

2026

Tufts Health One Care
(HMO D-SNP)

2026 List of Covered Drugs

(Drug List or Formulary)

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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.



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Tufts Health One Care (HMO D-SNP)

2026 List of Covered Drugs (*Drug List or Formulary*)

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

If you have questions, please call Tufts Health One Care at 1-855-393-3154 (TTY: 711), seven days a week, from 8 a.m. to 8 p.m. (Please note: Our hours shift to Monday through Friday, from April 1 through September 30). The call is free. For more information, visit TuftsHealthOneCare.org.



Introduction

This document is called the *List of Covered Drugs* (also known as the *Drug List*). It tells you which drugs items 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, otherwise known as the *Evidence of Coverage*.

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A. Disclaimers

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

- ❖ Tufts Health One Care is an HMO D-SNP with a MassHealth (Medicaid) and Medicare contract. Enrollment in Tufts Health One Care depends on contract renewal.
- ❖ 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. (Please note: Our hours shift to Monday through Friday, from April 1 through September 30).
- ❖ 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. (Please note: Our hours shift to Monday through Friday, from April 1 through September 30). 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 One Care at **1-855-393-3154** (TTY: 711), seven days a week, from 8 a.m. to 8 p.m. (Please note: Our hours shift to Monday through Friday, from April 1 through September 30). The call is free. For more information, visit TuftsHealthOneCare.org.



- ❖ This document is available for free in Spanish. Other languages are available upon request

B. Frequently Asked Questions (FAQ)

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

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

The drugs on the *Drug List* that starts in **Section C** are the drugs covered by Tufts Health One Care. The 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 medically necessary 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 for more information.

You can also find an up-to-date list of drugs that we cover on our website at TuftsHealthOneCare.org or call Member Services at **1-855-393-3154** (TTY: 711) or at the numbers listed at the bottom of this page or at the numbers in the footer of this document.

B2. Does the *Drug List* ever change?

Yes, and Tufts Health One Care must follow Medicare and MassHealth (Medicaid) 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 authorization for a drug. (Prior authorization 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'll cover another drug.)

If you have questions, please call Tufts Health One Care at **1-855-393-3154** (TTY: 711), seven days a week, from 8 a.m. to 8 p.m. (Please note: Our hours shift to Monday through Friday, from April 1 through September 30). The call is free. For more information, visit TuftsHealthOneCare.org.



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

If you're taking a drug that was covered at the **beginning** of the year, we'll 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 a drug isn't 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. Updates to the *Drug List* are posted on the website monthly.
- You can also call Member Services at **1-855-393-3154** (TTY: 711) **or** at the numbers listed at the bottom of this page **or** at the numbers in the footer of this document to check the current *Drug List*.

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

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

- **Substitutions of certain new versions of drugs.** We may immediately remove the drugs from the *Drug List* if we replace them with certain new versions of that drug, but your cost for the new drug will remain \$0 with 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'll send you information about the specific change we made once it happens.
 - We can make these changes only if the drug we're 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**.

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- You or your provider can ask for an exception from these changes. We'll send you a notice with the steps you can take to ask for an exception. Please refer to questions B10-B12 for more information on exceptions.
- **Remove unsafe drugs and other drugs that are taken off the market.** Sometimes a drug may be found unsafe or taken off the market for another reason. If this happens, we may immediately take it off the *Drug List*. If you're taking the drug, we'll 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'll 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 isn't 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'll:

- 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's a similar drug on the *Drug List* you can take instead or
- whether to ask for an exception from these changes. To learn more about exceptions, refer to questions B10-B12.

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:

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- **Prior authorization:** For some drugs, you or your doctor or other prescriber must get authorization from Tufts Health One Care before you fill your prescription. Prior authorization is different from a referral. Tufts Health One Care may not cover the drug if you don't get prior authorization.
- **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'll have to try drugs in a certain order for your medical condition. You might have to try one drug before we'll cover another drug. If your prescriber thinks the first drug doesn't work for you, then we'll cover the second.

You can find out if your drug has any additional requirements or limits by looking in the tables in **Section C**. You can also get more information by visiting our website at TuftsHealthOneCare.org. We have posted online documents that explains our prior authorization 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's a similar drug on the *Drug List* you can take instead or whether to ask for an exception. 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 in the section titled, "List of Drugs by Medical Condition/Drug Type" has a column labeled "Necessary actions, restrictions, or limits on use."

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

In some cases, we'll tell you in advance if we add or change prior authorization, 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.

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

There are two ways to find a drug:

- you can search alphabetically, **or**

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- you can search by medical condition.

To search **alphabetically**, look for your drug in the Index of Covered Drugs section. You can find it in Section D. The Index of Covered Drugs is an alphabetical list of all of the drugs included in the *Drug List*. Brand name drugs and generic drugs are listed in the index.

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

B8. What if the drug I want to take isn’t 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) or at the numbers listed at the bottom of this page or at the numbers in the footer of this document and ask about it. If you learn that Tufts Health One Care won’t 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’s like the one you want to take. **Or**
- Ask Tufts Health One Care to make an exception to cover your drug. Refer to questions B10-B12 for more information about exceptions.

B9. What if I’m 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’re 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’s 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’ll allow multiple refills to provide up to a maximum of 30 days of medication.

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

- you’re taking a drug that isn’t on our *Drug List*, **or**
- our plan rules don’t let you get the amount ordered by your prescriber, **or**
- the drug requires prior authorization by Tufts Health One Care, **or**
- you’re taking a drug that’s part of a step therapy restriction.

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If you're taking a covered drug that Tufts Health One Care doesn't consider to be a Part D drug, you have the right to get a one-time, 72-hour supply of the drug. If the pharmacy isn't able to bill Tufts Health One Care for this one-time supply, MassHealth (Medicaid) will pay for it.

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

- We'll cover one 31-day supply of the drug you need (unless you have a prescription for fewer days), whether or not you're a new Tufts Health One Care member.
- This is in addition to the temporary supply during the first 90 days you're 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 isn't 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'll 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 prior authorization 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 prescriber to help you ask for an exception. You can also read **Chapter 9** of the Member Handbook to learn more about exceptions.

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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'll 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. (Please note: Our hours shift to Monday through Friday, from April 1 through September 30).

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'll 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. Please note that eligible members have no copay for covered drugs.

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 biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be

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substituted for brand name drugs. Please note that eligible members have no copay for covered drugs.

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

B15. What are OTC drugs?

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

You can read the MassHealth Standard (Medicaid) Over-the-Counter 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 include gauze pads and certain needles/syringes.

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 drugs sent directly to your home. A 90-day supply has the same copay as a one-month supply.
- **90-Day Retail Pharmacy Programs.** Some retail pharmacies may also offer up to a 90-day supply of covered drugs. A 90-day supply has the same copay as 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's 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. Refer to questions B15 and B16 for more information about OTC drugs and non-drug products.

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

All drugs are on tier 1 and have \$0 copay

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OTCs have a \$0 copay.

If you have questions, call Member Services at **1-855-393-3154** (TTY: 711) or at the numbers listed at the bottom of this page or at the numbers in the footer of this document.

C. Overview of the *List of Covered Drugs*

The *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 letter “EC” (Enhanced Coverage) next to a drug means the drug isn’t a “Part D drug.” 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 isn’t covered or is no longer covered by Medicare or MassHealth (Medicaid).
- 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) or at the numbers listed at the bottom of this page or at the numbers in the footer of this document.
- You can also read **Chapter 9** of the Member Handbook to learn how to appeal a decision.

C1. List of Drugs by Medical Condition

The drugs in this section are grouped into categories depending on the type of medical conditions they’re used to treat. For example, if you have a heart condition, you should look in the category, Cardiovascular agents. That’s where you’ll find drugs that treat heart conditions.

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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. Please note that eligible members have no copay for covered drugs. This limitation may also apply to certain drugs not on the formulary such as Vyndamax and Attruby.
- 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.

The first column of the table lists the name of the drug. Generic drugs are listed in lower-case italics (for example, *omeprazole*), brand name drugs are capitalized (for example, ENBREL). 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.

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D. Index of Covered Drugs

In this section, you can find a drug by searching for its name alphabetically. This will tell you the page number where you can find additional coverage information for your drug.

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Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Analgesics		
JOURNAVX TABS 50MG	1	QL(30 EA per 90 days)
Nonsteroidal Anti-inflammatory Drugs		
celecoxib caps 100mg, 200mg, 400mg, 50mg	1	
diclofenac potassium tabs 50mg	1	
diclofenac sodium dr tbec 25mg, 50mg, 75mg	1	
diclofenac sodium er tb24 100mg	1	
diclofenac sodium gel 1%	1	QL(960 GM per 30 days)
diclofenac sodium external soln 1.5%	1	
diflunisal tabs 500mg	1	
ec-naproxen tbec 500mg	1	
etodolac er tb24 400mg, 500mg, 600mg	1	
etodolac caps 200mg, 300mg	1	
etodolac tabs 400mg, 500mg	1	
flurbiprofen tabs 100mg	1	
ibuprofen susp 100mg/5ml	1	
ibuprofen tabs 400mg, 600mg, 800mg	1	
ibu tabs 400mg, 600mg, 800mg	1	
indomethacin caps 25mg, 50mg	1	
meloxicam tabs 15mg, 7.5mg	1	
nabumetone tabs 500mg, 750mg	1	
naproxen dr tbec 375mg, 500mg	1	
naproxen sodium tabs 275mg, 550mg	1	
naproxen tabs 250mg, 375mg, 500mg	1	
naproxen tbec 500mg	1	
oxaprozin tabs 600mg	1	
piroxicam caps 10mg, 20mg	1	
salsalate tabs 500mg, 750mg	1	
sulindac tabs 150mg, 200mg	1	
Opioid Analgesics, Long-acting		
buprenorphine ptwk 10mcg/hr, 15mcg/hr, 20mcg/hr, 5mcg/hr, 7.5mcg/hr	1	QL(4 EA per 28 days)
fentanyl pt72 100mcg/hr, 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr	1	QL(10 EA per 30 days)
methadone hcl soln 5mg/5ml	1	QL(1200 ML per 30 days)
methadone hcl soln 10mg/5ml	1	QL(600 ML per 30 days)
methadone hcl tabs 10mg, 5mg	1	QL(120 EA per 30 days)
morphine sulfate er tbcr 100mg, 15mg, 200mg, 30mg, 60mg	1	QL(60 EA per 30 days)
tramadol hydrochloride er tb24 100mg, 200mg, 300mg	1	QL(30 EA per 30 days)
Opioid Analgesics, Short-acting		
acetaminophen/codeine phosphate tabs 300mg; 60mg	1	QL(240 EA per 30 days)
acetaminophen/codeine soln 120mg/5ml; 12mg/5ml	1	QL(3600 ML per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
acetaminophen/codeine tabs 300mg; 15mg, 300mg; 30mg, 300mg; 60mg	1	QL(240 EA per 30 days)
butorphanol tartrate soln 10mg/ml	1	QL(7.5 ML per 30 days)
endocet tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg	1	QL(240 EA per 30 days)
fentanyl citrate oral transmucosal lpop 200mcg	1	QL(120 EA per 30 days); PA
fentanyl citrate oral transmucosal lpop 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg	1	QL(120 EA per 30 days); PA; NEDS
hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 7.5mg/15ml	1	QL(3600 ML per 30 days)
hydrocodone bitartrate/acetaminophen tabs 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg, 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg	1	QL(240 EA per 30 days)
hydrocodone/acetaminophen tabs 325mg; 7.5mg	1	QL(240 EA per 30 days)
hydromorphone hcl liqd 1mg/ml	1	QL(1350 ML per 30 days)
hydromorphone hcl tabs 8mg	1	QL(120 EA per 30 days)
hydromorphone hcl tabs 2mg, 4mg	1	QL(240 EA per 30 days)
morphine sulfate soln 100mg/5ml	1	QL(180 ML per 30 days)
morphine sulfate soln 10mg/5ml, 20mg/5ml	1	QL(900 ML per 30 days)
morphine sulfate tabs 15mg, 30mg	1	QL(180 EA per 30 days)
oxycodone hydrochloride caps 5mg	1	QL(240 EA per 30 days)
oxycodone hydrochloride conc 100mg/5ml	1	QL(120 ML per 30 days)
oxycodone hydrochloride soln 5mg/5ml	1	QL(2400 ML per 30 days)
oxycodone hydrochloride tabs 20mg, 30mg	1	QL(120 EA per 30 days)
oxycodone hydrochloride tabs 10mg, 15mg	1	QL(180 EA per 30 days)
oxycodone hydrochloride tabs 5mg	1	QL(240 EA per 30 days)
oxycodone/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg	1	QL(240 EA per 30 days)
tramadol hydrochloride/acetaminophen tabs 325mg; 37.5mg	1	QL(240 EA per 30 days)
tramadol hydrochloride tabs 50mg	1	QL(240 EA per 30 days)
Anesthetics		
Local Anesthetics		
glydo prsy 2%	1	QL(100 ML per 30 days)
lidocaine hcl jelly prsy 2%	1	QL(100 ML per 30 days)
lidocaine hcl inj 0.5%, 1.5%, 4%	1	
lidocaine hcl prsy 2%	1	QL(100 ML per 30 days)
lidocaine hydrochloride jelly gel 2%	1	QL(100 ML per 30 days)
lidocaine hydrochloride inj 1%, 2%	1	
lidocaine hydrochloride external soln 4%	1	QL(100 ML per 30 days)
lidocaine/prilocaine crea 2.5%; 2.5%	1	QL(60 GM per 30 days)
lidocaine oint 5%	1	QL(100 GM per 30 days)
lidocaine ptch 5%	1	QL(90 EA per 30 days); PA
premium lidocaine oint 5%	1	QL(100 GM per 30 days)
Anti-Addiction/Substance Abuse Treatment Agents		

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Alcohol Deterrents/Anti-craving		
acamprosate calcium dr tbec 333mg	1	
disulfiram tabs 250mg, 500mg	1	
naltrexone hydrochloride tabs 50mg	1	
VIVITROL INJ 380MG	1	NEDS
Opioid Dependence		
buprenorphine hcl/naloxone hcl subl 2mg; 0.5mg, 8mg; 2mg	1	
buprenorphine hcl subl 2mg, 8mg	1	
buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 4mg; 1mg, 8mg; 2mg	1	
buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg	1	QL(90 EA per 30 days)
Opioid Reversal Agents		
KLOXXADO LIQD 8MG/0.1ML	1	
naloxone hcl inj 4mg/10ml	1	
naloxone hydrochloride inj 0.4mg/ml, 2mg/2ml, 4mg/10ml	1	
naloxone hydrochloride liqd 4mg/0.1ml	1	QL(4 EA per 30 days)
OPVEE SOLN 2.7MG/0.1ML	1	QL(4 EA per 30 days)
Smoking Cessation Agents		
bupropion hydrochloride er (sr) tb12 150mg	1	
NICOTROL INHALER INHA 10MG	1	
NICOTROL NS SOLN 10MG/ML	1	
TYRVAYA SOLN 0.03MG/ACT	1	
varenicline starting month tbpk 0	1	QL(53 EA per 28 days)
varenicline tartrate tabs 0.5mg, 1mg	1	QL(60 EA per 30 days)
Antibacterials		
Aminoglycosides		
amikacin sulfate inj 1gm/4ml, 500mg/2ml	1	
ARIKAYCE SUSP 590MG/8.4ML	1	PA; NEDS
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%	1	
gentamicin sulfate crea 0.1%	1	
gentamicin sulfate inj 40mg/ml	1	
gentamicin sulfate oint 0.1%	1	
isotonic gentamicin inj 0.8mg/ml; 0.9%	1	
neomycin sulfate tabs 500mg	1	
streptomycin sulfate inj 1gm	1	NEDS
tobramycin sulfate inj 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	1	
Antibacterials, Other		
aztreonam inj 1gm, 2gm	1	
clindamycin hcl caps 300mg	1	
clindamycin hydrochloride caps 150mg, 75mg	1	
clindamycin palmitate hydrochloride solr 75mg/5ml	1	

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

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<i>cefpeme inj 1gm/50ml, 1gm, 2gm/100ml, 2gm</i>	1	
<i>cefixime caps 400mg</i>	1	
<i>cefixime susr 100mg/5ml, 200mg/5ml</i>	1	
<i>cefotetan inj 1gm, 2gm</i>	1	
<i>cefoxitin sodium inj 10gm, 1gm, 2gm</i>	1	
<i>cefodoxime proxetil susr 100mg/5ml, 50mg/5ml</i>	1	
<i>cefodoxime proxetil tabs 100mg, 200mg</i>	1	
<i>cefrizol susr 125mg/5ml, 250mg/5ml</i>	1	
<i>cefrizol tabs 250mg, 500mg</i>	1	
<i>ceftazidime inj 1gm, 2gm, 6gm</i>	1	
<i>ceftriaxone in iso-osmotic dextrose inj 20mg/ml; 0, 40mg/ml; 0</i>	1	
<i>ceftriaxone sodium inj 10gm, 1gm, 250mg, 2gm, 500mg</i>	1	
<i>ceftriaxone/dextrose inj 1gm; 3.74%</i>	1	
<i>cefturoxime axetil tabs 250mg, 500mg</i>	1	
<i>cefturoxime sodium inj 1.5gm, 750mg</i>	1	
<i>cephalexin caps 250mg, 500mg, 750mg</i>	1	
<i>cephalexin susr 125mg/5ml, 250mg/5ml</i>	1	
<i>tazicef inj 1gm, 2gm, 6gm</i>	1	
TEFLARO INJ 400MG, 600MG	1	NEDS
Beta-lactam, Penicillins		
<i>amoxicillin/clavulanate potassium er tb12 1000mg; 62.5mg</i>	1	
<i>amoxicillin/clavulanate potassium chew 200mg; 28.5mg, 400mg; 57mg</i>	1	
<i>amoxicillin/clavulanate potassium susr 200mg/5ml; 28.5mg/5ml, 250mg/5ml; 62.5mg/5ml, 400mg/5ml; 57mg/5ml, 600mg/5ml; 42.9mg/5ml</i>	1	
<i>amoxicillin/clavulanate potassium tabs 250mg; 125mg, 500mg; 125mg, 875mg; 125mg</i>	1	
<i>amoxicillin caps 250mg, 500mg</i>	1	
<i>amoxicillin chew 125mg, 250mg</i>	1	
<i>amoxicillin susr 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml</i>	1	
<i>amoxicillin tabs 500mg, 875mg</i>	1	
<i>ampicillin sodium inj 10gm, 125mg, 1gm, 250mg, 2gm, 500mg</i>	1	
<i>ampicillin-sulbactam inj 10gm; 5gm, 1gm; 0.5gm</i>	1	
<i>ampicillin/sulbactam inj 2gm; 1gm</i>	1	
<i>ampicillin caps 500mg</i>	1	
BICILLIN L-A INJ 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	1	
<i>dicloxacillin sodium caps 250mg, 500mg</i>	1	
<i>nafcillin sodium inj 10gm, 1gm, 2gm</i>	1	
<i>oxacillin sodium inj 10gm, 1gm, 2gm</i>	1	
<i>penicillin g potassium inj 20000000unit, 5000000unit</i>	1	

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PENICILLIN G SODIUM INJ 5000000UNIT	1	NEDS
<i>penicillin v potassium solr 125mg/5ml, 250mg/5ml</i>	1	
<i>penicillin v potassium tabs 250mg, 500mg</i>	1	
<i>piperacillin sodium/tazobactam sodium inj 12gm; 1.5gm, 2gm; 0.25gm, 36gm; 4.5gm, 3gm; 0.375gm, 4gm; 0.5gm</i>	1	
ZOSYN INJ 5%; 4GM/100ML; 0.5GM/100ML	1	
Carbapenems		
<i>ertapenem sodium inj 1gm</i>	1	
<i>imipenem/cilastatin inj 250mg; 250mg, 500mg; 500mg</i>	1	
<i>meropenem inj 1gm, 2gm, 500mg</i>	1	
Macrolides		
<i>azithromycin inj 500mg</i>	1	
<i>azithromycin pack 1gm</i>	1	
<i>azithromycin susr 100mg/5ml, 200mg/5ml</i>	1	
<i>azithromycin tabs 250mg, 500mg, 600mg</i>	1	
<i>clarithromycin er tb24 500mg</i>	1	
<i>clarithromycin susr 125mg/5ml, 250mg/5ml</i>	1	
<i>clarithromycin tabs 250mg, 500mg</i>	1	
DIFICID SUSR 40MG/ML	1	NEDS
DIFICID TABS 200MG	1	NEDS
<i>erythromycin dr cpep 250mg</i>	1	
<i>erythromycin dr tbec 250mg, 333mg, 500mg</i>	1	
<i>erythromycin ethylsuccinate tabs 400mg</i>	1	
<i>fidaxomicin tabs 200mg</i>	1	NEDS
Quinolones		
<i>ciprofloxacin hcl tabs 750mg</i>	1	
<i>ciprofloxacin hydrochloride tabs 250mg, 500mg</i>	1	
<i>ciprofloxacin i.v.-in d5w inj 200mg/100ml; 5%, 400mg/200ml; 5%</i>	1	
<i>levofloxacin in d5w inj 5%; 250mg/50ml, 5%; 500mg/100ml, 5%; 750mg/150ml</i>	1	
<i>levofloxacin oral soln 25mg/ml</i>	1	
<i>levofloxacin tabs 250mg, 500mg, 750mg</i>	1	
<i>moxifloxacin hydrochloride/sodium hydrochloride inj 400mg/250ml; 0.8%</i>	1	
<i>moxifloxacin hydrochloride tabs 400mg</i>	1	
Sulfonamides		
<i>sulfacetamide sodium lotn 10%</i>	1	
<i>sulfadiazine tabs 500mg</i>	1	
<i>sulfamethoxazole/trimethoprim ds tabs 800mg; 160mg</i>	1	
<i>sulfamethoxazole/trimethoprim susp 200mg/5ml; 40mg/5ml</i>	1	
<i>sulfamethoxazole/trimethoprim tabs 400mg; 80mg</i>	1	
Tetracyclines		
<i>doxycycline hyclate caps 100mg, 50mg</i>	1	

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<i>doxycycline hyclate inj 100mg</i>	1	
<i>doxycycline hyclate tabs 100mg, 150mg, 20mg</i>	1	
<i>doxycycline monohydrate caps 100mg, 50mg</i>	1	
<i>doxycycline monohydrate tabs 100mg, 150mg, 50mg, 75mg</i>	1	
<i>doxycycline susr 25mg/5ml</i>	1	
<i>minocycline hcl caps 75mg</i>	1	
<i>minocycline hcl tabs 100mg, 75mg</i>	1	
<i>minocycline hydrochloride caps 100mg, 50mg</i>	1	
<i>minocycline hydrochloride tabs 50mg</i>	1	
<i>tetracycline hydrochloride caps 250mg, 500mg</i>	1	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT SOLN 10MG/ML	1	NEDS
BRIVIACT TABS 100MG, 10MG, 25MG, 50MG, 75MG	1	NEDS
EPIDIOLEX SOLN 100MG/ML	1	PA NSO; NEDS
EPONTIA SOLN 25MG/ML	1	
<i>felbamate susp 600mg/5ml</i>	1	
<i>felbamate tabs 400mg, 600mg</i>	1	
FINTEPLA SOLN 2.2MG/ML	1	PA NSO; NEDS
FYCOMPA SUSP 0.5MG/ML	1	
FYCOMPA TABS 10MG, 12MG, 2MG, 4MG, 6MG, 8MG	1	
<i>lamotrigine er tb24 100mg, 200mg, 250mg, 25mg, 300mg, 50mg</i>	1	
<i>lamotrigine odt tbdp 100mg, 200mg, 25mg, 50mg</i>	1	
<i>lamotrigine starter kit/blue kit 25mg</i>	1	
<i>lamotrigine starter kit/green kit 0</i>	1	
<i>lamotrigine starter kit/orange kit 0</i>	1	
<i>lamotrigine chew 25mg, 5mg</i>	1	
<i>lamotrigine tabs 100mg, 150mg, 200mg, 25mg</i>	1	
<i>levetiracetam er tb24 500mg, 750mg</i>	1	
<i>levetiracetam inj 500mg/5ml</i>	1	
<i>levetiracetam oral soln 100mg/ml</i>	1	
<i>levetiracetam tabs 1000mg, 250mg, 500mg, 750mg</i>	1	
<i>levetiracetam tb3d 250mg</i>	1	
NAYZILAM SOLN 5MG/0.1ML	1	QL(10 EA per 30 days); PA NSO
<i>perampanel tabs 10mg, 12mg, 2mg, 4mg, 6mg, 8mg</i>	1	
<i>roweepra tabs 500mg</i>	1	
SPRITAM TB3D 1000MG, 250MG, 500MG, 750MG	1	
<i>subvenite starter kit/blue kit 25mg</i>	1	
<i>subvenite starter kit/green kit 0</i>	1	
<i>subvenite starter kit/orange kit 0</i>	1	
<i>subvenite tabs 100mg, 150mg, 200mg, 25mg</i>	1	
<i>topiramate cpsp 15mg, 25mg, 50mg</i>	1	
<i>topiramate soln 25mg/ml</i>	1	

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<i>topiramate tabs 100mg, 200mg, 25mg, 50mg</i>	1	
<i>valproic acid caps 250mg</i>	1	
<i>valproic acid soln 250mg/5ml</i>	1	
Calcium Channel Modifying Agents		
<i>ethosuximide caps 250mg</i>	1	
<i>ethosuximide soln 250mg/5ml</i>	1	
<i>methsuximide caps 300mg</i>	1	
Gamma-aminobutyric Acid (GABA) Modulating Agents		
<i>clobazam susp 2.5mg/ml</i>	1	
<i>clobazam tabs 10mg, 20mg</i>	1	QL(60 EA per 30 days)
<i>clonazepam odt tbdp 0.125mg, 0.25mg, 0.5mg, 1mg, 2mg</i>	1	
<i>clonazepam tabs 0.5mg, 1mg, 2mg</i>	1	
<i>DIACOMIT CAPS 250MG, 500MG</i>	1	PA NSO; NEDS
<i>DIACOMIT PACK 250MG, 500MG</i>	1	PA NSO; NEDS
<i>diazepam rectal gel gel 10mg, 2.5mg, 20mg</i>	1	
<i>divalproex sodium dr csdr 125mg</i>	1	
<i>divalproex sodium dr tbec 125mg, 250mg, 500mg</i>	1	
<i>divalproex sodium er tb24 250mg, 500mg</i>	1	
<i>gabapentin caps 100mg, 300mg, 400mg</i>	1	
<i>gabapentin soln 250mg/5ml</i>	1	
<i>gabapentin tabs 600mg, 800mg</i>	1	
<i>LIBERVANT FILM 10MG, 12.5MG, 15MG, 5MG, 7.5MG</i>	1	QL(10 EA per 30 days)
<i>phenobarbital elix 20mg/5ml</i>	1	
<i>phenobarbital tabs 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	1	
<i>pregabalin caps 100mg, 150mg, 200mg, 225mg, 25mg, 300mg, 50mg, 75mg</i>	1	
<i>pregabalin soln 20mg/ml</i>	1	
<i>primidone tabs 125mg, 250mg, 50mg</i>	1	
<i>SYMPAZAN FILM 5MG</i>	1	
<i>SYMPAZAN FILM 10MG, 20MG</i>	1	NEDS
<i>tiagabine hydrochloride tabs 12mg, 16mg, 2mg, 4mg</i>	1	
<i>VALTOCO 10 MG DOSE LIQD 10MG/0.1ML</i>	1	QL(10 EA per 30 days); PA NSO; NEDS
<i>VALTOCO 15 MG DOSE LQPK 7.5MG/0.1ML</i>	1	QL(10 EA per 30 days); PA NSO; NEDS
<i>VALTOCO 20 MG DOSE LQPK 10MG/0.1ML</i>	1	QL(10 EA per 30 days); PA NSO; NEDS
<i>VALTOCO 5 MG DOSE LIQD 5MG/0.1ML</i>	1	QL(10 EA per 30 days); PA NSO; NEDS
<i>vigabatrin pack 500mg</i>	1	NEDS
<i>vigabatrin tabs 500mg</i>	1	NEDS
<i>VIGAFYDE SOLN 100MG/ML</i>	1	PA NSO; NEDS
<i>vigpoder pack 500mg</i>	1	NEDS

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Drug Name	Drug Tier	Requirements/Limits
ZTALMY SUSP 50MG/ML	1	PA NSO; NEDS
Sodium Channel Agents		
<i>carbamazepine er cp12 100mg, 200mg, 300mg</i>	1	
<i>carbamazepine er tb12 100mg, 200mg, 400mg</i>	1	
<i>carbamazepine chew 100mg, 200mg</i>	1	
<i>carbamazepine susp 100mg/5ml</i>	1	
<i>carbamazepine tabs 200mg</i>	1	
DILANTIN CAPS 30MG	1	
<i>epitol tabs 200mg</i>	1	
<i>esliccarbazepine acetate tabs 200mg, 400mg, 600mg, 800mg</i>	1	
<i>lacosamide inj 200mg/20ml</i>	1	
<i>lacosamide oral soln 10mg/ml</i>	1	
LACOSAMIDE TABS 100MG, 150MG	1	QL(60 EA per 30 days)
<i>lacosamide tabs 200mg, 50mg</i>	1	QL(60 EA per 30 days)
<i>oxcarbazepine susp 300mg/5ml</i>	1	
<i>oxcarbazepine tabs 150mg, 300mg, 600mg</i>	1	
<i>phenytek caps 200mg, 300mg</i>	1	
<i>phenytoin sodium extended caps 100mg, 200mg, 300mg</i>	1	
<i>phenytoin chew 50mg</i>	1	
<i>phenytoin susp 125mg/5ml</i>	1	
<i>rufinamide susp 40mg/ml</i>	1	NEDS
<i>rufinamide tabs 200mg</i>	1	
<i>rufinamide tabs 400mg</i>	1	NEDS
XCOPRI TABS 100MG, 150MG, 200MG, 25MG, 50MG	1	NEDS
XCOPRI TBPK 12.5MG-25MG	1	
XCOPRI TBPK 50MG-100MG; 150MG-200MG (28 TAB PACK); 100MG-150MG; 150MG-200MG (56 TAB PACK)	1	NEDS
ZONISADE SUSP 100MG/5ML	1	
<i>zonisamide caps 100mg, 25mg, 50mg</i>	1	
Antidementia Agents		
Antidementia Agents, Other		
<i>memantine/donepezil hydrochloride er cp24 10mg; 14mg, 10mg; 21mg, 10mg; 28mg</i>	1	
NAMZARIC C4PK 10MG; 0	1	
NAMZARIC CP24 10MG; 7MG	1	
Cholinesterase Inhibitors		
<i>donepezil hcl tabs 10mg, 23mg</i>	1	
<i>donepezil hcl tbdp 10mg, 5mg</i>	1	
<i>donepezil hydrochloride tabs 5mg</i>	1	
<i>galantamine hydrobromide er cp24 16mg, 24mg, 8mg</i>	1	
<i>galantamine hydrobromide soln 4mg/ml</i>	1	
<i>galantamine hydrobromide tabs 12mg, 4mg, 8mg</i>	1	
<i>rivastigmine tartrate caps 1.5mg, 3mg, 4.5mg, 6mg</i>	1	

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<i>rivastigmine transdermal system pt24 13.3mg/24hr, 4.6mg/24hr, 9.5mg/24hr</i>	1	
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
<i>memantine hcl titration pak tabs 0</i>	1	
<i>memantine hydrochloride er cp24 14mg, 21mg, 28mg, 7mg</i>	1	
<i>memantine hydrochloride soln 2mg/ml</i>	1	
<i>memantine hydrochloride tabs 10mg, 5mg</i>	1	
Antidepressants		
Antidepressants, Other		
<i>AUVELITY TBCR 105MG; 45MG</i>	1	
<i>bupropion hydrochloride er (sr) tb12 100mg, 150mg, 200mg</i>	1	
<i>bupropion hydrochloride er (xl) tb24 150mg, 300mg</i>	1	
<i>bupropion hydrochloride tabs 100mg, 75mg</i>	1	
<i>mirtazapine odt tbdp 15mg, 30mg, 45mg</i>	1	
<i>mirtazapine tabs 15mg, 30mg, 45mg, 7.5mg</i>	1	
<i>ZURZUVAE CAPS 30MG</i>	1	QL(14 EA per 14 days); PA NSO; NEDS
<i>ZURZUVAE CAPS 20MG, 25MG</i>	1	QL(28 EA per 14 days); PA NSO; NEDS
Monoamine Oxidase Inhibitors		
<i>EMSAM PT24 12MG/24HR, 6MG/24HR, 9MG/24HR</i>	1	ST NSO; NEDS
<i>MARPLAN TABS 10MG</i>	1	
<i>phenelzine sulfate tabs 15mg</i>	1	
<i>tranylcypromine sulfate tabs 10mg</i>	1	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor		
<i>citalopram hydrobromide soln 10mg/5ml</i>	1	
<i>citalopram hydrobromide tabs 10mg, 20mg, 40mg</i>	1	
<i>desvenlafaxine er tb24 100mg, 25mg, 50mg</i>	1	
<i>DRIZALMA SPRINKLE CSDR 20MG, 60MG</i>	1	QL(60 EA per 30 days)
<i>DRIZALMA SPRINKLE CSDR 30MG, 40MG</i>	1	QL(90 EA per 30 days)
<i>duloxetine hydrochloride dr cpep 20mg, 60mg</i>	1	QL(60 EA per 30 days)
<i>duloxetine hydrochloride dr cpep 30mg, 40mg</i>	1	QL(90 EA per 30 days)
<i>escitalopram oxalate soln 5mg/5ml</i>	1	
<i>escitalopram oxalate tabs 10mg, 20mg, 5mg</i>	1	
<i>FETZIMA TITRATION PACK C4PK 0</i>	1	ST NSO
<i>FETZIMA CP24 120MG, 20MG, 40MG, 80MG</i>	1	ST NSO
<i>fluoxetine dr cpdr 90mg</i>	1	
<i>fluoxetine hydrochloride caps 10mg, 20mg, 40mg</i>	1	
<i>fluoxetine hydrochloride soln 20mg/5ml</i>	1	
<i>fluvoxamine maleate tabs 100mg, 25mg, 50mg</i>	1	
<i>nefazodone hydrochloride tabs 100mg, 150mg, 200mg, 250mg, 50mg</i>	1	
<i>paroxetine hcl tabs 30mg, 40mg</i>	1	

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<i>paroxetine hydrochloride susp 10mg/5ml</i>	1	
<i>paroxetine hydrochloride tabs 10mg, 20mg</i>	1	
RALDESY SOLN 10MG/ML	1	NEDS
<i>sertraline hcl conc 20mg/ml</i>	1	
<i>sertraline hcl tabs 50mg</i>	1	
<i>sertraline hydrochloride tabs 100mg, 25mg</i>	1	
<i>trazodone hydrochloride tabs 100mg, 150mg, 300mg, 50mg</i>	1	
TRINTELLIX TABS 10MG, 20MG, 5MG	1	
<i>venlafaxine hydrochloride er cp24 150mg, 37.5mg, 75mg</i>	1	
<i>venlafaxine hydrochloride tabs 100mg, 25mg, 37.5mg, 50mg, 75mg</i>	1	
<i>vilazodone hydrochloride tabs 10mg, 20mg, 40mg</i>	1	
Tricyclics		
<i>amitriptyline hcl tabs 100mg, 150mg, 25mg, 75mg</i>	1	
<i>amitriptyline hydrochloride tabs 100mg, 10mg, 25mg, 50mg, 75mg</i>	1	
<i>amoxapine tabs 100mg, 150mg, 25mg, 50mg</i>	1	
<i>clomipramine hydrochloride caps 25mg, 50mg, 75mg</i>	1	
<i>desipramine hydrochloride tabs 100mg, 10mg, 150mg, 25mg, 50mg, 75mg</i>	1	
<i>doxepin hcl caps 75mg</i>	1	
<i>doxepin hcl conc 10mg/ml</i>	1	
<i>doxepin hydrochloride caps 100mg, 10mg, 150mg, 25mg, 50mg</i>	1	
<i>imipramine hcl tabs 25mg, 50mg</i>	1	
<i>imipramine hydrochloride tabs 10mg</i>	1	
<i>nortriptyline hcl caps 25mg, 75mg</i>	1	
<i>nortriptyline hcl soln 10mg/5ml</i>	1	
<i>nortriptyline hydrochloride caps 10mg, 50mg</i>	1	
<i>protriptyline hcl tabs 10mg, 5mg</i>	1	
<i>trimipramine maleate caps 100mg, 25mg, 50mg</i>	1	
Antiemetics		
Antiemetics, Other		
<i>meclizine hcl tabs 12.5mg, 25mg</i>	1	
<i>prochlorperazine edisylate inj 10mg/2ml</i>	1	
<i>prochlorperazine maleate tabs 10mg, 5mg</i>	1	
<i>prochlorperazine supp 25mg</i>	1	
<i>promethazine hcl inj 25mg/ml, 50mg/ml</i>	1	
<i>promethazine hydrochloride plain soln 6.25mg/5ml</i>	1	
<i>promethazine hydrochloride tabs 12.5mg, 25mg, 50mg</i>	1	
<i>scopolamine pt72 1mg/3days</i>	1	
Emetogenic Therapy Adjuncts		
<i>aprepitant caps 0, 40mg, 80mg</i>	1	PA BvD
<i>aprepitant caps 125mg</i>	1	PA BvD; NEDS

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<i>dronabinol caps 10mg, 2.5mg, 5mg</i>	1	PA BvD
<i>gransetron hydrochloride tabs 1mg</i>	1	PA BvD
<i>ondansetron hcl soln 4mg/5ml</i>	1	PA BvD
<i>ondansetron hcl tabs 24mg</i>	1	PA BvD
<i>ondansetron hydrochloride tabs 4mg, 8mg</i>	1	PA BvD
<i>ondansetron odt tbdp 4mg, 8mg</i>	1	PA BvD
Antifungals		
Antifungals		
<i>ABELCET INJ 5MG/ML</i>	1	PA BvD
<i>amphotericin b liposome inj 50mg</i>	1	PA BvD; NEDS
<i>amphotericin b inj 50mg</i>	1	PA BvD
<i>clotrimazole crea 1%</i>	1	
<i>clotrimazole soln 1%</i>	1	
<i>clotrimazole troc 10mg</i>	1	
<i>CRESEMBA CAPS 186MG, 74.5MG</i>	1	PA; NEDS
<i>econazole nitrate crea 1%</i>	1	
<i>fluconazole in sodium chloride inj 200mg/100ml; 0.9%, 400mg/200ml; 0.9%</i>	1	
<i>fluconazole susr 10mg/ml, 40mg/ml</i>	1	
<i>fluconazole tabs 100mg, 150mg, 200mg, 50mg</i>	1	
<i>flucytosine caps 250mg, 500mg</i>	1	NEDS
<i>griseofulvin microsize susp 125mg/5ml</i>	1	
<i>griseofulvin microsize tabs 500mg</i>	1	
<i>griseofulvin ultramicrosize tabs 125mg, 250mg</i>	1	
<i>itraconazole caps 100mg</i>	1	
<i>ketoconazole crea 2%</i>	1	QL(120 GM per 30 days)
<i>ketoconazole sham 2%</i>	1	
<i>ketoconazole tabs 200mg</i>	1	
<i>klayesta powd 100000unit/gm</i>	1	
<i>micafungin inj 100mg, 50mg</i>	1	
<i>miconazole 3 supp 200mg</i>	1	
<i>naftifine hydrochloride crea 1%, 2%</i>	1	
<i>nyamyc powd 100000unit/gm</i>	1	
<i>nystatin crea 100000unit/gm</i>	1	
<i>nystatin oint 100000unit/gm</i>	1	
<i>nystatin powd 100000unit/gm</i>	1	
<i>nystatin susp 100000unit/ml</i>	1	
<i>nystatin tabs 500000unit</i>	1	
<i>nystop powd 100000unit/gm</i>	1	
<i>posaconazole dr tbec 100mg</i>	1	NEDS
<i>posaconazole susp 40mg/ml</i>	1	NEDS
<i>terbinafine hcl tabs 250mg</i>	1	QL(42 EA per 42 days)
<i>terconazole crea 0.4%, 0.8%</i>	1	
<i>terconazole supp 80mg</i>	1	

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<i>voriconazole inj 200mg</i>	1	PA; NEDS
<i>voriconazole susr 40mg/ml</i>	1	NEDS
<i>voriconazole tabs 200mg, 50mg</i>	1	
Antigout Agents		
<i>Antigout Agents</i>		
<i>allopurinol tabs 100mg, 300mg</i>	1	
<i>colchicine tabs 0.6mg</i>	1	
<i>probenecid/colchicine tabs 0.5mg; 500mg</i>	1	
<i>probenecid tabs 500mg</i>	1	
Antimigraine Agents		
<i>Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists</i>		
<i>AIMOVIG INJ 140MG/ML, 70MG/ML</i>	1	QL(1 ML per 30 days); PA
<i>EMGALITY INJ 120MG/ML</i>	1	QL(2 ML per 30 days); PA
<i>EMGALITY INJ 100MG/ML</i>	1	QL(3 ML per 30 days); PA
<i>NURTEC TBDP 75MG</i>	1	PA
<i>QULIPTA TABS 10MG, 30MG, 60MG</i>	1	PA
<i>UBRELVY TABS 100MG, 50MG</i>	1	PA
<i>Ergot Alkaloids</i>		
<i>dihydroergotamine mesylate soln 4mg/ml</i>	1	QL(8 ML per 30 days); NEDS
<i>ergotamine tartrate/caffeine tabs 100mg; 1mg</i>	1	
<i>Prophylactic</i>		
<i>timolol maleate tabs 10mg, 20mg, 5mg</i>	1	
<i>Serotonin (5-HT) Receptor Agonist</i>		
<i>naratriptan hcl tabs 1mg, 2.5mg</i>	1	
<i>rizatriptan benzoate odt tbdp 10mg, 5mg</i>	1	
<i>rizatriptan benzoate tabs 10mg, 5mg</i>	1	
<i>sumatriptan succinate refill inj 6mg/0.5ml</i>	1	
<i>sumatriptan succinate inj 4mg/0.5ml, 6mg/0.5ml</i>	1	
<i>sumatriptan succinate tabs 100mg, 25mg, 50mg</i>	1	
<i>sumatriptan soln 20mg/act, 5mg/act</i>	1	
Antimyasthenic Agents		
<i>Parasympathomimetics</i>		
<i>pyridostigmine bromide er tbcr 180mg</i>	1	
<i>pyridostigmine bromide tabs 60mg</i>	1	
Antimycobacterials		
<i>Antimycobacterials, Other</i>		
<i>DAPSONE TABS 100MG, 25MG</i>	1	
<i>rifabutin caps 150mg</i>	1	
<i>Antituberculars</i>		
<i>ethambutol hydrochloride tabs 100mg, 400mg</i>	1	
<i>isoniazid syrp 50mg/5ml</i>	1	
<i>isoniazid tabs 100mg, 300mg</i>	1	
<i>PRIFTIN TABS 150MG</i>	1	
<i>pyrazinamide tabs 500mg</i>	1	

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<i>rifampin caps 150mg, 300mg</i>	1	
<i>rifampin inj 600mg</i>	1	
SIRTURO TABS 100MG, 20MG	1	PA; NEDS
TRECATOR TABS 250MG	1	
Antineoplastics		
Alkylating Agents		
<i>cyclophosphamide caps 25mg, 50mg</i>	1	PA BvD; SP-Optum Specialty
<i>cyclophosphamide tabs 25mg, 50mg</i>	1	PA BvD
GLEOSTINE CAPS 100MG, 10MG, 40MG	1	
LEUKERAN TABS 2MG	1	NEDS
MATULANE CAPS 50MG	1	NEDS
VALCHLOR GEL 0.016%	1	NEDS; SP-Optum Specialty
Antiandrogens		
<i>abiraterone acetate tabs 250mg, 500mg</i>	1	PA NSO; NEDS; SP-Optum Specialty
<i>abirtega tabs 250mg</i>	1	PA NSO
<i>bicalutamide tabs 50mg</i>	1	
ERLEADA TABS 240MG	1	PA NSO; NEDS
ERLEADA TABS 60MG	1	PA NSO; NEDS; SP-Optum Specialty
EULEXIN CAPS 125MG	1	
<i>nilutamide tabs 150mg</i>	1	NEDS
NUBEQA TABS 300MG	1	PA NSO; NEDS; SP-Optum Specialty
XTANDI CAPS 40MG	1	PA NSO; NEDS; SP-Optum Specialty
XTANDI TABS 40MG, 80MG	1	PA NSO; NEDS; SP-Optum Specialty
YONSA TABS 125MG	1	PA NSO; NEDS
Antiangiogenic Agents		
<i>lenalidomide caps 2.5mg, 20mg</i>	1	PA NSO; NEDS
<i>lenalidomide caps 10mg, 15mg, 25mg, 5mg</i>	1	PA NSO; NEDS; SP-Optum Specialty
POMALYST CAPS 1MG, 2MG, 3MG, 4MG	1	PA NSO; NEDS; SP-Optum Specialty
THALOMID CAPS 100MG, 150MG, 200MG, 50MG	1	NEDS; SP-Optum Specialty
Antiestrogens/Modifiers		
EMCYT CAPS 140MG	1	NEDS
ORSERDU TABS 345MG, 86MG	1	PA NSO; NEDS
SOLTAMOX SOLN 10MG/5ML	1	NEDS
<i>tamoxifen citrate tabs 10mg, 20mg</i>	1	
<i>toremifene citrate tabs 60mg</i>	1	NEDS
Antimetabolites		
DROXIA CAPS 200MG, 300MG, 400MG	1	

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<i>hydroxyurea caps 500mg</i>	1	
<i>mercaptopurine susp 2000mg/100ml</i>	1	NEDS
<i>mercaptopurine tabs 50mg</i>	1	
TABLOID TABS 40MG	1	NEDS; SP-Optum Specialty
Antineoplastics, Other		
AKEEGA TABS 500MG; 100MG, 500MG; 50MG	1	PA NSO; NEDS
<i>bortezomib inj 1mg, 2.5mg</i>	1	
<i>bortezomib inj 3.5mg/1.4ml, 3.5mg</i>	1	NEDS
<i>boruzu inj 3.5mg/1.4ml</i>	1	
DOCETAXEL INJ 160MG/8ML	1	
<i>docetaxel inj 20mg/ml, 80mg/4ml</i>	1	
IBRANCE TABS 100MG, 125MG, 75MG	1	PA NSO; NEDS; SP-Optum Specialty
INREBIC CAPS 100MG	1	PA NSO; NEDS; SP-Optum Specialty
ITOVEBI TABS 9MG	1	PA NSO; NEDS
ITOVEBI TABS 3MG	1	QL(60 EA per 30 days); PA NSO; NEDS
IWLFIN TABS 192MG	1	PA NSO; NEDS
KISQALI FEMARA 200 DOSE TBPK 2.5MG; 200MG	1	PA NSO; NEDS; SP-Optum Specialty
KISQALI FEMARA 400 DOSE TBPK 2.5MG; 200MG	1	PA NSO; NEDS; SP-Optum Specialty
KISQALI FEMARA 600 DOSE TBPK 2.5MG; 200MG	1	PA NSO; NEDS; SP-Optum Specialty
LAZCLUZE TABS 240MG	1	PA NSO; NEDS
LAZCLUZE TABS 80MG	1	QL(60 EA per 30 days); PA NSO; NEDS
<i>leucovorin calcium tabs 10mg, 15mg, 25mg, 5mg</i>	1	
LONSURF TABS 6.14MG; 15MG, 8.19MG; 20MG	1	PA NSO; NEDS; SP-Optum Specialty
LYSODREN TABS 500MG	1	NEDS
OGSIVEO TABS 100MG, 150MG, 50MG	1	PA NSO; NEDS
OJEMDA SUSR 25MG/ML	1	PA NSO; NEDS
OJEMDA TABS 100MG	1	PA NSO; NEDS
ONUREG TABS 200MG, 300MG	1	PA NSO; NEDS; SP-Optum Specialty
<i>paclitaxel inj 100mg/16.7ml, 150mg/25ml, 300mg/50ml, 30mg/5ml</i>	1	
REVUFORJ TABS 110MG, 160MG, 25MG	1	PA NSO; NEDS
VONJO CAPS 100MG	1	PA NSO; NEDS; SP-Optum Specialty
ZOLINZA CAPS 100MG	1	PA NSO; NEDS; SP-Optum Specialty

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Aromatase Inhibitors, 3rd Generation		
<i>anastrozole tabs 1mg</i>	1	
<i>exemestane tabs 25mg</i>	1	
<i>letrozole tabs 2.5mg</i>	1	
Enzyme Inhibitors		
AVMAPKI FAKZYNJA CO-PACK THPK 0.8MG; 200MG	1	PA NSO; NEDS
KYPROLIS INJ 10MG, 30MG, 60MG	1	NEDS
Molecular Target Inhibitors		
ALECENSA CAPS 150MG	1	PA NSO; NEDS; SP-Optum Specialty
ALUNBRIG TABS 180MG, 30MG, 90MG	1	PA NSO; NEDS
ALUNBRIG TBPK 0	1	PA NSO; NEDS
AUGTYRO CAPS 160MG, 40MG	1	PA NSO; NEDS
AYVAKIT TABS 100MG, 200MG, 25MG, 300MG, 50MG	1	QL(30 EA per 30 days); PA NSO; NEDS
BALVERSA TABS 3MG, 4MG, 5MG	1	PA NSO; NEDS
BOSULIF CAPS 50MG	1	PA NSO; NEDS
BOSULIF CAPS 100MG	1	QL(120 EA per 30 days); PA NSO; NEDS
BOSULIF TABS 100MG	1	QL(120 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
BOSULIF TABS 400MG, 500MG	1	QL(30 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
BRAFTOVI CAPS 75MG	1	PA NSO; NEDS; SP-Optum Specialty
BRUKINSA CAPS 80MG	1	PA NSO; NEDS
BRUKINSA TABS 160MG	1	PA; NEDS
CABOMETYX TABS 20MG, 40MG, 60MG	1	PA NSO; NEDS; SP-Optum Specialty
CALQUENCE CAPS 100MG	1	PA NSO; NEDS; SP-Optum Specialty
CALQUENCE TABS 100MG	1	PA NSO; NEDS
CAPRELSA TABS 300MG	1	QL(30 EA per 30 days); PA NSO; NEDS
CAPRELSA TABS 100MG	1	QL(60 EA per 30 days); PA NSO; NEDS
COMETRIQ KIT 0, 20MG	1	PA NSO; NEDS; SP-Optum Specialty
COPIKTRA CAPS 15MG, 25MG	1	PA NSO; NEDS; SP-Optum Specialty
COTELLIC TABS 20MG	1	PA NSO; NEDS; SP-Optum Specialty
DANZITEN TABS 71MG, 95MG	1	PA NSO; NEDS
<i>dasatinib tabs 100mg, 140mg, 20mg, 50mg, 70mg, 80mg</i>	1	PA NSO; NEDS

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DAURISMO TABS 100MG, 25MG	1	PA NSO; NEDS; SP-Optum Specialty
ERIVEDGE CAPS 150MG	1	PA NSO; NEDS; SP-Optum Specialty
<i>erlotinib hydrochloride tabs 150mg, 25mg</i>	1	QL(30 EA per 30 days); NEDS; SP-Optum Specialty
<i>erlotinib hydrochloride tabs 100mg</i>	1	QL(90 EA per 30 days); NEDS; SP-Optum Specialty
<i>everolimus tabs 10mg, 2.5mg, 5mg, 7.5mg</i>	1	QL(30 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
<i>everolimus tbs 2mg, 3mg, 5mg</i>	1	QL(60 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
EXKIVITY CAPS 40MG	1	PA NSO; NEDS
FOTIVDA CAPS 0.89MG, 1.34MG	1	PA NSO; NEDS
FRUZAQLA CAPS 1MG, 5MG	1	PA NSO; NEDS
GAVRETO CAPS 100MG	1	PA NSO; NEDS; SP-Optum Specialty
<i>gefitinib tabs 250mg</i>	1	PA NSO; NEDS
GILOTrif TABS 20MG, 30MG, 40MG	1	PA NSO; NEDS
GOMEKLI CAPS 1MG, 2MG	1	PA NSO; NEDS
GOMEKLI TBS 1MG	1	PA NSO; NEDS
IBRANCE CAPS 100MG, 125MG, 75MG	1	PA NSO; NEDS; SP-Optum Specialty
ICLUSIG TABS 10MG, 15MG, 30MG, 45MG	1	PA NSO; NEDS
IDHIFA TABS 100MG, 50MG	1	QL(30 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
<i>imatinib mesylate tabs 400mg</i>	1	NEDS; SP-Optum Specialty
<i>imatinib mesylate tabs 100mg</i>	1	SP-Optum Specialty
IMBRUVICA CAPS 140MG, 70MG	1	PA NSO; NEDS; SP-Optum Specialty
IMBRUVICA SUSP 70MG/ML	1	PA NSO; NEDS
IMBRUVICA TABS 140MG, 280MG, 420MG	1	PA NSO; NEDS; SP-Optum Specialty
IMKELDI SOLN 80MG/ML	1	PA NSO; NEDS
INLYTA TABS 1MG, 5MG	1	PA NSO; NEDS; SP-Optum Specialty
INQOVI TABS 100MG; 35MG	1	PA NSO; NEDS; SP-Optum Specialty
JAKAFI TABS 10MG, 15MG, 20MG, 25MG, 5MG	1	PA NSO; NEDS; SP-Optum Specialty
JAYPIRCA TABS 100MG, 50MG	1	PA NSO; NEDS
KISQALI TBPK 200MG	1	PA NSO; NEDS; SP-Optum Specialty
KOSELUGO CAPS 10MG, 25MG	1	PA NSO; NEDS

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KRAZATI TABS 200MG	1	PA NSO; NEDS
<i>lapatinib ditosylate tabs 250mg</i>	1	QL(180 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
LENVIMA 10 MG DAILY DOSE CPPK 10MG	1	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 12MG DAILY DOSE CPPK 4MG	1	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 14 MG DAILY DOSE CPPK 0	1	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 18 MG DAILY DOSE CPPK 0	1	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 20 MG DAILY DOSE CPPK 10MG	1	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 24 MG DAILY DOSE CPPK 0	1	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 4 MG DAILY DOSE CPPK 4MG	1	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 8 MG DAILY DOSE CPPK 4MG	1	PA NSO; NEDS; SP-Optum Specialty
LORBRENA TABS 100MG, 25MG	1	PA NSO; NEDS; SP-Optum Specialty
LUMAKRAS TABS 240MG, 320MG	1	PA NSO; NEDS
LUMAKRAS TABS 120MG	1	PA NSO; NEDS; SP-Optum Specialty
LYNPARZA TABS 100MG, 150MG	1	PA NSO; NEDS; SP-Optum Specialty
LYTGOBI TBPK 4MG	1	PA NSO; NEDS
MEKINIST SOLR 0.05MG/ML	1	PA NSO; NEDS
MEKINIST TABS 0.5MG, 2MG	1	PA NSO; NEDS; SP-Optum Specialty
MEKTOVI TABS 15MG	1	PA NSO; NEDS; SP-Optum Specialty
NERLYNX TABS 40MG	1	PA NSO; NEDS; SP-Optum Specialty
<i>nilotinib hydrochloride caps 150mg, 200mg, 50mg</i>	1	PA NSO; NEDS
NINLARO CAPS 2.3MG, 3MG, 4MG	1	PA NSO; NEDS; SP-Optum Specialty
ODOMZO CAPS 200MG	1	PA NSO; NEDS; SP-Optum Specialty
OJJAARA TABS 100MG, 150MG, 200MG	1	PA NSO; NEDS
<i>pazopanib hydrochloride tabs 200mg</i>	1	QL(120 EA per 30 days); PA NSO; NEDS
PEMAZYRE TABS 13.5MG, 4.5MG, 9MG	1	PA NSO; NEDS

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PIQRAY 200MG DAILY DOSE TBPK 200MG	1	PA NSO; NEDS; SP-Optum Specialty
PIQRAY 250MG DAILY DOSE TBPK 0	1	PA NSO; NEDS; SP-Optum Specialty
PIQRAY 300MG DAILY DOSE TBPK 150MG	1	PA NSO; NEDS; SP-Optum Specialty
QINLOCK TABS 50MG	1	PA NSO; NEDS
RETEVMO CAPS 40MG, 80MG	1	PA NSO; NEDS; SP-Optum Specialty
RETEVMO TABS 120MG, 160MG	1	PA NSO; NEDS
RETEVMO TABS 80MG	1	QL(60 EA per 30 days); PA NSO; NEDS
RETEVMO TABS 40MG	1	QL(90 EA per 30 days); PA NSO; NEDS
REZLIDHIA CAPS 150MG	1	PA NSO; NEDS
ROMVIMZA CAPS 14MG, 20MG, 30MG	1	PA NSO; NEDS
ROZLYTREK CAPS 100MG, 200MG	1	PA NSO; NEDS; SP-Optum Specialty
ROZLYTREK PACK 50MG	1	PA NSO; NEDS
RUBRACA TABS 200MG, 250MG, 300MG	1	QL(120 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
RYDAPT CAPS 25MG	1	PA NSO; NEDS; SP-Optum Specialty
SCEMBLIX TABS 20MG, 40MG	1	PA NSO; NEDS; SP-Optum Specialty
SCEMBLIX TABS 100MG	1	QL(120 EA per 30 days); PA NSO; NEDS
<i>sorafenib tosylate tabs 200mg</i>	1	QL(220 EA per 30 days); PA NSO; NEDS
<i>sorafenib tabs 200mg</i>	1	QL(220 EA per 30 days); PA NSO; NEDS
STIVARGA TABS 40MG	1	QL(90 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
<i>sunitinib malate caps 12.5mg, 25mg, 37.5mg, 50mg</i>	1	PA NSO; NEDS; SP-Optum Specialty
TABRECTA TABS 150MG, 200MG	1	PA NSO; NEDS; SP-Optum Specialty
TAFINLAR CAPS 50MG, 75MG	1	PA NSO; NEDS; SP-Optum Specialty
TAFINLAR TBSO 10MG	1	PA NSO; NEDS
TAGRISSO TABS 40MG, 80MG	1	PA NSO; NEDS; SP-Optum Specialty
TALZENNA CAPS 0.1MG, 0.35MG	1	PA NSO; NEDS

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Drug Name	Drug Tier	Requirements/Limits
TALZENNA CAPS 0.25MG, 0.5MG, 0.75MG, 1MG	1	PA NSO; NEDS; SP-Optum Specialty
TAZVERIK TABS 200MG	1	PA NSO; NEDS
TEPMETKO TABS 225MG	1	PA NSO; NEDS
TIBSOVO TABS 250MG	1	PA NSO; NEDS; SP-Optum Specialty
TRUQAP TABS 160MG, 200MG	1	PA NSO; NEDS
TRUQAP TBPK 160MG, 200MG	1	PA NSO; NEDS
TUKYSA TABS 150MG, 50MG	1	PA NSO; NEDS
TURALIO CAPS 125MG	1	PA NSO; NEDS
VANFLYTA TABS 17.7MG, 26.5MG	1	PA NSO; NEDS
VENCLEXTA STARTING PACK TBPK 0	1	PA NSO; NEDS; SP-Optum Specialty
VENCLEXTA TABS 100MG, 50MG	1	PA NSO; NEDS; SP-Optum Specialty
VENCLEXTA TABS 10MG	1	PA NSO; SP-Optum Specialty
VERZENIO TABS 100MG, 150MG, 200MG, 50MG	1	PA NSO; NEDS; SP-Optum Specialty
VITRAKVI CAPS 100MG, 25MG	1	PA NSO; NEDS
VITRAKVI SOLN 20MG/ML	1	PA NSO; NEDS
VIZIMPRO TABS 15MG, 30MG, 45MG	1	PA NSO; NEDS; SP-Optum Specialty
XALKORI CAPS 200MG, 250MG	1	PA NSO; NEDS; SP-Optum Specialty
XALKORI CPSP 150MG, 20MG, 50MG	1	PA NSO; NEDS
XOSPATA TABS 40MG	1	PA NSO; NEDS
XPOVIO 60 MG TWICE WEEKLY TBPK 20MG	1	PA NSO; NEDS
XPOVIO 80 MG TWICE WEEKLY TBPK 20MG	1	PA NSO; NEDS
XPOVIO TBPK 10MG, 40MG, 50MG, 60MG	1	PA NSO; NEDS
ZEJULA TABS 100MG, 200MG, 300MG	1	PA NSO; NEDS
ZELBORAF TABS 240MG	1	PA NSO; NEDS; SP-Optum Specialty
ZYDELIG TABS 100MG, 150MG	1	PA NSO; NEDS; SP-Optum Specialty
ZYKADIA TABS 150MG	1	PA NSO; NEDS; SP-Optum Specialty
Monoclonal Antibodies/Antibody-Drug Conjugates		
DARZALEX INJ 100MG/5ML, 400MG/20ML	1	NEDS
OPDIVO INJ 100MG/10ML, 120MG/12ML, 240MG/24ML, 40MG/4ML	1	NEDS
YERVOY INJ 200MG/40ML, 50MG/10ML	1	NEDS
Retinoids		
bexarotene caps 75mg	1	NEDS; SP-Optum Specialty
bexarotene gel 1%	1	PA NSO; NEDS

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PANRETIN GEL 0.1%	1	NEDS
<i>tretinoiin caps 10mg</i>	1	NEDS; SP-Optum Specialty
Treatment Adjuncts		
<i>mesna tabs 400mg</i>	1	NEDS
VORANIGO TABS 40MG	1	PA NSO; NEDS
VORANIGO TABS 10MG	1	QL(60 EA per 30 days); PA NSO; NEDS
Antiparasitics		
Anthelmintics		
<i>albendazole tabs 200mg</i>	1	
<i>ivermectin tabs 3mg, 6mg</i>	1	
<i>praziquantel tabs 600mg</i>	1	
Antiprotozoals		
<i>atovaquone/proguanil hcl tabs 62.5mg; 25mg</i>	1	
<i>atovaquone/proguanil hydrochloride tabs 250mg; 100mg</i>	1	
<i>atovaquone susp 750mg/5ml</i>	1	
<i>chloroquine phosphate tabs 250mg, 500mg</i>	1	
COARTEM TABS 20MG; 120MG	1	QL(24 EA per 3 days)
<i>hydroxychloroquine sulfate tabs 200mg</i>	1	
<i>mefloquine hydrochloride tabs 250mg</i>	1	
<i>nitazoxanide tabs 500mg</i>	1	
<i>pentamidine isethionate inj 300mg</i>	1	
<i>pentamidine isethionate inhalation solr 300mg</i>	1	PA BvD
<i>primaquine phosphate tabs 26.3mg</i>	1	
<i>pyrimethamine tabs 25mg</i>	1	NEDS
<i>quinine sulfate caps 324mg</i>	1	PA
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate tabs 0.5mg, 1mg, 2mg</i>	1	
<i>trihexyphenidyl hcl soln 0.4mg/ml</i>	1	
<i>trihexyphenidyl hydrochloride tabs 2mg, 5mg</i>	1	
Antiparkinson Agents, Other		
<i>carbidopa/levodopa/entacapone tabs 12.5mg; 200mg; 50mg, 18.75mg; 200mg; 75mg, 25mg; 200mg; 100mg, 31.25mg; 200mg; 125mg, 37.5mg; 200mg; 150mg, 50mg; 200mg; 200mg</i>	1	
<i>entacapone tabs 200mg</i>	1	
Dopamine Agonists		
<i>bromocriptine mesylate caps 5mg</i>	1	
<i>bromocriptine mesylate tabs 2.5mg</i>	1	
<i>pramipexole dihydrochloride tabs 0.125mg, 0.25mg, 0.5mg, 0.75mg, 1.5mg, 1mg</i>	1	
<i>ropinirole er tb24 12mg, 2mg, 4mg, 6mg, 8mg</i>	1	
<i>ropinirole hcl tabs 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	1	

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<i>ropinirole hydrochloride tabs 0.25mg, 3mg</i>	1	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa/levodopa er tbcr 25mg; 100mg, 50mg; 200mg</i>	1	
<i>carbidopa/levodopa odt tbdp 10mg; 100mg, 25mg; 100mg, 25mg; 250mg</i>	1	
<i>carbidopa/levodopa tabs 10mg; 100mg, 25mg; 100mg, 25mg; 250mg</i>	1	
<i>carbidopa tabs 25mg</i>	1	
Monoamine Oxidase B (MAO-B) Inhibitors		
<i>rasagiline mesylate tabs 0.5mg, 1mg</i>	1	
<i>selegiline hcl caps 5mg</i>	1	
<i>selegiline hcl tabs 5mg</i>	1	
Antipsychotics		
1st Generation/Typical		
<i>chlorpromazine hydrochloride conc 100mg/ml, 30mg/ml</i>	1	
<i>chlorpromazine hydrochloride tabs 100mg, 10mg, 200mg, 25mg, 50mg</i>	1	
<i>fluphenazine decanoate inj 25mg/ml</i>	1	
<i>fluphenazine hcl conc 5mg/ml</i>	1	
<i>fluphenazine hydrochloride elix 2.5mg/5ml</i>	1	
<i>fluphenazine hydrochloride inj 2.5mg/ml</i>	1	
<i>fluphenazine hydrochloride tabs 10mg, 1mg, 2.5mg, 5mg</i>	1	
<i>haloperidol decanoate inj 100mg/ml, 50mg/ml</i>	1	
<i>haloperidol lactate inj 5mg/ml</i>	1	
<i>haloperidol conc 2mg/ml</i>	1	
<i>haloperidol tabs 0.5mg, 10mg, 1mg, 20mg, 2mg, 5mg</i>	1	
<i>loxapine caps 10mg, 25mg, 50mg, 5mg</i>	1	
<i>molindone hydrochloride tabs 10mg, 25mg, 5mg</i>	1	
<i>perphenazine tabs 16mg, 2mg, 4mg, 8mg</i>	1	
<i>pimozide tabs 1mg, 2mg</i>	1	
<i>thioridazine hydrochloride tabs 100mg, 10mg, 25mg, 50mg</i>	1	
<i>thiothixene caps 10mg, 1mg, 2mg, 5mg</i>	1	
<i>trifluoperazine hcl tabs 10mg, 2mg, 5mg</i>	1	
<i>trifluoperazine hydrochloride tabs 1mg</i>	1	
2nd Generation/Atypical		
<i>ABILIFY ASIMTUFII INJ 720MG/2.4ML, 960MG/3.2ML</i>	1	NEDS
<i>ABILIFY MAINTENA INJ 300MG, 400MG</i>	1	NEDS
<i>ABILIFY MYCITE MAINTENANCE KIT TBPK 10MG</i>	1	QL(30 EA per 30 days); PA NSO; NEDS
<i>ABILIFY MYCITE STARTER KIT TBPK 15MG, 20MG, 2MG, 30MG, 5MG</i>	1	QL(30 EA per 30 days); PA NSO; NEDS
<i>ariPIPRAZOLE odt tbdp 10mg, 15mg</i>	1	
<i>ariPIPRAZOLE soln 1mg/ml</i>	1	

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<i>aripiprazole tabs 10mg, 15mg, 20mg, 2mg, 30mg, 5mg</i>	1	
ARISTADA INITIO INJ 675MG/2.4ML	1	NEDS
ARISTADA INJ 1064MG/3.9ML, 441MG/1.6ML, 662MG/2.4ML, 882MG/3.2ML	1	NEDS
<i>asenapine maleate sl subl 10mg, 2.5mg, 5mg</i>	1	ST NSO
CAPLYTA CAPS 10.5MG, 21MG, 42MG	1	QL(30 EA per 30 days); PA NSO; NEDS
FANAPT TITRATION PACK A TABS 0	1	ST NSO
FANAPT TITRATION PACK B TABS 0	1	ST NSO
FANAPT TITRATION PACK C TABS 0	1	ST NSO
FANAPT TABS 10MG, 12MG, 1MG, 2MG, 4MG, 6MG, 8MG	1	ST NSO; NEDS
INVEGA HAFYERA INJ 1092MG/3.5ML, 1560MG/5ML	1	NEDS
INVEGA SUSTENNA INJ 39MG/0.25ML	1	
INVEGA SUSTENNA INJ 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	1	NEDS
INVEGA TRINZA INJ 273MG/0.88ML, 410MG/1.32ML, 546MG/1.75ML, 819MG/2.63ML	1	NEDS
<i>lurasidone hydrochloride tabs 120mg, 20mg, 40mg, 60mg</i>	1	QL(30 EA per 30 days)
<i>lurasidone hydrochloride tabs 80mg</i>	1	QL(60 EA per 30 days)
LYBALVI TABS 10MG; 10MG, 15MG; 10MG, 20MG; 10MG, 5MG; 10MG	1	PA NSO; NEDS
NUPLAZID CAPS 34MG	1	QL(60 EA per 30 days); PA NSO; NEDS
NUPLAZID TABS 10MG	1	QL(60 EA per 30 days); PA NSO; NEDS
<i>olanzapine odt tbdp 10mg, 15mg, 20mg, 5mg</i>	1	
<i>olanzapine inj 10mg</i>	1	
<i>olanzapine tabs 10mg, 15mg, 2.5mg, 20mg, 5mg, 7.5mg</i>	1	
OPIPZA FILM 2MG	1	QL(30 EA per 30 days); PA NSO; NEDS
OPIPZA FILM 10MG, 5MG	1	QL(90 EA per 30 days); PA NSO; NEDS
<i>paliperidone er tb24 1.5mg, 3mg, 6mg, 9mg</i>	1	
PERSERIS INJ 120MG, 90MG	1	NEDS
<i>quetiapine fumarate tabs 100mg, 150mg, 200mg, 300mg, 400mg</i>	1	
<i>quetiapine fumarate tabs 25mg, 50mg</i>	1	QL(60 EA per 30 days)
REXULTI TABS 0.25MG, 0.5MG, 1MG, 2MG, 3MG, 4MG	1	NEDS
<i>risperidone er inj 12.5mg, 25mg</i>	1	
<i>risperidone er inj 37.5mg, 50mg</i>	1	NEDS
<i>risperidone odt tbdp 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg</i>	1	
<i>risperidone soln 1mg/ml</i>	1	
<i>risperidone tabs 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg</i>	1	

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SECUADO PT24 3.8MG/24HR, 5.7MG/24HR, 7.6MG/24HR	1	NEDS
VRAYLAR CAPS 1.5MG, 3MG, 4.5MG, 6MG	1	NEDS
<i>ziprasidone hcl caps 20mg, 40mg, 60mg, 80mg</i>	1	
<i>ziprasidone mesylate inj 20mg</i>	1	
ZYPREXA RELPREVV INJ 210MG	1	
ZYPREXA RELPREVV INJ 300MG, 405MG	1	NEDS
Treatment-Resistant		
<i>clozapine odt tbdp 100mg, 12.5mg, 150mg, 200mg, 25mg</i>	1	
<i>clozapine tabs 100mg, 200mg, 25mg, 50mg</i>	1	
VERSACLOZ SUSP 50MG/ML	1	NEDS
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen tabs 10mg, 20mg, 5mg</i>	1	
<i>dantrolene sodium caps 100mg, 25mg, 50mg</i>	1	
<i>tizanidine hcl tabs 2mg</i>	1	
<i>tizanidine hydrochloride tabs 4mg</i>	1	
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
<i>cidofovir inj 75mg/ml</i>	1	NEDS
LIVTENCITY TABS 200MG	1	PA; NEDS
PREVYMIS PACK 20MG	1	PA
PREVYMIS PACK 120MG	1	PA; NEDS
PREVYMIS TABS 240MG, 480MG	1	PA; NEDS
<i>valganciclovir hydrochloride solr 50mg/ml</i>	1	NEDS
<i>valganciclovir tabs 450mg</i>	1	
Anti-hepatitis B (HBV) Agents		
<i>adefovir dipivoxil tabs 10mg</i>	1	
<i>entecavir tabs 0.5mg, 1mg</i>	1	
<i>lamivudine tabs 100mg</i>	1	
VEMLIDY TABS 25MG	1	NEDS
Anti-hepatitis C (HCV) Agents		
MAVYRET PACK 50MG; 20MG	1	PA; NEDS; SP-Optum Specialty
MAVYRET TABS 100MG; 40MG	1	PA; NEDS; SP-Optum Specialty
<i>ribavirin caps 200mg</i>	1	SP-Optum Specialty
<i>ribavirin tabs 200mg</i>	1	SP-Optum Specialty
VOSEVI TABS 400MG; 100MG; 100MG	1	PA; NEDS; SP-Optum Specialty
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
BIKTARVY TABS 30MG; 120MG; 15MG, 50MG; 200MG; 25MG	1	NEDS
DOVATO TABS 50MG; 300MG	1	NEDS
GENVOYA TABS 150MG; 150MG; 200MG; 10MG	1	NEDS
ISENTRESS HD TABS 600MG	1	QL(60 EA per 30 days); NEDS
ISENTRESS CHEW 100MG	1	QL(180 EA per 30 days); NEDS
ISENTRESS CHEW 25MG	1	QL(720 EA per 30 days)

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ISENTRESS PACK 100MG	1	
ISENTRESS TABS 400MG	1	QL(120 EA per 30 days); NEDS
JULUCA TABS 50MG; 25MG	1	NEDS
STRIBILD TABS 150MG; 150MG; 200MG; 300MG	1	NEDS
TIVICAY PD TBSO 5MG	1	
TIVICAY TABS 10MG	1	
TIVICAY TABS 25MG, 50MG	1	NEDS
<i>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</i>		
DELSTRIGO TABS 100MG; 300MG; 300MG	1	NEDS
EDURANT PED TBSO 2.5MG	1	NEDS
EDURANT TABS 25MG	1	NEDS
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate tabs 600mg; 200mg; 300mg</i>	1	
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate tabs 400mg; 300mg; 300mg, 600mg; 300mg; 300mg</i>	1	NEDS
<i>efavirenz caps 200mg, 50mg</i>	1	
<i>efavirenz tabs 600mg</i>	1	
<i>emtricitabine/rilpivirine/tenofovir disoproxil fumarate tabs 200mg; 25mg; 300mg</i>	1	NEDS
<i>etravirine tabs 100mg, 200mg</i>	1	NEDS
INTELENCE TABS 25MG	1	
<i>nevirapine er tb24 400mg</i>	1	
<i>nevirapine susp 50mg/5ml</i>	1	
<i>nevirapine tabs 200mg</i>	1	
PIFELTRO TABS 100MG	1	NEDS
<i>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</i>		
<i>abacavir sulfate/lamivudine tabs 600mg; 300mg</i>	1	
<i>abacavir soln 20mg/ml</i>	1	
<i>abacavir tabs 300mg</i>	1	
CIMDUO TABS 300MG; 300MG	1	NEDS
DESCOVY TABS 120MG; 15MG, 200MG; 25MG	1	NEDS
<i>emtricitabine/tenofovir disoproxil fumarate tabs 100mg; 150mg, 200mg; 300mg</i>	1	
<i>emtricitabine/tenofovir disoproxil fumarate tabs 133mg; 200mg</i>	1	NEDS
<i>emtricitabine/tenofovir disoproxil tabs 167mg; 250mg</i>	1	
<i>emtricitabine caps 200mg</i>	1	
EMTRIVA SOLN 10MG/ML	1	
<i>lamivudine/zidovudine tabs 150mg; 300mg</i>	1	
<i>lamivudine soln 10mg/ml</i>	1	
<i>lamivudine tabs 150mg, 300mg</i>	1	
ODEFSEY TABS 200MG; 25MG; 25MG	1	NEDS

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Drug Name	Drug Tier	Requirements/Limits
<i>tenofovir disoproxil fumarate tabs 300mg</i>	1	
TRIUMEQ PD TBSO 60MG; 5MG; 30MG	1	
TRIUMEQ TABS 600MG; 50MG; 300MG	1	NEDS
VIREAD POWD 40MG/GM	1	NEDS
VIREAD TABS 150MG, 200MG, 250MG	1	NEDS
<i>zidovudine caps 100mg</i>	1	
<i>zidovudine syrup 50mg/5ml</i>	1	
<i>zidovudine tabs 300mg</i>	1	
Anti-HIV Agents, Other		
FUZEON INJ 90MG	1	NEDS
<i>maraviroc tabs 300mg</i>	1	QL(120 EA per 30 days); NEDS
<i>maraviroc tabs 150mg</i>	1	QL(60 EA per 30 days); NEDS
RUKOBIA TB12 600MG	1	NEDS
SELZENTRY SOLN 20MG/ML	1	QL(1800 ML per 30 days)
SELZENTRY TABS 25MG	1	QL(480 EA per 30 days)
SELZENTRY TABS 75MG	1	QL(60 EA per 30 days); NEDS
SUNLENCA TABS 300MG	1	QL(24 EA per 168 days); NEDS
SUNLENCA TBPK 300MG	1	NEDS
TYBOST TABS 150MG	1	
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS CAPS 250MG	1	NEDS
<i>atazanavir sulfate caps 300mg</i>	1	
<i>atazanavir caps 150mg, 200mg</i>	1	
<i>darunavir tabs 600mg</i>	1	
<i>darunavir tabs 800mg</i>	1	NEDS
EVOTAZ TABS 300MG; 150MG	1	NEDS
<i>fosamprenavir calcium tabs 700mg</i>	1	NEDS
KALETRA SOLN 400MG/5ML; 100MG/5ML	1	
LEXIVA SUSP 50MG/ML	1	
<i>lopinavir/ritonavir soln 400mg/5ml; 100mg/5ml</i>	1	
<i>lopinavir/ritonavir tabs 100mg; 25mg, 200mg; 50mg</i>	1	
NORVIR PACK 100MG	1	
PREZCOBIX TABS 150MG; 675MG, 150MG; 800MG	1	NEDS
PREZISTA SUSP 100MG/ML	1	NEDS
PREZISTA TABS 75MG	1	
PREZISTA TABS 150MG	1	NEDS
REYATAZ PACK 50MG	1	NEDS
<i>ritonavir tabs 100mg</i>	1	
SYMTUZA TABS 150MG; 800MG; 200MG; 10MG	1	NEDS
VIRACEPT TABS 250MG	1	
VIRACEPT TABS 625MG	1	NEDS
Anti-influenza Agents		
<i>amantadine hcl caps 100mg</i>	1	
<i>amantadine hcl soln 50mg/5ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>amantadine hcl tabs 100mg</i>	1	
<i>oseltamivir phosphate caps 30mg, 45mg, 75mg</i>	1	
<i>oseltamivir phosphate susr 6mg/ml</i>	1	
RELENZA DISKHALER AEPB 5MG/BLISTER	1	
<i>rimantadine hydrochloride tabs 100mg</i>	1	
XOFLUZA TBPK 40MG, 80MG	1	QL(1 EA per 7 days)
<i>Antiherpetic Agents</i>		
<i>acyclovir sodium inj 50mg/ml</i>	1	PA BvD
<i>acyclovir caps 200mg</i>	1	
<i>acyclovir susp 200mg/5ml</i>	1	
<i>acyclovir tabs 400mg, 800mg</i>	1	
<i>famciclovir tabs 125mg, 250mg, 500mg</i>	1	
<i>valacyclovir hydrochloride tabs 1gm, 500mg</i>	1	
<i>Antiviral, Coronavirus Agents</i>		
LAGEVRIO CAPS 200MG	1	QL(40 EA per 5 days)
PAXLOVID TBPK 300MG-100MG DAY 1; 150MG-100MG DAYS 2-5	1	QL(11 EA per 5 days)
PAXLOVID TBPK 150MG-100MG	1	QL(20 EA per 5 days)
PAXLOVID TBPK 300MG-100MG	1	QL(30 EA per 5 days)
Anxiolytics		
<i>Anxiolytics, Other</i>		
<i>buspirone hcl tabs 15mg</i>	1	
<i>buspirone hydrochloride tabs 10mg, 30mg, 5mg, 7.5mg</i>	1	
<i>Benzodiazepines</i>		
<i>alprazolam tabs 0.25mg, 0.5mg, 1mg, 2mg</i>	1	
<i>clorazepate dipotassium tabs 15mg, 3.75mg, 7.5mg</i>	1	
<i>diazepam intensol conc 5mg/ml</i>	1	
<i>diazepam soln 5mg/5ml</i>	1	
<i>diazepam tabs 10mg, 2mg, 5mg</i>	1	
<i>lorazepam intensol conc 2mg/ml</i>	1	
<i>lorazepam tabs 0.5mg, 1mg, 2mg</i>	1	
Bipolar Agents		
<i>Mood Stabilizers</i>		
<i>lithium carbonate er tbcr 300mg, 450mg</i>	1	
<i>lithium carbonate caps 150mg, 300mg, 600mg</i>	1	
<i>lithium carbonate tabs 300mg</i>	1	
<i>lithium soln 8meq/5ml</i>	1	
Blood Glucose Regulators		
<i>Antidiabetic Agents</i>		
<i>acarbose tabs 100mg, 25mg, 50mg</i>	1	
<i>glimepiride tabs 1mg, 2mg, 4mg</i>	1	
<i>glipizide er tb24 10mg, 2.5mg, 5mg</i>	1	
<i>glipizide/metformin hydrochloride tabs 2.5mg; 250mg, 2.5mg; 500mg, 5mg; 500mg</i>	1	

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<i>glipizide tabs 10mg, 5mg</i>	1	
<i>glyburide micronized tabs 1.5mg, 3mg, 6mg</i>	1	
<i>glyburide/metformin hydrochloride tabs 1.25mg; 250mg, 2.5mg; 500mg, 5mg; 500mg</i>	1	
<i>glyburide tabs 1.25mg, 2.5mg, 5mg</i>	1	
GLYXAMBI TABS 10MG; 5MG, 25MG; 5MG	1	
JANUMET XR TB24 1000MG; 100MG, 1000MG; 50MG, 500MG; 50MG	1	
JANUMET TABS 1000MG; 50MG, 500MG; 50MG	1	
JANUVIA TABS 100MG, 25MG, 50MG	1	
JENTADUETO XR TB24 2.5MG; 1000MG, 5MG; 1000MG	1	
JENTADUETO TABS 2.5MG; 1000MG, 2.5MG; 500MG, 2.5MG; 850MG	1	
<i>metformin hydrochloride er tb24 500mg, 750mg</i>	1	
<i>metformin hydrochloride soln 500mg/5ml</i>	1	
<i>metformin hydrochloride tabs 1000mg, 500mg, 850mg</i>	1	
<i>miglitol tabs 100mg, 25mg, 50mg</i>	1	
MOUNJARO INJ 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML, 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML	1	PA
<i>nateglinide tabs 120mg, 60mg</i>	1	
OZEMPIC INJ 2MG/3ML, 4MG/3ML, 8MG/3ML	1	PA
<i>pioglitazone hcl-glimepiride tabs 2mg; 30mg, 4mg; 30mg</i>	1	
<i>pioglitazone hcl/metformin hcl tabs 500mg; 15mg, 850mg; 15mg</i>	1	
<i>pioglitazone hcl tabs 45mg</i>	1	
<i>pioglitazone hydrochloride tabs 15mg, 30mg</i>	1	
<i>repaglinide tabs 0.5mg, 1mg, 2mg</i>	1	
RYBELSUS TABS 1.5MG, 14MG, 3MG, 4MG, 7MG, 9MG	1	PA
<i>saxagliptin hydrochloride tabs 2.5mg, 5mg</i>	1	
SYMLINPEN 120 INJ 2700MCG/2.7ML	1	NEDS
SYMLINPEN 60 INJ 1500MCG/1.5ML	1	NEDS
SYNJARDY XR TB24 10MG; 1000MG, 12.5MG; 1000MG, 25MG; 1000MG, 5MG; 1000MG	1	
SYNJARDY TABS 12.5MG; 1000MG, 12.5MG; 500MG, 5MG; 1000MG, 5MG; 500MG	1	
TRADJENTA TABS 5MG	1	
TRULICITY INJ 0.75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML	1	PA
XIGDUO XR TB24 10MG; 1000MG, 10MG; 500MG, 2.5MG; 1000MG, 5MG; 1000MG, 5MG; 500MG	1	
Glycemic Agents		
BAQSIMI ONE PACK POWD 3MG/DOSE	1	
BAQSIMI TWO PACK POWD 3MG/DOSE	1	
<i>diazoxide susp 50mg/ml</i>	1	

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GLUCAGEN HYPOKIT INJ 1MG	1	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJ 1MG/ML, 1MG	1	
GLUCAGON EMERGENCY KIT INJ 1MG	1	
GVOKE HYPOPEN 1-PACK INJ 0.5MG/0.1ML, 1MG/0.2ML	1	
GVOKE HYPOPEN 2-PACK INJ 0.5MG/0.1ML, 1MG/0.2ML	1	
GVOKE KIT INJ 1MG/0.2ML	1	
GVOKE PFS INJ 0.5MG/0.1ML, 1MG/0.2ML	1	
Insulins		
FIASP FLEXTOUCH INJ 100UNIT/ML	1	
FIASP PENFILL INJ 100UNIT/ML	1	
FIASP INJ 100UNIT/ML	1	
HUMALOG JUNIOR KWIKPEN INJ 100UNIT/ML	1	
HUMALOG KWIKPEN INJ 100UNIT/ML, 200UNIT/ML	1	
HUMALOG MIX 50/50 KWIKPEN INJ 50UNIT/ML; 50UNIT/ML	1	
HUMALOG MIX 50/50 INJ 50UNIT/ML; 50UNIT/ML	1	
HUMALOG MIX 75/25 KWIKPEN INJ 25UNIT/ML; 75UNIT/ML	1	
HUMALOG MIX 75/25 INJ 25UNIT/ML; 75UNIT/ML	1	
HUMALOG INJ 100UNIT/ML	1	
HUMULIN 70/30 KWIKPEN INJ 30UNIT/ML; 70UNIT/ML	1	
HUMULIN 70/30 INJ 30UNIT/ML; 70UNIT/ML	1	
HUMULIN N KWIKPEN INJ 100UNIT/ML	1	
HUMULIN N INJ 100UNIT/ML	1	
HUMULIN R U-500 (CONCENTRATED) INJ 500UNIT/ML	1	
HUMULIN R U-500 KWIKPEN INJ 500UNIT/ML	1	
HUMULIN R INJ 100UNIT/ML	1	
<i>insulin aspart flexpen inj 100unit/ml</i>	1	
<i>insulin aspart penfill inj 100unit/ml</i>	1	
<i>insulin aspart protamine/insulin aspart inj 30%; 70%</i>	1	
<i>insulin aspart inj 100unit/ml</i>	1	
<i>insulin lispro junior kwikpen inj 100unit/ml</i>	1	
<i>insulin lispro kwikpen inj 100unit/ml</i>	1	
<i>insulin lispro protamine/insulin lispro kwikpen inj 25unit/ml; 75unit/ml</i>	1	
INSULIN LISPRO INJ 100UNIT/ML	1	
LANTUS SOLOSTAR INJ 100UNIT/ML	1	
LANTUS INJ 100UNIT/ML	1	
NOVOLIN 70/30 FLEXPEN INJ 30UNIT/ML; 70UNIT/ML	1	
NOVOLIN 70/30 INJ 30UNIT/ML; 70UNIT/ML	1	
NOVOLIN N FLEXPEN INJ 100UNIT/ML	1	

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NOVOLIN N INJ 100UNIT/ML	1	
NOVOLIN R FLEXPEN INJ 100UNIT/ML	1	
NOVOLIN R INJ 100UNIT/ML	1	
NOVOLOG FLEXPEN INJ 100UNIT/ML	1	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN INJ 30UNIT/ML; 70UNIT/ML	1	
NOVOLOG MIX 70/30 INJ 30UNIT/ML; 70UNIT/ML	1	
NOVOLOG PENFILL INJ 100UNIT/ML	1	
NOVOLOG INJ 100UNIT/ML	1	
TOUJEO MAX SOLOSTAR INJ 300UNIT/ML	1	
TOUJEO SOLOSTAR INJ 300UNIT/ML	1	
TRESIBA FLEXTOUCH INJ 100UNIT/ML, 200UNIT/ML	1	
TRESIBA INJ 100UNIT/ML	1	
Blood Products and Modifiers		
Anticoagulants		
<i>dabigatran etexilate caps 110mg, 150mg, 75mg</i>	1	
ELIQUIS STARTER PACK TBPK 5MG	1	
ELIQUIS TABS 2.5MG, 5MG	1	
<i>enoxaparin sodium inj 100mg/ml, 120mg/0.8ml, 150mg/ml, 300mg/3ml, 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml</i>	1	
<i>fondaparinux sodium inj 2.5mg/0.5ml</i>	1	
<i>fondaparinux sodium inj 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	1	NEDS
<i>heparin sodium/d5w inj 5%; 40unit/ml</i>	1	
<i>heparin sodium inj 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml, 5000unit/ml</i>	1	
<i>jantoven tabs 10mg, 1mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg, 7.5mg</i>	1	
<i>rivaroxaban susr 1mg/ml</i>	1	
<i>warfarin sodium tabs 10mg, 1mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg, 7.5mg</i>	1	
XARELTO STARTER PACK TBPK 0	1	
XARELTO SUSR 1MG/ML	1	
XARELTO TABS 10MG, 15MG, 2.5MG, 20MG	1	
Blood Products and Modifiers, Other		
<i>anagrelide hydrochloride caps 0.5mg, 1mg</i>	1	
<i>eltrombopag olamine pack 12.5mg, 25mg</i>	1	PA; NEDS
<i>eltrombopag olamine tabs 12.5mg, 25mg, 50mg, 75mg</i>	1	PA; NEDS
MOZOBIL INJ 24MG/1.2ML	1	NEDS
NEULASTA ONPRO KIT INJ 6MG/0.6ML	1	NEDS
NEULASTA INJ 6MG/0.6ML	1	NEDS; SP-Optum Specialty
<i>plerixafor inj 24mg/1.2ml</i>	1	NEDS
PROCIT INJ 20000UNIT/ML, 40000UNIT/ML	1	NEDS; SP-Optum Specialty

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Drug Name	Drug Tier	Requirements/Limits
PROCRIT INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	1	SP-Optum Specialty
RETACRIT INJ 40000UNIT/ML	1	NEDS; SP-Optum Specialty
RETACRIT INJ 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	1	SP-Optum Specialty
UDENYCA ONBODY INJ 6MG/0.6ML	1	NEDS
UDENYCA INJ 6MG/0.6ML	1	NEDS; SP-Optum Specialty
ZARXIO INJ 300MCG/0.5ML, 480MCG/0.8ML	1	NEDS; SP-Optum Specialty
Hemostasis Agents		
<i>aminocaproic acid inj 250mg/ml</i>	1	
<i>aminocaproic acid oral soln 0.25gm/ml</i>	1	
<i>aminocaproic acid tabs 500mg</i>	1	
<i>tranexamic acid tabs 650mg</i>	1	
Platelet Modifying Agents		
<i>aspirin/dipyridamole er cp12 25mg; 200mg</i>	1	
CABLIVI INJ 11MG	1	NEDS
<i>cilostazol tabs 100mg, 50mg</i>	1	
<i>clopidogrel tabs 300mg, 75mg</i>	1	
DOPTELET TABS 20MG	1	PA; NEDS; SP-Optum Specialty
<i>prasugrel hydrochloride tabs 10mg, 5mg</i>	1	
<i>ticagrelor tabs 60mg, 90mg</i>	1	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
<i>clonidine hydrochloride tabs 0.1mg, 0.2mg, 0.3mg</i>	1	
<i>clonidine ptwk 0.1mg/24hr, 0.2mg/24hr, 0.3mg/24hr</i>	1	
<i>droxidopa caps 100mg</i>	1	PA
<i>droxidopa caps 200mg, 300mg</i>	1	PA; NEDS
<i>midodrine hydrochloride tabs 10mg, 2.5mg, 5mg</i>	1	
Alpha-adrenergic Blocking Agents		
<i>prazosin hydrochloride caps 1mg, 2mg, 5mg</i>	1	
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil tabs 16mg, 32mg, 4mg, 8mg</i>	1	
<i>irbesartan tabs 150mg, 300mg, 75mg</i>	1	
<i>losartan potassium tabs 100mg, 25mg, 50mg</i>	1	
<i>olmesartan medoxomil tabs 20mg, 40mg, 5mg</i>	1	
<i>telmisartan tabs 20mg, 40mg, 80mg</i>	1	
<i>valsartan tabs 160mg, 320mg, 40mg, 80mg</i>	1	
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>benazepril hydrochloride tabs 10mg, 20mg, 40mg, 5mg</i>	1	
<i>captopril tabs 100mg, 12.5mg, 25mg, 50mg</i>	1	
<i>enalapril maleate tabs 10mg, 2.5mg, 20mg, 5mg</i>	1	
<i>fosinopril sodium tabs 10mg, 20mg, 40mg</i>	1	
<i>lisinopril tabs 10mg, 2.5mg, 20mg, 30mg, 40mg, 5mg</i>	1	

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<i>moexipril hydrochloride tabs 15mg, 7.5mg</i>	1	
<i>perindopril erbumine tabs 2mg, 4mg, 8mg</i>	1	
<i>quinapril hydrochloride tabs 10mg, 20mg, 40mg, 5mg</i>	1	
<i>ramipril caps 1.25mg, 10mg, 2.5mg, 5mg</i>	1	
<i>trandolapril tabs 1mg, 2mg, 4mg</i>	1	
Antiarrhythmics		
<i>amiodarone hydrochloride tabs 100mg, 200mg, 400mg</i>	1	
<i>digoxin inj 0.25mg/ml</i>	1	
<i>digoxin oral soln 0.05mg/ml</i>	1	
<i>digoxin tabs 125mcg, 250mcg</i>	1	
<i>DOFETILIDE CAPS 125MCG</i>	1	
<i>dofetilide caps 250mcg, 500mcg</i>	1	
<i>flecainide acetate tabs 100mg, 150mg, 50mg</i>	1	
<i>mexiletine hydrochloride caps 150mg, 200mg, 250mg</i>	1	
<i>MULTAQ TABS 400MG</i>	1	
<i>propafenone hcl tabs 150mg, 225mg, 300mg</i>	1	
<i>propafenone hydrochloride er cp12 225mg, 325mg, 425mg</i>	1	
<i>propafenone hydrochloride tabs 225mg, 300mg</i>	1	
<i>quinidine sulfate tabs 200mg, 300mg</i>	1	
<i>sotalol hcl tabs 120mg, 160mg, 240mg</i>	1	
<i>sotalol hydrochloride (af) tabs 120mg, 160mg, 80mg</i>	1	
<i>sotalol hydrochloride tabs 80mg</i>	1	
Beta-adrenergic Blocking Agents		
<i>acebutolol hydrochloride caps 200mg, 400mg</i>	1	
<i>atenolol tabs 100mg, 25mg, 50mg</i>	1	
<i>bisoprolol fumarate tabs 10mg, 5mg</i>	1	
<i>carvedilol tabs 12.5mg, 25mg, 3.125mg, 6.25mg</i>	1	
<i>labetalol hydrochloride tabs 100mg, 200mg, 300mg</i>	1	
<i>metoprolol succinate er tb24 100mg, 200mg, 25mg, 50mg</i>	1	
<i>metoprolol tartrate tabs 100mg, 25mg, 37.5mg, 50mg, 75mg</i>	1	
<i>nadolol tabs 20mg, 40mg, 80mg</i>	1	
<i>nebivolol hydrochloride tabs 10mg, 2.5mg, 20mg, 5mg</i>	1	
<i>pindolol tabs 10mg, 5mg</i>	1	
<i>propranolol hcl soln 40mg/5ml</i>	1	
<i>propranolol hcl tabs 40mg</i>	1	
<i>propranolol hydrochloride er cp24 120mg, 160mg, 60mg, 80mg</i>	1	
<i>propranolol hydrochloride soln 20mg/5ml</i>	1	
<i>propranolol hydrochloride tabs 10mg, 20mg, 60mg, 80mg</i>	1	
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate tabs 10mg, 2.5mg, 5mg</i>	1	
<i>felodipine er tb24 10mg, 2.5mg, 5mg</i>	1	
<i>nifedipine er tb24 30mg, 60mg, 90mg</i>	1	
<i>nimodipine caps 30mg</i>	1	

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Calcium Channel Blocking Agents, Nondihydropyridines		
cartia xt cp24 120mg, 180mg, 240mg, 300mg	1	
dilt-xr cp24 120mg, 180mg, 240mg	1	
diltiazem hcl cd cp24 360mg	1	
diltiazem hcl er cp12 120mg, 60mg, 90mg	1	
diltiazem hcl er cp24 120mg, 180mg, 240mg, 420mg	1	
diltiazem hcl er tb24 300mg, 360mg, 420mg	1	
diltiazem hcl tabs 30mg, 60mg	1	
diltiazem hydrochloride er cp24 120mg, 180mg, 240mg, 300mg, 360mg	1	
diltiazem hydrochloride er tb24 120mg, 180mg, 240mg, 300mg, 360mg	1	
diltiazem hydrochloride tabs 120mg, 90mg	1	
matzim la tb24 180mg, 240mg, 300mg, 360mg, 420mg	1	
taztia xt cp24 120mg, 180mg, 240mg, 300mg, 360mg	1	
tiadylt er cp24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
verapamil hcl er cp24 100mg, 300mg	1	
verapamil hcl er tbcr 120mg	1	
verapamil hcl sr cp24 120mg, 180mg, 240mg, 360mg	1	
verapamil hcl tabs 40mg, 80mg	1	
verapamil hydrochloride er cp24 100mg, 200mg, 300mg	1	
verapamil hydrochloride er tbcr 180mg, 240mg	1	
verapamil hydrochloride tabs 120mg	1	
Cardiovascular Agents, Other		
aliskiren tabs 150mg, 300mg	1	
amiloride/hydrochlorothiazide tabs 5mg; 50mg	1	
amlodipine besylate/atorvastatin calcium tabs 10mg; 10mg, 10mg; 20mg, 10mg; 40mg, 10mg; 80mg, 2.5mg; 10mg, 2.5mg; 20mg, 2.5mg; 40mg, 5mg; 10mg, 5mg; 20mg, 5mg; 40mg, 5mg; 80mg	1	
amlodipine besylate/benazepril hydrochloride caps 10mg; 20mg, 10mg; 40mg, 2.5mg; 10mg, 5mg; 10mg, 5mg; 20mg, 5mg; 40mg	1	
amlodipine besylate/valsartan tabs 10mg; 160mg, 10mg; 320mg, 5mg; 160mg, 5mg; 320mg	1	
amlodipine/olmesartan medoxomil tabs 10mg; 20mg, 10mg; 40mg, 5mg; 20mg, 5mg; 40mg	1	
amlodipine/valsartan/hydrochlorothiazide tabs 10mg; 12.5mg; 160mg, 10mg; 25mg; 160mg, 5mg; 12.5mg; 160mg, 5mg; 25mg; 160mg	1	
atenolol/chlorthalidone tabs 100mg; 25mg, 50mg; 25mg	1	
benazepril hydrochloride/hydrochlorothiazide tabs 10mg; 12.5mg, 20mg; 12.5mg, 20mg; 25mg, 5mg; 6.25mg	1	

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Drug Name	Drug Tier	Requirements/Limits
bisoprolol fumarate/hydrochlorothiazide tabs 10mg; 6.25mg, 2.5mg; 6.25mg, 5mg; 6.25mg	1	
candesartan cilexetil/hydrochlorothiazide tabs 16mg; 12.5mg, 32mg; 12.5mg, 32mg; 25mg	1	
CORLANOR SOLN 5MG/5ML	1	
enalapril maleate/hydrochlorothiazide tabs 10mg; 25mg, 5mg; 12.5mg	1	
ENTRESTO CPSP 15MG; 16MG, 6MG; 6MG	1	
ENTRESTO TABS 24MG; 26MG, 49MG; 51MG, 97MG; 103MG	1	
fosinopril sodium/hydrochlorothiazide tabs 10mg; 12.5mg, 20mg; 12.5mg	1	
irbesartan/hydrochlorothiazide tabs 12.5mg; 150mg, 12.5mg; 300mg	1	
ivabradine hydrochloride tabs 5mg, 7.5mg	1	
lisinopril/hydrochlorothiazide tabs 12.5mg; 10mg, 12.5mg; 20mg, 25mg; 20mg	1	
losartan potassium/hydrochlorothiazide tabs 12.5mg; 100mg, 12.5mg; 50mg, 25mg; 100mg	1	
metoprolol/hydrochlorothiazide tabs 25mg; 100mg, 25mg; 50mg, 50mg; 100mg	1	
metyrosine caps 250mg	1	NEDS
olmesartan medoxomil/amlodipine/hydrochlorothiazide tabs 10mg; 12.5mg; 40mg, 10mg; 25mg; 40mg, 5mg; 12.5mg; 20mg, 5mg; 12.5mg; 40mg, 5mg; 25mg; 40mg	1	
olmesartan medoxomil/hydrochlorothiazide tabs 12.5mg; 20mg, 12.5mg; 40mg, 25mg; 40mg	1	
pentoxifylline er tbcr 400mg	1	
quinapril/hydrochlorothiazide tabs 12.5mg; 10mg, 12.5mg; 20mg, 25mg; 20mg	1	
ranolazine er tb12 1000mg, 500mg	1	
spironolactone/hydrochlorothiazide tabs 25mg; 25mg	1	
telmisartan/amlodipine tabs 10mg; 40mg, 10mg; 80mg, 5mg; 40mg, 5mg; 80mg	1	
telmisartan/hydrochlorothiazide tabs 12.5mg; 40mg, 12.5mg; 80mg, 25mg; 80mg	1	
trandolapril/verapamil hcl er tbcr 1mg; 240mg, 2mg; 180mg, 2mg; 240mg, 4mg; 240mg	1	
triamterene/hydrochlorothiazide caps 25mg; 37.5mg	1	
triamterene/hydrochlorothiazide tabs 25mg; 37.5mg, 50mg; 75mg	1	
valsartan/hydrochlorothiazide tabs 12.5mg; 160mg, 12.5mg; 320mg, 12.5mg; 80mg, 25mg; 160mg, 25mg; 320mg	1	
Diuretics, Loop		

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Drug Name	Drug Tier	Requirements/Limits
<i>bumetanide inj 0.25mg/ml</i>	1	
<i>bumetanide tabs 0.5mg, 1mg, 2mg</i>	1	
<i>ethacrynic acid tabs 25mg</i>	1	
<i>furosemide inj 10mg/ml</i>	1	
<i>furosemide oral soln 10mg/ml, 40mg/5ml</i>	1	
<i>furosemide tabs 20mg, 40mg, 80mg</i>	1	
<i>torsemide tabs 100mg, 10mg, 20mg, 5mg</i>	1	
Diuretics, Potassium-sparing		
<i>amiloride hcl tabs 5mg</i>	1	
<i>triamterene caps 100mg, 50mg</i>	1	
Diuretics, Thiazide		
<i>chlorthalidone tabs 25mg, 50mg</i>	1	
<i>hydrochlorothiazide caps 12.5mg</i>	1	
<i>hydrochlorothiazide tabs 12.5mg, 25mg, 50mg</i>	1	
<i>indapamide tabs 1.25mg, 2.5mg</i>	1	
<i>metolazone tabs 10mg, 2.5mg, 5mg</i>	1	
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate micronized caps 134mg, 200mg, 67mg</i>	1	
<i>fenofibrate caps 130mg, 43mg, 50mg</i>	1	
<i>fenofibrate tabs 145mg, 160mg, 48mg, 54mg</i>	1	
<i>fenofibric acid dr cpdr 135mg, 45mg</i>	1	
<i>gemfibrozil tabs 600mg</i>	1	
Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium tabs 10mg, 20mg, 40mg, 80mg</i>	1	
<i>fluvastatin sodium er tb24 80mg</i>	1	
<i>fluvastatin caps 20mg, 40mg</i>	1	
<i>lovastatin tabs 10mg, 20mg, 40mg</i>	1	
<i>pitavastatin calcium tabs 1mg, 2mg, 4mg</i>	1	
<i>pravastatin sodium tabs 10mg, 20mg, 40mg, 80mg</i>	1	
<i>rosuvastatin calcium tabs 10mg, 20mg, 40mg, 5mg</i>	1	
<i>simvastatin tabs 10mg, 20mg, 40mg, 5mg, 80mg</i>	1	
Dyslipidemics, Other		
<i>cholestyramine light pack 4gm</i>	1	
<i>cholestyramine light powd 4gm/dose</i>	1	
<i>cholestyramine pack 4gm</i>	1	
<i>cholestyramine powd 4gm/dose</i>	1	
<i>colestipol hydrochloride gran 5gm</i>	1	
<i>colestipol hydrochloride pack 5gm</i>	1	
<i>colestipol hydrochloride tabs 1gm</i>	1	
<i>ezetimibe/simvastatin tabs 10mg; 10mg, 10mg; 20mg, 10mg; 40mg, 10mg; 80mg</i>	1	
<i>ezetimibe tabs 10mg</i>	1	
<i>icosapent ethyl caps 0.5gm, 1gm</i>	1	
NEXLETOL TABS 180MG	1	PA

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NEXLIZET TABS 180MG; 10MG	1	PA
niacin er tbcr 1000mg, 500mg, 750mg	1	
omega-3-acid ethyl esters caps 375mg; 465mg; 1gm	1	
PRALUENT INJ 150MG/ML, 75MG/ML	1	PA
prevalite pack 4gm	1	
prevalite powd 4gm/dose	1	
REPATHA PUSHTRONEX SYSTEM INJ 420MG/3.5ML	1	PA
REPATHA SURECLICK INJ 140MG/ML	1	PA
REPATHA INJ 140MG/ML	1	PA
Mineralocorticoid Receptor Antagonists		
eplerenone tabs 25mg, 50mg	1	
KERENDIA TABS 10MG, 20MG, 40MG	1	PA
spironolactone tabs 100mg, 25mg, 50mg	1	
Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)		
dapagliflozin propanediol tabs 10mg, 5mg	1	
FARXIGA TABS 10MG, 5MG	1	
JARDIANCE TABS 10MG, 25MG	1	
Vasodilators, Direct-acting Arterial/Venous		
isosorbide dinitrate tabs 10mg, 20mg, 30mg, 40mg, 5mg	1	
isosorbide mononitrate er tb24 120mg, 30mg, 60mg	1	
isosorbide mononitrate tabs 10mg, 20mg	1	
nitroglycerin transdermal pt24 0.1mg/hr, 0.2mg/hr, 0.4mg/hr, 0.6mg/hr	1	
nitroglycerin soln 0.4mg/spray	1	
nitroglycerin subl 0.3mg, 0.4mg, 0.6mg	1	
VERQUVO TABS 10MG, 2.5MG, 5MG	1	
Vasodilators, Direct-acting Arterial		
hydralazine hydrochloride tabs 100mg, 10mg, 25mg, 50mg	1	
minoxidil tabs 10mg, 2.5mg	1	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
amphetamine/dextroamphetamine cp24 1.25mg; 1.25mg; 1.25mg; 1.25mg; 2.5mg; 2.5mg; 2.5mg; 2.5mg; 2.5mg, 3.75mg; 3.75mg; 3.75mg; 3.75mg, 5mg; 5mg; 5mg; 6.25mg; 6.25mg; 6.25mg; 6.25mg, 7.5mg; 7.5mg; 7.5mg; 7.5mg	1	
amphetamine/dextroamphetamine tabs 1.25mg; 1.25mg; 1.25mg; 1.25mg, 1.875mg; 1.875mg; 1.875mg; 1.875mg, 2.5mg; 2.5mg; 2.5mg, 3.125mg; 3.125mg; 3.125mg; 3.125mg, 3.75mg; 3.75mg; 3.75mg; 3.75mg, 5mg; 5mg; 5mg; 5mg, 7.5mg; 7.5mg; 7.5mg; 7.5mg	1	
dextroamphetamine sulfate er cp24 10mg, 15mg, 5mg	1	
dextroamphetamine sulfate tabs 10mg, 15mg, 20mg, 30mg, 5mg	1	

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Drug Name	Drug Tier	Requirements/Limits
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
atomoxetine hydrochloride caps 10mg, 25mg	1	QL(60 EA per 30 days)
atomoxetine caps 100mg, 80mg	1	QL(30 EA per 30 days)
atomoxetine caps 10mg, 18mg, 25mg, 40mg, 60mg	1	QL(60 EA per 30 days)
clonidine hydrochloride er tb12 0.1mg	1	
dexamphetamine hcl er cp24 20mg, 35mg	1	
dexamphetamine hcl tabs 10mg, 5mg	1	
dexamphetamine hydrochloride er cp24 10mg, 15mg, 30mg, 40mg, 5mg	1	
dexamphetamine hydrochloride cp24 25mg	1	
dexamphetamine hydrochloride tabs 2.5mg	1	
guanfacine hydrochloride er tb24 1mg, 2mg, 3mg, 4mg	1	QL(90 EA per 90 days)
methylphenidate hydrochloride er (cd) cpcr 10mg, 20mg, 30mg, 40mg, 50mg, 60mg	1	
methylphenidate hydrochloride er (la) cp24 10mg, 20mg, 30mg, 40mg, 60mg	1	
methylphenidate hydrochloride er (osm) tbcr 18mg, 27mg, 36mg, 54mg	1	
methylphenidate hydrochloride er tb24 18mg, 27mg, 36mg, 54mg	1	
methylphenidate hydrochloride er tbcr 10mg, 20mg	1	
methylphenidate hydrochloride chew 10mg, 2.5mg, 5mg	1	
methylphenidate hydrochloride soln 10mg/5ml, 5mg/5ml	1	
methylphenidate hydrochloride tabs 10mg, 20mg, 5mg	1	
Central Nervous System, Other		
AUSTEDO XR PATIENT TITRATION KIT TEPK 12MG; 18MG; 24MG; 30MG	1	QL(56 EA per 365 days); PA; NEDS
AUSTEDO XR PATIENT TITRATION KIT TEPK 6MG; 12MG; 24 MG	1	QL(84 EA per 365 days); PA; NEDS
AUSTEDO XR TB24 6MG	1	QL(210 EA per 30 days); PA; NEDS
AUSTEDO XR TB24 18MG, 30MG, 36MG, 42MG, 48MG	1	QL(30 EA per 30 days); PA; NEDS
AUSTEDO XR TB24 24MG	1	QL(60 EA per 30 days); PA; NEDS
AUSTEDO XR TB24 12MG	1	QL(90 EA per 30 days); PA; NEDS
AUSTEDO TABS 12MG, 6MG, 9MG	1	PA; NEDS; SP-Optum Specialty
COBENFY STARTER PACK CPPK 20MG; 0	1	QL(112 EA per 365 days); PA NSO; NEDS
COBENFY CAPS 20MG; 100MG, 20MG; 50MG, 30MG; 125MG	1	QL(60 EA per 30 days); PA NSO; NEDS
NUEDEXTA CAPS 20MG; 10MG	1	PA; NEDS
RADICAVA ORS STARTER KIT SUSP 105MG/5ML	1	PA; NEDS
RADICAVA ORS SUSP 105MG/5ML	1	PA; NEDS; SP-Optum Specialty
riluzole tabs 50mg	1	
tetrabenazine tabs 12.5mg, 25mg	1	PA; SP-Optum Specialty

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VEOZAH TABS 45MG	1	QL(30 EA per 30 days); PA
Fibromyalgia Agents		
SAVELLA TITRATION PACK MISC 0	1	
SAVELLA TABS 100MG, 12.5MG, 25MG, 50MG	1	
Multiple Sclerosis Agents		
AVONEX PEN INJ 30MCG/0.5ML	1	NEDS; SP-Optum Specialty
AVONEX INJ 30MCG/0.5ML	1	NEDS; SP-Optum Specialty
BETASERON INJ 0.3MG	1	NEDS; SP-Optum Specialty
<i>dalfampridine er tb12 10mg</i>	1	SP-Optum Specialty
<i>dimethyl fumarate cpdr 120mg, 240mg</i>	1	SP-Optum Specialty
<i>fingolimod hydrochloride caps 0.5mg</i>	1	NEDS
<i>glatiramer acetate inj 40mg/ml</i>	1	QL(12 ML per 28 days); NEDS
<i>glatiramer acetate inj 20mg/ml</i>	1	QL(30 ML per 30 days); NEDS
KESIMPTA INJ 20MG/0.4ML	1	PA; NEDS; SP-Optum Specialty
PLEGRIDY STARTER PACK INJ 0	1	NEDS; SP-Optum Specialty
PLEGRIDY INJ 125MCG/0.5ML	1	NEDS; SP-Optum Specialty
REBIF REBIDOSE TITRATION PACK INJ 0	1	ST; NEDS; SP-Optum Specialty
REBIF REBIDOSE INJ 22MCG/0.5ML, 44MCG/0.5ML	1	ST; NEDS; SP-Optum Specialty
REBIF TITRATION PACK INJ 0	1	ST; NEDS; SP-Optum Specialty
REBIF INJ 22MCG/0.5ML, 44MCG/0.5ML	1	ST; NEDS; SP-Optum Specialty
<i>teriflunomide tabs 14mg, 7mg</i>	1	
VUMERTY CPDR 231MG	1	NEDS; SP-Optum Specialty
ZEPOSIA 7-DAY STARTER PACK CPPK 0	1	NEDS
ZEPOSIA CAPS 0.92MG	1	NEDS
Dental and Oral Agents		
Dental and Oral Agents		
<i>cevimeline hydrochloride caps 30mg</i>	1	
<i>chlorhexidine gluconate soln 0.12%</i>	1	
<i>kourzeq pste 0.1%</i>	1	
<i>lidocaine hydrochloride viscous soln 2%</i>	1	
<i>lidocaine viscous soln 2%</i>	1	
<i>oralone dental paste pste 0.1%</i>	1	
<i>periogard soln 0.12%</i>	1	
<i>pilocarpine hydrochloride tabs 5mg, 7.5mg</i>	1	
<i>sf 5000 plus crea 1.1%</i>	1	
<i>sodium fluoride 5000 plus crea 1.1%</i>	1	
<i>sodium fluoride 5000 ppm crea 1.1%</i>	1	
<i>sodium fluoride crea 1.1%</i>	1	
<i>triamcinolone acetonide dental paste pste 0.1%</i>	1	
Dermatological Agents		
Acne and Rosacea Agents		
<i>accutane caps 10mg, 20mg, 30mg, 40mg</i>	1	
<i>acitretin caps 10mg, 17.5mg, 25mg</i>	1	
<i>adapalene gel 0.1%, 0.3%</i>	1	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>amnesteem caps 10mg, 20mg, 30mg, 40mg</i>	1	
<i>azelaic acid gel 15%</i>	1	
<i>claravis caps 10mg, 20mg, 30mg, 40mg</i>	1	
<i>clindamycin phosphate/benzoyl peroxide gel 2.5%; 1.2%, 5%; 1.2%</i>	1	
<i>clindamycin/benzoyl peroxide gel 5%; 1%</i>	1	
<i>isotretinoin caps 10mg, 20mg, 25mg, 30mg, 35mg, 40mg</i>	1	
<i>metronidazole crea 0.75%</i>	1	
<i>metronidazole gel 0.75%, 1%</i>	1	
<i>metronidazole lotn 0.75%</i>	1	
<i>tazarotene crea 0.05%, 0.1%</i>	1	PA
<i>tazarotene gel 0.05%, 0.1%</i>	1	PA
<i>tretinoiin crea 0.025%, 0.05%, 0.1%</i>	1	PA
ZENATANE CAPS 10MG, 20MG, 30MG, 40MG	1	
Dermatitis and Pruritus Agents		
<i>ammonium lactate crea 12%</i>	1	
<i>ammonium lactate lotn 12%</i>	1	
<i>betamethasone dipropionate augmented crea 0.05%</i>	1	
<i>betamethasone dipropionate augmented gel 0.05%</i>	1	
<i>betamethasone dipropionate augmented lotn 0.05%</i>	1	
<i>betamethasone dipropionate augmented oint 0.05%</i>	1	
BETAMETHASONE DIPROPIONATE CREA 0.05%	1	
<i>betamethasone dipropionate lotn 0.05%</i>	1	
<i>betamethasone dipropionate oint 0.05%</i>	1	
<i>betamethasone valerate crea 0.1%</i>	1	
<i>betamethasone valerate lotn 0.1%</i>	1	
<i>betamethasone valerate oint 0.1%</i>	1	
<i>clobetasol propionate e crea 0.05%</i>	1	QL(240 GM per 30 days)
<i>clobetasol propionate crea 0.05%</i>	1	QL(240 GM per 30 days)
<i>clobetasol propionate gel 0.05%</i>	1	QL(240 GM per 30 days)
<i>clobetasol propionate oint 0.05%</i>	1	QL(240 GM per 30 days)
CLOBETASOL PROPIONATE SHAM 0.05%	1	QL(236 ML per 30 days)
<i>clobetasol propionate soln 0.05%</i>	1	QL(200 ML per 30 days)
<i>clodan sham 0.05%</i>	1	QL(236 ML per 30 days)
DESONIDE CREA 0.05%	1	
DESONIDE OINT 0.05%	1	
<i>desoximetasone crea 0.05%, 0.25%</i>	1	
EUCRISA OINT 2%	1	PA
<i>fluocinolone acetonide body oil 0.01%</i>	1	
<i>fluocinolone acetonide scalp oil 0.01%</i>	1	
<i>fluocinolone acetonide topical oil 0.01%</i>	1	
<i>fluocinolone acetonide crea 0.01%, 0.025%</i>	1	
<i>fluocinolone acetonide oint 0.025%</i>	1	
<i>fluocinolone acetonide soln 0.01%</i>	1	

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<i>fluocinonide emulsified base crea 0.05%</i>	1	
<i>fluocinonide crea 0.05%, 0.1%</i>	1	
FLUOCINONIDE GEL 0.05%	1	
FLUOCINONIDE OINT 0.05%	1	
FLUOCINONIDE SOLN 0.05%	1	
<i>fluticasone propionate crea 0.05%</i>	1	
<i>fluticasone propionate oint 0.005%</i>	1	
<i>halobetasol propionate crea 0.05%</i>	1	
<i>halobetasol propionate oint 0.05%</i>	1	
HYDROCORTISONE VALERATE CREA 0.2%	1	
<i>hydrocortisone valerate oint 0.2%</i>	1	
<i>hydrocortisone crea 1%, 2.5%</i>	1	
<i>hydrocortisone lotn 2.5%</i>	1	
<i>hydrocortisone oint 1%, 2.5%</i>	1	
<i>mometasone furoate crea 0.1%</i>	1	
<i>mometasone furoate oint 0.1%</i>	1	
<i>mometasone furoate soln 0.1%</i>	1	
<i>pimecrolimus crea 1%</i>	1	
<i>selenium sulfide lotn 2.5%</i>	1	
<i>tacrolimus oint 0.03%, 0.1%</i>	1	
<i>triamcinolone acetonide crea 0.025%, 0.1%, 0.5%</i>	1	
<i>triamcinolone acetonide lotn 0.025%, 0.1%</i>	1	
<i>triamcinolone acetonide oint 0.025%, 0.1%, 0.5%</i>	1	
Dermatological Agents, Other		
<i>calcipotriene crea 0.005%</i>	1	QL(120 GM per 30 days)
<i>calcipotriene oint 0.005%</i>	1	QL(120 GM per 30 days)
<i>calcipotriene soln 0.005%</i>	1	QL(120 ML per 30 days)
<i>calcitriol oint 3mcg/gm</i>	1	
<i>clotrimazole/betamethasone dipropionate crea 0.05%; 1%</i>	1	
<i>clotrimazole/betamethasone dipropionate lotn 0.05%; 1%</i>	1	
<i>diclofenac sodium gel 3%</i>	1	QL(200 GM per 30 days)
<i>fluorouracil crea 5%</i>	1	
<i>fluorouracil soln 2%, 5%</i>	1	
<i>imiquimod crea 3.75%, 5%</i>	1	
<i>nystatin/triamcinolone acetonide oint 100000unit/gm; 0.1%</i>	1	
<i>nystatin/triamcinolone crea 100000unit/gm; 1mg/gm</i>	1	
<i>nystatin/triamcinolone oint 100000unit/gm; 0.1%</i>	1	
OTEZLA TABS 20MG, 30MG	1	QL(60 EA per 30 days); PA; NEDS
<i>podofilox gel 0.5%</i>	1	
<i>podofilox soln 0.5%</i>	1	
SANTYL OINT 250UNIT/GM	1	
<i>silver sulfadiazine crea 1%</i>	1	
<i>ssd crea 1%</i>	1	
Pediculicides/Scabicides		

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<i>malathion lotn 0.5%</i>	1	
<i>permethrin crea 5%</i>	1	
Topical Anti-infectives		
<i>ciclopirox nail lacquer soln 8%</i>	1	
<i>ciclopirox olamine crea 0.77%</i>	1	
<i>ciclopirox gel 0.77%</i>	1	
CICLOPIROX SHAM 1%	1	
<i>ciclopirox susp 0.77%</i>	1	
<i>clindamycin phosphate gel 1%</i>	1	
CLINDAMYCIN PHOSPHATE LOTN 1%	1	
<i>clindamycin phosphate external soln 1%</i>	1	
<i>ery pads 2%</i>	1	
<i>erythromycin gel 2%</i>	1	
<i>erythromycin soln 2%</i>	1	
<i>mupirocin crea 2%</i>	1	QL(180 GM per 30 days)
<i>mupirocin oint 2%</i>	1	QL(44 GM per 30 days)
SULFAMYLYON CREA 85MG/GM	1	
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
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	1	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	1	PA BvD
<i>carglumic acid tbso 200mg</i>	1	PA; NEDS
CLINIMIX 6/5 INJ 1242MG/100ML; 690MG/100ML; 5GM/100ML; 618MG/100ML; 288MG/100ML; 360MG/100ML; 438MG/100ML; 348MG/100ML; 240MG/100ML; 336MG/100ML; 408MG/100ML; 300MG/100ML; 252MG/100ML; 108MG/100ML; 24MG/100ML; 348MG/100ML	1	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
CLINIMIX 8/10 INJ 1656MG/100ML; 920MG/100ML; 10GM/100ML; 824MG/100ML; 384MG/100ML; 480MG/100ML; 584MG/100ML; 464MG/100ML; 320MG/100ML; 448MG/100ML; 544MG/100ML; 400MG/100ML; 336MG/100ML; 144MG/100ML; 32MG/100ML; 464MG/100ML	1	PA BvD
CLINIMIX E 8/10 INJ 83MEQ/L; 1656MG/100ML; 920MG/100ML; 33MG/100ML; 10GM/100ML; 824MG/100ML; 384MG/100ML; 480MG/100ML; 584MG/100ML; 464MG/100ML; 51MG/100ML; 320MG/100ML; 448MG/100ML; 261MG/100ML; 544MG/100ML; 400MG/100ML; 205MG/100ML; 336MG/100ML; 144MG/100ML; 32MG/100ML; 464MG/100ML	1	PA BvD
<i>dextrose 10%/sodium chloride 0.2% inj 10%; 0.2%</i>	1	
<i>dextrose 10%/sodium chloride 0.45% inj 10%; 0.45%</i>	1	
<i>dextrose 10% inj 10%</i>	1	
<i>dextrose 2.5%/sodium chloride 0.45% inj 2.5%; 0.45%</i>	1	
<i>dextrose 5%/sodium chloride 0.2% inj 5%; 0.2%</i>	1	
<i>dextrose 5%/sodium chloride 0.3% inj 5%; 0.3%</i>	1	
<i>dextrose 5%/sodium chloride 0.33% inj 5%; 0.33%</i>	1	
<i>dextrose 5%/sodium chloride 0.45% inj 5%; 0.45%</i>	1	
<i>dextrose 5%/sodium chloride 0.9% inj 5%; 0.9%</i>	1	
<i>dextrose 5% inj 5%</i>	1	
<i>dextrose 50% inj 50%</i>	1	
<i>dextrose 70% inj 70%</i>	1	
<i>dextrose/sodium chloride inj 5%; 0.225%</i>	1	
<i>effer-k tbef 25meq</i>	1	
<i>glucose (dextrose) 50% inj 50%</i>	1	
<i>glucose (dextrose) 70% inj 70%</i>	1	
<i>k-prime tbef 25meq</i>	1	
<i>kcl 0.075%/d5w/nacl 0.45% inj 5%; 10meq/l; 0.45%</i>	1	
<i>kcl 0.15%/d5w/nacl 0.2% inj 5%; 20meq/l; 0.2%</i>	1	
<i>kcl 0.15%/d5w/nacl 0.45% inj 5%; 20meq/l; 0.45%</i>	1	
<i>kcl 0.15%/d5w/nacl 0.9% inj 5%; 20meq/l; 0.9%</i>	1	
<i>kcl 0.3%/d5w/nacl 0.45% inj 5%; 40meq/l; 0.45%</i>	1	
<i>kcl 0.3%/d5w/nacl 0.9% inj 5%; 40meq/l; 0.9%</i>	1	
<i>klor-con 10 tbcr 10meq</i>	1	
<i>klor-con 8 tbcr 8meq</i>	1	
<i>klor-con m10 tbcr 10meq</i>	1	
<i>klor-con m15 tbcr 15meq</i>	1	
<i>klor-con m20 tbcr 20meq</i>	1	
<i>klor-con/ef tbef 25meq</i>	1	
<i>klor-con pack 20meq</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>lactated ringers inj 3meq/l; 109meq/l; 28meq/l; 4meq/l; 130meq/l</i>	1	
<i>magnesium sulfate inj 50%</i>	1	
PLENAMINE INJ 147.4MEQ/L; 2.17GM/100ML; 1.47GM/100ML; 434MG/100ML; 749MG/100ML; 1.04GM/100ML; 894MG/100ML; 749MG/100ML; 1.04GM/100ML; 1.18GM/100ML; 749MG/100ML; 1.04GM/100ML; 894MG/100ML; 592MG/100ML; 749MG/100ML; 250MG/100ML; 39MG/100ML; 960MG/100ML	1	PA BvD
<i>potassium chloride er cpcr 10meq, 8meq</i>	1	
<i>potassium chloride er tbcr 10meq, 15meq, 20meq, 8meq</i>	1	
<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>	1	
<i>potassium chloride inj 10meq/50ml, 20meq/50ml, 2meq/ml</i>	1	
<i>potassium chloride pack 20meq</i>	1	
<i>potassium chloride oral soln 10%, 20%</i>	1	
<i>potassium citrate er tbcr 1080mg, 15meq, 540mg</i>	1	
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	1	PA BvD
PROSOL INJ 140MEQ/100ML; 2.76GM/100ML; 1.96GM/100ML; 600MG/100ML; 1.02GM/100ML; 2.06GM/100ML; 1.18GM/100ML; 1.08GM/100ML; 1.08GM/100ML; 1.35GM/100ML; 760MG/100ML; 1GM/100ML; 1.34GM/100ML; 1.02GM/100ML; 980MG/100ML; 320MG/100ML; 50MG/100ML; 1.44GM/100ML	1	PA BvD
<i>sodium chloride 0.45% inj 0.45%</i>	1	
<i>sodium chloride inj 0.9%, 2.5meq/ml, 3%, 4meq/ml, 5%</i>	1	
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	1	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
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	1	PA BvD
Electrolyte/Mineral/Metal Modifiers		
CHEMET CAPS 100MG	1	NEDS
<i>deferasirox pack 180mg, 360mg, 90mg</i>	1	NEDS; SP-Optum Specialty
<i>deferasirox tabs 180mg, 360mg, 90mg</i>	1	SP-Optum Specialty
<i>deferasirox tbs 250mg, 500mg</i>	1	NEDS; SP-Optum Specialty
<i>deferasirox tbs 125mg</i>	1	SP-Optum Specialty
JYNARQUE TABS 15MG, 30MG	1	QL(120 EA per 30 days); PA; NEDS
<i>penicillamine tabs 250mg</i>	1	NEDS
<i>trientine hydrochloride caps 250mg, 500mg</i>	1	NEDS
Phosphate Binders		
<i>calcium acetate caps 667mg</i>	1	
<i>calcium acetate tabs 667mg</i>	1	
<i>sevelamer carbonate pack 0.8gm, 2.4gm</i>	1	
<i>sevelamer carbonate tabs 800mg</i>	1	
VELPHORO CHEW 500MG	1	NEDS
Potassium Binders		
LOKELMA PACK 10GM, 5GM	1	QL(90 EA per 30 days)
<i>sodium polystyrene sulfonate powd 0</i>	1	
<i>sps combination susp 15gm/60ml, 15gm/60ml</i>	1	
Vitamins		
<i>prenatal tabs 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg</i>	1	
Gastrointestinal Agents		
Anti-Constipation Agents		
<i>constulose soln 10gm/15ml</i>	1	
<i>enulose soln 10gm/15ml</i>	1	
<i>generlac soln 10gm/15ml</i>	1	
<i>lactulose soln 10gm/15ml</i>	1	
LINZESS CAPS 145MCG, 290MCG, 72MCG	1	
<i>lubiprostone caps 24mcg, 8mcg</i>	1	
MOVANTIK TABS 12.5MG, 25MG	1	
Anti-Diarrheal Agents		
<i>alosetron hydrochloride tabs 0.5mg</i>	1	PA
<i>alosetron hydrochloride tabs 1mg</i>	1	PA; NEDS
<i>loperamide hydrochloride caps 2mg</i>	1	
XERMELO TABS 250MG	1	PA; NEDS; SP-Optum Specialty
Antispasmodics, Gastrointestinal		

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<i>dicyclomine hcl soln 10mg/5ml</i>	1	
<i>dicyclomine hydrochloride caps 10mg</i>	1	
<i>dicyclomine hydrochloride tabs 20mg</i>	1	
<i>glycopyrrolate soln 1mg/5ml</i>	1	
<i>glycopyrrolate tabs 1mg, 2mg</i>	1	
Gastrointestinal Agents, Other		
CLENPIQ SOLN 12GM/175ML; 3.5GM/175ML; 10MG/175ML	1	
<i>gavilyte-c solr 240gm; 2.98gm; 6.72gm; 5.84gm; 22.72gm</i>	1	
<i>gavilyte-g solr 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>	1	
<i>gavilyte-n/flavor pack solr 420gm; 1.48gm; 5.72gm; 11.2gm</i>	1	
<i>metoclopramide hcl inj 5mg/ml</i>	1	
<i>metoclopramide hcl oral soln 5mg/5ml</i>	1	
<i>metoclopramide hydrochloride tabs 10mg, 5mg</i>	1	
<i>nitroglycerin oint 0.4%</i>	1	QL(30 GM per 30 days)
<i>opium tincture tinc 1%</i>	1	
<i>opium tinc 1%</i>	1	
<i>peg-3350/electrolytes/ascorbate solr 4.7gm; 100gm; 1.015gm; 5.9gm; 2.691gm; 7.5gm</i>	1	
<i>peg-3350/electrolytes solr 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>	1	
<i>peg-3350/nacl/na bicarbonate/kcl solr 420gm; 1.48gm; 5.72gm; 11.2gm</i>	1	
<i>peg-3350/sodium sulf/naclpotassium cl/na ascorbate/ascorbic solr 4.7gm; 100gm; 1.015gm; 5.9gm; 2.691gm; 7.5gm</i>	1	
<i>sodium sulfate/potassium sulfate/magnesium sulfate soln 1.6gm/177ml; 3.13gm/177ml; 17.5gm/177ml</i>	1	
<i>ursodiol caps 300mg</i>	1	
<i>ursodiol tabs 250mg, 500mg</i>	1	
VOQUEZNA TABS 10MG	1	QL(30 EA per 30 days); PA
VOQUEZNA TABS 20MG	1	QL(60 EA per 30 days); PA
VOWST CAPS 0	1	PA; NEDS
XIFAXAN TABS 550MG	1	PA; NEDS
Histamine2 (H2) Receptor Antagonists		
<i>cimetidine tabs 200mg, 300mg, 400mg, 800mg</i>	1	
<i>famotidine tabs 20mg, 40mg</i>	1	
Protectants		
<i>misoprostol tabs 100mcg, 200mcg</i>	1	
<i>sucralfate susp 1gm/10ml</i>	1	
<i>sucralfate tabs 1gm</i>	1	
Proton Pump Inhibitors		
DEXLANSOPRAZOLE CPDR 30MG, 60MG	1	
<i>esomeprazole magnesium cpdr 20mg, 40mg</i>	1	
<i>esomeprazole magnesium pack 10mg, 20mg, 40mg</i>	1	

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<i>lansoprazole cpdr 15mg, 30mg</i>	1	
<i>omeprazole dr cpdr 10mg</i>	1	
<i>omeprazole cpdr 20mg, 40mg</i>	1	
<i>pantoprazole sodium tbec 20mg, 40mg</i>	1	
<i>rabeprazole sodium tbec 20mg</i>	1	
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
<i>betaine anhydrous powd 0</i>	1	NEDS
CREON CPEP 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	1	
<i>cromolyn sodium conc 100mg/5ml</i>	1	
CYSTAGON CAPS 150MG, 50MG	1	
<i>dichlorphenamide tabs 50mg</i>	1	PA; NEDS
<i>l-glutamine pack 5gm</i>	1	NEDS
<i>nitisinone caps 20mg</i>	1	PA; NEDS
<i>nitisinone caps 10mg, 2mg, 5mg</i>	1	PA; NEDS; SP-Optum Specialty
PROLASTIN-C INJ 1000MG/20ML	1	PA; NEDS
REVCovi INJ 2.4MG/1.5ML	1	PA; NEDS
<i>sapropterin dihydrochloride pack 100mg, 500mg</i>	1	PA; NEDS; SP-Optum Specialty
<i>sapropterin dihydrochloride tabs 100mg</i>	1	PA; NEDS; SP-Optum Specialty
<i>sodium phenylbutyrate powd 3gm/tsp</i>	1	NEDS
<i>sodium phenylbutyrate tabs 500mg</i>	1	NEDS
WELIREG TABS 40MG	1	PA NSO; NEDS
ZENPEP CPEP 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 252600UNIT; 60000UNIT; 189600UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	1	
Genitourinary Agents		
Antispasmodics, Urinary		
GEMTESA TABS 75MG	1	
MYRBETRIQ SRER 8MG/ML	1	
MYRBETRIQ TB24 25MG, 50MG	1	
<i>oxybutynin chloride er tb24 10mg, 15mg, 5mg</i>	1	
<i>oxybutynin chloride soln 5mg/5ml</i>	1	
<i>oxybutynin chloride tabs 2.5mg, 5mg</i>	1	
<i>solifenacain succinate tabs 10mg, 5mg</i>	1	
<i>tolterodine tartrate er cp24 2mg, 4mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>tolterodine tartrate tabs 1mg, 2mg</i>	1	
<i>trospium chloride tabs 20mg</i>	1	
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er tb24 10mg</i>	1	
<i>doxazosin mesylate tabs 1mg, 2mg, 4mg, 8mg</i>	1	
<i>dutasteride/tamsulosin hydrochloride caps 0.5mg; 0.4mg</i>	1	
<i>dutasteride caps 0.5mg</i>	1	
<i>finasteride tabs 5mg</i>	1	
<i>tadalafil tabs 2.5mg, 5mg</i>	1	QL(30 EA per 30 days); PA
<i>tamsulosin hydrochloride caps 0.4mg</i>	1	
<i>terazosin hcl caps 10mg, 1mg, 5mg</i>	1	
<i>terazosin hydrochloride caps 2mg</i>	1	
Genitourinary Agents, Other		
<i>acetic acid 0.25% soln 0.25%</i>	1	
<i>bethanechol chloride tabs 10mg, 25mg, 50mg, 5mg</i>	1	
<i>ELMIRON CAPS 100MG</i>	1	
<i>tiopronin dr tbec 100mg, 300mg</i>	1	NEDS
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>DEPO-MEDROL INJ 20MG/ML</i>	1	
<i>dexamethasone intensol conc 1mg/ml</i>	1	
<i>dexamethasone sodium phosphate +rfid inj 4mg/ml</i>	1	
<i>dexamethasone sodium phosphate inj 100mg/10ml, 10mg/ml, 120mg/30ml, 20mg/5ml, 4mg/ml</i>	1	
<i>dexamethasone elix 0.5mg/5ml</i>	1	
<i>dexamethasone soln 0.5mg/5ml</i>	1	
<i>dexamethasone tabs 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	1	
<i>fludrocortisone acetate tabs 0.1mg</i>	1	
<i>hydrocortisone sodium succinate inj 100mg</i>	1	
<i>hydrocortisone tabs 10mg, 20mg, 5mg</i>	1	
<i>kenalog-10 inj 10mg/ml</i>	1	
<i>methylprednisolone acetate inj 40mg/ml, 50mg/ml, 80mg/ml</i>	1	
<i>methylprednisolone dose pack tbpk 4mg</i>	1	
<i>methylprednisolone tabs 16mg, 32mg, 4mg, 8mg</i>	1	
<i>prednisolone sodium phosphate oral soln 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml, 5mg/5ml</i>	1	
<i>prednisolone soln 15mg/5ml</i>	1	
<i>prednisolone tabs 5mg</i>	1	
<i>prednisone soln 5mg/5ml</i>	1	
<i>prednisone tabs 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	1	
<i>prednisone tbpk 10mg, 5mg</i>	1	
<i>triamcinolone acetonide inj 10mg/ml, 40mg/ml</i>	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		

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Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>desmopressin acetate soln 0.01%</i>	1	
<i>desmopressin acetate tabs 0.1mg, 0.2mg</i>	1	
GENOTROPIN MINIQUICK INJ 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1MG, 2MG	1	PA; NEDS; SP-Optum Specialty
GENOTROPIN MINIQUICK INJ 0.2MG	1	PA; SP-Optum Specialty
<i>genotropin miniquick inj 1.8mg</i>	1	PA; NEDS; SP-Optum Specialty
GENOTROPIN INJ 12MG, 5MG	1	PA; NEDS; SP-Optum Specialty
INCRELEX INJ 40MG/4ML	1	PA; NEDS; SP-Optum Specialty
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		
<i>danazol caps 100mg, 200mg, 50mg</i>	1	
<i>testosterone cypionate inj 100mg/ml, 200mg/ml</i>	1	
<i>testosterone enanthate inj 200mg/ml</i>	1	
<i>testosterone pump gel 1%, 1.62%</i>	1	
<i>testosterone gel 20.25mg/1.25gm, 25mg/2.5gm, 40.5mg/2.5gm, 50mg/5gm</i>	1	
Estrogens		
<i>abigale lo tabs 0.5mg; 0.1mg</i>	1	
<i>abigale tabs 1mg; 0.5mg</i>	1	
<i>amabelz tabs 0.5mg; 0.1mg, 1mg; 0.5mg</i>	1	
<i>apri tabs 0.15mg; 30mcg</i>	1	
<i>ashlyna tabs 0; 0</i>	1	
<i>aviane tabs 20mcg; 0.1mg</i>	1	
<i>azurette tabs 0; 0</i>	1	
<i>balziva tabs 35mcg; 0.4mg</i>	1	
<i>briellyn tabs 35mcg; 0.4mg</i>	1	
<i>dotti pttw 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr</i>	1	
<i>drospirenone/ethynodiol tabs 3mg; 0.03mg</i>	1	
<i>eluryng ring 0.015mg/24hr; 0.12mg/24hr</i>	1	
<i>enilloring ring 0.015mg/24hr; 0.12mg/24hr</i>	1	
<i>estradiol valerate inj 10mg/ml, 20mg/ml, 40mg/ml</i>	1	
<i>estradiol/norethindrone acetate tabs 0.5mg; 0.1mg, 1mg; 0.5mg</i>	1	
<i>estradiol crea 0.1mg/gm</i>	1	
<i>estradiol pttw 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr</i>	1	
<i>estradiol ptwk 0.025mg/24hr, 0.05mg/24hr, 0.06mg/24hr, 0.075mg/24hr, 0.1mg/24hr, 37.5mcg/24hr</i>	1	
<i>estradiol oral tabs 0.5mg, 1mg, 2mg, 10mcg</i>	1	
ESTRING RING 7.5MCG/24HR	1	

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<i>etonogestrel/ethinyl estradiol ring 0.015mg/24hr; 0.12mg/24hr</i>	1	
<i>falmina tabs 20mcg; 0.1mg</i>	1	
<i>FEIRZA 1.5/30 TABS 30MCG; 75MG; 1.5MG</i>	1	
<i>FEIRZA 1/20 TABS 20MCG; 75MG; 1MG</i>	1	
<i>finzala chew 20mcg; 75mg; 1mg</i>	1	
<i>fyavolv tabs 2.5mcg; 0.5mg, 5mcg; 1mg</i>	1	
<i>galbriela chew 25mcg; 75mg; 0.8mg</i>	1	
<i>haloette ring 0.015mg/24hr; 0.12mg/24hr</i>	1	
<i>iclevia tabs 0.03mg; 0.15mg</i>	1	
<i>IMVEXXY MAINTENANCE PACK INST 10MCG, 4MCG</i>	1	
<i>IMVEXXY STARTER PACK INST 10MCG, 4MCG</i>	1	
<i>introvale tabs 0.03mg; 0.15mg</i>	1	
<i>jaimiess tabs 0; 0</i>	1	
<i>jinteli tabs 5mcg; 1mg</i>	1	
<i>junel 1.5/30 tabs 30mcg; 1.5mg</i>	1	
<i>junel 1/20 tabs 20mcg; 1mg</i>	1	
<i>junel fe 1.5/30 tabs 30mcg; 75mg; 1.5mg</i>	1	
<i>junel fe 1/20 tabs 20mcg; 75mg; 1mg</i>	1	
<i>junel fe 24 tabs 20mcg; 75mg; 1mg</i>	1	
<i>kariva tabs 0; 0</i>	1	
<i>kelnor 1/35 tabs 35mcg; 1mg</i>	1	
<i>larin 1.5/30 tabs 30mcg; 1.5mg</i>	1	
<i>larin 1/20 tabs 20mcg; 1mg</i>	1	
<i>larin fe 1.5/30 tabs 30mcg; 75mg; 1.5mg</i>	1	
<i>larin fe 1/20 tabs 20mcg; 75mg; 1mg</i>	1	
<i>lessina tabs 20mcg; 0.1mg</i>	1	
<i>levonest tabs 0; 0</i>	1	
<i>levonorgestrel and ethinyl estradiol tabs 20mcg; 90mcg</i>	1	
<i>levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg, 20mcg; 0.1mg</i>	1	
<i>levora 0.15/30-28 tabs 0.03mg; 0.15mg</i>	1	
<i>lojaimiess tabs 0; 0</i>	1	
<i>marlissa tabs 0.03mg; 0.15mg</i>	1	
<i>mibelas 24 fe chew 20mcg; 75mg; 1mg</i>	1	
<i>microgestin 1.5/30 tabs 30mcg; 1.5mg</i>	1	
<i>microgestin 1/20 tabs 20mcg; 1mg</i>	1	
<i>microgestin fe 1.5/30 tabs 30mcg; 75mg; 1.5mg</i>	1	
<i>microgestin fe 1/20 tabs 20mcg; 75mg; 1mg</i>	1	
<i>minzoya tabs 0.02mg; 36.5mg; 0.1mg</i>	1	
<i>necon 0.5/35-28 tabs 35mcg; 0.5mg</i>	1	
<i>nikki tabs 3mg; 0.02mg</i>	1	
<i>norelgestromin/ethinyl estradiol ptwk 35mcg/24hr; 150mcg/24hr</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone acetate/ethinyl estradiol tabs 2.5mcg; 0.5mg, 5mcg; 1mg</i>	1	
<i>nortrel 0.5/35 (28) tabs 35mcg; 0.5mg</i>	1	
<i>nortrel 1/35 tabs 35mcg; 1mg</i>	1	
<i>nortrel 7/7/7 tabs 35mcg; 0</i>	1	
<i>portia-28 tabs 0.03mg; 0.15mg</i>	1	
PREMARIN CREA 0.625MG/GM	1	
PREMARIN TABS 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	1	
PREMPHASE TABS 0.625MG; 5MG	1	
<i>rosyra tabs 0; 0</i>	1	
<i>tarina fe 1/20 eq tabs 20mcg; 75mg; 1mg</i>	1	
<i>tri-sprintec tabs 0; 0</i>	1	
<i>trivora-28 tabs 0; 0</i>	1	
<i>turqoz tabs 30mcg; 0.3mg</i>	1	
<i>valtya 1/50 tabs 50mcg; 1mg</i>	1	
<i>velivet tabs 0; 0</i>	1	
<i>vyfemla tabs 35mcg; 0.4mg</i>	1	
XARAH FE TABS 0; 75MG; 1MG	1	
<i>xelria fe chew 35mcg; 75mg; 0.4mg</i>	1	
<i>xulane ptwk 35mcg/24hr; 150mcg/24hr</i>	1	
<i>yuvafem tabs 10mcg</i>	1	
<i>zafemy ptwk 35mcg/24hr; 150mcg/24hr</i>	1	
<i>zovia 1/35 tabs 35mcg; 1mg</i>	1	
Progestins		
<i>camila tabs 0.35mg</i>	1	
<i>deblitane tabs 0.35mg</i>	1	
DEPO-SUBQ PROVERA 104 INJ 104MG/0.65ML	1	
<i>errin tabs 0.35mg</i>	1	
<i>gallifrey tabs 5mg</i>	1	
<i>heather tabs 0.35mg</i>	1	
LILETTA IUD 20.1MCG/DAY	1	
<i>medroxyprogesterone acetate inj 150mg/ml</i>	1	
<i>medroxyprogesterone acetate tabs 10mg, 2.5mg, 5mg</i>	1	
<i>megestrol acetate susp 40mg/ml, 625mg/5ml</i>	1	
<i>megestrol acetate tabs 20mg, 40mg</i>	1	
<i>meleya tabs 0.35mg</i>	1	
NEXPLANON INJ 68MG	1	
<i>norethindrone acetate tabs 5mg</i>	1	
<i>progesterone caps 100mg, 200mg</i>	1	
<i>sharobel tabs 0.35mg</i>	1	
Selective Estrogen Receptor Modifying Agents		
OSPHENA TABS 60MG	1	
<i>raloxifene hydrochloride tabs 60mg</i>	1	

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Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</i>		
ADTHYZA TABS 120MG, 15MG, 30MG, 60MG, 90MG	1	
ARMOUR THYROID TABS 120MG, 15MG, 180MG, 240MG, 300MG, 30MG, 60MG, 90MG	1	
euthyrox tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg	1	
levo-t tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg	1	
levothyroxine sodium tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg	1	
levoxyl tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg	1	
liothyronine sodium tabs 25mcg, 50mcg, 5mcg	1	
NIVA THYROID TABS 120MG, 15MG, 30MG, 60MG, 90MG	1	
np thyroid 120 tabs 120mg	1	
np thyroid 15 tabs 15mg	1	
np thyroid 30 tabs 30mg	1	
np thyroid 60 tabs 60mg	1	
np thyroid 90 tabs 90mg	1	
REZDIFFRA TABS 100MG, 60MG, 80MG	1	QL(30 EA per 30 days); PA; NEDS
SYNTHROID TABS 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG	1	
THYROID TABS 120MG, 15MG, 30MG, 60MG, 90MG	1	
unithroid tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg	1	
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
<i>Hormonal Agents, Suppressant (Adrenal or Pituitary)</i>		
cabergoline tabs 0.5mg	1	
ELIGARD INJ 22.5MG, 30MG, 45MG, 7.5MG	1	
FIRMAGON INJ 80MG	1	
FIRMAGON INJ 120MG/VIAL	1	NEDS
lanreotide acetate inj 120mg/0.5ml	1	NEDS
leuprolide acetate inj 1mg/0.2ml	1	SP-Optum Specialty
LUPRON DEPOT (1-MONTH) INJ 3.75MG, 7.5MG	1	NEDS
LUPRON DEPOT (3-MONTH) INJ 11.25MG, 22.5MG	1	NEDS
LUPRON DEPOT (4-MONTH) INJ 30MG	1	NEDS
LUPRON DEPOT (6-MONTH) INJ 45MG	1	NEDS
mifepristone tabs 300mg	1	QL(120 EA per 30 days); PA; NEDS
octreotide acetate inj 100mcg/ml, 50mcg/ml	1	
octreotide acetate inj 1000mcg/ml	1	NEDS; SP-Optum Specialty

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<i>octreotide acetate inj 100mcg/ml, 200mcg/ml, 500mcg/ml, 50mcg/ml</i>	1	SP-Optum Specialty
ORGOVYX TABS 120MG	1	PA NSO; NEDS
SIGNIFOR INJ 0.3MG/ML, 0.6MG/ML, 0.9MG/ML	1	QL(60 ML per 30 days); PA; NEDS
SOMATULINE DEPOT INJ 60MG/0.2ML, 90MG/0.3ML	1	NEDS
SOMAVERT INJ 10MG, 15MG, 20MG, 25MG, 30MG	1	PA; NEDS; SP-Optum Specialty
SYNAREL SOLN 2MG/ML	1	NEDS
Hormonal Agents, Suppressant (Thyroid)		
<i>Antithyroid Agents</i>		
<i>methimazole tabs 10mg, 5mg</i>	1	
<i>propylthiouracil tabs 50mg</i>	1	
Immunological Agents		
<i>Angioedema Agents</i>		
BERINERT INJ 500UNIT	1	PA; NEDS
HAEGARDA INJ 2000UNIT, 3000UNIT	1	PA; NEDS; SP-Optum Specialty
<i>icatibant acetate inj 30mg/3ml</i>	1	QL(18 ML per 30 days); PA; NEDS; SP-Optum Specialty
<i>Immunoglobulins</i>		
BIVIGAM INJ 10%, 5GM/50ML	1	PA BvD; NEDS
CUVITRU INJ 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML, 8GM/40ML	1	PA BvD; NEDS
FLEBOGAMMA DIF INJ 10GM/100ML, 10GM/200ML, 2.5GM/50ML, 20GM/200ML, 20GM/400ML, 5GM/100ML, 5GM/50ML	1	PA BvD; NEDS
GAMMAGARD LIQUID INJ 10GM/100ML, 2.5GM/25ML, 20GM/200ML, 30GM/300ML, 5GM/50ML	1	PA BvD; NEDS
GAMMAPLEX INJ 10GM/100ML, 10GM/200ML, 20GM/200ML, 20GM/400ML, 5GM/100ML, 5GM/50ML	1	PA BvD; NEDS
HIZENTRA INJ 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML	1	PA BvD; NEDS
OCTAGAM INJ 10GM/100ML, 10GM/200ML, 1GM/20ML, 2.5GM/50ML, 20GM/200ML, 2GM/20ML, 30GM/300ML, 5GM/100ML, 5GM/50ML	1	PA BvD; NEDS
PRIVIGEN INJ 10GM/100ML, 20GM/200ML, 40GM/400ML, 5GM/50ML	1	PA BvD; NEDS
<i>Immunological Agents, Other</i>		
ARCALYST INJ 220MG	1	PA; NEDS
BENLYSTA INJ 200MG/ML	1	PA; NEDS; SP-Optum Specialty
COSENTYX SENSOREADY PEN INJ 150MG/ML	1	PA; NEDS; SP-Optum Specialty
COSENTYX UNOREADY INJ 300MG/2ML	1	PA; NEDS
COSENTYX INJ 125MG/5ML	1	PA; NEDS
COSENTYX INJ 150MG/ML, 75MG/0.5ML	1	PA; NEDS; SP-Optum Specialty
DUPIXENT INJ 200MG/1.14ML, 300MG/2ML	1	PA; NEDS; SP-Optum Specialty
EMPAVELI INJ 1080MG/20ML	1	PA; NEDS

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KINERET INJ 100MG/0.67ML	1	PA; NEDS
ORENCIA CLICKJECT INJ 125MG/ML	1	QL(4 ML per 28 days); PA; NEDS
ORENCIA INJ 50MG/0.4ML	1	QL(1.6 ML per 28 days); PA; NEDS
ORENCIA INJ 87.5MG/0.7ML	1	QL(2.8 ML per 28 days); PA; NEDS
ORENCIA INJ 125MG/ML	1	QL(4 ML per 28 days); PA; NEDS
OTEZLA TBPK 0	1	QL(110 EA per 365 days); PA; NEDS
RINVOQ LQ SOLN 1MG/ML	1	QL(360 ML per 30 days); PA; NEDS
RINVOQ TB24 15MG, 30MG, 45MG	1	QL(30 EA per 30 days); PA; NEDS; SP-Optum Specialty
SKYRIZI PEN INJ 150MG/ML	1	QL(1 ML per 28 days); PA; NEDS; SP-Optum Specialty
SKYRIZI INJ 600MG/10ML	1	PA; NEDS
SKYRIZI INJ 150MG/ML	1	QL(1 ML per 28 days); PA; NEDS; SP-Optum Specialty
SKYRIZI INJ 180MG/1.2ML	1	QL(1.2 ML per 28 days); PA; NEDS; SP-Optum Specialty
SKYRIZI INJ 360MG/2.4ML	1	QL(2.4 ML per 28 days); PA; NEDS
STELARA INJ 45MG/0.5ML	1	QL(1 ML per 28 days); PA; NEDS
STELARA INJ 45MG/0.5ML, 90MG/ML	1	QL(1 ML per 28 days); PA; NEDS; SP-Optum Specialty
STEQEYMA INJ 45MG/0.5ML	1	QL(1 ML per 28 days); PA
STEQEYMA INJ 90MG/ML	1	QL(1 ML per 28 days); PA; NEDS
TAVNEOS CAPS 10MG	1	PA; NEDS
TYENNE INJ 162MG/0.9ML	1	QL(3.6 ML per 28 days); PA; NEDS
<i>ustekinumab inj 45mg/0.5ml, 90mg/ml</i>	1	QL(1 ML per 28 days); PA; NEDS
XELJANZ XR TB24 11MG, 22MG	1	QL(30 EA per 30 days); PA; NEDS; SP-Optum Specialty
XELJANZ SOLN 1MG/ML	1	QL(300 ML per 30 days); PA; NEDS; SP-Optum Specialty
XELJANZ TABS 10MG, 5MG	1	QL(60 EA per 30 days); PA; NEDS; SP-Optum Specialty
XOLAIR INJ 150MG/ML, 150MG, 300MG/2ML, 75MG/0.5ML	1	PA; NEDS
XOLAIR INJ 150MG/ML	1	PA; NEDS; SP-Optum Specialty
YESINTEK INJ 45MG/0.5ML	1	QL(1 ML per 28 days); PA
YESINTEK INJ 90MG/ML	1	QL(1 ML per 28 days); PA; NEDS
Immunostimulants		
ACTIMMUNE INJ 100MCG/0.5ML	1	NEDS; SP-Optum Specialty
BESREMI INJ 500MCG/ML	1	PA NSO; NEDS
PEGASYS INJ 180MCG/ML	1	QL(4 ML per 28 days); NEDS; SP-Optum Specialty
Immunosuppressants		

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

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HUMIRA INJ 10MG/0.1ML, 20MG/0.2ML	1	QL(2 EA per 28 days); PA; NEDS; SP-Optum Specialty
HUMIRA INJ 40MG/0.4ML, 40MG/0.8ML	1	QL(6 EA per 28 days); PA; NEDS; SP-Optum Specialty
JYLAMVO SOLN 2MG/ML	1	
<i>leflunomide tabs 10mg, 20mg</i>	1	
<i>methotrexate sodium inj 1gm/40ml, 250mg/10ml, 50mg/2ml</i>	1	
<i>methotrexate sodium tabs 2.5mg</i>	1	
<i>methotrexate inj 50mg/2ml</i>	1	
<i>mycophenolate mofetil caps 250mg</i>	1	PA BvD
<i>mycophenolate mofetil susr 200mg/ml</i>	1	PA BvD; NEDS
<i>mycophenolate mofetil tabs 500mg</i>	1	PA BvD
<i>mycophenolic acid dr tbec 180mg, 360mg</i>	1	PA BvD
NULOJIX INJ 250MG	1	NEDS
PEGASYS INJ 180MCG/0.5ML	1	QL(4 ML per 28 days); NEDS; SP-Optum Specialty
PROGRAF PACK 0.2MG, 1MG	1	PA BvD
REZUROCK TABS 200MG	1	PA; NEDS
<i>sirolimus soln 1mg/ml</i>	1	PA BvD
<i>sirolimus tabs 0.5mg, 1mg, 2mg</i>	1	PA BvD
<i>tacrolimus caps 0.5mg, 1mg, 5mg</i>	1	PA BvD
XATMEP SOLN 2.5MG/ML	1	
Vaccines		
ABRYSVO INJ 120MCG/0.5ML	1	
ACTHIB INJ 0	1	
ADACEL INJ 2LF/0.5ML; 15.5MCG/0.5ML; 5LF/0.5ML	1	
AREXVY INJ 120MCG/0.5ML	1	
BCG VACCINE INJ 50MG	1	
BEXSERO INJ 0.5ML	1	
BOOSTRIX INJ 2.5LF/0.5ML; 18.5MCG/0.5ML; 5LF/0.5ML	1	
DAPTACEL INJ 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	1	
DENGVAXIA INJ 0	1	
ENGERIX-B INJ 10MCG/0.5ML, 20MCG/ML	1	PA BvD
GARDASIL 9 INJ 0.5ML	1	
HAVRIX INJ 1440ELU/ML, 720ELU/0.5ML	1	
HEPLISAV-B INJ 20MCG/0.5ML	1	PA BvD
HIBERIX INJ 10MCG	1	
IMOVAX RABIES (H.D.C.V.) INJ 2.5UNIT/ML	1	PA BvD
INFANRIX INJ 25LFU/0.5ML; 58MCG/0.5ML; 10LFU/0.5ML	1	
IPOP INACTIVATED IPV INJ 0	1	
IXCHIQ INJ 0	1	
IXIARO INJ 0	1	

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JYNNEOS INJ 0.5ML	1	
KINRIX INJ 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	1	
M-M-R II INJ 0; 0; 0	1	
MENACTRA INJ 0	1	
MENQUADFI INJ 0.5ML	1	
MENVEO INJ 0	1	
MRESVIA INJ 50MCG/0.5ML	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 INJ 0; 0	1	
PENMENVY INJ 0; 0	1	
PENTACEL INJ 15LFU/0.5ML; 0; 48MCG/0.5ML; 0; 5LFU/0.5ML	1	
PREHEVBRIOS INJ 10MCG/ML	1	PA BvD
PRIORIX INJ 0; 0; 0	1	
PROQUAD INJ 0; 0; 0; 0	1	
QUADRACEL INJ 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	1	
RABAVERT INJ 0	1	PA BvD
RECOMBIVAX HB INJ 10MCG/ML, 40MCG/ML, 5MCG/0.5ML	1	PA BvD
ROTARIX SUSP 0	1	
ROTAQUE SOLN 0	1	
SHINGRIX INJ 50MCG/0.5ML	1	
STAMARIL INJ 0	1	
<i>tdvax inj 2lf/0.5ml; 2lf/0.5ml</i>	1	
TENIVAC INJ 2LFU; 5LFU	1	
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT INJ 2LF/0.5ML; 2LF/0.5ML	1	
TICOVAC INJ 1.2MCG/0.25ML, 2.4MCG/0.5ML	1	
TRUMENBA INJ 0.5ML	1	
TWINRIX INJ 720ELU/ML; 20MCG/ML	1	
TYPHIM VI INJ 25MCG/0.5ML	1	
VAQTA INJ 25UNIT/0.5ML, 50UNIT/ML	1	
VARIVAX INJ 1350PFU/0.5ML	1	
VAXCHORA SUSR 0	1	
VIMKUNYA INJ 40MCG/0.8ML	1	
VIVOTIF CPDR 0	1	
YF-VAX INJ 0	1	
Inflammatory Bowel Disease Agents		
<i>Aminosalicylates</i>		
<i>balsalazide disodium caps 750mg</i>	1	

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<i>mesalamine dr cpdr 400mg</i>	1	
<i>mesalamine dr tbec 1.2gm, 800mg</i>	1	
<i>mesalamine er cp24 0.375gm</i>	1	
<i>mesalamine er cpcr 500mg</i>	1	
<i>mesalamine enim 4gm</i>	1	
<i>mesalamine kit 4gm</i>	1	
<i>mesalamine supp 1000mg</i>	1	
<i>sulfasalazine tabs 500mg</i>	1	
<i>sulfasalazine tbec 500mg</i>	1	
Glucocorticoids		
<i>budesonide er tb24 9mg</i>	1	NEDS
<i>budesonide cpep 3mg</i>	1	
CORTIFOAM FOAM 10%	1	
<i>hydrocortisone crea 1%, 2.5%</i>	1	
<i>hydrocortisone enim 100mg/60ml</i>	1	
<i>procto-med hc crea 2.5%</i>	1	
<i>proctosol hc crea 2.5%</i>	1	
<i>proctozone-hc crea 2.5%</i>	1	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate sodium soln 70mg/75ml</i>	1	
<i>alendronate sodium tabs 10mg, 35mg, 70mg</i>	1	
BONSITY INJ 560MCG/2.24ML	1	PA; NEDS
CALCITONIN SALMON INJ 200UNIT/ML	1	
<i>calcitonin-salmon soln 200unit/act</i>	1	
<i>calcitriol caps 0.25mcg, 0.5mcg</i>	1	
<i>calcitriol soln 1mcg/ml</i>	1	
<i>cinacalcet hydrochloride tabs 30mg, 60mg, 90mg</i>	1	
JUBBONTI INJ 60MG/ML	1	PA
<i>paricalcitol caps 1mcg, 2mcg, 4mcg</i>	1	
RAYALDEE CPCR 30MCG	1	NEDS
<i>risedronate sodium dr tbec 35mg</i>	1	
<i>risedronate sodium tabs 150mg, 30mg, 35mg, 5mg</i>	1	
<i>teriparatide inj 560mcg/2.24ml</i>	1	PA; NEDS
WYOST INJ 120MG/1.7ML	1	PA; NEDS
<i>zoledronic acid inj 4mg/100ml, 4mg/5ml, 5mg/100ml</i>	1	
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
<i>alcohol prep pads pads 70%</i>	1	
<i>b-d insulin syringe ultrafine ii/0.3ml/31g x 5/16" misc</i>	1	
<i>bd insulin syringe safetyglide/1ml/29g x 1/2" misc</i>	1	
<i>bd insulin syringe ultra-fine/0.5ml/30g x 12.7mm misc</i>	1	
<i>bd insulin syringe ultra-fine/1ml/31g x 8mm misc</i>	1	
<i>bd pen needle/original/ultra-fine/29g x 12.7mm misc</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>curity gauze pads 2"x2" 12 ply pads</i>	1	
INTRALIPID INJ 20GM/100ML, 30GM/100ML	1	PA BvD
<i>levocarnitine tabs 330mg</i>	1	
NUTRILIPID INJ 20GM/100ML	1	PA BvD
OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5) KIT	1	
OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5) MISC	1	
OMNIPOD 5 G7 INTRO KIT (GEN 5) KIT	1	
OMNIPOD 5 G7 PODS (GEN 5) MISC	1	
OMNIPOD 5 LIBRE2 PLUS G6 INTRO GEN 5 KIT	1	
OMNIPOD 5 LIBRE2 PLUS G6 PODS MISC	1	
OMNIPOD CLASSIC PODS (GEN 3) MISC	1	
OMNIPOD DASH INTRO KIT (GEN 4) KIT	1	
OMNIPOD DASH PDM KIT (GEN 4) KIT	1	
OMNIPOD DASH PODS (GEN 4) MISC	1	
OMNIPOD GO 10 UNITS/DAY KIT	1	
OMNIPOD GO 15 UNITS/DAY KIT	1	
OMNIPOD GO 20 UNITS/DAY KIT	1	
OMNIPOD GO 25 UNITS/DAY KIT	1	
OMNIPOD GO 30 UNITS/DAY KIT	1	
OMNIPOD GO 35 UNITS/DAY KIT	1	
OMNIPOD GO 40 UNITS/DAY KIT	1	
<i>sodium chloride 0.9% soln 0.9%</i>	1	
<i>sterile water for irrigation soln 0</i>	1	
Ophthalmic Agents		
<i>Ophthalmic Agents, Other</i>		
<i>atropine sulfate soln 1%</i>	1	
<i>bacitracin/polymyxin b oint 500unit/gm; 10000unit/gm</i>	1	
<i>brimonidine tartrate/timolol maleate soln 0.2%; 0.5%</i>	1	
<i>cyclopentolate hydrochloride soln 1%</i>	1	
<i>CYSTARAN SOLN 0.44%</i>	1	NEDS
<i>dorzolamide hcl/timolol maleate soln 22.3mg/ml; 6.8mg/ml</i>	1	
<i>dorzolamide hydrochloride/timolol maleate pf soln 2%; 0.5%</i>	1	
<i>MIEBO SOLN 1.338GM/ML</i>	1	
<i>neo-polycin hc oint 400unit/gm; 1%; 3.5mg/gm; 10000unit/gm</i>	1	
<i>neo-polycin oint 400unit/gm; 3.5mg/gm; 10000unit/gm</i>	1	
<i>neomycin/bacitracin/polymyxin oint 400unit/gm; 5mg/gm; 10000unit/gm</i>	1	
<i>neomycin/polymyxin/bacitracin zinc oint 400unit/gm; 3.5mg/gm; 10000unit/gm</i>	1	
<i>neomycin/polymyxin/bacitracin/hydrocortisone oint 400unit/gm; 1%; 0.5%; 10000unit/gm</i>	1	
<i>neomycin/polymyxin/dexamethasone oint 0.1%; 3.5mg/gm; 10000unit/gm</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>neomycin/polymyxin/dexamethasone susp 0.1%; 3.5mg/ml; 10000unit/ml</i>	1	
<i>neomycin/polymyxin/gramicidin soln 0.025mg/ml; 1.75mg/ml; 10000unit/ml</i>	1	
<i>neomycin/polymyxin/hydrocortisone ophthalmic susp 1%; 3.5mg/ml; 10000unit/ml</i>	1	
<i>polycin oint 500unit/gm; 10000unit/gm</i>	1	
<i>polymyxin b sulfate(trimethoprim sulfate) soln 10000unit/ml; 0.1%</i>	1	
<i>RESTASIS MULTIDOSE EMUL 0.05%</i>	1	
<i>RESTASIS EMUL 0.05%</i>	1	
<i>ROCKLATAN SOLN 0.005%; 0.02%</i>	1	
<i>SIMBRINZA SUSP 0.2%; 1%</i>	1	
<i>sulfacetamide sodium/prednisolone sodium phosphate soln 0.23%; 10%</i>	1	
<i>TOBRADEX ST SUSP 0.05%; 0.3%</i>	1	
<i>tobramycin/dexamethasone susp 0.1%; 0.3%</i>	1	
<i>IIDRA SOLN 5%</i>	1	
<i>Ophthalmic Anti-allergy Agents</i>		
<i>ALOCRIL SOLN 2%</i>	1	
<i>azelastine hcl ophthalmic soln 0.05%</i>	1	
<i>cromolyn sodium soln 4%</i>	1	
<i>epinastine hcl soln 0.05%</i>	1	
<i>olopatadine hydrochloride soln 0.2%</i>	1	
<i>Ophthalmic Anti-Infectives</i>		
<i>bacitracin oint 500unit/gm</i>	1	
<i>BESIVANCE SUSP 0.6%</i>	1	
<i>ciprofloxacin hydrochloride soln 0.3%</i>	1	
<i>erythromycin oint 5mg/gm</i>	1	
<i>gatifloxacin soln 0.5%</i>	1	
<i>gentamicin sulfate ophthalmic soln 0.3%</i>	1	
<i>levofloxacin ophthalmic soln 1.5%</i>	1	
<i>moxifloxacin hydrochloride soln 0.5%</i>	1	
<i>NATACYN SUSP 5%</i>	1	
<i>ofloxacin ophthalmic soln 0.3%</i>	1	
<i>sulfacetamide sodium oint 10%</i>	1	
<i>sulfacetamide sodium soln 10%</i>	1	
<i>tobramycin soln 0.3%</i>	1	
<i>trifluridine soln 1%</i>	1	
<i>XDEMVY SOLN 0.25%</i>	1	PA; NEDS
<i>ZIRGAN GEL 0.15%</i>	1	
<i>Ophthalmic Anti-inflammatories</i>		
<i>bromfenac sodium soln 0.07%, 0.075%</i>	1	
<i>bromfenac soln 0.09%</i>	1	

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<i>dexamethasone sodium phosphate ophthalmic soln 0.1%</i>	1	
<i>diclofenac sodium ophthalmic soln 0.1%</i>	1	
<i>disfluprednate emul 0.05%</i>	1	
<i>FLAREX SUSP 0.1%</i>	1	
<i>fluorometholone susp 0.1%</i>	1	
<i>flurbiprofen sodium soln 0.03%</i>	1	
<i>ILEVRO SUSP 0.3%</i>	1	
<i>ketorolac tromethamine soln 0.4%, 0.5%</i>	1	
<i>LOTEMAX OINT 0.5%</i>	1	
<i>loteprednol etabonate gel 0.5%</i>	1	
<i>loteprednol etabonate susp 0.2%, 0.5%</i>	1	
<i>prednisolone acetate susp 1%</i>	1	
<i>prednisolone sodium phosphate ophthalmic soln 1%</i>	1	
Ophthalmic Beta-Adrenergic Blocking Agents		
<i>betaxolol hcl soln 0.5%</i>	1	
<i>carteolol hcl soln 1%</i>	1	
<i>levobunolol hcl soln 0.5%</i>	1	
<i>timolol hemihydrate soln 0.5%</i>	1	
<i>timolol maleate ophthalmic gel forming solg 0.25%, 0.5%</i>	1	
<i>timolol maleate soln 0.25%, 0.5%</i>	1	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
<i>acetazolamide er cp12 500mg</i>	1	
<i>acetazolamide tabs 125mg, 250mg</i>	1	
<i>apraclonidine soln 0.5%</i>	1	
<i>brimonidine tartrate soln 0.1%, 0.15%, 0.2%</i>	1	
<i>brinzolamide susp 1%</i>	1	
<i>dorzolamide hydrochloride soln 2%</i>	1	
<i>methazolamide tabs 25mg, 50mg</i>	1	
<i>pilocarpine hcl soln 1%, 2%, 4%</i>	1	
<i>pilocarpine hydrochloride soln 1%, 2%, 4%</i>	1	
<i>RHOPRESSA SOLN 0.02%</i>	1	
Ophthalmic Prostaglandin and Prostamide Analogs		
<i>bimatoprost soln 0.03%</i>	1	
<i>latanoprost soln 0.005%</i>	1	
<i>LUMIGAN SOLN 0.01%</i>	1	
<i>travoprost soln 0.004%</i>	1	
<i>VYZULTA SOLN 0.024%</i>	1	
Otic Agents		
Otic Agents		
<i>acetic acid soln 2%</i>	1	
<i>ciprofloxacin/dexamethasone susp 0.3%; 0.1%</i>	1	
<i>ciprofloxacin soln 0.2%</i>	1	
<i>CORTISPORIN-TC SUSP 3MG/ML; 10MG/ML; 3.3MG/ML; 0.5MG/ML</i>	1	

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<i>flac oil 0.01%</i>	1	
<i>fluocinolone acetonide oil 0.01%</i>	1	
<i>hydrocortisone/acetic acid soln 2%; 1%</i>	1	
<i>neomycin/polymyxin/hc soln 1%; 3.5mg/ml; 10000unit/ml</i>	1	
<i>neomycin/polymyxin/hydrocortisone otic susp 1%; 3.5mg/ml; 10000unit/ml</i>	1	
<i>ofloxacin otic soln 0.3%</i>	1	
Respiratory Tract/Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
<i>budesonide susp 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	1	PA Bd
<i>flunisolide soln 0.025%</i>	1	QL(150 ML per 90 days)
<i>fluticasone propionate diskus aepb 250mcg/act</i>	1	QL(720 EA per 90 days); ST
<i>fluticasone propionate diskus aepb 100mcg/act, 50mcg/act</i>	1	ST
<i>fluticasone propionate hfa aero 44mcg/act</i>	1	QL(63.6 GM per 90 days); ST
<i>fluticasone propionate hfa aero 110mcg/act, 220mcg/act</i>	1	QL(72 GM per 90 days); ST
<i>fluticasone propionate susp 50mcg/act</i>	1	QL(48 GM per 90 days)
<i>mometasone furoate susp 50mcg/act</i>	1	QL(102 GM per 90 days)
<i>QVAR REDIHALER AERB 40MCG/ACT, 80MCG/ACT</i>	1	QL(63.6 GM per 90 days)
Antihistamines		
<i>azelastine hcl nasal soln 0.15%</i>	1	QL(120 ML per 90 days)
<i>azelastine hydrochloride soln 0.1%</i>	1	QL(120 ML per 90 days)
<i>ciproheptadine hcl syrp 2mg/5ml</i>	1	
<i>ciproheptadine hydrochloride tabs 4mg</i>	1	
<i>desloratadine tabs 5mg</i>	1	
<i>diphenhydramine hydrochloride inj 50mg/ml</i>	1	
<i>hydroxyzine hcl inj 25mg/ml</i>	1	
<i>hydroxyzine hcl tabs 50mg</i>	1	
<i>hydroxyzine hydrochloride syrp 10mg/5ml</i>	1	
<i>hydroxyzine hydrochloride tabs 10mg, 25mg</i>	1	
<i>hydroxyzine pamoate caps 100mg, 25mg, 50mg</i>	1	
<i>levocetirizine dihydrochloride tabs 5mg</i>	1	
Antileukotrienes		
<i>montelukast sodium chew 4mg, 5mg</i>	1	
<i>montelukast sodium pack 4mg</i>	1	
<i>montelukast sodium tabs 10mg</i>	1	
<i>zafirlukast tabs 10mg, 20mg</i>	1	
Bronchodilators, Anticholinergic		
<i>ATROVENT HFA AERS 17MCG/ACT</i>	1	QL(77.4 GM per 90 days)
<i>INCRUSE ELLIPTA AEPB 62.5MCG/INH</i>	1	QL(30 EA per 30 days)
<i>ipratropium bromide inhalation soln 0.02%</i>	1	PA Bd
<i>ipratropium bromide nasal soln 0.03%</i>	1	QL(180 ML per 90 days)
<i>ipratropium bromide nasal soln 0.06%</i>	1	QL(90 ML per 90 days)
<i>SPIRIVA RESPIMAT AERS 1.25MCG/ACT, 2.5MCG/ACT</i>	1	QL(12 GM per 90 days)
Bronchodilators, Sympathomimetic		

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Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate hfa aers 108 mcg/act (18 gm)</i>	1	QL(108 GM per 90 days)
<i>albuterol sulfate hfa aers 108 mcg/act (6.7 gm)</i>	1	QL(40.2 GM per 90 days)
<i>albuterol sulfate hfa aers 108 mcg/act (8.5 gm)</i>	1	QL(51 GM per 90 days)
<i>albuterol sulfate nebu 0.083%, 0.63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml</i>	1	PA BvD
<i>albuterol sulfate syrup 2mg/5ml</i>	1	
<i>albuterol sulfate tabs 2mg, 4mg</i>	1	
<i>arformoterol tartrate nebu 15mcg/2ml</i>	1	PA BvD
<i>epinephrine inj 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	1	QL(2 EA per 1 days)
<i>formoterol fumarate nebu 20mcg/2ml</i>	1	PA BvD
<i>levalbuterol hcl nebu 0.31mg/3ml, 0.63mg/3ml, 1.25mg/3ml</i>	1	PA BvD
<i>levalbuterol hydrochloride nebu 0.63mg/3ml</i>	1	PA BvD
<i>levalbuterol nebu 1.25mg/0.5ml</i>	1	PA BvD
PROAIR RESPICLICK AEPB 108MCG/ACT	1	QL(6 EA per 90 days)
SEREVENT DISKUS AEPB 50MCG/DOSE	1	QL(180 EA per 90 days)
STRIVERDI RESPIMAT AERS 2.5MCG/ACT	1	QL(12 GM per 90 days)
Cystic Fibrosis Agents		
CAYSTON SOLR 75MG	1	PA; NEDS
KALYDECO PACK 13.4MG, 5.8MG	1	QL(56 EA per 28 days); PA; NEDS
KALYDECO PACK 25MG, 50MG, 75MG	1	QL(56 EA per 28 days); PA; NEDS; SP-Optum Specialty
KALYDECO TABS 150MG	1	QL(56 EA per 28 days); PA; NEDS; SP-Optum Specialty
ORKAMBI PACK 94MG; 75MG	1	QL(56 EA per 28 days); PA; NEDS
ORKAMBI PACK 125MG; 100MG, 188MG; 150MG	1	QL(56 EA per 28 days); PA; NEDS; SP-Optum Specialty
ORKAMBI TABS 125MG; 100MG, 125MG; 200MG	1	QL(112 EA per 28 days); PA; NEDS; SP-Optum Specialty
PULMOZYME SOLN 2.5MG/2.5ML	1	PA BvD; NEDS; SP-Optum Specialty
TOBI PODHALER CAPS 28MG	1	NEDS; SP-Optum Specialty
TRIKAFTA TBPK 100MG; 0; 50MG	1	QL(84 EA per 28 days); PA; NEDS
Mast Cell Stabilizers		
<i>cromolyn sodium nebu 20mg/2ml</i>	1	PA BvD
Phosphodiesterase Inhibitors, Airways Disease		
<i>elizophyllin elix 80mg/15ml</i>	1	
<i>roflumilast tabs 250mcg, 500mcg</i>	1	
<i>theophylline er tb12 100mg, 200mg, 300mg, 450mg</i>	1	
<i>theophylline er tb24 400mg, 600mg</i>	1	
<i>theophylline elix 80mg/15ml</i>	1	
Pulmonary Antihypertensives		
ADEMPAS TABS 0.5MG, 1.5MG, 1MG, 2.5MG, 2MG	1	PA; NEDS
<i>alyq tabs 20mg</i>	1	PA; SP-Optum Specialty
<i>ambrisentan tabs 10mg, 5mg</i>	1	PA; NEDS; SP-Optum Specialty

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<i>bosentan tabs 125mg, 62.5mg</i>	1	PA; NEDS; SP-Optum Specialty
OPSUMIT TABS 10MG	1	PA; NEDS
ORENITRAM TITRATION KIT MONTH 1 TEPK 0	1	PA; NEDS
ORENITRAM TITRATION KIT MONTH 2 TEPK 0	1	PA; NEDS
ORENITRAM TITRATION KIT MONTH 3 TEPK 0	1	PA; NEDS
ORENITRAM TBCR 0.125MG, 0.25MG, 1MG, 2.5MG	1	PA
ORENITRAM TBCR 5MG	1	PA; NEDS
<i>sildenafil citrate tabs 20mg</i>	1	PA; SP-Optum Specialty
<i>tadalafil tabs 20mg</i>	1	PA; SP-Optum Specialty
VENTAVIS SOLN 10MCG/ML, 20MCG/ML	1	PA; NEDS
WINREVAIR INJ 0, 45MG, 60MG	1	QL(1 EA per 21 days); PA; NEDS
Pulmonary Fibrosis Agents		
OFEV CAPS 100MG, 150MG	1	QL(60 EA per 30 days); PA; NEDS; SP-Optum Specialty
<i>pirfenidone caps 267mg</i>	1	QL(270 EA per 30 days); PA; NEDS
<i>pirfenidone tabs 534mg</i>	1	QL(135 EA per 30 days); PA; NEDS
<i>pirfenidone tabs 267mg</i>	1	QL(270 EA per 30 days); PA; NEDS; SP-Optum Specialty
<i>pirfenidone tabs 801mg</i>	1	QL(90 EA per 30 days); PA; NEDS; SP-Optum Specialty
Respiratory Tract Agents, Other		
<i>acetylcysteine soln 10%, 20%</i>	1	PA BvD
ANORO ELLIPTA AEPB 62.5MCG/ACT; 25MCG/ACT	1	QL(180 EA per 90 days)
BEVESPI AEROSPHERE AERO 4.8MCG/ACT; 9MCG/ACT	1	QL(10.7 GM per 30 days)
BREO ELLIPTA AEPB 100MCG/ACT; 25MCG/ACT, 200MCG/INH; 25MCG/INH, 50MCG/INH; 25MCG/INH	1	QL(180 EA per 90 days)
BREYNA AERO 160MCG/ACT; 4.5MCG/ACT, 80MCG/ACT; 4.5MCG/ACT	1	QL(30.9 GM per 90 days)
BREZTRI AEROSPHERE AERO 160MCG/ACT; 4.8MCG/ACT; 9MCG/ACT	1	QL(32.1 GM per 90 days)
BRONCHITOL CAPS 40MG	1	NEDS
COMBIVENT RESPIMAT AERS 100MCG/ACT; 20MCG/ACT	1	QL(24 GM per 90 days)
FASENRA PEN INJ 30MG/ML	1	PA; NEDS; SP-Optum Specialty
FASENRA INJ 10MG/0.5ML	1	PA
FASENRA INJ 30MG/ML	1	PA; NEDS
<i>fluticasone propionate/salmeterol diskus aepb 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act, 500mcg/act; 50mcg/act</i>	1	QL(180 EA per 90 days)
<i>fluticasone propionate/salmeterol aepb 500mcg/act; 50mcg/act</i>	1	QL(180 EA per 90 days)
<i>fluticasone propionate/salmeterol aepb 113mcg/act; 14mcg/act, 232mcg/act; 14mcg/act, 55mcg/act; 14mcg/act</i>	1	QL(3 EA per 90 days)

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<i>ipratropium bromide/albuterol sulfate soln 2.5mg/3ml; 0.5mg/3ml</i>	1	PA BvD
STIOLTO RESPIMAT AERS 2.5MCG/ACT; 2.5MCG/ACT	1	QL(12 GM per 90 days)
TRELEGY ELLIPTA AEPB 100MCG/ACT; 62.5MCG/ACT; 25MCG/ACT, 200MCG/INH; 62.5MCG/INH; 25MCG/INH	1	QL(180 EA per 90 days)
<i>wixela inhub aepb 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act, 500mcg/act; 50mcg/act</i>	1	QL(180 EA per 90 days)
Skeletal Muscle Relaxants		
<i>Skeletal Muscle Relaxants</i>		
<i>cyclobenzaprine hydrochloride tabs 10mg, 5mg, 7.5mg</i>	1	
<i>methocarbamol tabs 500mg, 750mg</i>	1	
Sleep Disorder Agents		
<i>Sleep Promoting Agents</i>		
<i>BELSOMRA TABS 10MG, 15MG, 20MG, 5MG</i>	1	
<i>eszopiclone tabs 1mg, 2mg, 3mg</i>	1	
<i>ramelteon tabs 8mg</i>	1	QL(30 EA per 30 days)
<i>tasimelteon caps 20mg</i>	1	PA; NEDS
<i>temazepam caps 15mg, 30mg, 7.5mg</i>	1	
<i>zaleplon caps 10mg, 5mg</i>	1	
<i>zolpidem tartrate tabs 10mg, 5mg</i>	1	
<i>Wakefulness Promoting Agents</i>		
<i>armodafinil tabs 150mg, 200mg, 250mg, 50mg</i>	1	PA
<i>modafinil tabs 100mg, 200mg</i>	1	PA
<i>SODIUM OXYBATE SOLN 500MG/ML</i>	1	PA; NEDS

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acetaminophen/codeine phosphate	3	alyq	64
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acetazolamide er	62	amantadine hcl	28
acetic acid	62	ambrisentan	64
acetic acid 0.25%	49	amikacin sulfate	5
acetylcysteine	65	amiloride hcl	37
acitretin	40	amiloride/hydrochlorothiazide	35
ACTHIB	57	aminocaproic acid	33
ACTIMMUNE	55	AMINOSYN II	43
acyclovir	29	AMINOSYN-PF 7%	43
acyclovir sodium	29	amiodarone hydrochloride	34
ADACEL	57	amitriptyline hcl	13
adalimumab-aaty 1-pen kit	56	amitriptyline hydrochloride	13
adalimumab-aaty 2-pen kit	56	amlodipine besylate	34
adalimumab-aaty 2-syringe kit	56	amlodipine besylate/atorvastatin calcium	35
adalimumab-aaty cd/uc/hs starter	56	amlodipine besylate/benazepril	35
adalimumab-adbm	56	hydrochloride	
adalimumab-adbm crohns/uc/hs starter	56	amlodipine besylate/valsartan	35
adalimumab-adbm psoriasis/uveitis starter	56	amlodipine/olmesartan medoxomil	35
adalimumab-adbm starter package for	56	amlodipine/valsartan/hydrochlorothiazide	35
crohns disease/uc/hs	56	ammonium lactate	41
adalimumab-adbm starter package for	56	amnesteem	41
psoriasis/uveitis	56	amoxapine	13
adapalene	40	amoxicillin	7
adefovir dipivoxil	26	amoxicillin/clavulanate potassium	7
		amoxicillin/clavulanate potassium er	7
		amphetamine/dextroamphetamine	38
		amphotericin b	14

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<i>amphotericin b liposome</i>	14	AVONEX	40
<i>ampicillin</i>	7	AVONEX PEN	40
<i>ampicillin sodium</i>	7	AYVAKIT	18
<i>ampicillin/sulbactam</i>	7	azathioprine	56
<i>ampicillin-sulbactam</i>	7	azelaic acid	41
<i>anagrelide hydrochloride</i>	32	azelastine hcl	61
<i>anastrozole</i>	18	azelastine hcl	63
ANORO ELLIPTA	65	azelastine hydrochloride	63
<i>apraclonidine</i>	62	azithromycin	8
<i>aprepitant</i>	13	aztreonam	5
<i>apri</i>	50	azurette	50
<i>APTIVUS</i>	28	bacitracin	61
<i>ARCALYST</i>	54	bacitracin/polymyxin b	60
<i>AREXVY</i>	57	<i>baclofen</i>	26
<i>arformoterol tartrate</i>	64	<i>balsalazide disodium</i>	58
<i>ARIKAYCE</i>	5	<i>BALVERSA</i>	18
<i>ariPIPrazole</i>	24	<i>balziva</i>	50
<i>ariPIPrazole odt</i>	24	BAQSIMI ONE PACK	30
<i>ARISTADA</i>	25	BAQSIMI TWO PACK	30
<i>ARISTADA INITIO</i>	25	BCG VACCINE	57
<i>armodafinil</i>	66	<i>bd insulin syringe safetyglide/1ml/29g x</i>	59
ARMOUR THYROID	53	<i>1/2"</i>	
<i>asenapine maleate sl</i>	25	<i>b-d insulin syringe ultrafine ii/0.3ml/31g x</i>	59
<i>ashlyna</i>	50	<i>5/16"</i>	
<i>aspirin/dipyridamole er</i>	33	<i>bd insulin syringe ultra-fine/0.5ml/30g x</i>	59
<i>atazanavir</i>	28	<i>12.7mm</i>	
<i>atazanavir sulfate</i>	28	<i>bd insulin syringe ultra-fine/1ml/31g x 8mm</i>	59
<i>atenolol</i>	34	<i>bd pen needle/original/ultra-fine/29g x</i>	59
<i>atenolol/chlorthalidone</i>	35	<i>12.7mm</i>	
<i>atomoxetine</i>	39	<i>BELSOMRA</i>	66
<i>atomoxetine hydrochloride</i>	39	<i>benazepril hydrochloride</i>	33
<i>atorvastatin calcium</i>	37	<i>benazepril</i>	35
<i>atovaquone</i>	23	<i>hydrochloride/hydrochlorothiazide</i>	
<i>atovaquone/proguanil hcl</i>	23	<i>BENLYSTA</i>	54
<i>atovaquone/proguanil hydrochloride</i>	23	<i>benztropine mesylate</i>	23
<i>atropine sulfate</i>	60	<i>BERINERT</i>	54
<i>ATROVENT HFA</i>	63	<i>BESIVANCE</i>	61
<i>AUGTYRO</i>	18	<i>BESREMI</i>	55
<i>AUSTEDO</i>	39	<i>betaine anhydrous</i>	48
<i>AUSTEDO XR</i>	39	<i>BETAMETHASONE DIPROPIONATE</i>	41
AUSTEDO XR PATIENT TITRATION	39	<i>betamethasone dipropionate augmented</i>	41
<i>KIT</i>		<i>betamethasone valerate</i>	41
<i>AUVELITY</i>	12	<i>BETASERON</i>	40
<i>aviane</i>	50	<i>betaxolol hcl</i>	62
<i>AVMAPKI FAKZYNJA CO-PACK</i>	18	<i>bethanechol chloride</i>	49

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BEVESPI AEROSPHERE	65	<i>butorphanol tartrate</i>	4
<i>bexarotene</i>	22	<i>cabergoline</i>	53
BEXSERO	57	CABLIVI	33
<i>bicalutamide</i>	16	CABOMETYX	18
BICILLIN L-A	7	<i>calcipotriene</i>	42
BIKTARVY	26	CALCITONIN SALMON	59
<i>bimatoprost</i>	62	<i>calcitonin-salmon</i>	59
<i>bisoprolol fumarate</i>	34	<i>calcitriol</i>	42
<i>bisoprolol fumarate/hydrochlorothiazide</i>	36	<i>calcitriol</i>	59
BIVIGAM	54	<i>calcium acetate</i>	46
BONSITY	59	CALQUENCE	18
BOOSTRIX	57	<i>camila</i>	52
<i>bortezomib</i>	17	<i>candesartan cilexetil</i>	33
<i>boruzu</i>	17	<i>candesartan cilexetil/hydrochlorothiazide</i>	36
<i>bosentan</i>	65	CAPLYTA	25
BOSULIF	18	CAPRELSA	18
BRAFTOVI	18	<i>captopril</i>	33
BREO ELLIPTA	65	<i>carbamazepine</i>	11
BREYNA	65	<i>carbamazepine er</i>	11
BREZTRI AEROSPHERE	65	<i>carbidopa</i>	24
<i>briellyn</i>	50	<i>carbidopa/levodopa</i>	24
<i>brimonidine tartrate</i>	62	<i>carbidopa/levodopa er</i>	24
<i>brimonidine tartrate/timolol maleate</i>	60	<i>carbidopa/levodopa odt</i>	24
brinzolamide	62	<i>carbidopa/levodopa/entacapone</i>	23
BRIVIACT	9	<i>carglumic acid</i>	43
<i>bromfenac</i>	61	<i>carteolol hcl</i>	62
<i>bromfenac sodium</i>	61	<i>cartia xt</i>	35
<i>bromocriptine mesylate</i>	23	<i>carvedilol</i>	34
BRONCHITOL	65	CAYSTON	64
BRUKINSA	18	<i>cefaclor</i>	6
<i>budesonide</i>	59	<i>cefadroxil</i>	6
<i>budesonide</i>	63	<i>cefazolin</i>	6
<i>budesonide er</i>	59	<i>cefazolin sodium</i>	6
<i>bumetanide</i>	37	<i>cefazolin sodium/dextrose</i>	6
<i>buprenorphine</i>	3	<i>cefazolin/dextrose</i>	6
<i>buprenorphine hcl</i>	5	<i>cefdinir</i>	6
<i>buprenorphine hcl/naloxone hcl</i>	5	<i>cefepime</i>	7
<i>buprenorphine hydrochloride/naloxone hydrochloride</i>	5	<i>cefepime hydrochloride</i>	6
<i>bupropion hydrochloride</i>	12	<i>cefepime/dextrose</i>	6
<i>bupropion hydrochloride er (sr)</i>	5	<i>cefixime</i>	7
<i>bupropion hydrochloride er (sr)</i>	12	<i>cefotetan</i>	7
<i>bupropion hydrochloride er (xl)</i>	12	<i>cefoxitin sodium</i>	7
<i>buspirone hcl</i>	29	<i>cefpodoxime proxetil</i>	7
<i>buspirone hydrochloride</i>	29	<i>cefprozil</i>	7

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<i>ceftriaxone in iso-osmotic dextrose</i>	7	<i>clobetasol propionate</i>	41
<i>ceftriaxone sodium</i>	7	<i>clobetasol propionate e</i>	41
<i>ceftriaxone/dextrose</i>	7	<i>clodan</i>	41
<i>cefuroxime axetil</i>	7	<i>clomipramine hydrochloride</i>	13
<i>cefuroxime sodium</i>	7	<i>clonazepam</i>	10
<i>celecoxib</i>	3	<i>clonazepam odt</i>	10
<i>cephalexin</i>	7	<i>clonidine</i>	33
<i>cevimeline hydrochloride</i>	40	<i>clonidine hydrochloride</i>	33
<i>CHEMET</i>	46	<i>clonidine hydrochloride er</i>	39
<i>chlorhexidine gluconate</i>	40	<i>clopidogrel</i>	33
<i>chloroquine phosphate</i>	23	<i>clorazepate dipotassium</i>	29
<i>chlorpromazine hydrochloride</i>	24	<i>clotrimazole</i>	14
<i>chlorthalidone</i>	37	<i>clotrimazole/betamethasone dipropionate</i>	42
<i>cholestyramine</i>	37	<i>clozapine</i>	26
<i>cholestyramine light</i>	37	<i>clozapine odt</i>	26
<i>ciclopirox</i>	43	<i>COARTEM</i>	23
<i>ciclopirox nail lacquer</i>	43	<i>COBENFY</i>	39
<i>ciclopirox olamine</i>	43	<i>COBENFY STARTER PACK</i>	39
<i>cidofovir</i>	26	<i>colchicine</i>	15
<i>cilostazol</i>	33	<i>colestipol hydrochloride</i>	37
<i>CIMDUO</i>	27	<i>colistimethate sodium</i>	6
<i>cimetidine</i>	47	<i>COMBIVENT RESPIMAT</i>	65
<i>cinacalcet hydrochloride</i>	59	<i>COMETRIQ</i>	18
<i>ciprofloxacin</i>	62	<i>constulose</i>	46
<i>ciprofloxacin hcl</i>	8	<i>COPIKTRA</i>	18
<i>ciprofloxacin hydrochloride</i>	8	<i>CORLANOR</i>	36
<i>ciprofloxacin hydrochloride</i>	61	<i>CORTIFOAM</i>	59
<i>ciprofloxacin i.v.-in d5w</i>	8	<i>CORTISPORIN-TC</i>	62
<i>ciprofloxacin/dexamethasone</i>	62	<i>COSENTYX</i>	54
<i>citalopram hydrobromide</i>	12	<i>COSENTYX SENSOREADY PEN</i>	54
<i>claravis</i>	41	<i>COSENTYX UNOREADY</i>	54
<i>clarithromycin</i>	8	<i>COTELLIC</i>	18
<i>clarithromycin er</i>	8	<i>CREON</i>	48
<i>CLENPIQ</i>	47	<i>CRESEMBA</i>	14
<i>clindamycin hcl</i>	5	<i>cromolyn sodium</i>	48
<i>clindamycin hydrochloride</i>	5	<i>cromolyn sodium</i>	61
<i>clindamycin palmitate hydrochloride</i>	5	<i>cromolyn sodium</i>	64
<i>clindamycin phosphate</i>	6	<i>curity gauze pads 2"x2" 12 ply</i>	60
<i>clindamycin phosphate</i>	43	<i>CUVITRU</i>	54
<i>clindamycin phosphate/benzoyl peroxide</i>	41	<i>cyclobenzaprine hydrochloride</i>	66
<i>clindamycin/benzoyl peroxide</i>	41	<i>cyclopentolate hydrochloride</i>	60
<i>CLINIMIX 6/5</i>	43	<i>cyclophosphamide</i>	16
<i>CLINIMIX 8/10</i>	44	<i>cyclosporine</i>	56
<i>CLINIMIX E 8/10</i>	44	<i>cyclosporine modified</i>	56
<i>clobazam</i>	10	<i>cyproheptadine hcl</i>	63

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<i>cyproheptadine hydrochloride</i>	63	<i>dextrose 2.5%/sodium chloride 0.45%</i>	44
CYSTAGON	48	<i>dextrose 5%</i>	44
CYSTARAN	60	<i>dextrose 5%/sodium chloride 0.2%</i>	44
<i>dabigatran etexilate</i>	32	<i>dextrose 5%/sodium chloride 0.3%</i>	44
<i>dalfampridine er</i>	40	<i>dextrose 5%/sodium chloride 0.33%</i>	44
<i>danazol</i>	50	<i>dextrose 5%/sodium chloride 0.45%</i>	44
<i>dantrolene sodium</i>	26	<i>dextrose 5%/sodium chloride 0.9%</i>	44
DANZITEN	18	<i>dextrose 50%</i>	44
<i>dapagliflozin propanediol</i>	38	<i>dextrose 70%</i>	44
DAPSONE	15	<i>dextrose/sodium chloride</i>	44
DAPTACEL	57	DIACOMIT	10
<i>daptomycin</i>	6	<i>diazepam</i>	29
<i>daptomycin/sodium chloride</i>	6	<i>diazepam intensol</i>	29
<i>darunavir</i>	28	<i>diazepam rectal gel</i>	10
DARZALEX	22	<i>diazoxide</i>	30
<i>dasatinib</i>	18	<i>dichlorphenamide</i>	48
DAURISMO	19	<i>diclofenac potassium</i>	3
<i>deblitane</i>	52	<i>diclofenac sodium</i>	3
<i>deferasirox</i>	46	<i>diclofenac sodium</i>	42
DELSTRIGO	27	<i>diclofenac sodium</i>	62
DENGVAXIA	57	<i>diclofenac sodium dr</i>	3
DEPO-MEDROL	49	<i>diclofenac sodium er</i>	3
DEPO-SUBQ PROVERA 104	52	<i>dicloxacillin sodium</i>	7
DESCOVY	27	<i>dicyclomine hcl</i>	47
<i>desipramine hydrochloride</i>	13	<i>dicyclomine hydrochloride</i>	47
<i>desloratadine</i>	63	DIFCID	8
<i>desmopressin acetate</i>	50	<i>diflunisal</i>	3
DESONIDE	41	<i>disfluprednate</i>	62
<i>desoximetasone</i>	41	<i>digoxin</i>	34
<i>desvenlafaxine er</i>	12	<i>dihydroergotamine mesylate</i>	15
<i>dexamethasone</i>	49	DILANTIN	11
<i>dexamethasone intensol</i>	49	<i>diltiazem hcl</i>	35
<i>dexamethasone sodium phosphate</i>	49	<i>diltiazem hcl cd</i>	35
<i>dexamethasone sodium phosphate</i>	62	<i>diltiazem hcl er</i>	35
<i>dexamethasone sodium phosphate +rfid</i>	49	<i>diltiazem hydrochloride</i>	35
DEXLANSOPRAZOLE	47	<i>diltiazem hydrochloride er</i>	35
<i>dexamethylphenidate hcl</i>	39	<i>dilt-xr</i>	35
<i>dexamethylphenidate hcl er</i>	39	<i>dimethyl fumarate</i>	40
<i>dexamethylphenidate hydrochloride</i>	39	<i>diphenhydramine hydrochloride</i>	63
<i>dexamethylphenidate hydrochloride er</i>	39	<i>disulfiram</i>	5
<i>dextroamphetamine sulfate</i>	38	<i>divalproex sodium dr</i>	10
<i>dextroamphetamine sulfate er</i>	38	<i>divalproex sodium er</i>	10
<i>dextrose 10%</i>	44	DOCETAXEL	17
<i>dextrose 10%/sodium chloride 0.2%</i>	44	DOFETILIDE	34
<i>dextrose 10%/sodium chloride 0.45%</i>	44	<i>donepezil hcl</i>	11

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<i>donepezil hydrochloride</i>	11	<i>emtricitabine/rilpivirine/tenofovir disoproxil fumarate</i>	27
DOPTELET	33	<i>emtricitabine/tenofovir disoproxil</i>	27
<i>dorzolamide hcl/timolol maleate</i>	60	<i>emtricitabine/tenofovir disoproxil fumarate</i>	27
<i>dorzolamide hydrochloride</i>	62	EMTRIVA	27
<i>dorzolamide hydrochloride/timolol maleate pf</i>	60	<i>enalapril maleate</i>	33
<i>dotti</i>	50	<i>enalapril maleate/hydrochlorothiazide</i>	36
DOVATO	26	ENBREL	56
<i>doxazosin mesylate</i>	49	ENBREL MINI	56
<i>doxepin hcl</i>	13	ENBREL SURECLICK	56
<i>doxepin hydrochloride</i>	13	<i>endocet</i>	4
<i>doxycycline</i>	9	ENGERIX-B	57
<i>doxycycline hyclate</i>	8	<i>enilloring</i>	50
<i>doxycycline monohydrate</i>	9	<i>enoxaparin sodium</i>	32
DRIZALMA SPRINKLE	12	<i>entacapone</i>	23
<i>dronabinol</i>	14	<i>entecavir</i>	26
<i>drospirenone/ethynodiol estradiol</i>	50	ENTRESTO	36
DROXIA	16	<i>enulose</i>	46
<i>droxidopa</i>	33	ENVARSUS XR	56
<i>duloxetine hydrochloride dr</i>	12	EPIDIOLEX	9
DUPIXENT	54	<i>epinastine hcl</i>	61
<i>dutasteride</i>	49	<i>epinephrine</i>	64
<i>dutasteride/tamsulosin hydrochloride</i>	49	<i>epitol</i>	11
<i>ec-naproxen</i>	3	<i>eplerenone</i>	38
<i>econazole nitrate</i>	14	EPRONTIA	9
EDURANT	27	<i>ergotamine tartrate/caffeine</i>	15
EDURANT PED	27	ERIVEDGE	19
<i>efavirenz</i>	27	ERLEADA	16
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	27	<i>erlotinib hydrochloride</i>	19
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	27	<i>errin</i>	52
<i>effer-k</i>	44	<i>ertapenem sodium</i>	8
ELIGARD	53	<i>ery</i>	43
ELIQUIS	32	<i>erythromycin</i>	43
ELIQUIS STARTER PACK	32	<i>erythromycin</i>	61
<i>elixophyllin</i>	64	<i>erythromycin dr</i>	8
ELMIRON	49	<i>erythromycin ethylsuccinate</i>	8
<i>eltrombopag olamine</i>	32	<i>escitalopram oxalate</i>	12
<i>eluryng</i>	50	<i>eslicarbazepine acetate</i>	11
EMCYT	16	<i>esomeprazole magnesium</i>	47
EMGALITY	15	<i>estradiol</i>	50
EMPAVELI	54	<i>estradiol valerate</i>	50
EMSAM	12	<i>estradiol/norethindrone acetate</i>	50
<i>emtricitabine</i>	27	ESTRING	50
		<i>eszopiclone</i>	66
		<i>ethacrylic acid</i>	37

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<i>ethambutol hydrochloride</i>	15	FIRMAGON	53
<i>ethosuximide</i>	10	<i>flac</i>	63
<i>etodolac</i>	3	FLAREX	62
<i>etodolac er</i>	3	FLEBOGAMMA DIF	54
<i>etonogestrel/ethinyl estradiol</i>	51	<i>flecainide acetate</i>	34
<i>etravirine</i>	27	<i>fluconazole</i>	14
EUCRISA	41	<i>fluconazole in sodium chloride</i>	14
EULEXIN	16	<i>flucytosine</i>	14
<i>euthyrox</i>	53	<i>fludrocortisone acetate</i>	49
<i>everolimus</i>	19	<i>flunisolide</i>	63
<i>everolimus</i>	56	<i>fluocinolone acetonide</i>	41
EVOTAZ	28	<i>fluocinolone acetonide</i>	63
<i>exemestane</i>	18	<i>fluocinolone acetonide body</i>	41
EXKIVITY	19	<i>fluocinolone acetonide scalp</i>	41
<i>ezetimibe</i>	37	<i>fluocinolone acetonide topical</i>	41
<i>ezetimibe/simvastatin</i>	37	<i>fluocinonide</i>	42
<i>falmina</i>	51	<i>fluocinonide emulsified base</i>	42
<i>famciclovir</i>	29	<i>fluorometholone</i>	62
<i>famotidine</i>	47	<i>fluorouracil</i>	42
FANAPT	25	<i>fluoxetine dr</i>	12
FANAPT TITRATION PACK A	25	<i>fluoxetine hydrochloride</i>	12
FANAPT TITRATION PACK B	25	<i>fluphenazine decanoate</i>	24
FANAPT TITRATION PACK C	25	<i>fluphenazine hcl</i>	24
FARXIGA	38	<i>fluphenazine hydrochloride</i>	24
FASENRA	65	<i>flurbiprofen</i>	3
FASENRA PEN	65	<i>flurbiprofen sodium</i>	62
FEIRZA 1.5/30	51	<i>fluticasone propionate</i>	42
FEIRZA 1/20	51	<i>fluticasone propionate</i>	63
<i>felbamate</i>	9	<i>fluticasone propionate diskus</i>	63
<i>felodipine er</i>	34	<i>fluticasone propionate hfa</i>	63
<i>fenofibrate</i>	37	<i>fluticasone propionate/salmeterol</i>	65
<i>fenofibrate micronized</i>	37	<i>fluticasone propionate/salmeterol diskus</i>	65
<i>fenofibric acid dr</i>	37	<i>fluvastatin</i>	37
<i>fentanyl</i>	3	<i>fluvastatin sodium er</i>	37
<i>fentanyl citrate oral transmucosal</i>	4	<i>fluvoxamine maleate</i>	12
FETZIMA	12	<i>fondaparinux sodium</i>	32
FETZIMA TITRATION PACK	12	<i>formoterol fumarate</i>	64
FIASP	31	<i>fosamprenavir calcium</i>	28
FIASP FLEXTOUCH	31	<i>fosfomycin tromethamine</i>	6
FIASP PENFILL	31	<i>fosinopril sodium</i>	33
<i>fidaxomicin</i>	8	<i>fosinopril sodium/hydrochlorothiazide</i>	36
<i>finasteride</i>	49	FOTIVDA	19
<i>fingolimod hydrochloride</i>	40	FRUZAQLA	19
FINTEPLA	9	<i>furosemide</i>	37
<i>finzala</i>	51	FUZEON	28

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<i>fyavolv</i>	51	GOMEKLI	19
FYCOMPA	9	<i>granisetron hydrochloride</i>	14
<i>gabapentin</i>	10	<i>griseofulvin microsize</i>	14
<i>galantamine hydrobromide</i>	11	<i>griseofulvin ultramicrosize</i>	14
<i>galantamine hydrobromide er</i>	11	<i>guanfacine hydrochloride er</i>	39
<i>galbriela</i>	51	GVOKE HYPOOPEN 1-PACK	31
<i>gallifrey</i>	52	GVOKE HYPOOPEN 2-PACK	31
GAMMAGARD LIQUID	54	GVOKE KIT	31
GAMMAPLEX	54	GVOKE PFS	31
GARDASIL 9	57	HAEGARDA	54
<i>gatifloxacin</i>	61	<i>halobetasol propionate</i>	42
<i>gavilyte-c</i>	47	<i>haloette</i>	51
<i>gavilyte-g</i>	47	<i>haloperidol</i>	24
<i>gavilyte-n/flavor pack</i>	47	<i>haloperidol decanoate</i>	24
GAVRETO	19	<i>haloperidol lactate</i>	24
<i>gefitinib</i>	19	HAVRIX	57
<i>gemfibrozil</i>	37	<i>heather</i>	52
GEMTESA	48	<i>heparin sodium</i>	32
<i>generlac</i>	46	<i>heparin sodium/d5w</i>	32
<i>gengraf</i>	56	HEPLISAV-B	57
GENOTROPIN	50	HIBERIX	57
GENOTROPIN MINIQUICK	50	HIZENTRA	54
<i>gentamicin sulfate</i>	5	HUMALOG	31
<i>gentamicin sulfate</i>	61	HUMALOG JUNIOR KWIKPEN	31
<i>gentamicin sulfate/0.9% sodium chloride</i>	5	HUMALOG KWIKPEN	31
GENVOYA	26	HUMALOG MIX 50/50	31
GILOTrif	19	HUMALOG MIX 50/50 KWIKPEN	31
<i>glatiramer acetate</i>	40	HUMALOG MIX 75/25	31
GLEOSTINE	16	HUMALOG MIX 75/25 KWIKPEN	31
<i>glimepiride</i>	29	HUMIRA	57
<i>glipizide</i>	30	HUMIRA PEDIATRIC CROHNS	56
<i>glipizide er</i>	29	DISEASE STARTER PACK	
<i>glipizide/metformin hydrochloride</i>	29	HUMIRA PEN	56
GLUCAGEN HYPOKIT	31	HUMIRA PEN-CD/UC/HS STARTER	56
GLUCAGON EMERGENCY KIT	31	HUMIRA PEN-PEDIATRIC UC	56
GLUCAGON EMERGENCY KIT FOR	31	STARTER PACK	
LOW BLOOD SUGAR		HUMIRA PEN-PS/UV STARTER	56
<i>glucose (dextrose) 50%</i>	44	HUMULIN 70/30	31
<i>glucose (dextrose) 70%</i>	44	HUMULIN 70/30 KWIKPEN	31
<i>glyburide</i>	30	HUMULIN N	31
<i>glyburide micronized</i>	30	HUMULIN N KWIKPEN	31
<i>glyburide/metformin hydrochloride</i>	30	HUMULIN R	31
<i>glycopyrrolate</i>	47	HUMULIN R U-500 (CONCENTRATED)	31
<i>glydo</i>	4	HUMULIN R U-500 KWIKPEN	31
GLYXAMBI	30	<i>hydralazine hydrochloride</i>	38

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hydrochlorothiazide	37	<i>insulin aspart flexpen</i>	31
hydrocodone bitartrate/acetaminophen	4	<i>insulin aspart penfill</i>	31
hydrocodone/acetaminophen	4	<i>insulin aspart protamine/insulin aspart</i>	31
<i>hydrocortisone</i>	42	INSULIN LISPRO	31
<i>hydrocortisone</i>	49	<i>insulin lispro junior kwikpen</i>	31
<i>hydrocortisone</i>	59	<i>insulin lispro kwikpen</i>	31
<i>hydrocortisone sodium succinate</i>	49	<i>insulin lispro protamine/insulin lispro</i>	31
HYDROCORTISONE VALERATE	42	<i>kwikpen</i>	
<i>hydrocortisone/acetic acid</i>	63	INTELENCE	27
<i>hydromorphone hcl</i>	4	INTRALIPID	60
<i>hydroxychloroquine sulfate</i>	23	<i>introvale</i>	51
<i>hydroxyurea</i>	17	INVEGA HAFYERA	25
<i>hydroxyzine hcl</i>	63	INVEGA SUSTENNA	25
<i>hydroxyzine hydrochloride</i>	63	INVEGA TRINZA	25
<i>hydroxyzine pamoate</i>	63	IPOL INACTIVATED IPV	57
IBRANCE	17	<i>ipratropium bromide</i>	63
IBRANCE	19	<i>ipratropium bromide/albuterol sulfate</i>	66
<i>ibu</i>	3	<i>irbesartan</i>	33
<i>ibuprofen</i>	3	<i>irbesartan/hydrochlorothiazide</i>	36
<i>icatibant acetate</i>	54	ISENTRESS	26
<i>iclevia</i>	51	ISENTRESS HD	26
ICLUSIG	19	<i>isoniazid</i>	15
<i>icosapent ethyl</i>	37	<i>isosorbide dinitrate</i>	38
IDHIFA	19	<i>isosorbide mononitrate</i>	38
ILEVRO	62	<i>isosorbide mononitrate er</i>	38
<i>imatinib mesylate</i>	19	<i>isotonic gentamicin</i>	5
IMBRUVICA	19	<i>isotretinoin</i>	41
<i>imipenem/cilastatin</i>	8	ITOVEBI	17
<i>imipramine hcl</i>	13	itraconazole	14
<i>imipramine hydrochloride</i>	13	ivabradine hydrochloride	36
<i>imiquimod</i>	42	ivermectin	23
IMKELDI	19	IWILFIN	17
IMOVAX RABIES (H.D.C.V.)	57	IXCHIQ	57
IMPAVIDO	6	IXIARO	57
IMVEXXY MAINTENANCE PACK	51	jaimiess	51
IMVEXXY STARTER PACK	51	JAKAFI	19
INCRELEX	50	jantoven	32
INCRUSE ELLIPTA	63	JANUMET	30
<i>indapamide</i>	37	JANUMET XR	30
<i>indomethacin</i>	3	JANUVIA	30
INFANRIX	57	JARDIANCE	38
INLYTA	19	JAYPIRCA	19
INQOVI	19	JENTADUETO	30
INREBIC	17	JENTADUETO XR	30
<i>insulin aspart</i>	31	jinteli	51

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JUBBONTI	59	<i>labetalol hydrochloride</i>	34
JULUCA	27	<i>lacosamide</i>	11
<i>junel 1.5/30</i>	51	<i>lactated ringers</i>	45
<i>junel 1/20</i>	51	<i>lactulose</i>	46
<i>junel fe 1.5/30</i>	51	LAGEVRIO	29
<i>junel fe 1/20</i>	51	<i>lamivudine</i>	26
<i>junel fe 24</i>	51	<i>lamivudine</i>	27
JYLAMVO	57	<i>lamivudine/zidovudine</i>	27
JYNARQUE	46	<i>lamotrigine</i>	9
JYNNEOS	58	<i>lamotrigine er</i>	9
KALETRA	28	<i>lamotrigine odt</i>	9
KALYDECO	64	<i>lamotrigine starter kit/blue</i>	9
<i>kariva</i>	51	<i>lamotrigine starter kit/green</i>	9
<i>kcl 0.075%/d5w/nacl 0.45%</i>	44	<i>lamotrigine starter kit/orange</i>	9
<i>kcl 0.15%/d5w/nacl 0.2%</i>	44	<i>lanreotide acetate</i>	53
<i>kcl 0.15%/d5w/nacl 0.45%</i>	44	<i>lansoprazole</i>	48
<i>kcl 0.15%/d5w/nacl 0.9%</i>	44	LANTUS	31
<i>kcl 0.3%/d5w/nacl 0.45%</i>	44	LANTUS SOLOSTAR	31
<i>kcl 0.3%/d5w/nacl 0.9%</i>	44	<i>lapatinib ditosylate</i>	20
<i>kelnor 1/35</i>	51	<i>larin 1.5/30</i>	51
<i>kenalog-10</i>	49	<i>larin 1/20</i>	51
KERENDIA	38	<i>larin fe 1.5/30</i>	51
KESIMPTA	40	<i>larin fe 1/20</i>	51
<i>ketoconazole</i>	14	<i>latanoprost</i>	62
<i>ketorolac tromethamine</i>	62	LAZCLUZE	17
KINERET	55	<i>leflunomide</i>	57
KINRIX	58	<i>lenalidomide</i>	16
KISQALI	19	LENVIMA 10 MG DAILY DOSE	20
KISQALI FEMARA 200 DOSE	17	LENVIMA 12MG DAILY DOSE	20
KISQALI FEMARA 400 DOSE	17	LENVIMA 14 MG DAILY DOSE	20
KISQALI FEMARA 600 DOSE	17	LENVIMA 18 MG DAILY DOSE	20
<i>klayesta</i>	14	LENVIMA 20 MG DAILY DOSE	20
<i>klor-con</i>	44	LENVIMA 24 MG DAILY DOSE	20
<i>klor-con 10</i>	44	LENVIMA 4 MG DAILY DOSE	20
<i>klor-con 8</i>	44	LENVIMA 8 MG DAILY DOSE	20
<i>klor-con m10</i>	44	<i>lessina</i>	51
<i>klor-con m15</i>	44	<i>letrozole</i>	18
<i>klor-con m20</i>	44	<i>leucovorin calcium</i>	17
<i>klor-con/ef</i>	44	LEUKERAN	16
KLOXXADO	5	<i>leuprolide acetate</i>	53
KOSELUGO	19	<i>levalbuterol</i>	64
<i>kourzeq</i>	40	<i>levalbuterol hcl</i>	64
<i>k-prime</i>	44	<i>levalbuterol hydrochloride</i>	64
KRAZATI	20	<i>levetiracetam</i>	9

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<i>levetiracetam er</i>	9	LOTEMAX	62
<i>levobunolol hcl</i>	62	<i>loteprednol etabonate</i>	62
<i>levocarnitine</i>	60	<i>lovastatin</i>	37
<i>levocetirizine dihydrochloride</i>	63	<i>loxapine</i>	24
<i>levofloxacin</i>	8	<i>lubiprostone</i>	46
<i>levofloxacin</i>	61	LUMAKRAS	20
<i>levofloxacin in d5w</i>	8	LUMIGAN	62
<i>levonest</i>	51	LUPRON DEPOT (1-MONTH)	53
<i>levonorgestrel and ethinyl estradiol</i>	51	LUPRON DEPOT (3-MONTH)	53
<i>levonorgestrel/ethinyl estradiol</i>	51	LUPRON DEPOT (4-MONTH)	53
<i>levora 0.15/30-28</i>	51	LUPRON DEPOT (6-MONTH)	53
<i>levo-t</i>	53	<i>lurasidone hydrochloride</i>	25
<i>levothyroxine sodium</i>	53	LYBALVI	25
<i>levoxyl</i>	53	LYNPARZA	20
LEXIVA	28	LYSODREN	17
<i>l-glutamine</i>	48	LYTGOBI	20
LIBERVANT	10	<i>magnesium sulfate</i>	45
<i>lidocaine</i>	4	<i>malathion</i>	43
<i>lidocaine hcl</i>	4	<i>maraviroc</i>	28
<i>lidocaine hcl jelly</i>	4	<i>marlissa</i>	51
<i>lidocaine hydrochloride</i>	4	MARPLAN	12
<i>lidocaine hydrochloride jelly</i>	4	MATULANE	16
<i>lidocaine hydrochloride viscous</i>	40	<i>matzim la</i>	35
<i>lidocaine viscous</i>	40	MAVYRET	26
<i>lidocaine/prilocaine</i>	4	<i>meclizine hcl</i>	13
LILETTA	52	<i>medroxyprogesterone acetate</i>	52
<i>linezolid</i>	6	<i>mefloquine hydrochloride</i>	23
LINZESS	46	<i>megestrol acetate</i>	52
<i>liothyronine sodium</i>	53	MEKINIST	20
<i>lisinopril</i>	33	MEKTOVI	20
<i>lisinopril/hydrochlorothiazide</i>	36	<i>meleya</i>	52
<i>lithium</i>	29	<i>meloxicam</i>	3
<i>lithium carbonate</i>	29	<i>memantine hcl titration pak</i>	12
<i>lithium carbonate er</i>	29	<i>memantine hydrochloride</i>	12
LIVTENCITY	26	<i>memantine hydrochloride er</i>	12
<i>lojaimiess</i>	51	<i>memantine/donepezil hydrochloride er</i>	11
LOKELMA	46	MENACTRA	58
LONSURF	17	MENQUADFI	58
<i>loperamide hydrochloride</i>	46	MENVEO	58
<i>lopinavir/ritonavir</i>	28	<i>mercaptopurine</i>	17
<i>lorazepam</i>	29	<i>meropenem</i>	8
<i>lorazepam intensol</i>	29	<i>mesalamine</i>	59
LORBRENA	20	<i>mesalamine dr</i>	59
<i>losartan potassium</i>	33	<i>mesalamine er</i>	59
<i>losartan potassium/hydrochlorothiazide</i>	36	<i>mesna</i>	23

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<i>metformin hydrochloride</i>	30	<i>mirtazapine</i>	12
<i>metformin hydrochloride er</i>	30	<i>mirtazapine odt</i>	12
<i>methadone hcl</i>	3	<i>misoprostol</i>	47
<i>methazolamide</i>	62	<i>M-M-R II</i>	58
<i>methenamine hippurate</i>	6	<i>modafinil</i>	66
<i>methenamine mandelate</i>	6	<i>moexipril hydrochloride</i>	34
<i>methimazole</i>	54	<i>molindone hydrochloride</i>	24
<i>methocarbamol</i>	66	<i>mometasone furoate</i>	42
<i>methotrexate</i>	57	<i>mometasone furoate</i>	63
<i>methotrexate sodium</i>	57	<i>montelukast sodium</i>	63
<i>methsuximide</i>	10	<i>morphine sulfate</i>	4
<i>methylphenidate hydrochloride</i>	39	<i>morphine sulfate er</i>	3
<i>methylphenidate hydrochloride er</i>	39	<i>MOUNJARO</i>	30
<i>methylphenidate hydrochloride er (cd)</i>	39	<i>MOVANTIK</i>	46
<i>methylphenidate hydrochloride er (la)</i>	39	<i>moxifloxacin hydrochloride/sodium</i>	8
<i>methylphenidate hydrochloride er (osm)</i>	39	<i>hydrochloride</i>	
<i>methylprednisolone</i>	49	<i>moxifloxacin hydrochloride</i>	8
<i>methylprednisolone acetate</i>	49	<i>moxifloxacin hydrochloride</i>	61
<i>methylprednisolone dose pack</i>	49	<i>MOZOBIL</i>	32
<i>metoclopramide hcl</i>	47	<i>MRESVIA</i>	58
<i>metoclopramide hydrochloride</i>	47	<i>MULTAQ</i>	34
<i>metolazone</i>	37	<i>mupirocin</i>	43
<i>metoprolol succinate er</i>	34	<i>mycophenolate mofetil</i>	57
<i>metoprolol tartrate</i>	34	<i>mycophenolic acid dr</i>	57
<i>metoprolol/hydrochlorothiazide</i>	36	<i>MYRBETRIQ</i>	48
<i>metronidazole</i>	6	<i>nabumetone</i>	3
<i>metronidazole</i>	41	<i>nadolol</i>	34
<i>metronidazole vaginal</i>	6	<i>nafcillin sodium</i>	7
<i>metyrosine</i>	36	<i>naftifine hydrochloride</i>	14
<i>mexiletine hydrochloride</i>	34	<i>naloxone hcl</i>	5
<i>mibelas 24 fe</i>	51	<i>naloxone hydrochloride</i>	5
<i>micafungin</i>	14	<i>naltrexone hydrochloride</i>	5
<i>miconazole 3</i>	14	<i>NAMZARIC</i>	11
<i>microgestin 1.5/30</i>	51	<i>naproxen</i>	3
<i>microgestin 1/20</i>	51	<i>naproxen dr</i>	3
<i>microgestin fe 1.5/30</i>	51	<i>naproxen sodium</i>	3
<i>microgestin fe 1/20</i>	51	<i>naratriptan hcl</i>	15
<i>midodrine hydrochloride</i>	33	<i>NATACYN</i>	61
<i>MIEBO</i>	60	<i>nateglinide</i>	30
<i>mifepristone</i>	53	<i>NAYZILAM</i>	9
<i>miglitol</i>	30	<i>nebivolol hydrochloride</i>	34
<i>minocycline hcl</i>	9	<i>necon 0.5/35-28</i>	51
<i>minocycline hydrochloride</i>	9	<i>nefazodone hydrochloride</i>	12
<i>minoxidil</i>	38	<i>neomycin sulfate</i>	5
<i>minzoya</i>	51	<i>neomycin/bacitracin/polymyxin</i>	60

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<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	60	NOVOLIN N	32
<i>neomycin/polymyxin/dexamethasone</i>	60	NOVOLIN N FLEXPEN	31
<i>neomycin/polymyxin/gramicidin</i>	61	NOVOLIN R	32
<i>neomycin/polymyxin/hc</i>	63	NOVOLIN R FLEXPEN	32
<i>neomycin/polymyxin/hydrocortisone</i>	61	NOVOLOG	32
<i>neomycin/polymyxin/hydrocortisone</i>	63	NOVOLOG FLEXPEN	32
<i>neo-polycin</i>	60	NOVOLOG MIX 70/30	32
<i>neo-polycin hc</i>	60	NOVOLOG MIX 70/30 PREFILLED	32
NERLYNX	20	FLEXPEN	
NEULASTA	32	NOVOLOG PENFILL	32
NEULASTA ONPRO KIT	32	<i>np thyroid 120</i>	53
<i>nevirapine</i>	27	<i>np thyroid 15</i>	53
<i>nevirapine er</i>	27	<i>np thyroid 30</i>	53
NEXLETOL	37	<i>np thyroid 60</i>	53
NEXLIZET	38	<i>np thyroid 90</i>	53
NEXPLANON	52	NUBEQA	16
<i>niacin er</i>	38	NUEDEXTA	39
NICOTROL INHALER	5	NULOJIX	57
NICOTROL NS	5	NUPLAZID	25
<i>nifedipine er</i>	34	NURTEC	15
<i>nikki</i>	51	NUTRILIPID	60
<i>nilotinib hydrochloride</i>	20	NUVESSA	6
<i>nilutamide</i>	16	<i>nyamyc</i>	14
<i>nimodipine</i>	34	<i>nystatin</i>	14
NINLARO	20	<i>nystatin/triamcinolone</i>	42
<i>nitazoxanide</i>	23	<i>nystatin/triamcinolone acetonide</i>	42
<i>nitisinone</i>	48	<i>nystop</i>	14
<i>nitrofurantoin macrocrystals</i>	6	OCTAGAM	54
<i>nitrofurantoin monohydrate/macrocrys</i>	6	<i>octreotide acetate</i>	53
<i>nitroglycerin</i>	38	ODEFSEY	27
<i>nitroglycerin</i>	47	ODOMZO	20
<i>nitroglycerin transdermal</i>	38	OFEV	65
NIVA THYROID	53	<i>ofloxacin</i>	61
<i>norelgestromin/ethinyl estradiol</i>	51	<i>ofloxacin</i>	63
<i>norethindrone acetate</i>	52	OGSIVEO	17
<i>norethindrone acetate/ethinyl estradiol</i>	52	OJEMDA	17
<i>nortrel 0.5/35 (28)</i>	52	OJJAARA	20
<i>nortrel 1/35</i>	52	<i>olanzapine</i>	25
<i>nortrel 7/7/7</i>	52	<i>olanzapine odt</i>	25
<i>nortriptyline hcl</i>	13	<i>olmesartan medoxomil</i>	33
<i>nortriptyline hydrochloride</i>	13	<i>olmesartan</i>	36
NORVIR	28	<i>medoxomil/amlodipine/hydrochlorothiazide</i>	
NOVOLIN 70/30	31	<i>olmesartan medoxomil/hydrochlorothiazide</i>	36
		<i>olopatadine hydrochloride</i>	61

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<i>omega-3-acid ethyl esters</i>	38	ORSERDU	16
<i>omeprazole</i>	48	<i>oseltamivir phosphate</i>	29
<i>omeprazole dr</i>	48	OSPHENA	52
OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5)	60	OTEZLA	42
OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5)	60	OTEZLA	55
OMNIPOD 5 G7 INTRO KIT (GEN 5)	60	<i>oxacillin sodium</i>	7
OMNIPOD 5 G7 PODS (GEN 5)	60	<i>oxaprozin</i>	3
OMNIPOD 5 LIBRE2 PLUS G6 INTRO GEN 5	60	<i>oxcarbazepine</i>	11
OMNIPOD 5 LIBRE2 PLUS G6 PODS	60	<i>oxybutynin chloride</i>	48
OMNIPOD CLASSIC PODS (GEN 3)	60	<i>oxybutynin chloride er</i>	48
OMNIPOD DASH INTRO KIT (GEN 4)	60	<i>oxycodone hydrochloride</i>	4
OMNIPOD DASH PDM KIT (GEN 4)	60	<i>oxycodone/acetaminophen</i>	4
OMNIPOD DASH PODS (GEN 4)	60	OZEMPIC	30
OMNIPOD GO 10 UNITS/DAY	60	<i>paclitaxel</i>	17
OMNIPOD GO 15 UNITS/DAY	60	<i>paliperidone er</i>	25
OMNIPOD GO 20 UNITS/DAY	60	PANRETIN	23
OMNIPOD GO 25 UNITS/DAY	60	<i>pantoprazole sodium</i>	48
OMNIPOD GO 30 UNITS/DAY	60	<i>paricalcitol</i>	59
OMNIPOD GO 35 UNITS/DAY	60	<i>paroxetine hcl</i>	12
OMNIPOD GO 40 UNITS/DAY	60	<i>paroxetine hydrochloride</i>	13
<i>ondansetron hcl</i>	14	PAXLOVID	29
<i>ondansetron hydrochloride</i>	14	<i>pazopanib hydrochloride</i>	20
<i>ondansetron odt</i>	14	PEDIARIX	58
ONUREG	17	PEDVAX HIB	58
OPDIVO	22	<i>peg-3350/electrolytes</i>	47
OPIPZA	25	<i>peg-3350/electrolytes/ascorbate</i>	47
<i>opium</i>	47	<i>peg-3350/nacl/na bicarbonate/kcl</i>	47
<i>opium tincture</i>	47	<i>peg-3350/sodium sulf/naclpotassium cl/na ascorbate/ascorbic</i>	47
OPSUMIT	65	PEGASYS	55
OPVEE	5	PEGASYS	57
oralone dental paste	40	PEMAZYRE	20
ORENCIA	55	PENBRAYA	58
ORENCIA CLICKJECT	55	<i>penicillamine</i>	46
ORENITRAM	65	<i>penicillin g potassium</i>	7
ORENITRAM TITRATION KIT MONTH 1	65	PENICILLIN G SODIUM	8
ORENITRAM TITRATION KIT MONTH 2	65	<i>penicillin v potassium</i>	8
ORENITRAM TITRATION KIT MONTH 3	65	PENMENVY	58
ORGOVYX	54	PENTACEL	58
ORKAMBI	64	<i>pentamidine isethionate</i>	23
		<i>pentoxifylline er</i>	36
		<i>perampanel</i>	9
		<i>perindopril erbumine</i>	34
		<i>periogard</i>	40
		<i>permethrin</i>	43

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<i>perphenazine</i>	24	<i>praziquantel</i>	23
PERSERIS	25	<i>prazosin hydrochloride</i>	33
<i>phenelzine sulfate</i>	12	<i>prednisolone</i>	49
<i>phenobarbital</i>	10	<i>prednisolone acetate</i>	62
<i>phenytek</i>	11	<i>prednisolone sodium phosphate</i>	49
<i>phenytoin</i>	11	<i>prednisolone sodium phosphate</i>	62
<i>phenytoin sodium extended</i>	11	<i>prednisone</i>	49
PIFELTRO	27	<i>pregabalin</i>	10
<i>pilocarpine hcl</i>	62	PREHEVBARIO	58
<i>pilocarpine hydrochloride</i>	40	PREMARIN	52
<i>pilocarpine hydrochloride</i>	62	PREMASOL	45
<i>pimecrolimus</i>	42	<i>premium lidocaine</i>	4
<i>pimozide</i>	24	PREMPHASE	52
<i>pindolol</i>	34	<i>prenatal</i>	46
<i>pioglitazone hcl</i>	30	<i>prevalite</i>	38
<i>pioglitazone hcl/metformin hcl</i>	30	PREVYMIS	26
<i>pioglitazone hcl-glimepiride</i>	30	PREZCOBIX	28
<i>pioglitazone hydrochloride</i>	30	PREZISTA	28
<i>piperacillin sodium/tazobactam sodium</i>	8	PRIFTIN	15
PIQRAY 200MG DAILY DOSE	21	<i>primaquine phosphate</i>	23
PIQRAY 250MG DAILY DOSE	21	<i>primidone</i>	10
PIQRAY 300MG DAILY DOSE	21	PRIORIX	58
<i>pirfenidone</i>	65	PRIVIGEN	54
<i>piroxicam</i>	3	PROAIR RESPICLICK	64
<i>pitavastatin calcium</i>	37	<i>probenecid</i>	15
PLEGRIDY	40	<i>probenecid/colchicine</i>	15
PLEGRIDY STARTER PACK	40	<i>prochlorperazine</i>	13
PLENAMINE	45	<i>prochlorperazine edisylate</i>	13
<i>plerixafor</i>	32	<i>prochlorperazine maleate</i>	13
<i>podofilox</i>	42	PROCRT	32
<i>polycin</i>	61	<i>procto-med hc</i>	59
<i>polymyxin b sulfate(trimethoprim sulfate</i>	61	<i>proctosol hc</i>	59
POMALYST	16	<i>proctozone-hc</i>	59
<i>portia-28</i>	52	<i>progesterone</i>	52
<i>posaconazole</i>	14	PROGRAF	57
<i>posaconazole dr</i>	14	PROLASTIN-C	48
<i>potassium chloride</i>	45	<i>promethazine hcl</i>	13
<i>potassium chloride er</i>	45	<i>promethazine hydrochloride</i>	13
<i>potassium chloride/dextrose/sodium</i>	45	<i>promethazine hydrochloride plain</i>	13
<i>chloride</i>		<i>propafenone hcl</i>	34
<i>potassium citrate er</i>	45	<i>propafenone hydrochloride</i>	34
PRALUENT	38	<i>propafenone hydrochloride er</i>	34
<i>pramipexole dihydrochloride</i>	23	<i>propranolol hcl</i>	34
<i>prasugrel hydrochloride</i>	33	<i>propranolol hydrochloride</i>	34
<i>pravastatin sodium</i>	37	<i>propranolol hydrochloride er</i>	34

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<i>propylthiouracil</i>	54	REXULTI	25
PROQUAD	58	REYATAZ	28
PROSOL	45	REZDIFFRA	53
<i>protriptyline hcl</i>	13	REZLIDHIA	21
PULMOZYME	64	REZUROCK	57
<i>pyrazinamide</i>	15	RHOPRESSA	62
<i>pyridostigmine bromide</i>	15	ribavirin	26
<i>pyridostigmine bromide er</i>	15	rifabutin	15
<i>pyrimethamine</i>	23	rifampin	16
QINLOCK	21	riluzole	39
QUADRACEL	58	<i>rimantadine hydrochloride</i>	29
<i>quetiapine fumarate</i>	25	RINVOQ	55
<i>quinapril hydrochloride</i>	34	RINVOQ LQ	55
<i>quinapril/hydrochlorothiazide</i>	36	risedronate sodium	59
<i>quinidine sulfate</i>	34	risedronate sodium dr	59
<i>quinine sulfate</i>	23	risperidone	25
QULIPTA	15	risperidone er	25
QVAR REDIHALER	63	risperidone odt	25
RABAVERT	58	ritonavir	28
<i>rabeprazole sodium</i>	48	rivaroxaban	32
RADICAVA ORS	39	<i>rivastigmine tartrate</i>	11
RADICAVA ORS STARTER KIT	39	<i>rivastigmine transdermal system</i>	12
RALDESY	13	<i>rizatriptan benzoate</i>	15
<i>raloxifene hydrochloride</i>	52	<i>rizatriptan benzoate odt</i>	15
<i>ramelteon</i>	66	ROCKLATAN	61
<i>ramipril</i>	34	roflumilast	64
<i>ranolazine er</i>	36	ROMVIMZA	21
<i>rasagiline mesylate</i>	24	<i>ropinirole er</i>	23
RAYALDEE	59	<i>ropinirole hcl</i>	23
REBIF	40	<i>ropinirole hydrochloride</i>	24
REBIF REBIDOSE	40	<i>rosuvastatin calcium</i>	37
REBIF REBIDOSE TITRATION PACK	40	<i>rosyrah</i>	52
REBIF TITRATION PACK	40	ROTARIX	58
RECOMBIVAX HB	58	ROTATEQ	58
RELENZA DISKHALER	29	<i>roweepra</i>	9
<i>repaglinide</i>	30	ROZLYTREK	21
REPATHA	38	RUBRACA	21
REPATHA PUSHTRONEX SYSTEM	38	<i>rufinamide</i>	11
REPATHA SURECLICK	38	RUKOBIA	28
RESTASIS	61	RYBELSUS	30
RESTASIS MULTIDOSE	61	RYDAPT	21
RETACRIT	33	<i>salsalate</i>	3
RETEVMO	21	SANTYL	42
REVCovi	48	<i>sapropterin dihydrochloride</i>	48
REVUFORJ	17	SAVELLA	40

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SAVELLA TITRATION PACK	40	spironolactone	38
<i>saxagliptin hydrochloride</i>	30	spironolactone/hydrochlorothiazide	36
SCEMBLIX	21	SPRITAM	9
<i>scopolamine</i>	13	<i>sps</i>	46
SECUADO	26	<i>ssd</i>	42
<i>selegiline hcl</i>	24	STAMARIL	58
<i>selenium sulfide</i>	42	STELARA	55
SELZENTRY	28	STEQEYMA	55
SEREVENT DISKUS	64	sterile water for irrigation	60
<i>sertraline hcl</i>	13	STIOLTO RESPIMAT	66
<i>sertraline hydrochloride</i>	13	STIVARGA	21
<i>sevelamer carbonate</i>	46	streptomycin sulfate	5
<i>sf 5000 plus</i>	40	STRIBILD	27
<i>sharobel</i>	52	STRIVERDI RESPIMAT	64
SHINGRIX	58	<i>subvenite</i>	9
SIGNIFOR	54	<i>subvenite starter kit/blue</i>	9
<i>sildenafil citrate</i>	65	<i>subvenite starter kit/green</i>	9
<i>silver sulfadiazine</i>	42	<i>subvenite starter kit/orange</i>	9
SIMBRINZA	61	<i>sucralfate</i>	47
<i>simvastatin</i>	37	<i>sulfacetamide sodium</i>	8
<i>sirolimus</i>	57	<i>sulfacetamide sodium</i>	61
SIRTURO	16	<i>sulfacetamide sodium/prednisolone sodium</i>	61
SKYRIZI	55	<i>phosphate</i>	
SKYRIZI PEN	55	<i>sulfadiazine</i>	8
<i>sodium chloride</i>	45	<i>sulfamethoxazole/trimethoprim</i>	8
<i>sodium chloride 0.45%</i>	45	<i>sulfamethoxazole/trimethoprim ds</i>	8
<i>sodium chloride 0.9%</i>	60	SULFAMYLYON	43
<i>sodium fluoride</i>	40	<i>sulfasalazine</i>	59
<i>sodium fluoride 5000 plus</i>	40	<i>sulindac</i>	3
<i>sodium fluoride 5000 ppm</i>	40	<i>sumatriptan</i>	15
SODIUM OXYBATE	66	<i>sumatriptan succinate</i>	15
<i>sodium phenylbutyrate</i>	48	<i>sumatriptan succinate refill</i>	15
<i>sodium polystyrene sulfonate</i>	46	<i>sunitinib malate</i>	21
sodium sulfate/potassium sulfate/magnesium	47	SUNLENCA	28
<i>sulfate</i>		SYMLINPEN 120	30
<i>solifenacin succinate</i>	48	SYMLINPEN 60	30
SOLTAMOX	16	SYMPAZAN	10
SOMATULINE DEPOT	54	SYMTUZA	28
SOMAVERT	54	SYNAREL	54
<i>sorafenib</i>	21	SYNJARDY	30
<i>sorafenib tosylate</i>	21	SYNJARDY XR	30
<i>sotalol hcl</i>	34	SYNTHROID	53
<i>sotalol hydrochloride</i>	34	TABLOID	17
<i>sotalol hydrochloride (af)</i>	34	TABRECTA	21
SPIRIVA RESPIMAT	63	<i>tacrolimus</i>	42

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<i>tacrolimus</i>	57	<i>tiagabine hydrochloride</i>	10
<i>tadalafil</i>	49	TIBSOVO	22
<i>tadalafil</i>	65	<i>ticagrelor</i>	33
TAFINLAR	21	TICOVAC	58
TAGRISSO	21	<i>tigecycline</i>	6
TALZENNA	21	<i>timolol hemihydrate</i>	62
<i>tamoxifen citrate</i>	16	<i>timolol maleate</i>	15
<i>tamsulosin hydrochloride</i>	49	<i>timolol maleate</i>	62
<i>tarina fe 1/20 eq</i>	52	<i>timolol maleate ophthalmic gel forming</i>	62
<i>tasimelteon</i>	66	<i>tinidazole</i>	6
TAVNEOS	55	<i>tiopronin dr</i>	49
<i>tazarotene</i>	41	TIVICAY	27
<i>tazicef</i>	7	TIVICAY PD	27
<i>taztia xt</i>	35	<i>tizanidine hcl</i>	26
TAZVERIK	22	<i>tizanidine hydrochloride</i>	26
<i>tdvax</i>	58	TOBI PODHALER	64
TEFLARO	7	TOBRADEX ST	61
<i>telmisartan</i>	33	<i>tobramycin</i>	61
<i>telmisartan/amlodipine</i>	36	<i>tobramycin sulfate</i>	5
<i>telmisartan/hydrochlorothiazide</i>	36	<i>tobramycin/dexamethasone</i>	61
<i>temazepam</i>	66	<i>tolterodine tartrate</i>	49
TENIVAC	58	<i>tolterodine tartrate er</i>	48
<i>tenofovir disoproxil fumarate</i>	28	<i>topiramate</i>	9
TEPMETKO	22	<i>toremifene citrate</i>	16
<i>terazosin hcl</i>	49	<i>torsemide</i>	37
<i>terazosin hydrochloride</i>	49	TOUJEO MAX SOLOSTAR	32
<i>terbinafine hcl</i>	14	TOUJEO SOLOSTAR	32
<i>terconazole</i>	14	TRADJENTA	30
<i>teriflunomide</i>	40	<i>tramadol hydrochloride</i>	4
<i>teriparatide</i>	59	<i>tramadol hydrochloride er</i>	3
<i>testosterone</i>	50	<i>tramadol hydrochloride/acetaminophen</i>	4
<i>testosterone cypionate</i>	50	<i>trandolapril</i>	34
<i>testosterone enanthate</i>	50	<i>trandolapril/verapamil hcl er</i>	36
<i>testosterone pump</i>	50	<i>tranexamic acid</i>	33
TETANUS/DIPHTHERIA TOXOIDS- ADSORBED ADULT	58	<i>tranylcyromine sulfate</i>	12
<i>tetrabenazine</i>	39	TRAVASOL	45
<i>tetracycline hydrochloride</i>	9	<i>travoprost</i>	62
THALOMID	16	<i>trazodone hydrochloride</i>	13
<i>theophylline</i>	64	TRECATOR	16
<i>theophylline er</i>	64	TRELEGY ELLIPTA	66
<i>thioridazine hydrochloride</i>	24	TRESIBA	32
<i>thiothixene</i>	24	TRESIBA FLEXTOUCH	32
THYROID	53	<i>tretinoin</i>	23
<i>tiadylt er</i>	35	<i>tretinoin</i>	41
		<i>triamcinolone acetonide</i>	42

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<i>triamcinolone acetonide dental paste</i>	40	VALTOCO 20 MG DOSE	10
<i>triamterene</i>	37	VALTOCO 5 MG DOSE	10
<i>triamterene/hydrochlorothiazide</i>	36	<i>valtya 1/50</i>	52
<i>trientine hydrochloride</i>	46	<i>vancomycin</i>	6
<i>trifluoperazine hcl</i>	24	<i>vancomycin hcl</i>	6
<i>trifluoperazine hydrochloride</i>	24	<i>vancomycin hydrochloride</i>	6
<i>trifluridine</i>	61	VANFLYTA	22
<i>trihexyphenidyl hcl</i>	23	VAQTA	58
<i>trihexyphenidyl hydrochloride</i>	23	<i>varenicline starting month</i>	5
TRIKAFTA	64	<i>varenicline tartrate</i>	5
<i>trimethoprim</i>	6	VARIVAX	58
<i>trimipramine maleate</i>	13	VAXCHORA	58
TRINTELLIX	13	<i>velivet</i>	52
<i>tri-sprintec</i>	52	VELPHORO	46
TRIUMEQ	28	VEMLIDY	26
TRIUMEQ PD	28	VENCLEXTA	22
<i>trivora-28</i>	52	VENCLEXTA STARTING PACK	22
TROPHAMINE	46	<i>venlafaxine hydrochloride</i>	13
<i>trospium chloride</i>	49	<i>venlafaxine hydrochloride er</i>	13
TRULICITY	30	VENTAVIS	65
TRUMENBA	58	VEOZAH	40
TRUQAP	22	<i>verapamil hcl</i>	35
TUKYSA	22	<i>verapamil hcl er</i>	35
TURALIO	22	<i>verapamil hcl sr</i>	35
<i>turqoz</i>	52	<i>verapamil hydrochloride</i>	35
TWINRIX	58	<i>verapamil hydrochloride er</i>	35
TYBOST	28	VERQUVO	38
TYENNE	55	VERSACLOZ	26
TYPHIM VI	58	VERZENIO	22
TYRVAYA	5	<i>vigabatrin</i>	10
UBRELVY	15	VIGAFYDE	10
UDENYCA	33	<i>vigpoder</i>	10
UDENYCA ONBODY	33	<i>vilazodone hydrochloride</i>	13
<i>unithroid</i>	53	VIMKUNYA	58
<i>ursodiol</i>	47	VIRACEPT	28
<i>ustekinumab</i>	55	VIREAD	28
<i>valacyclovir hydrochloride</i>	29	VITRAKVI	22
VALCHLOR	16	VIVITROL	5
<i>valganciclovir</i>	26	VIVOTIF	58
<i>valganciclovir hydrochloride</i>	26	VIZIMPRO	22
<i>valproic acid</i>	10	VONJO	17
<i>valsartan</i>	33	VOQUEZNA	47
<i>valsartan/hydrochlorothiazide</i>	36	VOQUEZNA DUAL PAK	6
VALTOCO 10 MG DOSE	10	VOQUEZNA TRIPLE PAK	6

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<i>voriconazole</i>	15	ZENATANE	41
VOSEVI	26	ZENPEP	48
VOWST	47	ZEPOSIA	40
VRAYLAR	26	ZEPOSIA 7-DAY STARTER PACK	
VUMERTY	40	<i>zidovudine</i>	28
<i>vyfemla</i>	52	<i>ziprasidone hcl</i>	26
VYZULTA	62	<i>ziprasidone mesylate</i>	26
<i>warfarin sodium</i>	32	ZIRGAN	61
WELIREG	48	<i>zoledronic acid</i>	59
WINREVAIR	65	ZOLINZA	17
<i>wixela inhub</i>	66	<i>zolpidem tartrate</i>	66
WYOST	59	ZONISADE	11
XALKORI	22	<i>zonisamide</i>	11
XARAH FE	52	ZOSYN	8
XARELTO	32	<i>zovia 1/35</i>	52
XARELTO STARTER PACK	32	ZTALMY	11
XATMEP	57	ZURZUVAE	12
XCOPRI	11	ZYDELIG	22
XDEMVY	61	ZYKADIA	22
XELJANZ	55	ZYPREXA RELPREVV	26
XELJANZ XR	55		
<i>xelria fe</i>	52		
XERMELO	46		
XIFAXAN	47		
XIGDUO XR	30		
XXIIDRA	61		
XOFLUZA	29		
XOLAIR	55		
XOSPATA	22		
XPOVIO	22		
XPOVIO 60 MG TWICE WEEKLY	22		
XPOVIO 80 MG TWICE WEEKLY	22		
XTANDI	16		
<i>xulane</i>	52		
YERVOY	22		
YESINTEK	55		
YF-VAX	58		
YONSA	16		
<i>yuvafem</i>	52		
<i>zafemy</i>	52		
<i>zafirlukast</i>	63		
<i>zaleplon</i>	66		
ZARXIO	33		
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Việt (Vietnamese) LUU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-855-393-3154 (Người khuyết tật: 711), bảy ngày trong tuần từ 8:00 sáng đến 8:00 tối, hoặc trao đổi với người cung cấp dịch vụ của bạn.

Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-855-393-3154 (TTY: 711), Sieben Tage die Woche von 8 bis 20 Uhr., an oder sprechen Sie mit Ihrem Provider.

Japanese 注:他の言語をお話しになる場合、無料の言語支援サービスをご利用いただけます。また、適切な補助サポートおよびサービスをアクセス可能な形式の情報として無料でお届けしております。1-855-393-3154(TTY:711)(年中無休、午前8時～午後8時)にお電話いただきか、ご利用のプロバイダにお知らせください。

한국어 (Korean) 주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-855-393-3154 (TTY: 711), 주 7 일 오전 8 시부터 오후 8 시까지, 번으로 전화하거나 서비스 제공업체에 문의하십시오.

РУССКИЙ (Russian) ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-855-393-3154 (TTY: 711), семь дней в неделю с 8 а.м. до 8 р.п., или обратитесь к своему поставщику услуг.

(Arabic) تنبية: إذا كنت تتحدث لغة أخرى، فستكون هناك خدمات مساعدة لغوية مجانية متاحة لك. كما تتوفر أيضاً مساعدات وخدمات مساعدة مناسبة لتقديم المعلومات بتنسيقات يسهل الوصول إليها مجاناً. اتصل على الرقم 1-855-393-3154 (رقم الهاتف النصي: 711)، على مدار الأسبوع من الساعة 8 صباحاً حتى الساعة 8 مساءً، أو تحدث إلى موفر الخدمة الذي تتعامل معه.

हिंदी (Hindi)न दें: यदि आप हिंदी बोलते हैं, तो आपके लिए नि:शुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी नि:शुल्क उपलब्ध हैं। 1-855-393-3154 (TTY: 711), सप्ताह के सातों दिन, सुबह 8 बजे से रात 8 बजे तक।, पर कॉल करें या अपने प्रदाता से बात करें।

Italiano (Italian) ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'1-855-393-3154 (tty: 711), sette giorni su sette dalle 8.00 alle 20.00., o parla con il tuo fornitore.

Português (Portuguese) ATENÇÃO: Se fala Português, estão disponíveis para si serviços gratuitos de assistência linguística. Estão também disponíveis gratuitamente ajudas e serviços auxiliares adequados para fornecer informações em formatos acessíveis. Ligue para 1-855-393-3154 (TTY - Dispositivo das telecomunicações para surdos: 711), sete dias por semana, das 8h às 20h., ou fale com o seu prestador.

POLSKI (Polish) UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-855-393-3154 (TTY: 711), siedem dni w tygodniu, od 8:00 do 20:00., lub porozmawiaj ze swoim dostawcą.

ភាសាខ្មែរ (Cambodian) ចូរបាប់អារម្មណ៍៖ ប្រសិនបើអ្នកនឹងយាយភាសាខ្មែរទេ]គេសរាជនឹងយាយភាសាខ្មែរតីត្រួតពេញលេញនៃសម្រាប់អ្នក។ សរាជនឹងជំនួយសម្របក្នុងការផ្តល់ព័ត៌មានជាបន្ទាល់ដែលអាចប្រើបានបានដោយមិនត្រួតពេញដែរ។ ស្ម័គ្រសង្គមទៅលើ 1-855-393-3154 (TTY: 711), បានប្រាប់ពីវិធីក្នុងមួយសង្គារៗពីថ្ងៃទាំង 8 ព្រឹកចាប់ម៉ោង 8 យប់ ប្រាប់ពីវិធីក្នុងមួយសង្គារៗពីថ្ងៃទាំង 8 ព្រឹកចាប់ម៉ោង 8 យប់ ប្រើបានដែលសរាប់សរាជនឹង។

Kreyòl Ayisyen (Haitian Creole) ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòma aksesib yo disponib gratis tou. Rele nan 1-855-393-3154 (TTY: 711) oswa pale avèk founisè w la.

Ελληνικά (Greek) ΠΡΟΣΟΧΗ: Εάν μιλάτε ελληνικά, υπάρχουν διαθέσιμες δωρεάν υπηρεσίες υποστήριξης στη συγκεκριμένη γλώσσα. Διατίθενται δωρεάν κατάλληλα

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services



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Βοηθήματα και υπηρεσίες για παροχή πληροφοριών σε προσβάσιμες μορφές.
Καλέστε το 1-855-393-3154 (TTY: 711), Επτά ημέρες την εβδομάδα, από τις 8:00 π.μ. έως τις 8:00 μ.μ., ή απευθυνθείτε στον πάροχό σας.

ગુજરાતી (Gujarati) ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઓક્સિજન સહાય અને એક્સેસિબલ ફોર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 1-855-393-3154 (TTY: 711), સપ્તાહના સાતેલેય દિવસ સવારે 8 વાગ્યાથી રાત્રિના 8 વાગ્યા સુધી, પર કોલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.

Tagalog PAUNAWA: Kung ikaw ay nagsasalita ng ibang lenggwahe, ang libreng tulong sa wika ay maari mong magamit. Ang naaangkop na mga pantulong at serbisyo upang magbigay ng impormasyon na naa-access na pormat ay makukuha rin nang walang bayad. Tumawag sa 1-855-393-3154 (TTY: 711), pitong araw sa isang linggo mula 8:00 ng umaga hanggang 8:00 ng gabi o maaring makipag usap sa provider.

ລາວ (Laos) ເຄີບຄູປ: ຖ້າທ່ານເວົ້າພາກ ລາວ,
ຈະມີບໍລິການຂ່ວຍດ້ານພາກເປັນປັບປຸງລົງທຶນ. ມີຄື່ອງຂ່ວຍລຸ່ມ ແລະ
ການບໍລິການເປັບປຸງລົງທຶນ. ດ້ວຍເຫັນວ່າ ພົມມື່ອ ໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້.
ດ້ວຍເຫັນວ່າ 1-855-393-3154 (TTY: 711), 7 ມັງກອນ 8 ມັງກອນ 7 ຫາ 8 ມັງກອນ.,
ຫຼື ພົມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.



2026

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. (Please note: Our hours shift to Monday
through Friday, from April 1 through September 30).

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