62
ARMOUR THYROID	56	BALVERSA	18
ARTIFICIAL TEARS	64	<i>balziva</i>	54
<i>asenapine maleate sl</i>	25	BAQSIMI ONE PACK	30
<i>ashlyna</i>	54	BAQSIMI TWO PACK	30
ASPIRIN EC	3	BCG VACCINE	60
ASPIRIN REGULAR STRENGTH	3	B-COMPLEX	46
<i>aspirin/dipyridamole er</i>	32	B-COMPLEX/B-12	46
<i>atazanavir</i>	28	<i>bd insulin syringe safetyglide/1ml/29g x</i>	62
<i>atazanavir sulfate</i>	28	<i>1/2"</i>	
<i>atenolol</i>	34	<i>b-d insulin syringe ultrafine ii/0.3ml/31g x</i>	62
<i>atenolol/chlorthalidone</i>	35	<i>5/16"</i>	
<i>atomoxetine</i>	37	<i>bd insulin syringe ultra-fine/0.5ml/30g x</i>	63
<i>atomoxetine hydrochloride</i>	37	<i>12.7mm</i>	
<i>atorvastatin calcium</i>	36	<i>bd insulin syringe ultra-fine/1ml/31g x 8mm</i>	63
<i>atovaquone</i>	23	<i>bd insulin syringe/u-100/1ml/27g x 1/2"</i>	63
<i>atovaquone/proguanil hcl</i>	23	<i>bd insulin syringe/u-500/0.5ml/31g x 6mm</i>	63
<i>atropine sulfate</i>	64		

Formulary ID: 25504, Version: 9, Effective Date: 02/01/2025
Last Updated: 01/02/2025

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

Drug Name	Page #	Drug Name	Page #
<i>bd pen needle/original/ultra-fine/29g x 12.7mm</i>	63	BREZTRI AEROSPHERE	70
BELSOMRA	71	<i>briellyn</i>	54
<i>benazepril hcl</i>	33	BRILINTA	33
<i>benazepril hydrochloride</i>	33	<i>brimonidine tartrate</i>	66
<i>benazepril hydrochloride/hydrochlorothiazide</i>	35	<i>brimonidine tartrate/timolol maleate</i>	64
BENLYSTA	58	<i>brinzolamide</i>	66
BENZOYL PEROXIDE	42	BRIVIACT	9
BENZOYL PEROXIDE WASH	42	<i>bromfenac</i>	65
<i>benztropine mesylate</i>	24	<i>bromfenac sodium</i>	65
<i>bepotastine besilate</i>	65	<i>bromocriptine mesylate</i>	24
BERINERT	57	BROMSITE	65
BESIVANCE	65	BRONCHITOL	70
BESREMI	59	BRUKINSA	18
<i>betaine anhydrous</i>	51	<i>budesonide</i>	62
<i>betamethasone dipropionate</i>	41	<i>budesonide</i>	66
<i>betamethasone dipropionate augmented</i>	41	<i>budesonide er</i>	62
<i>betamethasone valerate</i>	41	BUDESONIDE NASAL SPRAY	66
BETASERON	39	<i>bumetanide</i>	36
<i>betaxolol hcl</i>	65	<i>buprenorphine</i>	4
<i>bethanechol chloride</i>	52	<i>buprenorphine hcl</i>	5
BETIMOL	65	<i>buprenorphine hcl/naloxone hcl</i>	5
BEVESPI AEROSPHERE	70	<i>buprenorphine hydrochloride/naloxone hydrochloride</i>	5
<i>bexarotene</i>	23	<i>bupropion hcl</i>	12
BEXSERO	60	<i>bupropion hydrochloride</i>	12
<i>bicalutamide</i>	16	<i>bupropion hydrochloride er (sr)</i>	6
BICILLIN L-A	8	<i>bupropion hydrochloride er (sr)</i>	12
BIKTARVY	26	<i>bupropion hydrochloride er (xl)</i>	12
<i>bimatoprost</i>	66	<i>bupropion hydrochloride er (xl)</i>	12
BISACODYL	48	<i>buspirone hcl</i>	29
BISACODYL EC	48	<i>buspirone hydrochloride</i>	29
BISMUTH	49	<i>butorphanol tartrate</i>	4
<i>bisoprolol fumarate</i>	34	BYDUREON BCISE	29
<i>bisoprolol fumarate/hydrochlorothiazide</i>	35	BYETTA	29
BIVIGAM	57	C COMPLEX	46
BOOSTRIX	61	<i>cabergoline</i>	56
<i>bortezomib</i>	17	CABLIVI	33
<i>boruzu</i>	17	CABOMETYX	18
<i>bosentan</i>	69	<i>calcipotriene</i>	42
BOSULIF	18	<i>calcitonin salmon</i>	62
BP WASH	42	<i>calcitonin-salmon</i>	62
BRAFTOVI	18	<i>calcitriol</i>	42
BREO ELLIPTA	70	<i>calcitriol</i>	62
BREYNA	70	CALCIUM 500/VITAMIN D3	43
		CALCIUM 600 WITH VITAMIN D	43
		<i>calcium acetate</i>	45

Formulary ID: 25504, Version: 9, Effective Date: 02/01/2025
Last Updated: 01/02/2025

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

Drug Name	Page #	Drug Name	Page #
CALCIUM ANTACID	50	<i>cefuroxime axetil</i>	8
CALCIUM ASCORBATE	46	<i>cefuroxime sodium</i>	8
CALCIUM CARBONATE	43	<i>celecoxib</i>	3
CALCIUM CITRATE	43	<i>cephalexin</i>	8
CALCIUM HIGH POTENCY	43	CETIRIZINE HCL	67
CALQUENCE	18	CETIRIZINE HYDROCHLORIDE	67
<i>camila</i>	55	CETIRIZINE HYDROCHLORIDE	67
<i>candesartan cilexetil</i>	33	CHILDRENS ALLERGY	
<i>candesartan cilexetil/hydrochlorothiazide</i>	35	CETIRIZINE	67
CAPLYTA	25	HYDROCHLORIDE/PSEUDOEPHEDRIN	
CAPRELSA	18	E HYDROCHLORIDE	
CAPSAICIN	42	<i>cevimeline hydrochloride</i>	40
CAPSAICIN	63	CHELATED MAGNESIUM	43
<i>captopril</i>	33	CHEMET	45
<i>carbamazepine</i>	11	CHEWABLE ACETAMINOPHEN	63
<i>carbamazepine er</i>	11	CHILDRENS	
<i>carbidopa</i>	24	CHILDRENS APAP	63
<i>carbidopa/levodopa</i>	24	<i>chlorhexidine gluconate</i>	40
<i>carbidopa/levodopa er</i>	24	<i>chloroquine phosphate</i>	23
<i>carbidopa/levodopa odt</i>	24	CHLORPHENIRAMINE MALEATE	67
<i>carbidopa/levodopa/entacapone</i>	24	<i>chlorpromazine hcl</i>	24
<i>carglumic acid</i>	43	<i>chlorpromazine hydrochloride</i>	24
<i>carteolol hcl</i>	66	<i>chlorthalidone</i>	36
<i>cartia xt</i>	34	CHOCOLATED LAXATIVE REGULAR	48
<i>carvedilol</i>	34	STRENGTH	
CAYSTON	69	CHOLBAM	51
<i>cefaclor</i>	7	<i>cholestyramine</i>	36
<i>cefadroxil</i>	7	<i>cholestyramine light</i>	36
<i>cefazolin</i>	8	<i>ciclopirox</i>	42
<i>cefazolin sodium</i>	7	<i>ciclopirox nail lacquer</i>	42
<i>cefazolin sodium/dextrose</i>	7	<i>ciclopirox olamine</i>	42
<i>cefazolin/dextrose</i>	7	<i>cidofovir</i>	26
<i>cefdinir</i>	8	<i>cilostazol</i>	33
<i>cefepime</i>	8	CIMDUO	27
<i>cefepime hydrochloride</i>	8	<i>cimetidine</i>	51
<i>cefepime/dextrose</i>	8	<i>cinacalcet hydrochloride</i>	62
<i>cefixime</i>	8	<i>ciprofloxacin</i>	9
<i>cefotetan</i>	8	<i>ciprofloxacin</i>	66
<i>cefoxitin sodium</i>	8	<i>ciprofloxacin hcl</i>	9
<i>cefpodoxime proxetil</i>	8	<i>ciprofloxacin hydrochloride</i>	9
<i>cefprozil</i>	8	<i>ciprofloxacin hydrochloride</i>	65
<i>ceftazidime</i>	8	<i>ciprofloxacin i.v.-in d5w</i>	9
<i>ceftriaxone in iso-osmotic dextrose</i>	8	<i>ciprofloxacin/dexamethasone</i>	66
<i>ceftriaxone sodium</i>	8	<i>citalopram hydrobromide</i>	12
<i>ceftriaxone/dextrose</i>	8	<i>claravis</i>	40

Formulary ID: 25504, Version: 9, Effective Date: 02/01/2025
Last Updated: 01/02/2025

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

Drug Name	Page #	Drug Name	Page #
<i>clarithromycin</i>	9	CORTISPORIN-TC	66
<i>clarithromycin er</i>	9	COSENTYX	58
CLENPIQ	50	COSENTYX SENSOREADY PEN	58
<i>clindacin-p</i>	6	COSENTYX UNOREADY	58
<i>clindamycin hcl</i>	6	COTELLIC	19
<i>clindamycin hydrochloride</i>	7	CREON	51
<i>clindamycin palmitate hydrochloride</i>	7	<i>cromolyn sodium</i>	51
<i>clindamycin phosphate</i>	7	<i>cromolyn sodium</i>	65
<i>clindamycin phosphate</i>	42	<i>cromolyn sodium</i>	69
<i>clindamycin phosphate/benzoyl peroxide</i>	40	CULTURELLE	50
<i>clindamycin/benzoyl peroxide</i>	40	<i>curity gauze pads 2"x2" 12 ply</i>	63
CLINIMIX 6/5	43	CUVITRU	57
CLINIMIX 8/10	43	CYANOCOBALAMIN	46
CLINIMIX E 8/10	43	<i>cyclobenzaprine hydrochloride</i>	71
<i>clobazam</i>	10	<i>cyclopentolate hcl</i>	64
<i>clobetasol propionate</i>	41	<i>cyclopentolate hydrochloride</i>	64
<i>clobetasol propionate e</i>	41	<i>cyclophosphamide</i>	16
<i>clodan</i>	41	<i>cyclosporine</i>	59
<i>clomipramine hydrochloride</i>	13	<i>cyclosporine</i>	64
<i>clonazepam</i>	10	<i>cyclosporine modified</i>	59
<i>clonazepam odt</i>	10	<i>cyproheptadine hcl</i>	67
<i>clonidine</i>	33	<i>cyproheptadine hydrochloride</i>	67
<i>clonidine hydrochloride</i>	33	CYSTAGON	51
<i>clonidine hydrochloride er</i>	37	CYSTARAN	64
<i>clopidogrel</i>	33	D 5000	46
<i>clorazepate dipotassium</i>	29	D-5000	46
CLOTRIMAZOLE	14	<i>dabigatran etexilate</i>	31
<i>clotrimazole/betamethasone dipropionate</i>	42	DAIRY RELIEF	50
<i>clozapine</i>	26	<i>dalfampridine er</i>	39
<i>clozapine odt</i>	26	<i>danazol</i>	53
COARTEM	23	<i>dantrolene sodium</i>	26
COBENFY	38	<i>dapsone</i>	16
COBENFY STARTER PACK	38	DAPTACEL	61
COD LIVER OIL	46	<i>daptomycin</i>	7
<i>codeine sulfate</i>	4	<i>daptomycin/sodium chloride</i>	7
<i>colchicine</i>	15	<i>darifenacin hydrobromide er</i>	52
<i>colestipol hcl</i>	36	<i>darunavir</i>	28
<i>colistimethate sodium</i>	7	DARZALEX	23
COMBIVENT RESPIMAT	70	<i>dasatinib</i>	19
COMETRIQ	19	DAURISMO	19
COMPLERA	27	<i>deblitane</i>	55
<i>constulose</i>	48	<i>deferasirox</i>	45
COPIKTRA	19	DELSTRIGO	27
CORLANOR	35	DENGVAXIA	61
CORTIFOAM	62	DENTAGEL	40

Formulary ID: 25504, Version: 9, Effective Date: 02/01/2025
Last Updated: 01/02/2025

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

Drug Name	Page #	Drug Name	Page #
DEPO-MEDROL	52	<i>diclofenac potassium</i>	3
DEPO-SUBQ PROVERA 104	55	<i>diclofenac sodium</i>	3
DESCOVY	27	<i>diclofenac sodium</i>	42
<i>desipramine hydrochloride</i>	13	<i>diclofenac sodium</i>	65
DESITIN	42	<i>diclofenac sodium dr</i>	3
<i>desloratadine</i>	67	<i>diclofenac sodium er</i>	3
<i>desmopressin acetate</i>	53	<i>dicloxacillin sodium</i>	8
<i>desogestrel/ethinyl estradiol</i>	54	<i>dicyclomine hcl</i>	49
<i>desonide</i>	41	<i>dicyclomine hydrochloride</i>	49
<i>desoximetasone</i>	41	DIFICID	9
DESRX	41	<i>diflunisal</i>	3
<i>desvenlafaxine er</i>	12	<i>difluprednate</i>	65
<i>dexamethasone</i>	53	<i>digitek</i>	33
<i>dexamethasone intensol</i>	52	<i>digoxin</i>	33
<i>dexamethasone sodium phosphate</i>	53	<i>dihydroergotamine mesylate</i>	15
<i>dexamethasone sodium phosphate</i>	65	<i>diltiazem hcl</i>	34
<i>dexamethasone sodium phosphate + rfid</i>	53	<i>diltiazem hcl cd</i>	34
DEXLANSOPRAZOLE	51	<i>diltiazem hcl er</i>	34
<i>dexmethylphenidate hcl</i>	37	<i>diltiazem hydrochloride</i>	34
<i>dexmethylphenidate hcl er</i>	37	<i>diltiazem hydrochloride er</i>	34
<i>dexmethylphenidate hydrochloride</i>	37	<i>dilt-xr</i>	34
<i>dexmethylphenidate hydrochloride er</i>	37	<i>dimethyl fumarate</i>	39
<i>dextroamphetamine sulfate</i>	37	DIPHENHYDRAMINE HCL	67
<i>dextroamphetamine sulfate er</i>	37	DIPHENHYDRAMINE	67
<i>dextrose 10%</i>	43	HYDROCHLORIDE	
<i>dextrose 10%/sodium chloride 0.2%</i>	43	<i>diphtheria/tetanus toxoids adsorbed</i>	61
<i>dextrose 10%/sodium chloride 0.45%</i>	43	<i>pediatric</i>	
<i>dextrose 2.5%/sodium chloride 0.45%</i>	43	<i>disulfiram</i>	5
<i>dextrose 5%</i>	43	<i>divalproex sodium dr</i>	10
<i>dextrose 5%/sodium chloride 0.2%</i>	43	<i>divalproex sodium er</i>	10
<i>dextrose 5%/sodium chloride 0.3%</i>	43	<i>docetaxel</i>	17
<i>dextrose 5%/sodium chloride 0.33%</i>	43	DOCUSATE CALCIUM	48
<i>dextrose 5%/sodium chloride 0.45%</i>	44	DOCUSATE MINI	48
<i>dextrose 5%/sodium chloride 0.9%</i>	44	DOCUSATE SODIUM	48
<i>dextrose 50%</i>	44	<i>dofetilide</i>	33
<i>dextrose 70%</i>	44	<i>donepezil hcl</i>	11
<i>dextrose/sodium chloride</i>	44	<i>donepezil hydrochloride</i>	11
DIACOMIT	10	DOPTELET	33
DIALYVITE VITAMIN D3 MAX	46	<i>dorzolamide hcl/timolol maleate</i>	64
<i>diazepam</i>	29	<i>dorzolamide hydrochloride</i>	66
<i>diazepam intensol</i>	29	<i>dorzolamide hydrochloride/timolol maleate</i>	64
<i>diazepam rectal gel</i>	10	<i>pf</i>	
<i>diazoxide</i>	30	<i>dotti</i>	54
<i>dichlorphenamide</i>	51	DOVATO	26
<i>diclofenac epolamine</i>	3	<i>doxazosin mesylate</i>	52

Formulary ID: 25504, Version: 9, Effective Date: 02/01/2025
Last Updated: 01/02/2025

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

Drug Name	Page #	Drug Name	Page #
<i>doxepin hcl</i>	13	ENDARI	51
<i>doxepin hydrochloride</i>	13	<i>endocet</i>	4
DOXY 100	9	ENDUR-ACIN	46
<i>doxycycline</i>	9	ENDUR-AMIDE	46
<i>doxycycline hyclate</i>	9	ENEMA READY-TO-USE	48
<i>doxycycline monohydrate</i>	9	ENGERIX-B	61
DRIZALMA SPRINKLE	12	<i>enilloring</i>	54
<i>dronabinol</i>	14	<i>enoxaparin sodium</i>	31
<i>droplet pen needles 29gx10mm</i>	63	<i>entacapone</i>	24
<i>drosiprone/ethinyl estradiol</i>	54	<i>entecavir</i>	26
DROXIA	17	ENTRESTO	35
<i>droxidopa</i>	33	<i>enulose</i>	48
<i>duloxetine hcl</i>	12	ENVARUSUS XR	59
<i>duloxetine hydrochloride</i>	12	EPIDIOLEX	9
DUPIXENT	58	<i>epinastine hcl</i>	65
<i>dutasteride</i>	52	<i>epinephrine</i>	68
<i>dutasteride/tamsulosin hydrochloride</i>	52	<i>epitol</i>	11
<i>ec-naproxen</i>	3	<i>eplerenone</i>	37
<i>econazole nitrate</i>	14	EPRONTIA	9
ED CHLORPED JR	67	EPSOM SALT	48
EDURANT	27	ERGOCALCIFEROL	46
<i>efavirenz</i>	27	<i>ergotamine tartrate/caffeine</i>	15
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	27	ERIVEDGE	19
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	27	ERLEADA	16
<i>effe-r-k</i>	44	<i>erlotinib hydrochloride</i>	19
ELIGARD	56	<i>errin</i>	55
ELIQUIS	31	<i>ertapenem</i>	8
ELIQUIS STARTER PACK	31	<i>ertapenem sodium</i>	8
<i>elixophyllin</i>	69	<i>ery</i>	43
ELMIRON	52	<i>erythromycin</i>	43
<i>eluryng</i>	54	<i>erythromycin</i>	65
EMCYT	17	<i>erythromycin dr</i>	9
EMGALITY	15	<i>erythromycin ethylsuccinate</i>	9
EMSAM	12	<i>escitalopram oxalate</i>	12
<i>emtricitabine</i>	27	<i>esomeprazole magnesium</i>	51
<i>emtricitabine/tenofovir disoproxil</i>	27	<i>estradiol</i>	54
<i>emtricitabine/tenofovir disoproxil fumarate</i>	27	<i>estradiol valerate</i>	54
EMTRIVA	27	<i>estradiol/norethindrone acetate</i>	54
<i>enalapril maleate</i>	33	ESTRING	54
<i>enalapril maleate/hydrochlorothiazide</i>	35	<i>eszopiclone</i>	71
ENBREL	59	<i>ethacrynic acid</i>	36
ENBREL MINI	59	<i>ethambutol hydrochloride</i>	16
ENBREL SURECLICK	59	<i>ethosuximide</i>	10
		<i>etodolac</i>	3
		<i>etodolac er</i>	3

Formulary ID: 25504, Version: 9, Effective Date: 02/01/2025
Last Updated: 01/02/2025

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

Drug Name	Page #	Drug Name	Page #
<i>etonogestrel/ethinyl estradiol</i>	54	<i>flecainide acetate</i>	33
<i>etravirine</i>	27	FLOLIPID	36
<i>euthyrox</i>	56	FLORASTOR	50
EVAC	48	FLOVENT DISKUS	67
<i>everolimus</i>	19	<i>fluconazole</i>	14
<i>everolimus</i>	59	<i>fluconazole in sodium chloride</i>	14
EVOTAZ	28	<i>flucytosine</i>	14
<i>exemestane</i>	18	<i>fludrocortisone acetate</i>	53
EXKIVITY	19	<i>flunisolide</i>	67
<i>ezetimibe</i>	36	<i>fluocinolone acetonide</i>	41
<i>ezetimibe/simvastatin</i>	36	<i>fluocinolone acetonide</i>	66
<i>falmina</i>	54	<i>fluocinolone acetonide body</i>	41
<i>famciclovir</i>	29	<i>fluocinolone acetonide scalp</i>	41
<i>famotidine</i>	51	<i>fluocinolone acetonide topical</i>	41
FAMOTIDINE MAXIMUM STRENGTH	51	<i>fluocinonide</i>	41
FAMOTIDINE ORIGINAL STRENGTH	51	<i>fluocinonide emulsified base</i>	41
FANAPT	25	<i>fluorometholone</i>	65
FANAPT TITRATION PACK	25	<i>fluorouracil</i>	42
FARXIGA	37	<i>fluoxetine dr</i>	12
FASENRA	70	<i>fluoxetine hydrochloride</i>	12
FASENRA PEN	70	<i>fluphenazine decanoate</i>	24
<i>felbamate</i>	10	<i>fluphenazine hcl</i>	24
<i>felodipine er</i>	34	<i>fluphenazine hydrochloride</i>	24
<i>fenofibrate</i>	36	<i>flurazepam hcl</i>	71
<i>fenofibrate micronized</i>	36	<i>flurazepam hydrochloride</i>	71
<i>fenofibric acid dr</i>	36	<i>flurbiprofen</i>	3
<i>fentanyl</i>	4	<i>flurbiprofen sodium</i>	65
<i>fentanyl citrate oral transmucosal</i>	4	<i>flutamide</i>	16
FERROUS GLUCONATE	44	<i>fluticasone propionate</i>	41
FERROUS SULFATE	44	<i>fluticasone propionate</i>	67
FETZIMA	12	<i>fluticasone propionate diskus</i>	67
FETZIMA TITRATION PACK	12	<i>fluticasone propionate hfa</i>	67
FEXOFENADINE	68	<i>fluticasone propionate/salmeterol</i>	70
HYDROCHLORIDE/PSEUDOEPHEDRIN		<i>fluticasone propionate/salmeterol diskus</i>	70
E HYDROCHLORIDE ER		<i>fluvastatin</i>	36
FIBER	48	<i>fluvastatin sodium er</i>	36
FIBER TABS	48	<i>flvoxamine maleate</i>	12
<i>finasteride</i>	52	FOLIC ACID	46
<i> fingolimod hydrochloride</i>	39	<i>fondaparinux sodium</i>	31
FINTEPLA	10	<i>formoterol fumarate</i>	68
<i>finzala</i>	54	<i>fosamprenavir calcium</i>	28
FIRMAGON	56	<i>fosinopril sodium</i>	33
<i>flac</i>	66	<i>fosinopril sodium/hydrochlorothiazide</i>	35
FLAREX	65	FOTIVDA	19
FLEBOGAMMA DIF	57	FRAGMIN	32

Formulary ID: 25504, Version: 9, Effective Date: 02/01/2025
Last Updated: 01/02/2025

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

Drug Name	Page #	Drug Name	Page #
FRUZAQLA	19	<i>glyburide</i>	29
<i>furosemide</i>	36	<i>glyburide micronized</i>	29
FUZEON	28	<i>glyburide/metformin hydrochloride</i>	29
<i>fyavolv</i>	54	GLYCERIN ADULT	48
FYCOMPA	10	GLYCERIN ADULT	48
<i>gabapentin</i>	10	GLYCERIN INFANTS & CHILDREN	48
<i>galantamine hydrobromide</i>	12	<i>glycopyrrolate</i>	49
<i>galantamine hydrobromide er</i>	11	<i>glydo</i>	5
<i>gallifrey</i>	55	GLYXAMBI	29
GAMMAGARD LIQUID	57	GNP ALLERGY RELIEF	68
GAMMAPLEX	57	GNP ANTACID & ANTI-GAS	50
GARDASIL 9	61	MAXIMUM STRENGTH	
<i>gatifloxacin</i>	65	GNP ANTI-DIARRHEAL	49
<i>gauze pads 2"x2"</i>	63	GNP BEST FIBER	48
<i>gavilyte-c</i>	50	GNP BUDESONIDE NASAL SPRAY	67
<i>gavilyte-g</i>	50	GNP CLOTRIMAZOLE 3	14
<i>gavilyte-n/flavor pack</i>	50	GNP FAST ACTING DAIRY RELIEF	50
GAVRETO	19	GNP FIBER POWDER	48
<i>gefitinib</i>	19	GNP GLYCERIN ADULT	48
<i>gemfibrozil</i>	36	GNP GLYCERIN CHILD	48
GEMTESA	52	GNP HYDROCORTISONE	41
<i>generlac</i>	48	GNP HYDROCORTISONE MAXIMUM	41
GENGRAF	59	STRENGTH	
GENOTROPIN	53	GNP HYDROGEN PEROXIDE	7
GENOTROPIN MINIQUICK	53	GNP IBUPROFEN CHILDRENS	3
<i>gentak</i>	65	GNP IBUPROFEN INFANTS	3
<i>gentamicin sulfate</i>	6	<i>gnp insulin syringe/0.3ml/30g x 5/16"</i>	63
<i>gentamicin sulfate</i>	65	<i>gnp insulin syringe/0.5ml/30g x 5/16"</i>	63
<i>gentamicin sulfate/0.9% sodium chloride</i>	6	GNP NAPROXEN	3
GENVOYA	26	GNP PINK BISMUTH	50
GILOTRIF	19	GNP TRIPLE ANTIBIOTIC PLUS	7
<i>glatiramer acetate</i>	39	GNP VITAMIN E WATER DISPERSIBLE	46
GLEOSTINE	16	GNP WART REMOVER	42
<i>glimepiride</i>	29	GOODSENSE ANTACID/EXTRA	50
<i>glipizide</i>	29	STRENGTH	
<i>glipizide er</i>	29	GOODSENSE ASPIRIN	3
<i>glipizide/metformin hydrochloride</i>	29	GOODSENSE IBUPROFEN CHILDRENS	3
GLOPERBA	15	GOODSENSE IBUPROFEN INFANTS	3
GLUCAGEN HYPOKIT	30	GOODSENSE MAGNESIUM CITRATE	48
GLUCAGON EMERGENCY KIT	30	GOODSENSE NICOTINE	6
GLUCAGON EMERGENCY KIT FOR	30	GOODSENSE NICOTINE POLACRILEX	6
LOW BLOOD SUGAR		GUM	
<i>glucose (dextrose) 50%</i>	44	<i>granisetron hydrochloride</i>	14
<i>glucose (dextrose) 70%</i>	44	<i>griseofulvin microsize</i>	14
GLUTOSE 5	30	<i>griseofulvin ultramicronsize</i>	14

Formulary ID: 25504, Version: 9, Effective Date: 02/01/2025
Last Updated: 01/02/2025

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

Drug Name	Page #	Drug Name	Page #
<i>guanfacine hydrochloride er</i>	38	HUMULIN R U-500 (CONCENTRATED)	31
GVOKE HYPOPEN 1-PACK	30	HUMULIN R U-500 KWIKPEN	31
GVOKE HYPOPEN 2-PACK	30	<i>hydralazine hcl</i>	37
GVOKE KIT	30	<i>hydralazine hydrochloride</i>	37
GVOKE PFS	30	<i>hydrochlorothiazide</i>	36
HAEGARDA	57	<i>hydrocodone bitartrate/acetaminophen</i>	4
<i>halobetasol propionate</i>	41	<i>hydrocodone/acetaminophen</i>	4
<i>haloette</i>	54	HYDROCORTISONE	41
<i>haloperidol</i>	24	HYDROCORTISONE	53
<i>haloperidol decanoate</i>	24	<i>hydrocortisone</i>	62
<i>haloperidol lactate</i>	24	<i>hydrocortisone butyrate</i>	41
HAVRIX	61	<i>hydrocortisone sodium succinate</i>	53
HEALTHY KIDS COD LIVER	46	<i>hydrocortisone valerate</i>	41
OIL/VITAMIN D		<i>hydrocortisone/acetic acid</i>	66
<i>heather</i>	55	HYDROGEN PEROXIDE	7
<i>heparin sodium</i>	32	HYDROLATUM	42
<i>heparin sodium/d5w</i>	32	<i>hydromorphone hcl</i>	4
HEPLISAV-B	61	<i>hydromorphone hcl er</i>	4
HIBERIX	61	<i>hydroxychloroquine sulfate</i>	23
HIBICLENS	42	<i>hydroxyurea</i>	17
HIZENTRA	57	<i>hydroxyzine hcl</i>	68
HM ANTISEPTIC SKIN CLEANSER	40	<i>hydroxyzine hydrochloride</i>	68
HM BACITRACIN	7	<i>hydroxyzine pamoate</i>	68
HM ENEMA MINERAL OIL	48	IBRANCE	17
HM NAPROXEN SODIUM	3	IBRANCE	19
HUMALOG	31	<i>ibu</i>	3
HUMALOG JUNIOR KWIKPEN	31	IBUPROFEN	3
HUMALOG KWIKPEN	31	<i>icatibant acetate</i>	57
HUMALOG MIX 50/50	31	<i>iclevia</i>	54
HUMALOG MIX 50/50 KWIKPEN	31	ICLUSIG	19
HUMALOG MIX 75/25	31	<i>icosapent ethyl</i>	36
HUMALOG MIX 75/25 KWIKPEN	31	IDHIFA	19
HUMIRA	60	ILEVRO	65
HUMIRA PEDIATRIC CROHNS	60	<i>imatinib mesylate</i>	19
DISEASE STARTER PACK		IMBRUVICA	19
HUMIRA PEN	60	<i>imipenem/cilastatin</i>	9
HUMIRA PEN-CD/UC/HS STARTER	60	<i>imipramine hcl</i>	13
HUMIRA PEN-PEDIATRIC UC	60	<i>imipramine hydrochloride</i>	13
STARTER PACK		<i>imiquimod</i>	42
HUMIRA PEN-PS/UV STARTER	60	IMOVAX RABIES (H.D.C.V.)	61
HUMULIN 70/30	31	IMPAVIDO	7
HUMULIN 70/30 KWIKPEN	31	IMVEXXY MAINTENANCE PACK	54
HUMULIN N	31	IMVEXXY STARTER PACK	54
HUMULIN N KWIKPEN	31	INCRELEX	53
HUMULIN R	31	INCRUSE ELLIPTA	68

Formulary ID: 25504, Version: 9, Effective Date: 02/01/2025
Last Updated: 01/02/2025

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

Drug Name	Page #	Drug Name	Page #
<i>indapamide</i>	36	JANUMET XR	30
<i>indomethacin</i>	3	JANUVIA	30
INFANRIX	61	JARDIANCE	37
INGREZZA	38	JAYPIRCA	20
INLYTA	20	JENTADUETO	30
INQOVI	20	JENTADUETO XR	30
INREBIC	17	<i>jinteli</i>	54
INSULIN LISPRO	31	<i>joyeaux</i>	54
<i>insulin lispro junior kwikpen</i>	31	JULUCA	27
<i>insulin lispro kwikpen</i>	31	<i>junel 1.5/30</i>	54
<i>insulin lispro protamine/insulin lispro kwikpen</i>	31	<i>junel 1/20</i>	54
INTELENCE	27	<i>junel fe 1.5/30</i>	54
INTRALIPID	63	<i>junel fe 1/20</i>	54
<i>introvale</i>	54	<i>junel fe 24</i>	54
INVEGA HAFYERA	25	JYLAMVO	60
INVEGA SUSTENNA	25	JYNNEOS	61
INVEGA TRINZA	25	KALYDECO	69
IPOL INACTIVATED IPV	61	<i>kariva</i>	54
<i>ipratropium bromide</i>	68	<i>kcl 0.075%/d5w/nacl 0.45%</i>	44
<i>ipratropium bromide/albuterol sulfate</i>	70	<i>kcl 0.15%/d5w/nacl 0.2%</i>	44
<i>irbesartan</i>	33	<i>kcl 0.15%/d5w/nacl 0.45%</i>	44
<i>irbesartan/hydrochlorothiazide</i>	35	<i>kcl 0.15%/d5w/nacl 0.9%</i>	44
IRON	44	<i>kcl 0.3%/d5w/nacl 0.45%</i>	44
IRON POLYSACCHARIDE COMPLEX	44	<i>kcl 0.3%/d5w/nacl 0.9%</i>	44
ISENTRESS	27	<i>kelnor 1/35</i>	54
ISENTRESS HD	27	<i>kenalog-10</i>	53
<i>isoniazid</i>	16	KERENDIA	37
ISOPROPYL ALCOHOL	63	KESIMPTA	39
ISOPROPYL RUBBING ALCOHOL	5	<i>ketoconazole</i>	14
<i>isosorbide dinitrate</i>	37	KETO-DIASTIX	63
<i>isosorbide mononitrate</i>	37	<i>ketorolac tromethamine</i>	65
<i>isosorbide mononitrate er</i>	37	KINRIX	61
<i>isotonic gentamicin</i>	6	KISQALI	20
<i>isotretinoin</i>	40	KISQALI FEMARA 200 DOSE	17
ITOVEBI	17	KISQALI FEMARA 400 DOSE	17
<i>itraconazole</i>	14	KISQALI FEMARA 600 DOSE	17
<i>ivabradine hydrochloride</i>	35	<i>klayesta</i>	14
<i>ivermectin</i>	23	<i>klor-con</i>	44
IWILFIN	17	<i>klor-con 10</i>	44
IXCHIQ	61	<i>klor-con 8</i>	44
IXIARO	61	<i>klor-con m10</i>	44
JAKAFI	20	<i>klor-con m15</i>	44
<i>jantoven</i>	32	<i>klor-con m20</i>	44
JANUMET	30	<i>klor-con/ef</i>	44
		KORLYM	56

Formulary ID: 25504, Version: 9, Effective Date: 02/01/2025
Last Updated: 01/02/2025

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

Drug Name	Page #	Drug Name	Page #
KOSELUGO	20	LENVIMA 4 MG DAILY DOSE	20
<i>kourzeq</i>	40	LENVIMA 8 MG DAILY DOSE	20
KP FERROUS GLUCONATE	44	<i>lessina</i>	54
KP FOLIC ACID	46	<i>letrozole</i>	18
KP PSEUDOEPHEDRINE HCL	70	<i>leucovorin calcium</i>	17
<i>k-prime</i>	44	LEUKERAN	16
KRAZATI	20	<i>leuprolide acetate</i>	56
KYNMOBI	24	<i>levalbuterol</i>	68
KYPROLIS	18	<i>levalbuterol hcl</i>	68
<i>labetalol hydrochloride</i>	34	<i>levalbuterol hydrochloride</i>	68
<i>lacosamide</i>	11	LEVEMIR FLEXTOUCH	31
LACTASE FAST ACTING	50	<i>levetiracetam</i>	10
<i>lactated ringers</i>	44	<i>levetiracetam er</i>	10
<i>lactulose</i>	49	<i>levobunolol hcl</i>	66
LAGEVRIO	29	<i>levocarnitine</i>	63
<i>lamivudine</i>	26	<i>levocetirizine dihydrochloride</i>	68
<i>lamivudine</i>	27	<i>levofloxacin</i>	9
<i>lamivudine/zidovudine</i>	27	<i>levofloxacin</i>	65
<i>lamotrigine</i>	10	<i>levofloxacin in d5w</i>	9
<i>lamotrigine er</i>	10	<i>levonest</i>	54
<i>lamotrigine odt</i>	10	LEVONORGESTREL	55
<i>lamotrigine starter kit/blue</i>	10	<i>levonorgestrel and ethinyl estradiol</i>	54
<i>lamotrigine starter kit/green</i>	10	<i>levonorgestrel/ethinyl estradiol</i>	54
<i>lamotrigine starter kit/orange</i>	10	<i>levora 0.15/30-28</i>	55
<i>lanreotide acetate</i>	56	<i>levo-t</i>	56
LANSINOH LANOLIN NIPPLE	63	<i>levothyroxine sodium</i>	56
<i>lansoprazole</i>	51	<i>levoxyl</i>	56
LANTUS	31	LEXIVA	28
LANTUS SOLOSTAR	31	<i>l-glutamine</i>	51
<i>lapatinib ditosylate</i>	20	LIBERVANT	10
<i>larin 1.5/30</i>	54	LICE TREATMENT CREME RINSE	42
<i>larin 1/20</i>	54	<i>lidocaine</i>	5
<i>larin fe 1.5/30</i>	54	<i>lidocaine hcl</i>	5
<i>larin fe 1/20</i>	54	<i>lidocaine hcl jelly</i>	5
<i>latanoprost</i>	66	<i>lidocaine hydrochloride</i>	5
LAXATIVE REGULAR STRENGTH	49	<i>lidocaine hydrochloride viscous</i>	40
LAZCLUZE	17	<i>lidocaine viscous</i>	40
<i>leflunomide</i>	60	<i>lidocaine/prilocaine</i>	5
<i>lenalidomide</i>	16	LILETTA	55
LENVIMA 10 MG DAILY DOSE	20	<i>linezolid</i>	7
LENVIMA 12MG DAILY DOSE	20	LINZESS	49
LENVIMA 14 MG DAILY DOSE	20	<i>liothyronine sodium</i>	56
LENVIMA 18 MG DAILY DOSE	20	LIQUID ACETAMINOPHEN	3
LENVIMA 20 MG DAILY DOSE	20	LIQUID VITAMIN C	46
LENVIMA 24 MG DAILY DOSE	20	<i>lisinopril</i>	33

Formulary ID: 25504, Version: 9, Effective Date: 02/01/2025
Last Updated: 01/02/2025

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

Drug Name	Page #	Drug Name	Page #
<i>lisinopril/hydrochlorothiazide</i>	35	<i>magnesium sulfate</i>	44
<i>lithium</i>	29	MAG-OXIDE	44
<i>lithium carbonate</i>	29	<i>malathion</i>	42
<i>lithium carbonate er</i>	29	MAPAP	3
LIVTENCITY	26	<i>maraviroc</i>	28
LOKELMA	46	<i>marlissa</i>	55
LONHALA MAGNAIR REFILL KIT	68	MARPLAN	12
LONHALA MAGNAIR STARTER KIT	68	MATULANE	16
LONSURF	17	<i>matzim la</i>	34
<i>loperamide hcl</i>	49	MAVYRET	26
LOPERAMIDE HYDROCHLORIDE	50	MAYZENT	39
LOPERAMIDE	50	MAYZENT STARTER PACK	39
HYDROCHLORIDE/SIMETHICONE		MECLIZINE 25	13
<i>lopinavir/ritonavir</i>	28	MECLIZINE HCL	13
LORATADINE	68	MECLIZINE HYDROCHLORIDE	13
LORATADINE CHILDRENS	68	<i>medroxyprogesterone acetate</i>	55
LORATADINE-D 24HR	68	<i>mefloquine hydrochloride</i>	23
<i>lorazepam</i>	29	<i>megestrol acetate</i>	56
<i>lorazepam intensol</i>	29	MEKINIST	20
LORBRENA	20	MEKTOVI	20
<i>losartan potassium</i>	33	MELATONIN	63
<i>losartan potassium/hydrochlorothiazide</i>	35	MELATONIN GUMMIES	63
LOTEMAX	65	MELATONIN QUICK DISSOLVE	63
<i>loteprednol etabonate</i>	65	MELATONIN TR/VITAMIN B-6	63
<i>lovastatin</i>	36	<i>meloxicam</i>	3
<i>loxapine</i>	24	<i>memantine hcl titration pak</i>	12
<i>lubiprostone</i>	49	<i>memantine hydrochloride</i>	12
LUBRICANT EYE DROPS	64	<i>memantine hydrochloride er</i>	12
LUBRICATING EYE DROPS	64	MENACTRA	61
LUMAKRAS	20	MENQUADFI	61
LUMIGAN	66	MENSTRUAL PAIN RELIEF MULTI-SYMPATOM MAXIMUM STRENGTH	3
LUPRON DEPOT (1-MONTH)	56	MENTAX	43
LUPRON DEPOT (3-MONTH)	56	MENVEO	61
LUPRON DEPOT (4-MONTH)	56	<i>mercaptopurine</i>	17
LUPRON DEPOT (6-MONTH)	56	<i>meropenem</i>	9
<i>lurasidone hydrochloride</i>	25	<i>mesalamine</i>	62
LYBALVI	25	<i>mesalamine dr</i>	62
LYNPARZA	20	<i>mesalamine er</i>	62
LYSODREN	17	MESNEX	23
LYTGOBI	20	<i>metformin hydrochloride</i>	30
MAGNESIUM	44	<i>metformin hydrochloride er</i>	30
MAGNESIUM	50	<i>methadone hcl</i>	4
MAGNESIUM GLYCINATE	44	<i>methazolamide</i>	66
MAGNESIUM OXIDE	44	<i>methenamine hippurate</i>	7
MAGNESIUM OXIDE	50		

Formulary ID: 25504, Version: 9, Effective Date: 02/01/2025
Last Updated: 01/02/2025

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

Drug Name	Page #	Drug Name	Page #
<i>methenamine mandelate</i>	7	<i>mirtazapine</i>	12
<i>methimazole</i>	57	<i>mirtazapine odt</i>	12
<i>methotrexate</i>	60	<i>misoprostol</i>	51
<i>methotrexate sodium</i>	60	M-M-R II	61
<i>methsuximide</i>	10	<i>modafinil</i>	71
<i>methylphenidate hydrochloride</i>	38	<i>moexipril hcl</i>	33
<i>methylphenidate hydrochloride cd</i>	38	<i>molindone hydrochloride</i>	24
<i>methylphenidate hydrochloride er</i>	38	<i>момetasone furoate</i>	41
<i>methylphenidate hydrochloride er (la)</i>	38	<i>момetasone furoate</i>	67
<i>methylprednisolone</i>	53	<i>mondoxyne nl</i>	9
<i>methylprednisolone acetate</i>	53	<i>montelukast sodium</i>	68
<i>methylprednisolone dose pack</i>	53	<i>morphine sulfate</i>	5
<i>metoclopramide hcl</i>	50	<i>morphine sulfate er</i>	4
<i>metoclopramide hydrochloride</i>	50	MOUNJARO	30
<i>metolazone</i>	36	MOVANTIK	49
<i>metoprolol succinate er</i>	34	<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	9
<i>metoprolol tartrate</i>	34	<i>moxifloxacin hydrochloride</i>	9
<i>metoprolol/hydrochlorothiazide</i>	35	<i>moxifloxacin hydrochloride</i>	65
<i>metronidazole</i>	7	MOZOBIL	32
<i>metronidazole</i>	40	MRESVIA	61
<i>metronidazole vaginal</i>	7	MULTAQ	34
<i>metyrosine</i>	35	MULTI VITAMIN	46
<i>mexiletine hcl</i>	33	MULTI-VIT/IRON/FLUORIDE	46
<i>mibelas 24 fe</i>	55	MULTIVITAMIN CHILDRENS	47
<i>micafungin</i>	14	MULTIVITAMIN GUMMIES ADULT	47
<i>miconazole 3</i>	14	MULTIVITAMIN WITH FLUORIDE	47
MICONAZOLE 3 COMBINATION PACK	14	MULTI-VITAMIN/FLUORIDE DROPS	47
MICONAZOLE 3 COMBO PACK	14	MULTI-VITAMIN/MINERALS	47
MICONAZOLE 7	14	<i>mupirocin</i>	43
MICONAZOLE NITRATE	14	<i>mycophenolate mofetil</i>	60
<i>microgestin 1.5/30</i>	55	<i>mycophenolic acid dr</i>	60
<i>microgestin 1/20</i>	55	MYORISAN	40
<i>microgestin fe 1.5/30</i>	55	MYRBETRIQ	52
<i>microgestin fe 1/20</i>	55	<i>nabumetone</i>	3
<i>midodrine hcl</i>	33	<i>nadolol</i>	34
<i>mifepristone</i>	57	<i>nafcillin sodium</i>	8
<i>miglitol</i>	30	<i>naftifine hcl</i>	14
<i>miglustat</i>	51	<i>naftifine hydrochloride</i>	14
MILK OF MAGNESIA	49	<i>naloxone hcl</i>	6
MINERAL OIL	49	<i>naloxone hydrochloride</i>	6
<i>minocycline hcl</i>	9	<i>naltrexone hcl</i>	5
<i>minocycline hydrochloride</i>	9	NAMZARIC	11
<i>minoxidil</i>	37	<i>naproxen</i>	4
MINTOX PLUS	50	<i>naproxen dr</i>	4
<i>mirabegron er</i>	52		

Formulary ID: 25504, Version: 9, Effective Date: 02/01/2025
Last Updated: 01/02/2025

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

Drug Name	Page #	Drug Name	Page #
<i>naproxen sodium</i>	4	<i>nilutamide</i>	16
<i>naproxen sodium cr</i>	4	<i>nimodipine</i>	34
<i>naratriptan hcl</i>	15	NINLARO	21
NATACYN	65	<i>nitazoxanide</i>	23
<i>nateglinide</i>	30	<i>nitisinone</i>	51
NAYZILAM	10	<i>nitrofurantoin macrocrystals</i>	7
<i>nebivolol hydrochloride</i>	34	<i>nitrofurantoin monohydrate/macrocrystals</i>	7
<i>necon 0.5/35-28</i>	55	<i>nitroglycerin</i>	37
<i>nefazodone hydrochloride</i>	12	<i>nitroglycerin</i>	50
<i>neomycin sulfate</i>	6	<i>nitroglycerin transdermal</i>	37
<i>neomycin/bacitracin/polymyxin</i>	64	NIVA THYROID	56
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	64	<i>norelgestromin/ethinyl estradiol</i>	55
<i>neomycin/polymyxin/dexamethasone</i>	64	<i>norethindrone acetate</i>	56
<i>neomycin/polymyxin/gramicidin</i>	64	<i>norethindrone acetate/ethinyl estradiol</i>	55
<i>neomycin/polymyxin/hc</i>	66	<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	55
<i>neomycin/polymyxin/hydrocortisone</i>	64	<i>nortrel 0.5/35 (28)</i>	55
<i>neomycin/polymyxin/hydrocortisone</i>	66	<i>nortrel 1/35</i>	55
<i>neo-polycin</i>	64	<i>nortrel 7/7/7</i>	55
<i>neo-polycin hc</i>	64	<i>nortriptyline hcl</i>	13
NERLYNX	21	<i>nortriptyline hydrochloride</i>	13
NEUAC	40	NORVIR	28
NEULASTA	32	NOVOLIN 70/30	31
NEULASTA ONPRO KIT	32	NOVOLIN 70/30 FLEXPEN	31
<i>nevirapine</i>	27	NOVOLIN N	31
<i>nevirapine er</i>	27	NOVOLIN N FLEXPEN	31
NEXPLANON	56	NOVOLIN R	31
NIACIN	47	NOVOLIN R FLEXPEN	31
<i>niacin er</i>	36	NOVOLOG	31
NIACIN FLUSH FREE	35	NOVOLOG FLEXPEN	31
NIACIN FLUSH FREE	36	NOVOLOG MIX 70/30	31
NIACIN TIMED RELEASE	47	NOVOLOG MIX 70/30 PREFILLED	31
NIACIN TR	47	FLEXPEN	
NIACINAMIDE	47	NOVOLOG PENFILL	31
NIACINAMIDE PROLONGED RELEASE	47	<i>np thyroid 120</i>	56
NICOTINE TRANSDERMAL SYSTEM	6	<i>np thyroid 15</i>	56
NICOTINE TRANSDERMAL SYSTEM	6	<i>np thyroid 30</i>	56
STEP 1		<i>np thyroid 60</i>	56
NICOTINE TRANSDERMAL SYSTEM	6	<i>np thyroid 90</i>	56
STEP 3		NUBEQA	16
NICOTROL INHALER	6	NUEDEXTA	38
NICOTROL NS	6	NULOJIX	60
<i>nifedipine er</i>	34	NUPLAZID	25
NIGHTTIME SLEEP AID	68	NURTEC	15
<i>nikki</i>	55	NUTRILIPID	63

Formulary ID: 25504, Version: 9, Effective Date: 02/01/2025
Last Updated: 01/02/2025

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

Drug Name	Page #	Drug Name	Page #
NUVESSA	7	OMNIPOD GO 30 UNITS/DAY	63
<i>nyamyc</i>	14	OMNIPOD GO 35 UNITS/DAY	63
<i>nystatin</i>	14	OMNIPOD GO 40 UNITS/DAY	64
<i>nystatin/triamcinolone</i>	42	<i>ondansetron hcl</i>	14
<i>nystatin/triamcinolone acetonide</i>	42	<i>ondansetron hydrochloride</i>	14
<i>nystop</i>	14	<i>ondansetron odt</i>	14
OCTAGAM	57	ONUREG	18
<i>octreotide acetate</i>	57	OPDIVO	23
ODEFSEY	27	OPIPZA	25
ODOMZO	21	<i>opium</i>	50
OFEV	70	<i>opium tincture</i>	50
<i>ofloxacin</i>	65	OPSUMIT	69
<i>ofloxacin</i>	66	OPVEE	6
OGSIVEO	17	<i>oralone dental paste</i>	40
OJEMDA	17	ORENCIA	58
OJJAARA	21	ORENCIA CLICKJECT	58
<i>olanzapine</i>	25	ORENITRAM	69
<i>olanzapine odt</i>	25	ORENITRAM TITRATION KIT MONTH	69
<i>olmesartan medoxomil</i>	33	1	
<i>olmesartan</i>	35	ORENITRAM TITRATION KIT MONTH	69
<i>medoxomil/amlodipine/hydrochlorothiazide</i>		2	
<i>olmesartan medoxomil/hydrochlorothiazide</i>	35	ORENITRAM TITRATION KIT MONTH	69
<i>olopatadine hcl</i>	65	3	
<i>olopatadine hydrochloride</i>	65	ORGOVYX	57
<i>omega-3-acid ethyl esters</i>	37	ORKAMBI	69
<i>omeprazole</i>	51	ORSERDU	17
<i>omeprazole dr</i>	51	<i>oseltamivir phosphate</i>	28
OMNIPOD 5 DEXCOM G7G6 INTRO KIT	63	OSMOPREP	49
(GEN 5)		OSPHENA	56
OMNIPOD 5 DEXCOM G7G6 PODS	63	OTEZLA	42
(GEN 5)		OTEZLA	58
OMNIPOD 5 G7 INTRO KIT (GEN 5)	63	<i>oxacillin sodium</i>	8
OMNIPOD 5 G7 PODS (GEN 5)	63	<i>oxaprozin</i>	4
OMNIPOD 5 LIBRE2 PLUS G6	63	<i>oxazepam</i>	29
OMNIPOD 5 LIBRE2 PLUS G6 PODS	63	<i>oxcarbazepine</i>	11
OMNIPOD CLASSIC PDM STARTER	63	<i>oxybutynin chloride</i>	52
KIT (GEN 3)		<i>oxybutynin chloride er</i>	52
OMNIPOD CLASSIC PODS (GEN 3)	63	<i>oxycodone hydrochloride</i>	5
OMNIPOD DASH INTRO KIT (GEN 4)	63	<i>oxycodone/acetaminophen</i>	5
OMNIPOD DASH PDM KIT (GEN 4)	63	OZEMPIC	30
OMNIPOD DASH PODS (GEN 4)	63	<i>paclitaxel</i>	18
OMNIPOD GO 10 UNITS/DAY	63	PAIN RELIEF EXTRA	4
OMNIPOD GO 15 UNITS/DAY	63	STRENGTH/ADULT	
OMNIPOD GO 20 UNITS/DAY	63	<i>paliperidone er</i>	25
OMNIPOD GO 25 UNITS/DAY	63	PANRETIN	23

Formulary ID: 25504, Version: 9, Effective Date: 02/01/2025
Last Updated: 01/02/2025

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

Drug Name	Page #	Drug Name	Page #
<i>pantoprazole sodium</i>	51	<i>pioglitazone hcl/metformin hcl</i>	30
<i>paricalcitol</i>	62	<i>pioglitazone hcl-glimepiride</i>	30
<i>paroxetine hcl</i>	12	<i>pioglitazone hydrochloride</i>	30
<i>paroxetine hydrochloride</i>	12	<i>piperacillin sodium/tazobactam sodium</i>	8
PAXLOVID	29	PIQRAY 200MG DAILY DOSE	21
<i>pazopanib hydrochloride</i>	21	PIQRAY 250MG DAILY DOSE	21
PEDIARIX	61	PIQRAY 300MG DAILY DOSE	21
PEDVAX HIB	61	<i>pirfenidone</i>	70
<i>peg-3350/electrolytes</i>	50	<i>piroxicam</i>	4
<i>peg-3350/electrolytes/ascorbate</i>	50	<i>pitavastatin calcium</i>	36
<i>peg-3350/nacl/na bicarbonate/kcl</i>	50	PLEGRIDY	39
<i>peg-3350/sodium sulf/naclpotassium cl/na</i>	50	PLEGRIDY STARTER PACK	39
<i>ascorbate/ascorbic</i>		PLENAMINE	44
PEGASYS	59	<i>plerixafor</i>	32
PEGASYS	60	<i>podofilox</i>	42
PEMAZYRE	21	<i>polycin</i>	64
PENBRAYA	61	POLYETHYLENE GLYCOL	49
<i>penicillamine</i>	45	POLYETHYLENE GLYCOL 3350	49
<i>penicillin g potassium</i>	8	<i>polymyxin b sulfate/trimethoprim sulfate</i>	64
<i>penicillin g potassium in iso-osmotic</i>	8	POMALYST	16
<i>dextrose</i>		<i>portia-28</i>	55
<i>penicillin g sodium</i>	8	<i>posaconazole</i>	14
<i>penicillin v potassium</i>	8	<i>posaconazole dr</i>	14
PENTACEL	61	<i>potassium chloride</i>	45
<i>pentamidine isethionate</i>	23	<i>potassium chloride er</i>	44
<i>pentoxifylline er</i>	35	<i>potassium chloride/dextrose/sodium</i>	44
<i>perindopril erbumine</i>	33	<i>chloride</i>	
<i>perio gard</i>	40	<i>potassium citrate er</i>	45
<i>permethrin</i>	42	POVIDONE-IODINE	7
<i>perphenazine</i>	24	PRALUENT	37
PERSERIS	25	<i>pramipexole dihydrochloride</i>	24
<i>phenelzine sulfate</i>	12	<i>prasugrel hydrochloride</i>	33
<i>phenobarbital</i>	10	<i>pravastatin sodium</i>	36
<i>phenytek</i>	11	<i>praziquantel</i>	23
<i>phenytoin</i>	11	<i>prazosin hydrochloride</i>	33
<i>phenytoin sodium extended</i>	11	<i>prednicarbate</i>	41
PHOSPHOLINE IODIDE	66	<i>prednisolone</i>	53
PHYTONADIONE	47	<i>prednisolone acetate</i>	65
PIFELTRO	27	<i>prednisolone sodium phosphate</i>	53
<i>pilocarpine hcl</i>	66	<i>prednisolone sodium phosphate</i>	65
<i>pilocarpine hydrochloride</i>	40	<i>prednisone</i>	53
<i>pimecrolimus</i>	41	<i>pregabalin</i>	10
<i>pimozide</i>	24	PREHEVBRIO	61
<i>pindolol</i>	34	PREMARIN	55
<i>pioglitazone hcl</i>	30	PREMASOL	45

Formulary ID: 25504, Version: 9, Effective Date: 02/01/2025
Last Updated: 01/02/2025

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

Drug Name	Page #	Drug Name	Page #
<i>premium lidocaine</i>	5	PSEUDOEPHEDRINE HCL ER	70
PREMPHASE	55	PSEUDOEPHEDRINE	70
<i>prenatal</i>	47	HYDROCHLORIDE	
<i>prevalite</i>	37	PSYLLIUM FIBER	49
PREVIDENT 5000 BOOSTER PLUS	40	PULMOZYME	69
PREVIDENT 5000 DRY MOUTH	40	PURIXAN	17
PREVYMIS	26	<i>pyrazinamide</i>	16
PREZCOBIX	28	<i>pyridostigmine bromide</i>	15
PREZISTA	28	<i>pyridostigmine bromide er</i>	15
PRIFTIN	16	<i>pyrimethamine</i>	23
<i>primaquine phosphate</i>	23	PYRUKYND	51
<i>primidone</i>	10	PYRUKYND TAPER PACK	51
PRIORIX	61	QC ARTIFICIAL TEARS	64
PRIVIGEN	57	QINLOCK	21
PROAIR RESPICLICK	68	QUADRACEL	61
<i>probenecid</i>	15	<i>quetiapine fumarate</i>	25
<i>probenecid/colchicine</i>	15	<i>quinapril hydrochloride</i>	33
<i>prochlorperazine</i>	13	<i>quinapril/hydrochlorothiazide</i>	35
<i>prochlorperazine edisylate</i>	13	<i>quinidine gluconate cr</i>	34
<i>prochlorperazine maleate</i>	13	<i>quinidine sulfate</i>	34
PROCRIT	32	<i>quinine sulfate</i>	24
PROCTOFOAM HC	42	QVAR REDIHALER	67
<i>procto-med hc</i>	62	RABAVERT	61
<i>proctosol hc</i>	62	<i>rabeprazole sodium</i>	51
<i>proctozone-hc</i>	62	RADICAVA ORS	38
<i>progesterone</i>	56	RADICAVA ORS STARTER KIT	38
PROGRAF	60	<i>raloxifene hydrochloride</i>	56
PROLASTIN-C	51	<i>ramelteon</i>	71
PROLENSA	65	<i>ramipril</i>	33
PROLIA	62	<i>ranolazine er</i>	35
PROMACTA	32	<i>rasagiline mesylate</i>	24
<i>promethazine hcl</i>	13	RAYALDEE	62
<i>promethazine hydrochloride</i>	13	REBIF	39
<i>promethazine hydrochloride plain</i>	13	REBIF REBIDOSE	39
<i>propafenone hcl</i>	34	REBIF REBIDOSE TITRATION PACK	39
<i>propafenone hydrochloride</i>	34	REBIF TITRATION PACK	39
<i>propafenone hydrochloride er</i>	34	RECOMBIVAX HB	61
<i>propranolol hcl</i>	34	RECTIV	50
<i>propranolol hcl er</i>	34	REESES PINWORM MEDICINE	23
<i>propranolol hydrochloride</i>	34	REGULOID	49
<i>propranolol hydrochloride er</i>	34	RELENZA DISKHALER	28
<i>propylthiouracil</i>	57	RENAL CAPS	47
PROQUAD	61	<i>repaglinide</i>	30
PROSOL	45	REPATHA	37
<i>protriptyline hcl</i>	13	REPATHA PUSHTRONEX SYSTEM	37

Formulary ID: 25504, Version: 9, Effective Date: 02/01/2025
Last Updated: 01/02/2025

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

Drug Name	Page #	Drug Name	Page #
REPATHA SURECLICK	37	RYDAPT	21
RESTASIS	64	<i>salsalate</i>	4
RESTASIS MULTIDOSE	64	SANTYL	42
RETACRIT	32	<i>sapropterin dihydrochloride</i>	51
RETEVMO	21	SAVELLA	39
REVCovi	51	SAVELLA TITRATION PACK	39
REVLIMID	16	<i>saxagliptin hydrochloride</i>	30
REXULTI	25	<i>saxagliptin hydrochloride/metformin</i>	30
REYATAZ	28	<i>hydrochloride er</i>	
REZLIDHIA	21	SCEMBLIX	21
REZUROCK	60	<i>scopolamine</i>	13
RHOPRESSA	66	SECUADO	26
<i>ribavirin</i>	26	<i>selegiline hcl</i>	24
<i>rifabutin</i>	16	<i>selenium sulfide</i>	41
<i>rifampin</i>	16	SELZENTRY	28
<i>riluzole</i>	38	SENNA	49
<i>rimantadine hydrochloride</i>	28	SENNA-S	49
RINVOQ	58	SEREVENT DISKUS	68
RINVOQ LQ	58	<i>sertraline hcl</i>	13
<i>risedronate sodium</i>	62	<i>sertraline hydrochloride</i>	13
<i>risedronate sodium dr</i>	62	<i>sevelamer carbonate</i>	46
RISPERDAL CONSTA	25	<i>sf 5000 plus</i>	40
<i>risperidone</i>	25	<i>sharobel</i>	56
<i>risperidone er</i>	25	SHINGRIX	61
<i>risperidone odt</i>	26	SIGNIFOR	57
<i>ritonavir</i>	28	<i>sildenafil citrate</i>	70
<i>rivastigmine tartrate</i>	12	<i>silver sulfadiazine</i>	42
<i>rivastigmine transdermal system</i>	12	SIMBRINZA	64
<i>rizatriptan benzoate</i>	15	SIMETHICONE	50
<i>rizatriptan benzoate odt</i>	15	SIMETHICONE DROPS INFANTS	50
ROCKLATAN	64	SIMETHICONE ULTRA STRENGTH	50
<i>roflumilast</i>	69	<i>simvastatin</i>	36
<i>ropinirole er</i>	24	<i>sirolimus</i>	60
<i>ropinirole hcl</i>	24	SIRTURO	16
<i>ropinirole hydrochloride</i>	24	SKYRIZI	58
<i>rosadan</i>	40	SKYRIZI PEN	58
<i>rosuvastatin calcium</i>	36	SLEEP AID	68
ROTARIX	61	SLEEP-AID	68
ROTATEQ	61	SM ALCOHOL	5
<i>roweepra</i>	10	SM ANTI-DIARRHEAL	49
ROZLYTREK	21	SM CLOTRIMAZOLE VAGINAL	14
RUBRACA	21	SM LICE TREATMENT	42
<i>rufinamide</i>	11	SM LORATADINE D 12HR	68
RUKOBIA	28	SM MICONAZOLE 3	15
RYBELSUS	30		

Formulary ID: 25504, Version: 9, Effective Date: 02/01/2025
Last Updated: 01/02/2025

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

Drug Name	Page #	Drug Name	Page #
SM TRIPLE ANTIBIOTIC PLUS	7	STRIVERDI RESPIMAT	69
MAXIMUM STRENGTH		<i>subvenite</i>	10
SODIUM BICARBONATE	50	<i>subvenite starter kit/blue</i>	10
<i>sodium chloride</i>	45	<i>subvenite starter kit/green</i>	10
SODIUM CHLORIDE	70	<i>subvenite starter kit/orange</i>	10
<i>sodium chloride 0.45%</i>	45	SUCRAID	52
<i>sodium chloride 0.9%</i>	64	<i>sucralfate</i>	51
<i>sodium fluoride</i>	40	<i>sulfacetamide sodium</i>	9
SODIUM FLUORIDE	45	<i>sulfacetamide sodium</i>	65
<i>sodium fluoride 5000 plus</i>	40	<i>sulfacetamide sodium/prednisolone sodium</i>	64
<i>sodium fluoride 5000 ppm</i>	40	<i>phosphate</i>	
<i>sodium oxybate</i>	71	<i>sulfadiazine</i>	9
<i>sodium phenylbutyrate</i>	52	<i>sulfamethoxazole/trimethoprim</i>	9
<i>sodium polystyrene sulfonate</i>	46	<i>sulfamethoxazole/trimethoprim ds</i>	9
<i>sodium sulfate/potassium sulfate/magnesium</i>	50	SULFAMYLON	43
<i>sulfate</i>		<i>sulfasalazine</i>	62
<i>sofosbuvir/velpatasvir</i>	26	<i>sulindac</i>	4
<i>solifenacin succinate</i>	52	<i>sumatriptan</i>	15
SOLTAMOX	17	<i>sumatriptan succinate</i>	15
SOLUBLE FIBER	49	<i>sumatriptan succinate refill</i>	15
SOLU-CORTEF	53	<i>sunitinib malate</i>	22
SOMATULINE DEPOT	57	SUNLENCA	28
SOMAVERT	57	SYMLINPEN 120	30
<i>sorafenib</i>	21	SYMLINPEN 60	30
<i>sorafenib tosylate</i>	21	SYMPAZAN	10
<i>sorine</i>	34	SYMTUZA	28
<i>sotalol hcl</i>	34	SYNAREL	57
<i>sotalol hydrochloride (af)</i>	34	SYNJARDY	30
SPIRIVA RESPIMAT	68	SYNJARDY XR	30
<i>spironolactone</i>	37	SYNRIBO	18
<i>spironolactone/hydrochlorothiazide</i>	35	SYNTHROID	56
SPRITAM	10	TABLOID	17
SPRYCEL	21	TABRECTA	22
<i>sps</i>	46	<i>tacrolimus</i>	41
<i>ssd</i>	42	<i>tacrolimus</i>	60
STAMARIL	61	<i>tadalafil</i>	52
STELARA	58	<i>tadalafil</i>	70
<i>sterile water for irrigation</i>	64	TAFINLAR	22
STIOLTO RESPIMAT	70	<i>tafluprost</i>	66
STIVARGA	22	TAGRISSE	22
STOMACH RELIEF	50	TALZENNA	22
STOMACH RELIEF EXTRA STRENGTH	50	<i>tamoxifen citrate</i>	17
STOOL SOFTENER	49	<i>tamsulosin hydrochloride</i>	52
<i>streptomycin sulfate</i>	6	<i>tarina fe 1/20 eq</i>	55
STRIBILD	27	TASIGNA	22

Formulary ID: 25504, Version: 9, Effective Date: 02/01/2025
Last Updated: 01/02/2025

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

Drug Name	Page #	Drug Name	Page #
<i>tasimelteon</i>	71	<i>timolol maleate</i>	66
TAVNEOS	58	<i>timolol maleate ophthalmic gel forming</i>	66
<i>taysofy</i>	55	<i>tinidazole</i>	7
<i>tazarotene</i>	40	<i>tiopronin dr</i>	52
<i>tazicef</i>	8	TIVICAY	27
<i>taztia xt</i>	35	TIVICAY PD	27
TAZVERIK	22	<i>tizanidine hcl</i>	26
<i>tdvax</i>	61	<i>tizanidine hydrochloride</i>	26
<i>techlite insulin syringe u-100/0.5ml/30g x 1/2"</i>	64	TOBI PODHALER	69
TEFLARO	8	TOBRADEX ST	64
TEKTRUNA HCT	35	<i>tobramycin</i>	65
<i>telmisartan</i>	33	<i>tobramycin sulfate</i>	6
<i>telmisartan/amlodipine</i>	35	<i>tobramycin/dexamethasone</i>	64
<i>telmisartan/hydrochlorothiazide</i>	36	TOLNAFTATE	15
<i>temazepam</i>	71	TOLNAFTATE ANTIFUNGAL	15
TENIVAC	61	<i>tolterodine tartrate</i>	52
<i>tenofovir disoproxil fumarate</i>	28	<i>tolterodine tartrate er</i>	52
TENSION HEADACHE	38	<i>topiramate</i>	10
TEPMETKO	22	<i>toremifene citrate</i>	17
<i>terazosin hcl</i>	52	<i>torse mide</i>	36
<i>terazosin hydrochloride</i>	52	TOUJEO MAX SOLOSTAR	31
<i>terbinafine hcl</i>	15	TOUJEO SOLOSTAR	31
<i>terconazole</i>	15	TRACLEER	70
<i>teriflunomide</i>	39	TRADJENTA	30
<i>teriparatide</i>	62	<i>tramadol hydrochloride</i>	5
<i>testosterone</i>	53	<i>tramadol hydrochloride er</i>	4
<i>testosterone cypionate</i>	53	<i>tramadol hydrochloride/acetaminophen</i>	5
<i>testosterone enanthate</i>	53	<i>trandolapril</i>	33
<i>testosterone pump</i>	53	<i>trandolapril/verapamil hcl er</i>	36
<i>tetrabenazine</i>	38	<i>tranexamic acid</i>	32
<i>tetracycline hydrochloride</i>	9	<i>tranylcypramine sulfate</i>	12
THALOMID	17	TRAVASOL	45
<i>theophylline</i>	69	<i>travoprost</i>	66
<i>theophylline er</i>	69	<i>trazodone hydrochloride</i>	13
<i>thioridazine hcl</i>	24	TRECTOR	16
<i>thiothixene</i>	24	TRELEGY ELLIPTA	71
THYROID	56	TRESIBA	31
<i>tiadylt er</i>	35	TRESIBA FLEXTOUCH	31
<i>tiagabine hydrochloride</i>	11	<i>tretinoin</i>	23
TIBSOVO	22	<i>tretinoin</i>	40
TICOVAC	61	<i>tretinoin microsphere</i>	40
<i>tigecycline</i>	7	TREXALL	60
<i>timolol hemihydrate</i>	66	<i>triamcinolone acetanide</i>	41
<i>timolol maleate</i>	15	<i>triamcinolone acetanide</i>	53
		TRIAMCINOLONE ACETONIDE	67

Formulary ID: 25504, Version: 9, Effective Date: 02/01/2025
Last Updated: 01/02/2025

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

Drug Name	Page #	Drug Name	Page #
<i>triamcinolone acetonide dental paste</i>	40	<i>valganciclovir hydrochloride</i>	26
<i>triamterene</i>	36	<i>valproic acid</i>	10
<i>triamterene/hydrochlorothiazide</i>	36	<i>valsartan</i>	33
<i>triazolam</i>	71	<i>valsartan/hydrochlorothiazide</i>	36
TRI-BUFFERED ASPIRIN	4	VALTOCO 10 MG DOSE	11
<i>trientine hydrochloride</i>	45	VALTOCO 15 MG DOSE	11
<i>trifluoperazine hcl</i>	25	VALTOCO 20 MG DOSE	11
<i>trifluoperazine hydrochloride</i>	25	VALTOCO 5 MG DOSE	11
<i>trifluridine</i>	65	<i>vancomycin</i>	7
<i>trihexyphenidyl hcl</i>	24	<i>vancomycin hcl</i>	7
<i>trihexyphenidyl hydrochloride</i>	24	<i>vancomycin hydrochloride</i>	7
<i>trimethoprim</i>	7	VANFLYTA	22
<i>trimipramine maleate</i>	13	VAQTA	62
TRINTELLIX	13	<i>varenicline starting month</i>	6
TRIPLE ANTIBIOTIC	7	<i>varenicline tartrate</i>	6
<i>tri-sprintec</i>	55	VARIVAX	62
TRITOCIN	42	VAXCHORA	62
TRIUMEQ	28	<i>velivet</i>	55
TRIUMEQ PD	28	VELPHORO	46
<i>trivora-28</i>	55	VEMLIDY	26
TRIZIVIR	28	VENCLEXTA	22
TROPHAMINE	45	VENCLEXTA STARTING PACK	22
<i>tropium chloride</i>	52	<i>venlafaxine hcl er</i>	13
<i>trueplus insulin syringe /u-100/1ml/29g x 1/2"</i>	64	<i>venlafaxine hydrochloride</i>	13
<i>trueplus pen needles 29gx12mm</i>	64	<i>venlafaxine hydrochloride er</i>	13
TRULICITY	30	VENTAVIS	70
TRUMENBA	61	VEOZAH	38
TRUQAP	22	<i>verapamil hcl</i>	35
TRUSELTIQ	18	<i>verapamil hcl er</i>	35
TUKYSA	22	<i>verapamil hcl sr</i>	35
TURALIO	22	<i>verapamil hydrochloride</i>	35
<i>turqoz</i>	55	<i>verapamil hydrochloride er</i>	35
TWINRIX	61	VERQUVO	37
TYBOST	28	VERSACLOZ	26
TYPHIM VI	61	VERZENIO	22
TYRVAYA	6	VIBRAMYCIN	9
UBRELVY	15	<i>vigabatrin</i>	11
UDENYCA	32	<i>vigadrone</i>	11
UDENYCA ONBODY	32	VIGAFYDE	11
<i>unithroid</i>	56	<i>vigpoder</i>	11
<i>ursodiol</i>	50	VIIBRYD STARTER PACK	13
<i>valacyclovir hydrochloride</i>	29	<i>vilazodone hydrochloride</i>	13
VALCHLOR	16	VIRACEPT	28
<i>valganciclovir</i>	26	VIREAD	28
		VITAMIN A	47

Formulary ID: 25504, Version: 9, Effective Date: 02/01/2025
Last Updated: 01/02/2025

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

Drug Name	Page #	Drug Name	Page #
VITAMIN A & D	42	XATMEP	60
VITAMIN A PALMITATE	47	XCOPRI	11
VITAMIN B COMPLEX	47	XDEMVI	65
VITAMIN B1	45	XELJANZ	59
VITAMIN B1	47	XELJANZ XR	59
VITAMIN B-1	47	XERMELO	49
VITAMIN B-12	47	XGEVA	62
VITAMIN B-2	47	XIFAXAN	50
VITAMIN B6	47	XIGDUO XR	30
VITAMIN B-6	47	XIIDRA	64
VITAMIN B-COMPLEX 100	47	XOFLUZA	29
VITAMIN C	48	XOLAIR	59
VITAMIN C GUMMIES	47	XOSPATA	22
VITAMIN C TR	47	XPOVIO	22
VITAMIN C-500 TIMED RELEASE	48	XPOVIO 60 MG TWICE WEEKLY	22
VITAMIN D	48	XPOVIO 80 MG TWICE WEEKLY	22
VITAMIN D (ERGOCALCIFEROL)	48	XTANDI	16
VITAMIN D INFANT	48	<i>xulane</i>	55
VITAMIN D3	48	<i>yargesa</i>	52
VITAMIN D-3	48	YERVOY	23
VITAMIN D3 400	48	YF-VAX	62
VITAMIN E	48	<i>yuvafem</i>	55
VITAMIN K1	48	<i>zafemy</i>	55
VITAMINS A & D	48	<i>zafirlukast</i>	68
VITRAKVI	22	<i>zaleplon</i>	71
VIVITROL	5	ZARXIO	32
VIZIMPRO	22	ZEJULA	23
VONJO	18	ZELBORAF	23
VORANIGO	23	ZENATANE	40
<i>voriconazole</i>	15	ZENPEP	52
VOSEVI	26	ZEPOSIA	39
VOWST	50	ZEPOSIA 7-DAY STARTER PACK	39
VRAYLAR	26	ZEPOSIA STARTER KIT	39
VUMERITY	39	<i>zidovudine</i>	28
<i>vyfemla</i>	55	ZINC OXIDE	42
VYZULTA	66	<i>ziprasidone hcl</i>	26
<i>warfarin sodium</i>	32	<i>ziprasidone mesylate</i>	26
WART REMOVER MAXIMUM	42	ZIRGAN	65
STRENGTH		<i>zoledronic acid</i>	62
WELIREG	52	ZOLINZA	18
WHITE PETROLEUM JELLY	64	<i>zolpidem tartrate</i>	71
<i>wixela inhub</i>	71	ZOMACTON	53
XALKORI	22	ZONISADE	11
XARELTO	32	<i>zonisamide</i>	11
XARELTO STARTER PACK	32	ZOSYN	8

Formulary ID: 25504, Version: 9, Effective Date: 02/01/2025
Last Updated: 01/02/2025

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

Drug Name	Page #
<i>zovia 1/35</i>	55
ZTALMY	11
ZURZUVAE	12
ZYDELIG	23
ZYKADIA	23
ZYPREXA RELPREVV	26

Formulary ID: 25504, Version: 9, Effective Date: 02/01/2025
Last Updated: 01/02/2025

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

2025

For more recent information or other questions, contact us at 1-855-393-3154 (TTY: 711), seven days a week, from 8 a.m. to 8 p.m., or visit [TuftsHealthOneCare.org](https://www.tuftshealthonecare.org).

Updated on: 01/02/2025



a **Point32Health** company

H7419_LOCD25