

# Align DUALPartnership (HMO D-SNP) 2025 Formulary List of Covered Drugs

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

**For the most current list of covered medications  
or if you have questions, call our Pharmacy  
Management Team at (844) 642-9090 (TTY: 711).**

Formulary ID# 00025382, V14

This formulary was updated on 06/02/2025.

• **Important Message About What You Pay for Vaccines:**

Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Member Services for more information.

• **Important Message About What You Pay for Insulin:**

You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

For more recent information or other questions, please contact member services at (844) 642-9090 (TTY users should call 711), 24 hours a day/7 days a week or visit [align.sanfordhealthplan.com](https://align.sanfordhealthplan.com).

We also provide information in alternative formats such as braille, audio or large print. To receive information in an alternative format, please call our member service department at (844) 642-9090 (TTY: 711), 24 hours a day/7 days a week.



Visit [align.sanfordhealthplan.com](https://align.sanfordhealthplan.com) and select Pharmacy Coverage to:

- Locate a participating retail pharmacy by ZIP code
- Look up possible lower-cost medication alternatives
- Compare medication pricing and options



## Understanding your formulary

### What is a formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by our plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program our plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

For a complete listing of all prescription drugs covered by Align DUALPartnership (HMO D-SNP), please visit our website [align.sanfordhealthplan.com](http://align.sanfordhealthplan.com) or call member services at (844) 642-9090 (TTY: 711), 24 hours a day/7 days a week. Our contact information can be found on the front and back pages, along with the date we last updated the formulary.

When this drug list (formulary) refers to “we,” “us,” or “our,” it means Sanford Health Plan. When it refers to “plan” or “our plan,” it means Align DUALPartnership (HMO D-SNP).

This document includes a list of the drugs (formulary) for our plan which is current as of 07/01/2025. For an updated formulary, please contact us. Our contact information can be found on the front and back pages, along with the date we last updated the formulary.

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

## Understanding your formulary

### Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers or add new restrictions. We must follow the Medicare rules in making these changes.

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

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

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

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

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

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

## Understanding your formulary

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

**Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug to replace a brand-name drug currently on the formulary, or add a new biosimilar to replace an original biological product currently on the formulary, or add new restrictions or move a drug we are keeping on the formulary to a higher cost-sharing tier or both after we add a corresponding drug we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 31-day supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Align Dual Partnership (HMO D-SNP) Formulary?”

## Understanding your formulary

### **Changes that will not affect you if you are currently taking the drug.**

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

The enclosed formulary is current as of 07/01/2025. To get updated information about the drugs covered by Align DUAL Partnership (HMO D-SNP), please contact us. Our contact information appears on the front and back cover pages. The monthly formulary updates will be posted on our website, including the date it was updated.

# Understanding your formulary

## How do I use the Formulary?

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

### 1) Medical Condition

The formulary begins on page 11. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category Calcium Channel Blocking Agents. If you know what your drug is used for, look for the category name in the list that begins on page 11. Then look under the category name for your drug.

### 2) Alphabetical Listing

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

## What are generic drugs?

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

The formulary gives you choices so you and your provider can decide your best course of treatment. In this formulary, brand-name medications are shown in UPPERCASE (for example, CLOBEX) and generic medications in lowercase (for example, clobetasol).

## Additional Formulary Information

### What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact member services and ask if your drug is covered. For more information, please contact us. Our contact information can be found on the front and back pages, along with the date we last updated the formulary.

If you learn that Align DUALPartnership (HMO D-SNP) does not cover your drug, you have two options: You can ask member services for a list of similar drugs that are covered by Align DUALPartnership (HMO D-SNP). When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by Align DUALPartnership (HMO D-SNP).

You can ask Align DUALPartnership (HMO D-SNP) to make an exception and cover your drug. See below for information about how to request an exception.

### **How do I request an exception to the Formulary?**

You can ask Align DUALPartnership (HMO D-SNP) to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.

You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Align DUALPartnership (HMO D-SNP) limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, Align DUALPartnership (HMO D-SNP) will only approve your request for an exception if the alternative drugs included on the plan's formulary the lower cost-sharing drug, or applying the restriction would not be as effective for you and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tier or utilization restriction exception.

You or your prescriber should contact us to ask for a formulary exception, including an exception to a coverage restriction.

## Additional Formulary Information

**When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

### **What can I do if my drug is not on the formulary or has a restriction?**

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of Align Dual Partnership (HMO D-SNP).

For each of your drugs that is not on our formulary or has a coverage restriction, we will cover a temporary 90-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 31-day supply of medication. If coverage is not approved, after your first 90-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

### **For more information**

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

If you have questions about Align DUALPartnership (HMO D-SNP) , please contact us. Our contact information can be found on the front and back pages, along with the date we last updated the formulary.

## Drug Coverage

### **Drug coverage**

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

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

The first column of the chart lists the drug name. Brand name drugs are capitalized e.g., NAYZILAM and generic drugs are listed in lower-case italics e.g., *roweepra*. The information in the Requirements/Limits column tells you if the plan has any special requirements for coverage of your drug.

# Drug List Information

## Drug list information

In this drug list, some medications are noted with letters next to them to help you see which ones may have coverage requirements or limits. Your benefit plan determines how these medications may be covered for you.

NDS	<b>Non-Extended Day Supply</b> – This prescription drug is not available for an extended days' supply.
PA	<b>Prior Authorization</b> – You or your provider must get pre-approval for the medicine with OptumRx before you can get the prescription filled. NOTE: While the member is ultimately responsible for obtaining prior approval from OptumRx, we are here to help you or your provider through this process.
QL	<b>Quantity Limit/Amount Allowed</b> – Medication may be limited to a certain quantity.
B/D	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
ST	<b>Step Therapy</b> – Trial of a lower-cost medication(s) is required before a higher-cost medication can be covered.
PA NSO	<b>Prior Authorization New Starts Only</b> – A prior authorization is only required when a new medication is to be started.
ST NSO	<b>Step Therapy New Starts Only</b> – Step therapy is only required when a new medication is to be started.

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

This formulary was updated on 06/02/2025. For more recent information or other questions, please contact member services at (844) 642-9090 (TTY users should call 711), 24 hours a day/7 days a week, or visit [align.sanfordhealthplan.com](http://align.sanfordhealthplan.com). The formulary, pharmacy network and/or provider network may change at any time. 06/02/2025

<b>Drug Name</b>	<b>Requirements/Limits</b>
<b>Analgesics</b>	
<i>Analgesics</i>	
JOURNAVX	QL(30 EA per 90 days)
<b>Nonsteroidal Anti-inflammatory Drugs</b>	
<i>celecoxib capsule</i>	QL(60 EA per 30 days)
<i>diclofenac potassium tablet 50mg</i>	
<i>diclofenac sodium dr</i>	
<i>diclofenac sodium er</i>	
<i>diclofenac sodium gel 1%</i>	QL(1000 GM per 30 days)
<i>diclofenac sodium external solution 1.5%</i>	PA
<i>diflunisal tablet 500mg</i>	
<i>ec-naproxen tablet delayed release 500mg</i>	
<i>etodolac capsule, tablet</i>	
<i>flurbiprofen tablet</i>	
<i>ibu</i>	
<i>ibuprofen tablet 400mg, 600mg, 800mg</i>	
<i>indomethacin er</i>	
<i>indomethacin capsule 25mg, 50mg</i>	
<i>ketorolac tromethamine injection 15mg/ml, 30mg/ml</i>	
<i>ketorolac tromethamine tablet 10mg</i>	QL(20 EA per 30 days)
<i>meloxicam tablet</i>	
<i>nabumetone tablet</i>	
<i>naproxen dr tablet delayed release 375mg</i>	
<i>naproxen dr tablet delayed release 500mg</i>	
<i>naproxen sodium tablet 275mg, 550mg</i>	
<i>naproxen tablet delayed release 500mg</i>	
<i>naproxen tablet 250mg, 375mg, 500mg</i>	
<i>oxaprozin tablet</i>	
<i>piroxicam capsule</i>	
<i>sulindac tablet</i>	
<b>Opioid Analgesics, Long-acting</b>	
<i>buprenorphine</i>	QL(4 EA per 28 days); NDS
<i>fentanyl patch 72 hour 100mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr</i>	NDS
<i>methadone hcl tablet</i>	NDS
<i>methadone hcl solution</i>	NDS
<i>methadone hydrochloride intensol</i>	NDS
<i>methadone hydrochloride concentrate</i>	NDS
<i>morphine sulfate er tablet extended release</i>	NDS
XTAMPZA ER	NDS
<b>Opioid Analgesics, Short-acting</b>	
<i>acetaminophen/codeine phosphate tablet 300mg; 60mg</i>	NDS
<i>acetaminophen/codeine solution</i>	NDS
<i>acetaminophen/codeine tablet 300mg; 15mg, 300mg; 30mg, 300mg; 60mg</i>	NDS
<i>endocet tablet 325mg; 5mg</i>	NDS

Formulary ID: 25382, Version: 14, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>endocet tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 7.5mg</i>	NDS
<i>fentanyl citrate oral transmucosal lozenge on a handle 200mcg</i>	PA; NDS
<i>fentanyl citrate oral transmucosal lozenge on a handle 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	PA; NDS
<i>hydrocodone bitartrate/acetaminophen solution 325mg/15ml; 7.5mg/15ml</i>	NDS
<i>hydrocodone bitartrate/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg</i>	NDS
<i>hydrocodone/acetaminophen tablet 325mg; 7.5mg</i>	NDS
<i>hydromorphone hcl injection 10mg/ml, 4mg/ml</i>	NDS
<i>hydromorphone hcl tablet 2mg, 4mg</i>	NDS
<i>hydromorphone hcl tablet 8mg</i>	NDS
<i>hydromorphone hydrochloride dosette</i>	NDS
<i>hydromorphone hydrochloride injection 1mg/ml, 2mg/ml, 4mg/ml, 50mg/5ml</i>	NDS
<i>lorcet</i>	NDS
<i>lorcet hd</i>	NDS
<i>lorcet plus tablet 325mg; 7.5mg</i>	NDS
<i>morphine sulfate oral solution, tablet</i>	NDS
<i>morphine sulfate injection 10mg/ml, 4mg/ml</i>	NDS
<i>oxycodone hydrochloride solution</i>	NDS
<i>oxycodone hydrochloride tablet 10mg, 15mg, 5mg</i>	NDS
<i>oxycodone hydrochloride tablet 20mg, 30mg</i>	NDS
<i>oxycodone/acetaminophen tablet 325mg; 5mg</i>	NDS
<i>oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 7.5mg</i>	NDS
<i>tramadol hydrochloride/acetaminophen</i>	NDS
<i>tramadol hydrochloride tablet 50mg</i>	NDS
<i>vicodin hp tablet 300mg; 10mg</i>	NDS
<b>Anesthetics</b>	
<b><i>Local Anesthetics</i></b>	
<i>lidocaine-prilocaine-cream base cream</i>	QL(30 GM per 30 days); PA
<i>lidocaine/prilocaine cream</i>	QL(30 GM per 30 days); PA
<i>lidocaine ointment 5%</i>	QL(150 GM per 30 days); PA
<i>lidocaine patch 5%</i>	PA
<i>premium lidocaine</i>	QL(150 GM per 30 days); PA
<b>Anti-Addiction/Substance Abuse Treatment Agents</b>	
<b><i>Alcohol Deterrents/Anti-craving</i></b>	
<i>acamprosate calcium dr</i>	
<i>disulfiram tablet</i>	
<i>naltrexone hydrochloride tablet</i>	
<b>VIVITROL</b>	
<b><i>Opioid Dependence</i></b>	
<i>buprenorphine hcl/naloxone hcl</i>	
<i>buprenorphine hcl tablet sublingual</i>	

Formulary ID: 25382, Version: 14, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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Drug Name	Requirements/Limits
<i>buprenorphine hydrochloride/naloxone hydrochloride film</i>	
<b>Opioid Reversal Agents</b>	
<i>naloxone hcl injection 4mg/10ml</i>	
<i>naloxone hydrochloride liquid</i>	
<i>naloxone hydrochloride injection 0.4mg/ml</i>	
<i>naloxone hydrochloride injection 2mg/2ml</i>	
OPVEE	
<b>Smoking Cessation Agents</b>	
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg</i>	QL(60 EA per 30 days)
NICOTROL NS	QL(360 ML per 365 days)
TYRVAYA	QL(8.4 ML per 30 days)
<i>varenicline starting month</i>	QL(504 EA per 365 days)
<i>varenicline tartrate</i>	QL(504 EA per 365 days)
<b>Antibacterials</b>	
<b>Aminoglycosides</b>	
<i>amikacin sulfate injection 1gm/4ml, 500mg/2ml</i>	
ARIKAYCE	PA
<i>gentamicin sulfate pediatric</i>	
<i>gentamicin sulfate cream 0.1%</i>	
<i>gentamicin sulfate injection 40mg/ml</i>	
<i>gentamicin sulfate ointment 0.1%</i>	
HUMATIN	
<i>neomycin sulfate</i>	
<i>paromomycin sulfate</i>	
<i>streptomycin sulfate injection 1gm</i>	
<i>tobramycin sulfate injection</i>	
<b>Antibacterials, Other</b>	
<i>aztreonam injection 1gm</i>	
<i>aztreonam injection 2gm</i>	
<i>clindacin etz pledgets</i>	
<i>clindamycin hcl capsule 300mg</i>	
<i>clindamycin hydrochloride capsule 150mg, 75mg</i>	
<i>clindamycin palmitate hydrochloride</i>	
<i>clindamycin phosphate cream 2%</i>	
<i>clindamycin phosphate injection 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	
<i>clindamycin phosphate swab 1%</i>	
<i>colistimethate sodium</i>	
<i>daptomycin</i>	
DAPTOMYCIN/SODIUM CHLORIDE	
IMPAVIDO	
<i>linezolid tablet</i>	QL(56 EA per 28 days)
<i>linezolid suspension reconstituted</i>	QL(1800 ML per 28 days)
<i>linezolid injection 600mg/300ml</i>	
<i>methenamine hippurate</i>	

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Drug Name	Requirements/Limits
<i>metronidazole vaginal</i>	
<i>metronidazole injection 500mg/100ml</i>	
<i>metronidazole tablet 250mg, 500mg</i>	
<i>nitrofurantoin macrocrystals capsule 100mg, 50mg</i>	
<i>nitrofurantoin monohydrate/macrocrystals</i>	
<i>nitrofurantoin monohydrate capsule</i>	
<i>tigecycline</i>	
<i>tinidazole</i>	
<i>trimethoprim tablet</i>	
<i>vancomycin hcl injection 10gm</i>	
<i>vancomycin hydrochloride capsule 125mg</i>	QL(120 EA per 30 days)
<i>vancomycin hydrochloride capsule 250mg</i>	QL(240 EA per 30 days)
VANCOMYCIN HYDROCHLORIDE INJECTION 1.75GM, 2GM	
<i>vancomycin hydrochloride injection 1gm, 500mg, 750mg</i>	
<b><i>Beta-lactam, Cephalosporins</i></b>	
<i>cefaclor capsule</i>	
<i>cefaclor suspension reconstituted 125mg/5ml, 250mg/5ml, 375mg/5ml</i>	
<i>cefadroxil capsule, suspension reconstituted</i>	
<i>cefazolin sodium injection 1gm</i>	
CEFAZOLIN INJECTION 2GM, 3GM	
<i>cefdinir capsule</i>	
<i>cefdinir suspension reconstituted</i>	
<i>cefepime</i>	
<i>cefepime hydrochloride injection 100gm, 2gm</i>	
<i>cefixime capsule</i>	
<i>cefotaxime sodium injection 1gm, 2gm</i>	
<i>cefotetan injection 1gm, 2gm</i>	
<i>cefoxitin sodium injection 10gm, 1gm, 2gm</i>	
<i>cefpodoxime proxetil suspension reconstituted</i>	
<i>cefpodoxime proxetil tablet</i>	
<i>cefprozil</i>	
<i>ceftazidime/dextrose injection 2gm/50ml; 5%</i>	
<i>ceftazidime injection 1gm, 2gm, 6gm</i>	
<i>ceftriaxone sodium injection 10gm, 1gm, 250mg, 2gm, 500mg</i>	
<i>cefuroxime axetil tablet</i>	
<i>cefuroxime sodium injection 1.5gm, 750mg</i>	
<i>cephalexin capsule 250mg, 500mg</i>	
<i>cephalexin suspension reconstituted</i>	
TAZICEF INJECTION 6GM	
<i>tazicef injection 1gm, 2gm</i>	
TEFLARO	
<b><i>Beta-lactam, Penicillins</i></b>	
<i>amoxicillin/clavulanate potassium er</i>	
<i>amoxicillin/clavulanate potassium tablet chewable</i>	

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Drug Name	Requirements/Limits
<i>amoxicillin/clavulanate potassium suspension reconstituted 200mg/5ml; 28.5mg/5ml, 400mg/5ml; 57mg/5ml, 600mg/5ml; 42.9mg/5ml</i>	
<i>amoxicillin/clavulanate potassium suspension reconstituted 250mg/5ml; 62.5mg/5ml</i>	
<i>amoxicillin/clavulanate potassium tablet 500mg; 125mg, 875mg; 125mg</i>	
<i>amoxicillin/clavulanate potassium tablet 250mg; 125mg</i>	
<i>amoxicillin capsule, suspension reconstituted, tablet</i>	
<i>amoxicillin tablet chewable 125mg, 250mg</i>	
<i>ampicillin sodium injection 10gm, 125mg, 1gm</i>	
<i>ampicillin-sulbactam</i>	
<i>ampicillin/sulbactam injection 2gm; 1gm</i>	
<i>ampicillin capsule 500mg</i>	
<b>AUGMENTIN SUSPENSION RECONSTITUTED 125MG/5ML; 31.25MG/5ML</b>	
<b>BICILLIN L-A INJECTION 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML</b>	
<i>dicloxacillin sodium</i>	
<i>naftillin sodium injection 10gm, 1gm, 2gm</i>	
<i>oxacillin sodium injection 10gm, 1gm, 2gm</i>	
<i>penicillin g sodium</i>	
<i>penicillin v potassium</i>	
<i>piperacillin sodium/tazobactam sodium injection 2gm; 0.25gm, 36gm; 4.5gm, 3gm; 0.375gm, 4gm; 0.5gm</i>	
<b>Carbapenems</b>	
<i>ertapenem sodium</i>	
<i>imipenem/cilastatin</i>	
<i>meropenem injection 1gm, 500mg</i>	
<i>meropenem injection 2gm</i>	
<b>Macrolides</b>	
<i>azithromycin packet</i>	
<i>azithromycin suspension reconstituted</i>	
<i>azithromycin injection 500mg</i>	
<i>azithromycin tablet 250mg</i>	
<i>azithromycin tablet 500mg, 600mg</i>	
<i>clarithromycin er</i>	
<i>clarithromycin tablet</i>	
<i>clarithromycin suspension reconstituted</i>	
<b>DIFICID TABLET</b>	
<i>erythromycin dr tablet delayed release</i>	
<b>Quinolones</b>	
<i>ciprofloxacin hcl tablet 750mg</i>	
<i>ciprofloxacin hcl tablet 100mg</i>	
<i>ciprofloxacin hydrochloride tablet 250mg, 500mg</i>	

Formulary ID: 25382, Version: 14, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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

Drug Name	Requirements/Limits
<i>ciprofloxacin i.v.-in d5w</i>	
<i>ciprofloxacin suspension reconstituted 500mg/5ml, 5gm/100ml</i>	
<i>levofloxacin in d5w</i>	
<i>levofloxacin injection 25mg/ml</i>	
<i>levofloxacin oral solution 25mg/ml</i>	
<i>levofloxacin tablet 250mg, 500mg, 750mg</i>	
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	
<i>moxifloxacin hydrochloride tablet 400mg</i>	
<b>Sulfonamides</b>	
<i>sulfadiazine tablet</i>	
<i>sulfamethoxazole/trimethoprim ds</i>	
<i>sulfamethoxazole/trimethoprim tablet</i>	
<i>sulfamethoxazole/trimethoprim suspension</i>	
<b>Tetracyclines</b>	
<i>demeclocycline hcl tablet</i>	
<i>demeclocycline hydrochloride tablet 300mg</i>	
<i>doxy 100</i>	
<i>doxycycline hyclate capsule 100mg, 50mg</i>	
<i>doxycycline hyclate injection 100mg</i>	
<i>doxycycline hyclate tablet 100mg</i>	
<i>doxycycline monohydrate capsule 100mg, 50mg</i>	
<i>doxycycline monohydrate tablet 100mg, 50mg</i>	
<i>doxycycline suspension reconstituted</i>	
<i>minocycline hcl capsule 75mg</i>	
<i>minocycline hydrochloride capsule 100mg, 50mg</i>	
<i>mondoxyne nl capsule 100mg</i>	
<i>morgidox 1x100mg capsule</i>	
<i>morgidox 2x100mg capsule</i>	
<i>tetracycline hydrochloride capsule</i>	
<b>Anticonvulsants</b>	
<b>Anticonvulsants, Other</b>	
BRIVIACT SOLUTION, TABLET	PA NSO
EPIDIOLEX	PA NSO
EPRONTIA	
<i>felbamate</i>	
FINTEPLA	PA NSO
FYCOMPA SUSPENSION	
FYCOMPA TABLET 2MG	
FYCOMPA TABLET 10MG, 12MG, 4MG, 6MG, 8MG	
<i>lamotrigine er</i>	
<i>lamotrigine odt tablet disintegrating 200mg</i>	
<i>lamotrigine starter kit/blue</i>	
<i>lamotrigine starter kit/green</i>	
<i>lamotrigine starter kit/orange</i>	
<i>lamotrigine tablet</i>	

Formulary ID: 25382, Version: 14, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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

Drug Name	Requirements/Limits
<i>lamotrigine tablet chewable</i>	
<i>levetiracetam er</i>	
<i>levetiracetam solution, tablet</i>	
<i>levetiracetam tablet disintegrating soluble</i>	
NAYZILAM	QL(10 EA per 30 days)
<i>roweepra</i>	
<i>roweepra xr</i>	
SPRITAM	
<i>subvenite</i>	
<i>subvenite starter kit/blue</i>	
<i>subvenite starter kit/green</i>	
<i>subvenite starter kit/orange</i>	
<i>topiramate tablet</i>	
<i>topiramate capsule sprinkle</i>	
<i>valproic acid</i>	
<b>Calcium Channel Modifying Agents</b>	
<i>ethosuximide</i>	
<i>methsuximide</i>	
<b>Gamma-aminobutyric Acid (GABA) Modulating Agents</b>	
<i>clobazam</i>	
<i>clonazepam odt tablet disintegrating 2mg</i>	QL(300 EA per 30 days)
<i>clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg</i>	QL(90 EA per 30 days)
<i>clonazepam tablet 2mg</i>	QL(300 EA per 30 days)
<i>clonazepam tablet 0.5mg, 1mg</i>	QL(90 EA per 30 days)
DIACOMIT	PA NSO
<i>diazepam rectal gel</i>	
<i>divalproex sodium dr</i>	
<i>divalproex sodium er</i>	
<i>gabapentin capsule 400mg</i>	QL(270 EA per 30 days)
<i>gabapentin capsule 100mg, 300mg</i>	QL(360 EA per 30 days)
<i>gabapentin solution</i>	QL(2160 ML per 30 days)
<i>gabapentin tablet 800mg</i>	QL(150 EA per 30 days)
<i>gabapentin tablet 600mg</i>	QL(180 EA per 30 days)
LIBERVANT	QL(10 EA per 30 days)
<i>phenobarbital elixir 20mg/5ml</i>	
<i>phenobarbital tablet 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	
<i>pregabalin capsule 300mg</i>	QL(60 EA per 30 days)
<i>pregabalin capsule 100mg, 150mg, 200mg, 225mg, 25mg, 50mg, 75mg</i>	QL(90 EA per 30 days)
<i>pregabalin solution</i>	QL(900 ML per 30 days)
<i>primidone tablet</i>	
SYMPAZAN FILM 5MG	
SYMPAZAN FILM 10MG, 20MG	
<i>tiagabine hydrochloride</i>	

Formulary ID: 25382, Version: 14, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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

Drug Name	Requirements/Limits
VALTOCO 10 MG DOSE	QL(10 EA per 30 days)
VALTOCO 15 MG DOSE	QL(10 EA per 30 days)
VALTOCO 20 MG DOSE	QL(10 EA per 30 days)
VALTOCO 5 MG DOSE	QL(10 EA per 30 days)
<i>vigabatrin</i>	PA NSO
<i>vigadrone</i>	PA NSO
VIGAFYDE	PA NSO
<i>vigpoder</i>	PA NSO
ZTALMY	PA NSO
<b><i>Sodium Channel Agents</i></b>	
APTIOM	
<i>carbamazepine er tablet extended release 12 hour</i>	
<i>carbamazepine er capsule extended release 12 hour</i>	
<i>carbamazepine suspension, tablet</i>	
<i>carbamazepine tablet chewable 100mg</i>	
DILANTIN CAPSULE 30MG	
<i>epitol</i>	
<i>eslicarbazepine acetate</i>	
<i>lacosamide solution, tablet</i>	
<i>oxcarbazepine tablet</i>	
<i>oxcarbazepine suspension</i>	
PHENYTEK	
<i>phenytoin infatabs</i>	
<i>phenytoin sodium extended</i>	
<i>phenytoin tablet chewable, suspension</i>	
<i>rufinamide suspension</i>	
<i>rufinamide tablet 200mg</i>	
<i>rufinamide tablet 400mg</i>	
XCOPRI TABLET	PA NSO
XCOPRI TABLET THERAPY PACK 0	PA NSO; (12.5mg-25mg)
XCOPRI TABLET THERAPY PACK 0	PA NSO
XCOPRI TABLET THERAPY PACK 0	PA NSO; (100mg-150mg)
ZONISADE	ST NSO
<i>zonisamide</i>	
<b>Antidementia Agents</b>	
<b><i>Antidementia Agents, Other</i></b>	
<i>ergoloid mesylates tablet</i>	
<i>memantine/donepezil hydrochloride er</i>	QL(30 EA per 30 days); ST
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR	QL(30 EA per 30 days); ST
<b><i>Cholinesterase Inhibitors</i></b>	
<i>donepezil hcl tablet disintegrating</i>	
<i>donepezil hcl tablet 10mg</i>	
<i>donepezil hcl tablet 23mg</i>	
<i>donepezil hydrochloride tablet 10mg, 5mg</i>	
<i>galantamine hydrobromide er</i>	

Formulary ID: 25382, Version: 14, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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

Drug Name	Requirements/Limits
<i>galantamine hydrobromide solution, tablet</i>	
<i>rivastigmine tartrate</i>	
<i>rivastigmine transdermal system</i>	
<b><i>N-methyl-D-aspartate (NMDA) Receptor Antagonist</i></b>	
<i>memantine hcl titration pak</i>	
<i>memantine hydrochloride er</i>	QL(30 EA per 30 days)
<i>memantine hydrochloride tablet</i>	
<b>Antidepressants</b>	
<b><i>Antidepressants, Other</i></b>	
AUVELITY	QL(60 EA per 30 days); ST NSO
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg, 200mg</i>	QL(60 EA per 30 days)
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg</i>	QL(90 EA per 30 days)
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 300mg</i>	QL(30 EA per 30 days)
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg</i>	QL(90 EA per 30 days)
<i>bupropion hydrochloride tablet</i>	
<i>mirtazapine odt</i>	
<i>mirtazapine tablet</i>	
SPRAVATO 56MG DOSE	PA NSO
SPRAVATO 84MG DOSE	PA NSO
ZURZUVAE CAPSULE 30MG	QL(14 EA per 14 days); PA NSO
ZURZUVAE CAPSULE 20MG, 25MG	QL(28 EA per 14 days); PA NSO
<b><i>Monoamine Oxidase Inhibitors</i></b>	
EMSAM	QL(30 EA per 30 days); ST NSO
MARPLAN	
<i>phenelzine sulfate</i>	
<i>tranylcypromine sulfate</i>	
<b><i>SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor</i></b>	
<i>citalopram hydrobromide tablet</i>	
<i>citalopram hydrobromide solution</i>	
<i>desvenlafaxine er tablet extended release 24 hour 100mg</i>	QL(120 EA per 30 days)
<i>desvenlafaxine er tablet extended release 24 hour 25mg, 50mg</i>	QL(30 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG, 60MG	QL(60 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 30MG, 40MG	QL(90 EA per 30 days)
<i>duloxetine hydrochloride capsule delayed release particles 20mg, 60mg</i>	QL(60 EA per 30 days)
<i>duloxetine hydrochloride capsule delayed release particles 30mg</i>	QL(90 EA per 30 days)
<i>escitalopram oxalate tablet</i>	
<i>escitalopram oxalate solution</i>	

Formulary ID: 25382, Version: 14, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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

<b>Drug Name</b>	<b>Requirements/Limits</b>
FETZIMA	QL(30 EA per 30 days); ST NSO
FETZIMA TITRATION PACK	QL(56 EA per 365 days); ST NSO
<i>fluoxetine hydrochloride capsule</i>	
<i>fluoxetine hydrochloride solution</i>	
<i>fluvoxamine maleate</i>	
<i>nefazodone hydrochloride</i>	
<i>paroxetine hcl tablet 30mg, 40mg</i>	
<i>paroxetine hydrochloride suspension</i>	
<i>paroxetine hydrochloride tablet 10mg, 20mg</i>	
RALDESY	
<i>sertraline hcl concentrate</i>	
<i>sertraline hcl tablet 50mg</i>	
<i>sertraline hydrochloride tablet 100mg, 25mg</i>	
<i>trazodone hydrochloride tablet 100mg, 150mg, 50mg</i>	
TRINTELLIX	QL(30 EA per 30 days)
<i>venlafaxine hydrochloride</i>	
<i>venlafaxine hydrochloride er capsule extended release 24 hour</i>	
<i>vilazodone hydrochloride</i>	QL(30 EA per 30 days)
<b>Tricyclics</b>	
<i>amitriptyline hcl tablet 100mg, 150mg, 25mg, 75mg</i>	
<i>amitriptyline hydrochloride tablet 100mg, 10mg, 50mg</i>	
<i>amoxapine</i>	
<i>clomipramine hydrochloride</i>	
<i>desipramine hydrochloride</i>	
<i>doxepin hcl capsule 75mg</i>	
<i>doxepin hcl concentrate</i>	
<i>doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg</i>	
<i>imipramine hcl tablet 25mg, 50mg</i>	
<i>imipramine hydrochloride tablet 10mg</i>	
<i>nortriptyline hcl capsule 25mg, 75mg</i>	
<i>nortriptyline hcl solution</i>	
<i>nortriptyline hydrochloride capsule 10mg, 50mg</i>	
<i>protriptyline hcl</i>	
<i>trimipramine maleate capsule</i>	
<b>Antiemetics</b>	
<b><i>Antiemetics, Other</i></b>	
<i>compro</i>	
<i>meclizine hcl tablet</i>	
<i>phenadoz</i>	
<i>prochlorperazine maleate tablet</i>	
<i>prochlorperazine suppository 25mg</i>	
<i>promethazine hcl suppository 12.5mg</i>	
<i>promethazine hydrochloride plain</i>	
<i>promethazine hydrochloride tablet</i>	
<i>promethazine hydrochloride suppository 25mg</i>	

Formulary ID: 25382, Version: 14, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>promethegan suppository 12.5mg, 25mg</i>	
<i>scopolamine</i>	
<b><i>Emetogenic Therapy Adjuncts</i></b>	
<i>aprepitant capsule 40mg</i>	QL(1 EA per 30 days); B/D
<i>aprepitant capsule 125mg</i>	QL(2 EA per 30 days); B/D
<i>aprepitant capsule 0</i>	QL(6 EA per 30 days); B/D
<i>aprepitant capsule 80mg</i>	QL(8 EA per 30 days); B/D
<i>dronabinol</i>	QL(60 EA per 30 days); PA
<i>ondansetron hcl solution</i>	QL(450 ML per 30 days); B/D
<i>ondansetron hydrochloride tablet</i>	B/D
<i>ondansetron odt tablet disintegrating 4mg, 8mg</i>	B/D
<b>Antifungals</b>	
<b><i>Antifungals</i></b>	
<i>ABELCET</i>	B/D
<i>amphotericin b liposome</i>	B/D
<i>amphotericin b injection</i>	B/D
<i>caspofungin acetate</i>	
<i>clotrimazole cream</i>	QL(90 GM per 30 days)
<i>clotrimazole troche</i>	
<i>econazole nitrate cream</i>	
<i>fluconazole in sodium chloride</i>	
<i>fluconazole tablet</i>	
<i>fluconazole suspension reconstituted</i>	
<i>flucytosine capsule</i>	
<i>griseofulvin microsize</i>	
<i>griseofulvin ultramicrosize tablet 125mg, 250mg</i>	
<i>itraconazole capsule</i>	PA
<b>JUBLIA</b>	
<i>ketoconazole shampoo, tablet</i>	
<i>ketoconazole cream</i>	QL(90 GM per 30 days)
<i>klayesta</i>	QL(120 GM per 30 days)
<i>nyamyc</i>	QL(120 GM per 30 days)
<i>nystatin cream, ointment, suspension</i>	
<i>nystatin powder</i>	QL(120 GM per 30 days)
<i>nystatin tablet</i>	
<i>nystop</i>	QL(120 GM per 30 days)
<i>posaconazole dr</i>	PA
<i>posaconazole suspension</i>	PA
<i>terbinafine hcl tablet</i>	QL(84 EA per 180 days)
<i>terconazole cream</i>	
<i>voriconazole tablet</i>	
<i>voriconazole suspension reconstituted</i>	
<i>voriconazole injection</i>	PA
<b>Antigout Agents</b>	
<b><i>Antigout Agents</i></b>	

Formulary ID: 25382, Version: 14, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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

Drug Name	Requirements/Limits
<i>allopurinol tablet 100mg, 300mg</i>	
<i>colchicine tablet 0.6mg</i>	
<i>febuxostat</i>	
<i>probenecid/colchicine</i>	
<i>probenecid tablet</i>	
<b>Antimigraine Agents</b>	
<b><i>Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists</i></b>	
AIMOVIG INJECTION 140MG/ML	QL(1 ML per 28 days); PA
AIMOVIG INJECTION 70MG/ML	QL(2 ML per 28 days); PA
EMGALITY INJECTION 120MG/ML	QL(2 ML per 28 days); PA
EMGALITY INJECTION 100MG/ML	QL(3 ML per 28 days); PA
QULIPTA	QL(30 EA per 30 days); PA
UBRELVY	QL(16 EA per 30 days); PA
<b><i>Ergot Alkaloids</i></b>	
<i>dihydroergotamine mesylate solution</i>	QL(8 ML per 30 days); PA
<i>ergotamine tartrate/caffeine</i>	QL(24 EA per 28 days)
<b><i>Prophylactic</i></b>	
<i>timolol maleate tablet 10mg, 20mg, 5mg</i>	
<b><i>Serotonin (5-HT) Receptor Agonist</i></b>	
<i>naratriptan hcl</i>	QL(9 EA per 30 days)
<i>rizatriptan benzoate</i>	QL(18 EA per 30 days)
<i>rizatriptan benzoate odt</i>	QL(18 EA per 30 days)
<i>sumatriptan succinate tablet</i>	QL(9 EA per 30 days)
<i>sumatriptan succinate injection 6mg/0.5ml</i>	QL(5 ML per 30 days)
<i>sumatriptan solution</i>	QL(12 EA per 30 days)
<i>zolmitriptan tablet</i>	QL(12 EA per 30 days)
<b>Antimyasthenic Agents</b>	
<b><i>Parasympathomimetics</i></b>	
<i>pyridostigmine bromide tablet 60mg</i>	
<b>Antimycobacterials</b>	
<b><i>Antimycobacterials, Other</i></b>	
<i>dapsone tablet</i>	
<i>rifabutin</i>	
<b><i>Antituberculars</i></b>	
<i>cycloserine</i>	
<i>ethambutol hydrochloride</i>	
ISONIAZID INJECTION	
<i>isoniazid tablet</i>	
<i>isoniazid syrup</i>	
PASER	
PRIFTIN	
<i>pyrazinamide tablet</i>	
<i>rifampin capsule</i>	
<i>rifampin injection</i>	
SIRTURO	

Formulary ID: 25382, Version: 14, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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

Drug Name	Requirements/Limits
TRECTOR	
<b>Antineoplastics</b>	
<i>Alkylating Agents</i>	
<i>cisplatin injection 100mg/100ml</i>	
<i>cyclophosphamide capsule</i>	B/D
GLEOSTINE CAPSULE 10MG, 40MG	
GLEOSTINE CAPSULE 100MG	
LEUKERAN	
MATULANE	
VALCHLOR	PA NSO
<i>Antiandrogens</i>	
<i>abiraterone acetate tablet 250mg</i>	PA NSO
<i>abiraterone acetate tablet 500mg</i>	PA NSO
<i>abirtega</i>	PA NSO
<i>bicalutamide</i>	
ERLEADA	PA NSO
EULEXIN	
<i>flutamide</i>	
<i>nilutamide</i>	
NUBEQA	PA NSO
XTANDI	PA NSO
<i>Antiangiogenic Agents</i>	
<i>lenalidomide</i>	PA NSO
POMALYST	PA NSO
REVLIMID	PA NSO
THALOMID	PA NSO
<i>Antiestrogens/Modifiers</i>	
EMCYT	
ORSERDU	PA NSO
SOLTAMOX	
<i>tamoxifen citrate tablet</i>	
<i>toremifene citrate</i>	
<i>Antimetabolites</i>	
DROXIA	
<i>hydroxyurea capsule</i>	
<i>mercaptopurine tablet</i>	
<i>mercaptopurine suspension</i>	
PURIXAN	
TABLOID	
<i>Antineoplastics, Other</i>	
AKEEGA	PA NSO
IBRANCE TABLET 100MG, 125MG, 75MG	PA NSO
INREBIC	PA NSO
ITOVEBI TABLET 9MG	PA NSO
ITOVEBI TABLET 3MG	QL(60 EA per 30 days); PA NSO

Formulary ID: 25382, Version: 14, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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

Drug Name	Requirements/Limits
IWILFIN	PA NSO
KISQALI FEMARA 200 DOSE	PA NSO
KISQALI FEMARA 400 DOSE	PA NSO
KISQALI FEMARA 600 DOSE	PA NSO
LAZCLUZE TABLET 240MG	PA NSO
LAZCLUZE TABLET 80MG	QL(60 EA per 30 days); PA NSO
<i>leucovorin calcium tablet</i>	
LONSURF	PA NSO
LYSODREN	
OGSIVEO	PA NSO
OJEMDA	PA NSO
ONUREG	PA NSO
PHESGO INJECTION 2000UNIT/ML; 60MG/ML; 60MG/ML	PA NSO
REVUFORJ	PA NSO
SYNRIBO	
TRUSELTIQ	PA NSO
VONJO	PA NSO
ZOLINZA	PA NSO
<b><i>Aromatase Inhibitors, 3rd Generation</i></b>	
<i>anastrozole tablet</i>	
<i>exemestane</i>	
<i>letrozole</i>	
<b><i>Enzyme Inhibitors</i></b>	
AVMAPKI FAKZYNJA CO-PACK	PA NSO
<i>topotecan hcl injection 4mg</i>	
<i>topotecan hydrochloride</i>	
<b><i>Molecular Target Inhibitors</i></b>	
ALECENSA	PA NSO
ALUNBRIG TABLET THERAPY PACK	QL(60 EA per 365 days); PA NSO
ALUNBRIG TABLET 30MG	QL(120 EA per 30 days); PA NSO
ALUNBRIG TABLET 180MG, 90MG	QL(30 EA per 30 days); PA NSO
AUGTYRO	PA NSO
AYVAKIT	QL(30 EA per 30 days); PA NSO
BALVERSA	PA NSO
BOSULIF	PA NSO
BRAFTOVI CAPSULE 75MG	PA NSO
BRUKINSA	PA NSO
CABOMETYX TABLET 40MG, 60MG	PA NSO
CABOMETYX TABLET 20MG	QL(30 EA per 30 days); PA NSO
CALQUENCE	PA NSO
CAPRELSA TABLET 300MG	PA NSO
CAPRELSA TABLET 100MG	QL(60 EA per 30 days); PA NSO
COMETRIQ	PA NSO
COPIKTRA	PA NSO
COTELLIC	PA NSO

Formulary ID: 25382, Version: 14, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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

Drug Name	Requirements/Limits
DANZITEN	PA NSO
<i>dasatinib</i>	PA NSO
DAURISMO	PA NSO
ERIVEDGE	PA NSO
<i>erlotinib hydrochloride tablet 100mg, 25mg</i>	PA NSO
<i>erlotinib hydrochloride tablet 150mg</i>	PA NSO
<i>everolimus tablet soluble 2mg, 3mg, 5mg</i>	PA NSO
<i>everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	QL(30 EA per 30 days); PA NSO
EXKIVITY	
FARYDAK	
FOTIVDA	PA NSO
FRUZAQLA	PA NSO
GAVRETO	PA NSO
<i>gefitinib</i>	PA NSO
GILOTRIF	QL(30 EA per 30 days); PA NSO
GOMEKLI	PA NSO
IBRANCE CAPSULE 100MG, 125MG, 75MG	PA NSO
ICLUSIG TABLET 30MG, 45MG	PA NSO
ICLUSIG TABLET 10MG, 15MG	QL(30 EA per 30 days); PA NSO
IDHIFA	QL(30 EA per 30 days); PA NSO
<i>imatinib mesylate tablet 100mg</i>	PA NSO
<i>imatinib mesylate tablet 400mg</i>	PA NSO
IMBRUVICA CAPSULE, SUSPENSION	PA NSO
IMBRUVICA TABLET 420MG, 560MG	PA NSO
IMKELDI	PA NSO
INLYTA	PA NSO
INQOVI	PA NSO
JAKAFI TABLET 15MG, 20MG, 25MG, 5MG	PA NSO
JAKAFI TABLET 10MG	QL(60 EA per 30 days); PA NSO
JAYPIRCA TABLET 100MG	PA NSO
JAYPIRCA TABLET 50MG	QL(30 EA per 30 days); PA NSO
KISQALI	PA NSO
KOSELUGO	PA NSO
KRAZATI	PA NSO
<i>lapatinib ditosylate</i>	PA NSO
LENVIMA 10 MG DAILY DOSE	PA NSO
LENVIMA 12MG DAILY DOSE	PA NSO
LENVIMA 14 MG DAILY DOSE	PA NSO
LENVIMA 18 MG DAILY DOSE	PA NSO
LENVIMA 20 MG DAILY DOSE	PA NSO
LENVIMA 24 MG DAILY DOSE	PA NSO
LENVIMA 4 MG DAILY DOSE	PA NSO
LENVIMA 8 MG DAILY DOSE	PA NSO
LORBRENA	PA NSO
LUMAKRAS	PA NSO

Formulary ID: 25382, Version: 14, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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

Drug Name	Requirements/Limits
LYNPARZA TABLET	PA NSO
LYTGOBI TABLET THERAPY PACK 4MG	PA NSO; 12 MG DAILY DOSE
LYTGOBI TABLET THERAPY PACK 4MG	PA NSO; 16 MG DAILY DOSE
LYTGOBI TABLET THERAPY PACK 4MG	PA NSO; 20 MG DAILY DOSE
MEKINIST	PA NSO
MEKTOVI	PA NSO
NERLYNX	QL(180 EA per 30 days); PA NSO
<i>nilotinib</i>	PA NSO
NINLARO	PA NSO
ODOMZO	PA NSO
OJJAARA	PA NSO
<i>pazopanib hydrochloride</i>	PA NSO
PEMAZYRE	QL(30 EA per 30 days); PA NSO
PIQRAY 200MG DAILY DOSE	PA NSO
PIQRAY 250MG DAILY DOSE	PA NSO
PIQRAY 300MG DAILY DOSE	PA NSO
QINLOCK	PA NSO
RETEVMO CAPSULE	PA NSO
RETEVMO TABLET 120MG, 160MG	PA NSO
RETEVMO TABLET 80MG	QL(60 EA per 30 days); PA NSO
RETEVMO TABLET 40MG	QL(90 EA per 30 days); PA NSO
REZLIDHIA	PA NSO
ROMVIMZA	PA NSO
ROZLYTREK	PA NSO
RUBRACA	PA NSO
RYDAPT	PA NSO
SCEMBLIX TABLET 40MG	PA NSO
SCEMBLIX TABLET 100MG	QL(120 EA per 30 days); PA NSO
SCEMBLIX TABLET 20MG	QL(60 EA per 30 days); PA NSO
<i>sorafenib</i>	PA NSO
<i>sorafenib tosylate</i>	PA NSO
SPRYCEL	PA NSO
STIVARGA	PA NSO
<i>sunitinib malate</i>	PA NSO
TABRECTA	QL(120 EA per 30 days); PA NSO
TAFINLAR	PA NSO
TAGRISSE TABLET 80MG	PA NSO
TAGRISSE TABLET 40MG	QL(30 EA per 30 days); PA NSO
TALZENNA	PA NSO
TASIGNA	PA NSO
TAZVERIK	PA NSO
TEPMETKO	PA NSO
TIBSOVO	PA NSO
<i>torpenz</i>	QL(30 EA per 30 days); PA NSO
TRUQAP	PA NSO

Formulary ID: 25382, Version: 14, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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

Drug Name	Requirements/Limits
TUKYSA	PA NSO
TURALIO	PA NSO
VANFLYTA	PA NSO
VENCLEXTA STARTING PACK	PA NSO
VENCLEXTA TABLET 10MG	PA NSO
VENCLEXTA TABLET 100MG, 50MG	PA NSO
VERZENIO	PA NSO
VITRAKVI	PA NSO
VIZIMPRO	PA NSO
XALKORI	PA NSO
XOSPATA	PA NSO
XPOVIO	PA NSO
XPOVIO 60 MG TWICE WEEKLY	PA NSO
XPOVIO 80 MG TWICE WEEKLY	PA NSO
ZEJULA CAPSULE	PA NSO
ZEJULA TABLET 200MG, 300MG	PA NSO
ZEJULA TABLET 100MG	QL(30 EA per 30 days); PA NSO
ZELBORAF	PA NSO
ZYDELIG	PA NSO
ZYKADIA TABLET	PA NSO
<b>Monoclonal Antibodies/Antibody-Drug Conjugates</b>	
TEVIMBRA	PA NSO
<b>Retinoids</b>	
<i>bexarotene</i>	PA NSO
PANRETIN	
<i>tretinoin capsule 10mg</i>	
<b>Treatment Adjuncts</b>	
MESNA TABLET	
MESNEX TABLET	
VORANIGO TABLET 40MG	PA NSO
VORANIGO TABLET 10MG	QL(60 EA per 30 days); PA NSO
<b>Antiparasitics</b>	
<b>Anthelmintics</b>	
<i>albendazole tablet</i>	
<i>ivermectin tablet</i>	PA
<i>praziquantel tablet</i>	
<b>Antiprotozoals</b>	
ALINIA SUSPENSION RECONSTITUTED	
<i>atovaquone</i>	
<i>atovaquone/proguanil hcl tablet 62.5mg; 25mg</i>	
<i>atovaquone/proguanil hydrochloride</i>	
<i>benznidazole</i>	
<i>chloroquine phosphate tablet</i>	
COARTEM	
<i>hydroxychloroquine sulfate tablet 100mg, 200mg</i>	

Formulary ID: 25382, Version: 14, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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

Drug Name	Requirements/Limits
<i>mefloquine hydrochloride</i>	
<i>nitazoxanide</i>	
<i>pentamidine isethionate injection</i>	
<i>pentamidine isethionate inhalation solution reconstituted</i>	B/D
<i>primaquine phosphate tablet</i>	
<i>pyrimethamine tablet</i>	PA
<i>quinine sulfate capsule 324mg</i>	PA
<b>Antiparkinson Agents</b>	
<b><i>Anticholinergics</i></b>	
<i>benztropine mesylate tablet</i>	
<i>trihexyphenidyl hydrochloride</i>	
<b><i>Antiparkinson Agents, Other</i></b>	
<i>entacapone</i>	
OSMOLEX ER TABLET ER 24 HOUR THERAPY PACK	PA
OSMOLEX ER TABLET EXTENDED RELEASE 24 HOUR 129MG, 193MG	PA
<b><i>Dopamine Agonists</i></b>	
<i>bromocriptine mesylate capsule, tablet</i>	
<i>pramipexole dihydrochloride</i>	
<i>ropinirole er</i>	
<i>ropinirole hcl tablet 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	
<i>ropinirole hydrochloride tablet 0.25mg, 3mg</i>	
<b><i>Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors</i></b>	
<i>carbidopa/levodopa</i>	
<i>carbidopa/levodopa er</i>	
<i>carbidopa/levodopa odt</i>	
<i>carbidopa tablet</i>	
INBRIJA	PA
RYTARY	ST
<b><i>Monoamine Oxidase B (MAO-B) Inhibitors</i></b>	
<i>rasagiline mesylate tablet</i>	
<i>selegiline hcl capsule, tablet</i>	
<b>Antipsychotics</b>	
<b><i>1st Generation/Typical</i></b>	
<i>chlorpromazine hcl tablet</i>	
<i>chlorpromazine hydrochloride concentrate, tablet</i>	
<i>fluphenazine decanoate injection</i>	
<i>fluphenazine hcl concentrate</i>	
<i>fluphenazine hydrochloride</i>	
<i>haloperidol decanoate injection</i>	
<i>haloperidol lactate</i>	
<i>haloperidol concentrate</i>	
<i>haloperidol tablet 0.5mg, 10mg, 1mg, 2mg, 5mg</i>	
<i>haloperidol tablet 20mg</i>	
<i>loxapine</i>	

Formulary ID: 25382, Version: 14, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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

Drug Name	Requirements/Limits
<i>molindone hydrochloride</i>	
<i>perphenazine tablet</i>	
<i>pimozide</i>	
<i>thioridazine hydrochloride</i>	
<i>thiothixene capsule 10mg, 1mg, 2mg, 5mg</i>	
<i>trifluoperazine hcl tablet 2mg, 5mg</i>	
<i>trifluoperazine hcl tablet 10mg</i>	
<i>trifluoperazine hydrochloride tablet 1mg</i>	
<b>2nd Generation/Atypical</b>	
ABILIFY MAINTENA	
<i>aripiprazole odt tablet disintegrating 15mg</i>	QL(60 EA per 30 days)
<i>aripiprazole odt tablet disintegrating 10mg</i>	QL(60 EA per 30 days)
<i>aripiprazole tablet</i>	QL(30 EA per 30 days)
<i>aripiprazole solution</i>	QL(750 ML per 30 days)
ARISTADA	
ARISTADA INITIO	
<i>asenapine maleate sl</i>	QL(60 EA per 30 days)
CAPLYTA	QL(30 EA per 30 days); PA NSO
FANAPT	QL(60 EA per 30 days); ST NSO
FANAPT TITRATION PACK	QL(16 EA per 365 days); ST NSO
INVEGA HAFYERA	ST NSO
INVEGA SUSTENNA INJECTION 39MG/0.25ML	
INVEGA SUSTENNA INJECTION 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	
INVEGA TRINZA	
<i>lurasidone hydrochloride tablet 120mg, 20mg, 40mg, 60mg</i>	QL(30 EA per 30 days)
<i>lurasidone hydrochloride tablet 80mg</i>	QL(60 EA per 30 days)
LYBALVI	QL(30 EA per 30 days); ST NSO
NUPLAZID CAPSULE	PA NSO
NUPLAZID TABLET 10MG	PA NSO
<i>olanzapine odt</i>	QL(30 EA per 30 days)
<i>olanzapine tablet</i>	QL(30 EA per 30 days)
<i>olanzapine injection</i>	
OPIPZA FILM 2MG	QL(30 EA per 30 days); PA NSO
OPIPZA FILM 10MG, 5MG	QL(90 EA per 30 days); PA NSO
<i>paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg</i>	QL(30 EA per 30 days)
<i>paliperidone er tablet extended release 24 hour 6mg</i>	QL(60 EA per 30 days)
PERSERIS	
<i>quetiapine fumarate er tablet extended release 24 hour 150mg, 300mg, 400mg, 50mg</i>	QL(60 EA per 30 days)
<i>quetiapine fumarate er tablet extended release 24 hour 200mg</i>	QL(90 EA per 30 days)
<i>quetiapine fumarate tablet 300mg, 400mg</i>	QL(60 EA per 30 days)
<i>quetiapine fumarate tablet 100mg, 150mg, 200mg, 25mg, 50mg</i>	QL(90 EA per 30 days)
REXULTI	QL(30 EA per 30 days)
<i>risperidone er injection 12.5mg, 25mg</i>	

Formulary ID: 25382, Version: 14, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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

Drug Name	Requirements/Limits
<i>risperidone er injection 37.5mg, 50mg</i>	
<i>risperidone odt</i>	QL(60 EA per 30 days)
<i>risperidone tablet</i>	QL(60 EA per 30 days)
<i>risperidone solution</i>	QL(240 ML per 30 days)
SECUADO	QL(30 EA per 30 days); ST NSO
VRAYLAR CAPSULE THERAPY PACK	QL(14 EA per 365 days)
VRAYLAR CAPSULE	QL(30 EA per 30 days)
<i>ziprasidone hcl</i>	QL(60 EA per 30 days)
<i>ziprasidone mesylate</i>	QL(60 EA per 30 days)
ZYPREXA RELPREVV INJECTION 210MG	
ZYPREXA RELPREVV INJECTION 300MG, 405MG	
<b><i>Treatment-Resistant</i></b>	
<i>clozapine odt tablet disintegrating 200mg</i>	QL(120 EA per 30 days)
<i>clozapine odt tablet disintegrating 150mg</i>	QL(180 EA per 30 days)
<i>clozapine odt tablet disintegrating 100mg, 25mg</i>	QL(270 EA per 30 days)
<i>clozapine odt tablet disintegrating 12.5mg</i>	QL(90 EA per 30 days)
<i>clozapine tablet 50mg</i>	QL(180 EA per 30 days)
<i>clozapine tablet 25mg</i>	QL(270 EA per 30 days)
<i>clozapine tablet 200mg</i>	QL(120 EA per 30 days)
<i>clozapine tablet 100mg</i>	QL(270 EA per 30 days)
VERSACLOZ	QL(540 ML per 30 days)
<b>Antispasticity Agents</b>	
<b><i>Antispasticity Agents</i></b>	
<i>baclofen tablet 10mg, 20mg</i>	
<i>baclofen tablet 5mg</i>	
<i>dantrolene sodium capsule</i>	
<i>tizanidine hcl tablet 2mg</i>	
<i>tizanidine hydrochloride tablet 4mg</i>	
<b>Antivirals</b>	
<b><i>Anti-cytomegalovirus (CMV) Agents</i></b>	
<i>ganciclovir injection 500mg/10ml, 500mg</i>	B/D
LIVTENCITY	
PREVYMIS TABLET	
PREVYMIS PACKET 20MG	
PREVYMIS PACKET 120MG	
<i>valganciclovir tablet 450mg</i>	
<i>valganciclovir hydrochloride solution 50mg/ml</i>	
<b><i>Anti-hepatitis B (HBV) Agents</i></b>	
<i>adefovir dipivoxil</i>	
BARACLUDE SOLUTION	QL(600 ML per 30 days)
<i>entecavir</i>	QL(30 EA per 30 days)
<i>lamivudine tablet 100mg</i>	
<b><i>Anti-hepatitis C (HCV) Agents</i></b>	
MAVYRET TABLET	QL(336 EA per 365 days); PA
MAVYRET PACKET	QL(560 EA per 365 days); PA

Formulary ID: 25382, Version: 14, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>ribavirin tablet 200mg</i>	
<i>sofosbuvir/velpatasvir</i>	QL(84 EA per 365 days); PA
VOSEVI	QL(84 EA per 365 days); PA
<b><i>Anti-HIV Agents, Integrase Inhibitors (INSTI)</i></b>	
BIKTARVY	QL(30 EA per 30 days)
CABENUVA	
DOVATO	QL(30 EA per 30 days)
GENVOYA	QL(30 EA per 30 days)
ISENTRESS HD	QL(60 EA per 30 days)
ISENTRESS PACKET, TABLET	QL(60 EA per 30 days)
ISENTRESS TABLET CHEWABLE 25MG	QL(180 EA per 30 days)
ISENTRESS TABLET CHEWABLE 100MG	QL(180 EA per 30 days)
JULUCA	QL(30 EA per 30 days)
STRIBILD	QL(30 EA per 30 days)
TIVICAY PD	QL(180 EA per 30 days)
TIVICAY TABLET 10MG	QL(30 EA per 30 days)
TIVICAY TABLET 25MG	QL(30 EA per 30 days)
TIVICAY TABLET 50MG	QL(60 EA per 30 days)
VOCABRIA	
<b><i>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</i></b>	
COMPLERA	QL(30 EA per 30 days)
DELSTRIGO	QL(30 EA per 30 days)
EDURANT	QL(30 EA per 30 days)
EDURANT PED	QL(180 EA per 30 days)
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	QL(30 EA per 30 days)
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	QL(30 EA per 30 days)
<i>efavirenz tablet</i>	QL(30 EA per 30 days)
<i>efavirenz capsule</i>	QL(90 EA per 30 days)
<i>emtricitabine/rilpivirine/tenofovir disoproxil fumarate</i>	QL(30 EA per 30 days)
<i>etravirine tablet 100mg</i>	QL(60 EA per 30 days)
<i>etravirine tablet 200mg</i>	QL(60 EA per 30 days)
INTELENCE TABLET 25MG	QL(120 EA per 30 days)
<i>nevirapine er tablet extended release 24 hour 400mg</i>	QL(30 EA per 30 days)
<i>nevirapine er tablet extended release 24 hour 100mg</i>	QL(60 EA per 30 days)
<i>nevirapine tablet</i>	QL(60 EA per 30 days)
<i>nevirapine suspension</i>	QL(1200 ML per 30 days)
PIFELTRO	QL(30 EA per 30 days)
<b><i>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</i></b>	
<i>abacavir sulfate/lamivudine</i>	QL(30 EA per 30 days)
<i>abacavir sulfate/lamivudine/zidovudine</i>	QL(60 EA per 30 days)
<i>abacavir tablet</i>	QL(60 EA per 30 days)
<i>abacavir solution</i>	QL(960 ML per 30 days)
CIMDUO	QL(30 EA per 30 days)

Formulary ID: 25382, Version: 14, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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

<b>Drug Name</b>	<b>Requirements/Limits</b>
DESCOVY	QL(30 EA per 30 days)
<i>emtricitabine</i>	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 167mg; 250mg</i>	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 200mg; 300mg</i>	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg</i>	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 133mg; 200mg</i>	QL(30 EA per 30 days)
EMTRIVA SOLUTION	QL(850 ML per 30 days)
<i>lamivudine/zidovudine</i>	QL(60 EA per 30 days)
<i>lamivudine solution 10mg/ml</i>	QL(960 ML per 30 days)
<i>lamivudine tablet 150mg</i>	QL(60 EA per 30 days)
<i>lamivudine tablet 300mg</i>	QL(30 EA per 30 days)
ODEFSEY	QL(30 EA per 30 days)
<i>stavudine capsule</i>	
TEMIXYS	QL(30 EA per 30 days)
<i>tenofovir disoproxil fumarate</i>	QL(30 EA per 30 days)
TRIUMEQ	QL(30 EA per 30 days)
TRIUMEQ PD	QL(180 EA per 30 days)
TRIZIVIR	QL(60 EA per 30 days)
VIREAD POWDER	QL(240 GM per 30 days)
VIREAD TABLET 150MG, 200MG, 250MG	QL(30 EA per 30 days)
<i>zidovudine capsule</i>	QL(180 EA per 30 days)
<i>zidovudine syrup</i>	QL(1920 ML per 30 days)
<i>zidovudine tablet</i>	QL(60 EA per 30 days)
<b><i>Anti-HIV Agents, Other</i></b>	
FUZEON	
<i>maraviroc tablet 300mg</i>	QL(120 EA per 30 days)
<i>maraviroc tablet 150mg</i>	QL(60 EA per 30 days)
RUKOBIA	QL(60 EA per 30 days)
SELZENTRY SOLUTION	
SELZENTRY TABLET 25MG	QL(480 EA per 30 days)
SELZENTRY TABLET 75MG	QL(60 EA per 30 days)
SUNLENCA INJECTION	
SUNLENCA TABLET	QL(24 EA per 168 days)
SUNLENCA TABLET THERAPY PACK 300MG	QL(10 EA per 365 days)
SUNLENCA TABLET THERAPY PACK 300MG	QL(8 EA per 365 days)
TYBOST	QL(30 EA per 30 days)
<b><i>Anti-HIV Agents, Protease Inhibitors (PI)</i></b>	
APTIVUS CAPSULE	QL(120 EA per 30 days)
<i>atazanavir sulfate capsule 300mg</i>	QL(30 EA per 30 days)
<i>atazanavir capsule 150mg</i>	
<i>atazanavir capsule 200mg</i>	QL(60 EA per 30 days)
<i>darunavir tablet 800mg</i>	QL(30 EA per 30 days)
<i>darunavir tablet 600mg</i>	QL(60 EA per 30 days)
EVOTAZ	QL(30 EA per 30 days)
<i>fosamprenavir calcium</i>	QL(120 EA per 30 days)

Formulary ID: 25382, Version: 14, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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

Drug Name	Requirements/Limits
LEXIVA SUSPENSION <i>lopinavir/ritonavir</i>	QL(1800 ML per 30 days)
NORVIR PACKET	QL(360 EA per 30 days)
NORVIR SOLUTION	QL(480 ML per 30 days)
PREZCOBIX	QL(30 EA per 30 days)
PREZISTA SUSPENSION	QL(400 ML per 30 days)
PREZISTA TABLET 75MG	QL(300 EA per 30 days)
PREZISTA TABLET 150MG	QL(180 EA per 30 days)
REYATAZ PACKET	QL(180 EA per 30 days)
<i>ritonavir</i>	QL(360 EA per 30 days)
SYMTUZA	QL(30 EA per 30 days)
VIRACEPT TABLET 625MG	QL(120 EA per 30 days)
VIRACEPT TABLET 250MG	QL(300 EA per 30 days)
<b>Anti-influenza Agents</b>	
<i>amantadine hcl capsule, solution</i>	
<i>oseltamivir phosphate capsule 75mg</i>	QL(110 EA per 365 days)
<i>oseltamivir phosphate capsule 30mg</i>	QL(168 EA per 365 days)
<i>oseltamivir phosphate capsule 45mg</i>	QL(84 EA per 365 days)
<i>oseltamivir phosphate suspension reconstituted</i>	QL(1080 ML per 365 days)
RELENZA DISKHALER	QL(240 EA per 365 days)
XOFLUZA TABLET THERAPY PACK 40MG, 80MG	
<b>Antiherpetic Agents</b>	
<i>acyclovir sodium injection 50mg/ml</i>	B/D
<i>acyclovir capsule 200mg</i>	
<i>acyclovir suspension 200mg/5ml</i>	
<i>acyclovir tablet 400mg, 800mg</i>	
<i>famciclovir tablet</i>	
<i>valacyclovir hydrochloride</i>	QL(120 EA per 30 days)
VYJUVEK	PA
<b>Antiviral, Coronavirus Agents</b>	
LAGEVRIO	QL(40 EA per 5 days)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	QL(11 EA per 5 days)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	QL(20 EA per 5 days)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	QL(30 EA per 5 days); (300mg-100mg Pak)
<b>Anxiolytics</b>	
<b>Anxiolytics, Other</b>	
<i>bupirone hcl tablet 15mg</i>	
<i>bupirone hydrochloride tablet 10mg, 5mg</i>	
<i>bupirone hydrochloride tablet 30mg, 7.5mg</i>	
<b>Benzodiazepines</b>	
<i>alprazolam tablet 0.25mg, 0.5mg, 1mg</i>	QL(120 EA per 30 days)
<i>alprazolam tablet 2mg</i>	QL(150 EA per 30 days)
<i>clorazepate dipotassium tablet 15mg</i>	QL(180 EA per 30 days)
<i>clorazepate dipotassium tablet 7.5mg</i>	QL(360 EA per 30 days)

Formulary ID: 25382, Version: 14, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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

Drug Name	Requirements/Limits
<i>clorazepate dipotassium tablet 3.75mg</i>	QL(720 EA per 30 days)
<i>diazepam intensol</i>	
<i>diazepam concentrate, solution</i>	
<i>diazepam tablet 10mg</i>	QL(120 EA per 30 days)
<i>diazepam tablet 5mg</i>	QL(240 EA per 30 days)
<i>diazepam tablet 2mg</i>	QL(300 EA per 30 days)
<i>lorazepam intensol</i>	
<i>lorazepam tablet 2mg</i>	QL(150 EA per 30 days)
<i>lorazepam tablet 0.5mg, 1mg</i>	QL(90 EA per 30 days)
<b>Bipolar Agents</b>	
<b><i>Bipolar Agents, Other</i></b>	
IGALMI	PA NSO
<b><i>Mood Stabilizers</i></b>	
<i>lithium</i>	
<i>lithium carbonate er</i>	
<i>lithium carbonate capsule, tablet</i>	
<b>Blood Glucose Regulators</b>	
<b><i>Antidiabetic Agents</i></b>	
<i>acarbose tablet</i>	
BYDUREON BCISE	QL(3.4 ML per 28 days); PA
BYETTA INJECTION 10MCG/0.04ML	QL(2.4 ML per 28 days); PA
BYETTA INJECTION 5MCG/0.02ML	QL(4.8 ML per 28 days); PA
<i>exenatide injection 10mcg/0.04ml</i>	QL(2.4 ML per 28 days); PA
<i>exenatide injection 5mcg/0.02ml</i>	QL(4.8 ML per 28 days); PA
<i>glimepiride tablet 1mg, 2mg, 4mg</i>	
<i>glipizide er</i>	
<i>glipizide xl</i>	
<i>glipizide/metformin hydrochloride</i>	
<i>glipizide tablet</i>	
<i>glyburide/metformin hydrochloride</i>	
<i>glyburide tablet 1.25mg, 2.5mg, 5mg</i>	
GLYXAMBI	
JANUMET	
JANUMET XR	
JANUVIA	QL(30 EA per 30 days)
JENTADUETO	
JENTADUETO XR	
<i>metformin hydrochloride er tablet extended release 24 hour 500mg, 750mg</i>	
<i>metformin hydrochloride tablet 1000mg, 500mg, 850mg</i>	
MOUNJARO	QL(2 ML per 28 days); PA
<i>nateglinide</i>	
OZEMPIC INJECTION 2MG/1.5ML	QL(1.5 ML per 28 days); PA
OZEMPIC INJECTION 2MG/3ML, 4MG/3ML, 8MG/3ML	QL(3 ML per 28 days); PA
<i>pioglitazone hcl/metformin hcl</i>	

Formulary ID: 25382, Version: 14, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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

Drug Name	Requirements/Limits
<i>pioglitazone hcl tablet 45mg</i>	
<i>pioglitazone hydrochloride tablet 15mg, 30mg</i>	
<i>repaglinide</i>	
RYBELSUS TABLET 14MG, 4MG, 7MG, 9MG	QL(30 EA per 30 days); PA
RYBELSUS TABLET 1.5MG, 3MG	QL(60 EA per 365 days); PA
SOLIQUA 100/33	
SYNJARDY	
SYNJARDY XR	
TRADJENTA	QL(30 EA per 30 days)
TRIJARDY XR	
TRULICITY	QL(2 ML per 28 days); PA
XIGDUO XR	
<b><i>Glycemic Agents</i></b>	
BAQSIMI ONE PACK	
BAQSIMI TWO PACK	
<i>diazoxide suspension</i>	
<i>glucagon emergency kit</i>	
<i>glucagon emergency kit for low blood sugar injection 1mg</i>	
GVOKE HYPOPEN 1-PACK	
GVOKE HYPOPEN 2-PACK	
GVOKE KIT	
GVOKE PFS	
<b><i>Insulins</i></b>	
HUMALOG	
HUMALOG JUNIOR KWIKPEN	
HUMALOG KWIKPEN	
HUMALOG MIX 50/50	
HUMALOG MIX 50/50 KWIKPEN	
HUMALOG MIX 75/25	
HUMALOG MIX 75/25 KWIKPEN	
HUMULIN 70/30	
HUMULIN 70/30 KWIKPEN	
HUMULIN N	
HUMULIN N KWIKPEN	
HUMULIN R	
HUMULIN R U-500 (CONCENTRATED)	
HUMULIN R U-500 KWIKPEN	
<i>insulin lispro</i>	
LANTUS	
LANTUS SOLOSTAR	
LYUMJEV	
LYUMJEV KWIKPEN	
NOVOLIN 70/30	
NOVOLIN 70/30 FLEXPEN	
NOVOLIN 70/30 FLEXPEN RELION	

Formulary ID: 25382, Version: 14, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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

Drug Name	Requirements/Limits
NOVOLIN 70/30 RELION	
NOVOLIN N	
NOVOLIN N FLEXPEN	
NOVOLIN N FLEXPEN RELION	
NOVOLIN N RELION	
NOVOLIN R	
NOVOLIN R FLEXPEN	
NOVOLIN R FLEXPEN RELION	
NOVOLIN R RELION	
NOVOLOG	
NOVOLOG FLEXPEN	
NOVOLOG FLEXPEN RELION	
NOVOLOG MIX 70/30	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION	
NOVOLOG MIX 70/30 RELION	
NOVOLOG PENFILL	
NOVOLOG RELION	
TOUJEO MAX SOLOSTAR	
TOUJEO SOLOSTAR	
TRESIBA	
TRESIBA FLEXTOUCH	
<b>Blood Products and Modifiers</b>	
<i>Anticoagulants</i>	
ELIQUIS STARTER PACK	QL(148 EA per 365 days)
ELIQUIS TABLET 2.5MG	QL(60 EA per 30 days)
ELIQUIS TABLET 5MG	QL(90 EA per 30 days)
<i>enoxaparin sodium</i>	
<i>fondaparinux sodium injection 2.5mg/0.5ml</i>	
<i>fondaparinux sodium injection 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	
FRAGMIN INJECTION 2500UNIT/0.2ML	
FRAGMIN INJECTION 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNT/0.72ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML	
<i>heparin sodium injection 5000unit/ml</i>	
<i>jantoven</i>	
<i>warfarin sodium tablet</i>	
XARELTO STARTER PACK	QL(102 EA per 365 days)
XARELTO TABLET 10MG, 20MG	QL(30 EA per 30 days)
XARELTO TABLET 2.5MG	QL(360 EA per 30 days)
XARELTO TABLET 15MG	QL(60 EA per 30 days)
<i>Blood Products and Modifiers, Other</i>	
<i>anagrelide hydrochloride</i>	
<i>eltrombopag olamine</i>	PA
NEULASTA	PA

Formulary ID: 25382, Version: 14, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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

Drug Name	Requirements/Limits
NEULASTA ONPRO KIT	PA
PROCRIT INJECTION 10000UNIT/ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	PA
PROCRIT INJECTION 40000UNIT/ML	PA
PROMACTA	PA
RETACRIT INJECTION 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	PA
RETACRIT INJECTION 40000UNIT/ML	PA
ROLVEDON	PA
UDENYCA	PA
UDENYCA ONBODY	PA
XOLREMDI	QL(120 EA per 30 days); PA
ZARXIO	
<b>Hemostasis Agents</b>	
<i>tranexamic acid tablet</i>	
<b>Platelet Modifying Agents</b>	
<i>aspirin/dipyridamole</i>	
<i>aspirin/dipyridamole er</i>	
BRILINTA	
CABLIVI	QL(30 EA per 30 days); PA
<i>cilostazol</i>	
<i>clopidogrel tablet 75mg</i>	
<i>clopidogrel tablet 300mg</i>	
DOPTELET	PA
<i>prasugrel hydrochloride</i>	
<b>Cardiovascular Agents</b>	
<b>Alpha-adrenergic Agonists</b>	
<i>clonidine</i>	
<i>clonidine hydrochloride tablet</i>	
<i>droxidopa</i>	PA
<i>guanfacine hydrochloride</i>	
METHYLDOPA TABLET 250MG, 500MG	
<i>midodrine hydrochloride</i>	
<b>Alpha-adrenergic Blocking Agents</b>	
<i>prazosin hydrochloride capsule</i>	
<b>Angiotensin II Receptor Antagonists</b>	
<i>candesartan cilexetil</i>	
EDARBI	
<i>irbesartan</i>	
<i>losartan potassium tablet</i>	
<i>olmesartan medoxomil tablet</i>	
<i>telmisartan</i>	
<i>valsartan tablet</i>	
<b>Angiotensin-converting Enzyme (ACE) Inhibitors</b>	
<i>benazepril hydrochloride tablet</i>	

Formulary ID: 25382, Version: 14, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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

Drug Name	Requirements/Limits
<i>captopril tablet</i>	
<i>enalapril maleate tablet</i>	
<i>fosinopril sodium</i>	
<i>lisinopril tablet</i>	
<i>moexipril hydrochloride</i>	
<i>perindopril erbumine</i>	
<i>quinapril hydrochloride</i>	
<i>ramipril</i>	
<i>trandolapril</i>	
<b>Antiarrhythmics</b>	
<i>amiodarone hydrochloride tablet 200mg</i>	
<i>amiodarone hydrochloride tablet 100mg, 400mg</i>	
<i>digitek tablet 0.125mg, 0.25mg</i>	
<i>digox</i>	
<i>digoxin solution</i>	
<i>digoxin tablet 125mcg, 250mcg</i>	
<i>digoxin tablet 62.5mcg</i>	
<i>dofetilide</i>	
<i>flecainide acetate</i>	
<i>mexiletine hydrochloride capsule 150mg</i>	
<i>mexiletine hydrochloride capsule 200mg, 250mg</i>	
MULTAQ	
PACERONE TABLET 200MG	
PACERONE TABLET 100MG	
<i>propafenone hcl</i>	
<i>propafenone hydrochloride er</i>	
<i>propafenone hydrochloride tablet 300mg</i>	
<i>quinidine sulfate tablet</i>	
<i>sorine</i>	
<i>sotalol hcl tablet 120mg, 160mg, 240mg</i>	
<i>sotalol hydrochloride (af)</i>	
<i>sotalol hydrochloride tablet 120mg, 160mg, 80mg</i>	
<b>Beta-adrenergic Blocking Agents</b>	
<i>acebutolol hcl capsule 400mg</i>	
<i>acebutolol hydrochloride</i>	
<i>atenolol tablet</i>	
<i>betaxolol hcl tablet 10mg, 20mg</i>	
<i>bisoprolol fumarate tablet 10mg, 5mg</i>	
<i>carvedilol</i>	
<i>labetalol hydrochloride tablet 100mg, 200mg, 300mg</i>	
<i>metoprolol succinate er</i>	
<i>metoprolol tartrate tablet</i>	
<i>nadolol tablet 20mg, 40mg, 80mg</i>	
<i>nebivolol hydrochloride</i>	
<i>pindolol tablet</i>	

Formulary ID: 25382, Version: 14, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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

Drug Name	Requirements/Limits
<i>propranolol hcl tablet 40mg</i>	
<i>propranolol hydrochloride er</i>	
<i>propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg</i>	
<b>Calcium Channel Blocking Agents, Dihydropyridines</b>	
<i>amlodipine besylate tablet</i>	
<i>felodipine er</i>	
<i>isradipine</i>	
<i>nifedipine er</i>	
<i>nimodipine capsule</i>	
<b>Calcium Channel Blocking Agents, Nondihydropyridines</b>	
<i>cartia xt</i>	
<i>dilt-xr</i>	
<i>diltiazem hcl cd</i>	
<i>diltiazem hcl er capsule extended release 24 hour 120mg, 180mg, 240mg, 420mg</i>	
<i>diltiazem hcl er capsule extended release 12 hour</i>	
<i>diltiazem hcl er tablet extended release 24 hour 420mg</i>	
<i>diltiazem hcl tablet 30mg, 60mg</i>	
<i>diltiazem hydrochloride er capsule extended release 24 hour</i>	
<i>diltiazem hydrochloride er tablet extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg</i>	
<i>diltiazem hydrochloride tablet 120mg, 90mg</i>	
<i>matzim la</i>	
<i>taztia xt</i>	
<i>tiadytl er</i>	
<i>verapamil hcl er tablet extended release 120mg</i>	
<i>verapamil hcl sr capsule extended release 24 hour</i>	
<i>verapamil hcl tablet 40mg, 80mg</i>	
<i>verapamil hydrochloride er tablet extended release 180mg, 240mg</i>	
<i>verapamil hydrochloride tablet 120mg</i>	
<b>Cardiovascular Agents, Other</b>	
<i>aliskiren</i>	
<i>amiloride/hydrochlorothiazide</i>	
<i>amlodipine besylate/benazepril hydrochloride</i>	
<i>amlodipine besylate/valsartan</i>	
<i>amlodipine/olmesartan medoxomil</i>	
<i>atenolol/chlorthalidone</i>	
<i>benazepril hydrochloride/hydrochlorothiazide</i>	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	
<i>candesartan cilexetil/hydrochlorothiazide</i>	
<i>captopril/hydrochlorothiazide</i>	
<b>EDARBYCLOR</b>	
<i>enalapril maleate/hydrochlorothiazide</i>	
<b>ENTRESTO CAPSULE SPRINKLE</b>	QL(240 EA per 30 days)
<b>ENTRESTO TABLET</b>	QL(60 EA per 30 days)

Formulary ID: 25382, Version: 14, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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

Drug Name	Requirements/Limits
<i>fosinopril sodium/hydrochlorothiazide</i>	
<i>irbesartan/hydrochlorothiazide</i>	
<i>isosorbide dinitrate/hydralazine hydrochloride</i>	
<i>ivabradine hydrochloride</i>	QL(60 EA per 30 days)
<i>lisinopril/hydrochlorothiazide</i>	
<i>losartan potassium/hydrochlorothiazide</i>	
<i>metirosine</i>	PA
<i>olmesartan medoxomil/hydrochlorothiazide</i>	
<i>pentoxifylline er</i>	
<i>quinapril/hydrochlorothiazide</i>	
<i>ranolazine er</i>	
<i>spironolactone/hydrochlorothiazide</i>	
<i>telmisartan/hydrochlorothiazide</i>	
<i>trandolapril/verapamil hcl er</i>	
<i>triamterene/hydrochlorothiazide capsule 25mg; 37.5mg</i>	
<i>triamterene/hydrochlorothiazide tablet</i>	
<i>valsartan/hydrochlorothiazide</i>	
VYNDAMAX	QL(30 EA per 30 days); PA
<b>Diuretics, Loop</b>	
<i>bumetanide injection, tablet</i>	
<i>furosemide tablet</i>	
<i>furosemide injection</i>	
<i>toremide tablet</i>	
<b>Diuretics, Potassium-sparing</b>	
<i>amiloride hcl tablet</i>	
<i>triamterene capsule</i>	
<b>Diuretics, Thiazide</b>	
<i>chlorthalidone tablet 25mg, 50mg</i>	
<i>hydrochlorothiazide capsule, tablet</i>	
<i>indapamide tablet</i>	
<i>metolazone</i>	
<b>Dyslipidemics, Fibric Acid Derivatives</b>	
<i>fenofibrate micronized capsule 134mg, 200mg, 67mg</i>	
<i>fenofibrate tablet 145mg, 160mg, 48mg, 54mg</i>	
<i>fenofibric acid dr</i>	
<i>gemfibrozil tablet</i>	
<b>Dyslipidemics, HMG CoA Reductase Inhibitors</b>	
<i>atorvastatin calcium</i>	
<i>fluvastatin</i>	
<i>fluvastatin sodium er</i>	
<i>lovastatin tablet</i>	
<i>pitavastatin calcium</i>	
<i>pravastatin sodium</i>	
<i>rosuvastatin calcium tablet</i>	
<i>simvastatin tablet</i>	

Formulary ID: 25382, Version: 14, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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

Drug Name	Requirements/Limits
<b><i>Dyslipidemics, Other</i></b>	
<i>cholestyramine light</i>	
<i>cholestyramine packet, powder</i>	
<i>colesevelam hydrochloride tablet</i>	
<i>colestipol hydrochloride tablet</i>	
<i>colestipol hydrochloride granules, packet</i>	
<i>ezetimibe</i>	
<i>ezetimibe/simvastatin</i>	
<i>icosapent ethyl</i>	
NEXLETOL	QL(30 EA per 30 days); PA
NEXLIZET	QL(30 EA per 30 days); PA
<i>niacin er</i>	
<i>omega-3-acid ethyl esters</i>	
PRALUENT	QL(2 ML per 28 days); PA
<i>prevalite</i>	
REPATHA	QL(3 ML per 28 days); PA
REPATHA PUSHTRONEX SYSTEM	QL(7 ML per 28 days); PA
REPATHA SURECLICK	QL(3 ML per 28 days); PA
TRYNGOLZA	QL(0.8 ML per 28 days); PA
<b><i>Mineralocorticoid Receptor Antagonists</i></b>	
<i>eplerenone</i>	
KERENDIA	QL(30 EA per 30 days); PA
<i>spironolactone tablet</i>	
<b><i>Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)</i></b>	
FARXIGA	QL(30 EA per 30 days)
JARDIANCE	QL(30 EA per 30 days)
<b><i>Vasodilators, Direct-acting Arterial/Venous</i></b>	
<i>isosorbide dinitrate tablet 10mg, 20mg, 30mg, 5mg</i>	
<i>isosorbide mononitrate</i>	
<i>isosorbide mononitrate er</i>	
NITRO-BID	
<i>nitroglycerin transdermal</i>	
<i>nitroglycerin solution 0.4mg/spray</i>	
<i>nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg</i>	
VERQUVO	QL(30 EA per 30 days); PA
<b><i>Vasodilators, Direct-acting Arterial</i></b>	
<i>hydralazine hydrochloride tablet 10mg, 25mg, 50mg</i>	
<i>hydralazine hydrochloride tablet 100mg</i>	
<i>minoxidil tablet</i>	
<b>Central Nervous System Agents</b>	
<b><i>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</i></b>	
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 2.5mg; 2.5mg; 2.5mg; 2.5mg</i>	QL(60 EA per 30 days); Extended-release capsule 10mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 3.75mg; 3.75mg; 3.75mg; 3.75mg</i>	QL(60 EA per 30 days); Extended-release capsule 15mg

Formulary ID: 25382, Version: 14, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 5mg; 5mg; 5mg; 5mg</i>	QL(60 EA per 30 days); Extended-release capsule 20mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 6.25mg; 6.25mg; 6.25mg; 6.25mg</i>	QL(60 EA per 30 days); Extended-release capsule 25mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	QL(60 EA per 30 days); Extended-release capsule 30mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 1.25mg; 1.25mg; 1.25mg; 1.25mg</i>	QL(60 EA per 30 days); Extended-release capsule 5mg
<i>amphetamine/dextroamphetamine tablet</i>	QL(90 EA per 30 days)
<i>dextroamphetamine sulfate er capsule extended release 24 hour 15mg</i>	QL(120 EA per 30 days)
<i>dextroamphetamine sulfate er capsule extended release 24 hour 10mg</i>	QL(180 EA per 30 days)
<i>dextroamphetamine sulfate er capsule extended release 24 hour 5mg</i>	QL(60 EA per 30 days)
<i>dextroamphetamine sulfate tablet 10mg</i>	QL(180 EA per 30 days)
<i>dextroamphetamine sulfate tablet 5mg</i>	QL(90 EA per 30 days)
<b>Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines</b>	
<i>atomoxetine hydrochloride capsule 25mg</i>	QL(30 EA per 30 days)
<i>atomoxetine hydrochloride capsule 10mg</i>	QL(60 EA per 30 days)
<i>atomoxetine capsule 100mg, 18mg, 25mg, 40mg, 60mg, 80mg</i>	QL(30 EA per 30 days)
<i>atomoxetine capsule 10mg</i>	QL(60 EA per 30 days)
<i>guanfacine hydrochloride er</i>	
<i>methylphenidate hydrochloride er tablet extended release 24 hour 27mg, 54mg</i>	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 24 hour 36mg</i>	QL(60 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 18mg, 27mg, 54mg</i>	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 36mg</i>	QL(60 EA per 30 days)
<i>methylphenidate hydrochloride tablet</i>	QL(90 EA per 30 days)
<i>methylphenidate hydrochloride solution 5mg/5ml</i>	
<b>Central Nervous System, Other</b>	
AUSTEDO	QL(120 EA per 30 days); PA
AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 0	QL(56 EA per 365 days); PA
AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 0	QL(84 EA per 365 days); PA
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 6MG	QL(210 EA per 30 days); PA
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 18MG, 30MG, 36MG, 42MG, 48MG	QL(30 EA per 30 days); PA
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 24MG	QL(60 EA per 30 days); PA
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 12MG	QL(90 EA per 30 days); PA
<i>butalbital/acetaminophen/caffeine tablet 325mg; 50mg; 40mg</i>	
COBENFY	QL(60 EA per 30 days); PA NSO
COBENFY STARTER PACK	QL(112 EA per 365 days); PA NSO
INGREZZA CAPSULE THERAPY PACK	QL(56 EA per 365 days); PA
INGREZZA CAPSULE SPRINKLE 60MG, 80MG	QL(30 EA per 30 days); PA

Formulary ID: 25382, Version: 14, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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

<b>Drug Name</b>	<b>Requirements/Limits</b>
INGREZZA CAPSULE SPRINKLE 40MG	QL(60 EA per 30 days); PA
INGREZZA CAPSULE 60MG, 80MG	QL(30 EA per 30 days); PA
INGREZZA CAPSULE 40MG	QL(60 EA per 30 days); PA
NUEDEXTA	PA
<i>riluzole</i>	
<i>tetrabenazine</i>	PA
VEOZAH	QL(30 EA per 30 days); PA
<b><i>Fibromyalgia Agents</i></b>	
SAVELLA	QL(60 EA per 30 days)
SAVELLA TITRATION PACK	QL(110 EA per 365 days)
<b><i>Multiple Sclerosis Agents</i></b>	
AVONEX PEN	QL(4 EA per 28 days); PA
AVONEX INJECTION 30MCG/0.5ML	QL(4 EA per 28 days); PA
BETASERON	QL(15 EA per 30 days); PA
<i>dalfampridine er</i>	QL(60 EA per 30 days); PA
<i>dimethyl fumarate</i>	QL(60 EA per 30 days); PA
<i>dimethyl fumarate starterpack</i>	QL(120 EA per 365 days); PA
<i>fingolimod hydrochloride</i>	QL(30 EA per 30 days); PA
<i>glatiramer acetate injection 40mg/ml</i>	QL(12 ML per 28 days); PA
<i>glatiramer acetate injection 20mg/ml</i>	QL(30 ML per 30 days); PA
KESIMPTA	QL(0.4 ML per 28 days); PA
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	QL(14 EA per 365 days); PA
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	QL(24 EA per 365 days); PA
MAYZENT TABLET 0.25MG	QL(120 EA per 30 days); PA
MAYZENT TABLET 1MG, 2MG	QL(30 EA per 30 days); PA
REBIF	QL(6 ML per 28 days); PA
REBIF REBIDOSE	QL(6 ML per 28 days); PA
REBIF REBIDOSE TITRATION PACK	QL(8.4 ML per 365 days); PA
REBIF TITRATION PACK	QL(8.4 ML per 365 days); PA
VUMERITY	QL(120 EA per 30 days); PA
ZEPOSIA	QL(30 EA per 30 days); PA
ZEPOSIA 7-DAY STARTER PACK	QL(14 EA per 365 days); PA
ZEPOSIA STARTER KIT CAPSULE THERAPY PACK 0	QL(56 EA per 365 days); PA; (28 Capsules Pack)
ZEPOSIA STARTER KIT CAPSULE THERAPY PACK 0	QL(74 EA per 365 days); PA; (37 Capsules Pack)
<b>Dental and Oral Agents</b>	
<b><i>Dental and Oral Agents</i></b>	
<i>chlorhexidine gluconate solution</i>	
<i>doxycycline hyclate tablet 20mg</i>	
<i>kourzeq</i>	
<i>lidocaine hydrochloride viscous</i>	
<i>lidocaine viscous</i>	
<i>oralone dental paste</i>	
<i>paroex</i>	

Formulary ID: 25382, Version: 14, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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

Drug Name	Requirements/Limits
<i>perio gard</i>	
<i>pilocarpine hydrochloride tablet 5mg, 7.5mg</i>	
<i>triamcinolone acetonide dental paste</i>	
<b>Dermatological Agents</b>	
<b><i>Acne and Rosacea Agents</i></b>	
ACCUTANE	
<i>acitretin</i>	
<i>amnestem</i>	
<i>azelaic acid</i>	QL(100 GM per 30 days)
<i>claravis</i>	
<i>erythromycin/benzoyl peroxide</i>	
FINACEA FOAM	QL(50 GM per 30 days)
<i>isotretinoin capsule 10mg, 20mg, 30mg, 40mg</i>	
<i>metronidazole cream 0.75%</i>	
<i>metronidazole gel 0.75%</i>	
<i>metronidazole gel 1%</i>	
<i>myorisan</i>	
<i>rosadan</i>	
<i>tazarotene cream 0.1%</i>	QL(60 GM per 30 days)
<i>tretinoin cream 0.025%</i>	PA
<i>tretinoin cream 0.05%</i>	PA
<i>zenatane</i>	
<b><i>Dermatitis and Pruritus Agents</i></b>	
ADBRY	QL(6 ML per 28 days); PA
ALA-CORT CREAM 2.5%	
<i>alclometasone dipropionate</i>	
<i>ammonium lactate cream, lotion</i>	
<i>betamethasone dipropionate augmented cream</i>	
<i>betamethasone dipropionate augmented ointment</i>	
<i>betamethasone dipropionate augmented gel</i>	
<i>betamethasone dipropionate cream, lotion</i>	
<i>betamethasone dipropionate ointment</i>	
<i>betamethasone valerate ointment</i>	
<i>betamethasone valerate cream, lotion</i>	
<i>clobetasol propionate e</i>	
<i>clobetasol propionate cream 0.05%</i>	
<i>clobetasol propionate ointment</i>	
<i>clobetasol propionate gel, solution</i>	
<i>clobetasol propionate shampoo</i>	
<i>desonide cream</i>	
<i>desonide ointment</i>	QL(120 GM per 30 days)
<i>desoximetasone cream 0.25%</i>	QL(100 GM per 30 days)
<i>desoximetasone ointment 0.25%</i>	
EUCRISA	PA
<i>fluocinolone acetonide</i>	

Formulary ID: 25382, Version: 14, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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

Drug Name	Requirements/Limits
<i>fluocinolone acetonide body</i>	
<i>fluocinolone acetonide scalp</i>	
<i>fluocinolone acetonide topical</i>	
<i>fluocinonide cream 0.1%</i>	QL(120 GM per 30 days)
<i>fluocinonide cream 0.05%</i>	QL(60 GM per 30 days)
<i>fluocinonide gel, ointment</i>	QL(60 GM per 30 days)
<i>fluocinonide solution</i>	QL(60 ML per 30 days)
<i>fluticasone propionate cream 0.05%</i>	
<i>fluticasone propionate ointment 0.005%</i>	
<i>halobetasol propionate cream</i>	
<i>halobetasol propionate ointment</i>	
<i>hydrocortisone valerate cream</i>	QL(60 GM per 30 days)
<i>hydrocortisone cream 1%, 2.5%</i>	
<i>hydrocortisone lotion 2.5%</i>	
<i>hydrocortisone ointment 1%, 2.5%</i>	
<i>mometasone furoate cream 0.1%</i>	
<i>mometasone furoate ointment 0.1%</i>	
<i>mometasone furoate solution 0.1%</i>	
<i>pimecrolimus</i>	
<i>selenium sulfide</i>	
SPEVIGO INJECTION 150MG/ML	QL(4 ML per 28 days); PA
<i>tacrolimus ointment 0.03%, 0.1%</i>	
<i>triamcinolone acetonide cream 0.025%, 0.1%, 0.5%</i>	
<i>triamcinolone acetonide lotion 0.1%</i>	
<i>triamcinolone acetonide lotion 0.025%</i>	
<i>triamcinolone acetonide ointment 0.025%, 0.1%, 0.5%</i>	
<i>triderm</i>	
<b><i>Dermatological Agents, Other</i></b>	
<i>calcipotriene solution</i>	QL(60 ML per 30 days)
<i>calcipotriene cream, ointment</i>	QL(120 GM per 30 days)
<i>clotrimazole/betamethasone dipropionate cream</i>	QL(90 GM per 30 days)
<i>diclofenac sodium gel 3%</i>	QL(300 GM per 30 days); ST
<i>fluorouracil cream 5%</i>	QL(40 GM per 30 days)
<i>fluorouracil solution</i>	
<i>imiquimod cream 5%</i>	QL(48 EA per 30 days)
<i>nystatin/triamcinolone</i>	
<i>nystatin/triamcinolone acetonide ointment</i>	
OTEZLA TABLET 20MG, 30MG	QL(60 EA per 30 days); PA
<i>podofilox solution</i>	
SANTYL	
<i>silver sulfadiazine</i>	
SOTYKTU	QL(30 EA per 30 days); PA
<i>ssd</i>	
<i>urea lotion 40%</i>	
<b><i>Pediculicides/Scabicides</i></b>	

Formulary ID: 25382, Version: 14, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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

Drug Name	Requirements/Limits
<i>malathion</i>	
<i>permethrin cream</i>	
<b>Topical Anti-infectives</b>	
<i>acyclovir ointment 5%</i>	QL(60 GM per 30 days)
<i>ciclodan solution</i>	PA
<i>ciclopirox nail lacquer</i>	PA
<i>ciclopirox olamine</i>	
<i>ciclopirox gel</i>	
<i>ciclopirox shampoo, suspension</i>	
<i>clindamycin phosphate lotion 1%</i>	QL(75 ML per 30 days)
<i>clindamycin phosphate external solution 1%</i>	QL(60 ML per 30 days)
<i>ery</i>	
<i>erythromycin gel 2%</i>	
<i>erythromycin pad 2%</i>	
<i>erythromycin solution 2%</i>	
<i>mupirocin ointment</i>	QL(110 GM per 30 days)
<i>mupirocin cream</i>	
<b>Electrolytes/Minerals/Metals/Vitamins</b>	
<b>Electrolyte/Mineral Replacement</b>	
AMINOSYN II INJECTION 71.8MEQ/L; 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 38MEQ/L; 400MG/100ML; 200MG/100ML; 270MG/100ML; 500MG/100ML, 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 270MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 400MG/100ML; 200MG/100ML; 500MG/100ML	B/D
<i>aminosyn ii injection 107.6meq/l; 1490mg/100ml; 1527mg/100ml; 1050mg/100ml; 1107mg/100ml; 750mg/100ml; 450mg/100ml; 990mg/100ml; 1500mg/100ml; 1575mg/100ml; 258mg/100ml; 447mg/100ml; 1083mg/100ml; 795mg/100ml; 50meq/l; 600mg/100ml; 300mg/100ml; 405mg/100ml; 750mg/100ml</i>	B/D
AMINOSYN-PF INJECTION 46MEQ/L; 698MG/100ML; 1227MG/100ML; 527MG/100ML; 820MG/100ML; 385MG/100ML; 312MG/100ML; 760MG/100ML; 1200MG/100ML; 677MG/100ML; 180MG/100ML; 427MG/100ML; 812MG/100ML; 495MG/100ML; 70MG/100ML; 512MG/100ML; 180MG/100ML; 44MG/100ML; 673MG/100ML	B/D
<i>carglumic acid</i>	
<i>dextrose 5%</i>	
<i>dextrose 5%/sodium chloride 0.45%</i>	
<i>dextrose 5%/sodium chloride 0.9%</i>	
<i>effe-k tablet effervescent 25meq</i>	

Formulary ID: 25382, Version: 14, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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

Drug Name	Requirements/Limits
<i>klor-con</i>	
<i>klor-con 10</i>	
<i>klor-con 8</i>	
<i>klor-con m10</i>	
<i>klor-con m15</i>	
<i>klor-con m20</i>	
<i>klor-con sprinkle</i>	
<i>klor-con/ef</i>	
<i>magnesium sulfate injection 50%</i>	
PLENAMINE	B/D
<i>potassium chloride er</i>	
<i>potassium chloride sr tablet extended release 8meq</i>	
<i>potassium chloride packet, solution</i>	
<i>potassium citrate er</i>	
<i>sodium chloride 0.45% injection</i>	
<i>sodium chloride injection 0.45%, 0.9%</i>	
<b><i>Electrolyte/Mineral/Metal Modifiers</i></b>	
CHEMET	
CLOVIQUE	PA
<i>deferasirox packet</i>	PA
<i>deferasirox tablet soluble 125mg</i>	PA
<i>deferasirox tablet soluble 250mg, 500mg</i>	PA
<i>deferasirox tablet 90mg</i>	PA
<i>deferasirox tablet 180mg, 360mg</i>	PA
<i>penicillamine tablet</i>	
<i>trientine hydrochloride capsule 250mg</i>	PA
<b><i>Phosphate Binders</i></b>	
<i>calcium acetate capsule</i>	
<i>calcium acetate tablet 667mg</i>	
<i>sevelamer carbonate tablet</i>	
VELPHORO	
<b><i>Potassium Binders</i></b>	
<i>kionex suspension</i>	
LOKELMA	QL(90 EA per 30 days)
<i>sodium polystyrene sulfonate powder, suspension</i>	
SPS	
VELTASSA	
<b><i>Vitamins</i></b>	
<i>prenatal tablet 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg</i>	
<b>Gastrointestinal Agents</b>	
<b><i>Anti-Constipation Agents</i></b>	
<i>constulose</i>	
<i>enulose</i>	
<i>generlac</i>	

Formulary ID: 25382, Version: 14, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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

Drug Name	Requirements/Limits
<i>lactulose solution</i>	
LINZESS	QL(30 EA per 30 days)
<i>lubiprostone</i>	QL(60 EA per 30 days)
MOTEGRITY	QL(30 EA per 30 days)
<i>pegylax</i>	
<i>prucalopride</i>	QL(30 EA per 30 days)
RELISTOR TABLET	QL(90 EA per 30 days); ST
RELISTOR INJECTION 8MG/0.4ML	QL(12 ML per 30 days); ST
RELISTOR INJECTION 12MG/0.6ML	QL(18 ML per 30 days); ST
<b><i>Anti-Diarrheal Agents</i></b>	
<i>alosetron hydrochloride tablet 0.5mg</i>	PA
<i>alosetron hydrochloride tablet 1mg</i>	PA
<i>diphenoxylate hydrochloride/atropine sulfate</i>	
<i>loperamide hydrochloride capsule</i>	
XERMELO	QL(90 EA per 30 days); PA
<b><i>Antispasmodics, Gastrointestinal</i></b>	
<i>dicyclomine hcl solution</i>	
<i>dicyclomine hydrochloride capsule, tablet</i>	
<i>glycopyrrolate injection 0.4mg/2ml</i>	
<i>glycopyrrolate tablet 1mg, 2mg</i>	PA
<b><i>Gastrointestinal Agents, Other</i></b>	
CLENPIQ	
<i>gavilyte-c</i>	
<i>gavilyte-g</i>	
<i>gavilyte-h</i>	
<i>gavilyte-n/ flavor pack</i>	
LIVMARLI SOLUTION 19MG/ML	QL(60 ML per 30 days); PA
LIVMARLI SOLUTION 9.5MG/ML	QL(90 ML per 30 days); PA
LIVMARLI TABLET 30MG	QL(30 EA per 30 days); PA
LIVMARLI TABLET 10MG, 15MG, 20MG	QL(60 EA per 30 days); PA
<i>metoclopramide hcl solution</i>	
<i>metoclopramide hydrochloride tablet</i>	
<i>nitroglycerin ointment 0.4%</i>	
<i>peg 3350/electrolytes</i>	
<i>peg-3350/electrolytes</i>	
<i>peg-3350/nacl/na bicarbonate/kcl</i>	
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	
SUTAB	
<i>trilyte</i>	
<i>ursodiol capsule 300mg</i>	
<i>ursodiol tablet</i>	
VOWST	PA
XIFAXAN TABLET 200MG	PA
XIFAXAN TABLET 550MG	PA
<b><i>Histamine2 (H2) Receptor Antagonists</i></b>	

Formulary ID: 25382, Version: 14, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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

Drug Name	Requirements/Limits
<i>famotidine suspension reconstituted</i>	
<i>famotidine tablet 20mg, 40mg</i>	
<i>nizatidine</i>	
<b>Protectants</b>	
<i>misoprostol</i>	
<i>sucralfate tablet</i>	
<i>sucralfate suspension</i>	
<b>Proton Pump Inhibitors</b>	
<i>esomeprazole magnesium capsule delayed release</i>	QL(60 EA per 30 days)
<i>lansoprazole capsule delayed release</i>	QL(60 EA per 30 days)
<i>omeprazole dr capsule delayed release 10mg</i>	QL(60 EA per 30 days)
<i>omeprazole capsule delayed release 10mg, 20mg, 40mg</i>	QL(60 EA per 30 days)
<i>pantoprazole sodium tablet delayed release</i>	QL(60 EA per 30 days)
<i>rabeprazole sodium</i>	QL(60 EA per 30 days)
<b>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</b>	
<b><i>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</i></b>	
<i>betaine anhydrous</i>	
CERDELGA	PA
CHOLBAM	PA
CREON CAPSULE DELAYED RELEASE PARTICLES 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	
<i>cromolyn sodium concentrate 100mg/5ml</i>	
CYSTAGON	
EVRYSDI SOLUTION RECONSTITUTED	QL(240 ML per 30 days); PA
FABRAZYME	PA
<i>l-glutamine</i>	PA
<i>miglustat</i>	PA
<i>nitisinone</i>	
ONPATTRO	PA
PROLASTIN-C	PA
PYRUKYND TAPER PACK	QL(30 EA per 30 days); PA
PYRUKYND TABLET 50MG	QL(120 EA per 30 days); PA
PYRUKYND TABLET 20MG, 5MG	QL(60 EA per 30 days); PA
REVCovi	PA
<i>sapropterin dihydrochloride</i>	PA
<i>sodium phenylbutyrate powder, tablet</i>	
SUCRAID	PA
TEGSEDI	PA
WELIREG	PA NSO
<i>yargesa</i>	PA

Formulary ID: 25382, Version: 14, Effective Date: 07/01/2025  
Last Updated: 06/02/2025

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

Drug Name	Requirements/Limits
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 252600UNIT; 60000UNIT; 189600UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	
<b>Genitourinary Agents</b>	
<i>Antispasmodics, Urinary</i>	
GELNIQUE GEL 10%	
GEMTESA	
MYRBETRIQ	
<i>oxybutynin chloride er</i>	
<i>oxybutynin chloride solution</i>	
<i>oxybutynin chloride tablet 5mg</i>	
<i>solifenacin succinate</i>	
<i>tolterodine tartrate</i>	
<i>tolterodine tartrate er</i>	
<i>tropium chloride</i>	
<i>tropium chloride er</i>	
<b><i>Benign Prostatic Hypertrophy Agents</i></b>	
<i>alfuzosin hcl er</i>	
<i>doxazosin mesylate</i>	
<i>dutasteride capsule</i>	
<i>finasteride tablet</i>	
<i>silodosin</i>	
<i>tadalafil tablet 2.5mg, 5mg</i>	QL(30 EA per 30 days); PA
<i>tamsulosin hydrochloride</i>	
<i>terazosin hcl capsule 10mg, 1mg, 5mg</i>	
<i>terazosin hydrochloride capsule 2mg</i>	
<b><i>Genitourinary Agents, Other</i></b>	
<i>acetic acid 0.25%</i>	
<i>bethanechol chloride tablet</i>	
ELMIRON	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>	
<b><i>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</i></b>	
<i>cortisone acetate tablet 25mg</i>	
<i>dexamethasone solution</i>	
<i>dexamethasone elixir</i>	
<i>dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	
<i>fludrocortisone acetate tablet</i>	
<i>hydrocortisone tablet 10mg, 20mg, 5mg</i>	
<i>methylprednisolone dose pack tablet therapy pack</i>	
<i>methylprednisolone tablet</i>	
<i>prednisolone sodium phosphate solution 15mg/5ml</i>	
<i>prednisolone sodium phosphate solution 25mg/5ml, 5mg/5ml</i>	

Formulary ID: 25382, Version: 14, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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

Drug Name	Requirements/Limits
<i>prednisolone solution</i>	
<i>prednisone tablet therapy pack</i>	
<i>prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	
<i>triamcinolone acetonide injection 10mg/ml</i>	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>	
<b><i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i></b>	
<i>desmopressin acetate tablet</i>	
<i>desmopressin acetate solution 0.01%</i>	
GENOTROPIN	PA
GENOTROPIN MINIQUICK INJECTION 0.2MG	PA
GENOTROPIN MINIQUICK INJECTION 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	PA
INCRELEX	PA
ISTURISA TABLET 10MG	QL(180 EA per 30 days); PA
ISTURISA TABLET 1MG	QL(240 EA per 30 days); PA
ISTURISA TABLET 5MG	QL(360 EA per 30 days); PA
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)</b>	
<b><i>Androgens</i></b>	
<i>danazol capsule</i>	
<i>testosterone cypionate injection 100mg/ml, 200mg/ml</i>	PA
<i>testosterone enanthate injection</i>	PA
<i>testosterone pump</i>	PA
<i>testosterone gel 20.25mg/1.25gm, 40.5mg/2.5gm</i>	PA
<i>testosterone gel 25mg/2.5gm, 50mg/5gm</i>	PA
<b><i>Estrogens</i></b>	
<i>afirmelle</i>	
<i>altavera</i>	
<i>alyacen 1/35</i>	
<i>alyacen 7/7/7 tablet 35mcg; 0</i>	
<i>amabelz</i>	
<i>amethia</i>	QL(91 EA per 91 days)
<i>amethia lo</i>	QL(91 EA per 91 days)
<i>amethyst</i>	
<i>ashlyna</i>	QL(91 EA per 91 days)
<i>aubra eq</i>	
<i>aurovela 1.5/30</i>	
<i>aurovela 1/20</i>	
<i>aurovela fe 1.5/30</i>	
<i>aurovela fe 1/20</i>	
<i>aviane</i>	
<i>ayuna</i>	
<i>azurette</i>	
<i>balziva</i>	
<i>bekyree</i>	

Formulary ID: 25382, Version: 14, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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

Drug Name	Requirements/Limits
<i>blisovi fe 1.5/30</i>	
<i>blisovi fe 1/20</i>	
<i>briellyn</i>	
<i>camrese</i>	QL(91 EA per 91 days)
<i>camrese lo</i>	QL(91 EA per 91 days)
<i>chateal</i>	
<i>chateal eq</i>	
<b>CLIMARA PRO</b>	
<i>cryselle-28</i>	
<i>cyclafem 1/35</i>	
<i>cyclafem 7/7/7</i>	
<i>dasetta 1/35</i>	
<i>dasetta 7/7/7</i>	
<i>daysee</i>	QL(91 EA per 91 days)
<i>delyla</i>	
<i>desogestrel/ethinyl estradiol tablet 0; 0</i>	
<i>dolishale</i>	
<b>DOTTI</b>	
<i>elinest</i>	
<i>eluryng</i>	
<i>enilloring</i>	
<i>enpresse-28</i>	
<i>estarylla</i>	
<i>estradiol/norethindrone acetate</i>	
<i>estradiol gel 0.25mg/0.25gm, 0.5mg/0.5gm, 0.75mg/0.75gm, 1.25mg/1.25gm, 1mg/gm</i>	
<i>estradiol cream, oral tablet</i>	
<i>estradiol patch weekly</i>	
<i>estradiol patch twice weekly, vaginal tablet</i>	
<b>ESTRING</b>	QL(1 EA per 90 days)
<i>ethynodiol diacetate/ethinyl estradiol</i>	
<i>etonogestrel/ethinyl estradiol</i>	
<i>falmina</i>	
<i>fayosim</i>	QL(91 EA per 91 days)
<i>feirza 1.5/30</i>	
<i>feirza 1/20</i>	
<i>femynor</i>	
<b>FYAVOLV</b>	
<i>hailey 1.5/30</i>	
<i>hailey fe 1.5/30</i>	
<i>hailey fe 1/20</i>	
<i>haloette</i>	
<i>iclevia</i>	QL(91 EA per 91 days)
<i>introvale</i>	QL(91 EA per 91 days)
<i>jaimiess</i>	QL(91 EA per 91 days)

Formulary ID: 25382, Version: 14, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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

Drug Name	Requirements/Limits
<i>jinteli</i>	
<i>jolessa</i>	QL(91 EA per 91 days)
<i>junel 1.5/30</i>	
<i>junel 1/20</i>	
<i>junel fe 1.5/30</i>	
<i>junel fe 1/20</i>	
<i>kariva</i>	
<i>kelnor 1/35</i>	
<i>kelnor 1/50</i>	
<i>kimidess</i>	
<i>kurvelo</i>	
<i>larin 1.5/30</i>	
<i>larin 1/20</i>	
<i>larin fe 1.5/30</i>	
<i>larin fe 1/20</i>	
<i>larissia</i>	
<i>lessina</i>	
<i>levonest</i>	
<i>levonorgestrel and ethinyl estradiol tablet 20mcg; 90mcg</i>	
<i>levonorgestrel and ethinyl estradiol tablet 0; 0</i>	QL(91 EA per 91 days)
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0, 20mcg; 0.1mg</i>	
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0</i>	QL(91 EA per 91 days)
<i>levora 0.15/30-28</i>	
<i>lillow</i>	
<i>lojaimiess</i>	QL(91 EA per 91 days)
<i>lopreeza</i>	
<i>low-ogestrel</i>	
<i>lutera</i>	
<i>lyllana</i>	
<i>marlissa</i>	
<b>MENEST TABLET 2.5MG</b>	
<i>microgestin 1.5/30</i>	
<i>microgestin 1/20</i>	
<i>microgestin fe 1.5/30</i>	
<i>microgestin fe 1/20</i>	
<i>mili</i>	
<i>mimvey</i>	
<i>mimvey lo</i>	
<i>mono-lynyah</i>	
<i>mononessa</i>	
<i>necon 0.5/35-28</i>	
<i>necon 7/7/7</i>	
<i>norelgestromin/ethinyl estradiol</i>	

Formulary ID: 25382, Version: 14, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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

Drug Name	Requirements/Limits
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 20mcg; 75mg; 1mg, 30mcg; 75mg; 1.5mg</i>	
<i>norethindrone acetate/ethinyl estradiol tablet 20mcg; 1mg, 30mcg; 1.5mg</i>	
<i>norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg, 5mcg; 1mg</i>	
<i>norgestimate/ethinyl estradiol</i>	
<i>nortrel 0.5/35 (28)</i>	
<i>nortrel 1/35</i>	
<i>nortrel 7/7/7</i>	
<i>nylia 1/35</i>	
<i>nylia 7/7/7</i>	
<i>nymyo</i>	
<i>orsythia</i>	
<i>philith</i>	
<i>pimtrea</i>	
<i>pirmella 1/35</i>	
<i>pirmella 7/7/7</i>	
<i>portia-28</i>	
PREMARIN CREAM	
PREMARIN TABLET 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	
PREMPHASE	
PREMPRO	
<i>previfem</i>	
<i>rivelsa</i>	QL(91 EA per 91 days)
<i>rosyrah</i>	QL(91 EA per 91 days)
<i>setlakin</i>	QL(91 EA per 91 days)
<i>simliya</i>	
<i>simpesse</i>	QL(91 EA per 91 days)
<i>sprintec 28</i>	
<i>sronyx</i>	
<i>tarina fe 1/20</i>	
<i>tarina fe 1/20 eq</i>	
<i>tri femynor</i>	
<i>tri-estarylla</i>	
<i>tri-lynyah</i>	
<i>tri-mili</i>	
<i>tri-nymyo</i>	
<i>tri-previfem</i>	
<i>tri-sprintec</i>	
<i>tri-vylibra</i>	
<i>trinessa</i>	
<i>trivora-28</i>	
<i>turqoz</i>	
<i>valtya 1/50</i>	

Formulary ID: 25382, Version: 14, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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

Drug Name	Requirements/Limits
<i>vienva</i>	
<i>viorele</i>	
<i>volnea</i>	
<i>vyfemla</i>	
<i>vylibra</i>	
<i>wera</i>	
<i>xulane</i>	
<i>yuvafem</i>	
<i>zafemy</i>	
<i>zovia 1/35</i>	
<i>zovia 1/35e</i>	
<b>Progestins</b>	
<i>camila</i>	
<i>deblitane</i>	
DEPO-SUBQ PROVERA 104	QL(0.65 ML per 90 days)
<i>emzahh</i>	
<i>errin</i>	
<i>gallifrey</i>	
<i>heather</i>	
<i>incassia</i>	
<i>jencycla</i>	
LILETTA	
<i>lyleq</i>	
<i>lyza</i>	
<i>medroxyprogesterone acetate tablet</i>	
<i>medroxyprogesterone acetate injection</i>	QL(1 ML per 90 days)
<i>megestrol acetate tablet</i>	
<i>megestrol acetate suspension 40mg/ml</i>	
<i>megestrol acetate suspension 625mg/5ml</i>	
NEXPLANON	
<i>nora-be</i>	
<i>norethindrone acetate tablet</i>	
<i>norethindrone tablet</i>	
<i>norlyda</i>	
<i>norlyroc</i>	
<i>progesterone capsule</i>	
<i>sharobel</i>	
<i>tulana</i>	
<b>Selective Estrogen Receptor Modifying Agents</b>	
OSPHENA	QL(30 EA per 30 days); PA
<i>raloxifene hydrochloride</i>	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>	
ADTHYZA TABLET 120MG, 15MG, 30MG, 60MG, 90MG	
ARMOUR THYROID	

Formulary ID: 25382, Version: 14, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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

Drug Name	Requirements/Limits
EUTHYROX TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	
LEVO-T	
<i>levothyroxine sodium tablet</i>	
LEVOXYL TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	
<i>liothyronine sodium tablet</i>	
NIVA THYROID	
<i>np thyroid 120</i>	
<i>np thyroid 15</i>	
<i>np thyroid 30</i>	
<i>np thyroid 60</i>	
<i>np thyroid 90</i>	
RENTHYROID	
SYNTHROID TABLET	
THYROID TABLET 120MG, 15MG, 30MG, 60MG, 90MG	
UNITHROID	
<b>Hormonal Agents, Suppressant (Adrenal or Pituitary)</b>	
<b><i>Hormonal Agents, Suppressant (Adrenal or Pituitary)</i></b>	
<i>cabergoline</i>	
FIRMAGON INJECTION 80MG	QL(1 EA per 28 days); PA NSO
FIRMAGON INJECTION 120MG/VIAL	QL(4 EA per 365 days); PA NSO
<i>leuprolide acetate injection 1mg/0.2ml</i>	PA NSO
LUPRON DEPOT (1-MONTH)	QL(1 EA per 28 days); PA NSO
LUPRON DEPOT (3-MONTH)	QL(1 EA per 84 days); PA NSO
LUPRON DEPOT (4-MONTH)	QL(1 EA per 112 days); PA NSO
LUPRON DEPOT (6-MONTH)	QL(1 EA per 168 days); PA NSO
LUPRON DEPOT-PED (1-MONTH)	QL(1 EA per 28 days); PA
LUPRON DEPOT-PED (3-MONTH)	QL(1 EA per 84 days); PA
<i>mifepristone tablet 200mg</i>	
<i>mifepristone tablet 300mg</i>	QL(120 EA per 30 days); PA
<i>octreotide acetate injection 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	PA
<i>octreotide acetate injection 1000mcg/ml, 500mcg/ml</i>	PA
ORGOVYX	PA NSO
SIGNIFOR	QL(60 ML per 30 days); PA
SOMAVERT	PA
TRELSTAR MIXJECT INJECTION 22.5MG	QL(1 EA per 168 days); PA NSO
TRELSTAR MIXJECT INJECTION 11.25MG	QL(1 EA per 84 days); PA NSO
<b>Hormonal Agents, Suppressant (Thyroid)</b>	
<b><i>Antithyroid Agents</i></b>	
<i>methimazole tablet 10mg, 5mg</i>	
<i>propylthiouracil tablet</i>	
<b>Immunological Agents</b>	
<b><i>Angioedema Agents</i></b>	
CINRYZE	PA

Formulary ID: 25382, Version: 14, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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

Drug Name	Requirements/Limits
<i>icatibant acetate</i>	PA
<i>sajazir</i>	PA
<b><i>Immunoglobulins</i></b>	
BIVIGAM INJECTION 10%, 5GM/50ML	PA
CUVITRU INJECTION 8GM/40ML	PA
GAMASTAN	PA
HIZENTRA	PA
HYPERHEP B	B/D
PRIVIGEN	PA
<b><i>Immunological Agents, Other</i></b>	
BENLYSTA	PA
COSENTYX SENSOREADY PEN	QL(10 ML per 28 days); PA
COSENTYX UNOREADY	QL(10 ML per 28 days); PA
COSENTYX INJECTION 125MG/5ML	PA
COSENTYX INJECTION 150MG/ML, 75MG/0.5ML	QL(10 ML per 28 days); PA
DUPIXENT INJECTION 100MG/0.67ML	QL(1.34 ML per 28 days); PA
DUPIXENT INJECTION 200MG/1.14ML	QL(4.56 ML per 28 days); PA
DUPIXENT INJECTION 300MG/2ML	QL(8 ML per 28 days); PA
EMPAVELI	PA
KINERET	PA
ORENCIA CLICKJECT	QL(4 ML per 28 days); PA
ORENCIA INJECTION 50MG/0.4ML	QL(1.6 ML per 28 days); PA
ORENCIA INJECTION 87.5MG/0.7ML	QL(2.8 ML per 28 days); PA
ORENCIA INJECTION 125MG/ML	QL(4 ML per 28 days); PA
OTEZLA TABLET THERAPY PACK 0	QL(110 EA per 365 days); PA
RINVOQ	QL(30 EA per 30 days); PA
RINVOQ LQ	QL(360 ML per 30 days); PA
SKYRIZI PEN	QL(1 ML per 28 days); PA
SKYRIZI INJECTION 75MG/0.83ML	PA
SKYRIZI INJECTION 150MG/ML	QL(1 ML per 28 days); PA
SKYRIZI INJECTION 180MG/1.2ML	QL(1.2 ML per 56 days); PA
SKYRIZI INJECTION 360MG/2.4ML	QL(2.4 ML per 56 days); PA
SKYRIZI INJECTION 600MG/10ML	QL(30 ML per 365 days); PA
STEQEYMA INJECTION 45MG/0.5ML	QL(3 ML per 84 days); PA
STEQEYMA INJECTION 130MG/26ML	QL(104 ML per 365 days); PA
STEQEYMA INJECTION 90MG/ML	QL(3 ML per 84 days); PA
TAVNEOS	QL(180 EA per 30 days); PA
VEOPOZ	PA
WEZLANA INJECTION 130MG/26ML	QL(104 ML per 365 days); PA
WEZLANA INJECTION 45MG/0.5ML, 90MG/ML	QL(3 ML per 84 days); PA
XELJANZ XR	QL(30 EA per 30 days); PA
XELJANZ SOLUTION	QL(300 ML per 30 days); PA
XELJANZ TABLET	QL(60 EA per 30 days); PA
XOLAIR	PA
<b><i>Immunostimulants</i></b>	

Formulary ID: 25382, Version: 14, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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

Drug Name	Requirements/Limits
ACTIMMUNE	PA NSO
BESREMI	PA NSO
PEGASYS INJECTION 180MCG/ML	PA
<i>Immunosuppressants</i>	
ADALIMUMAB-AATY 1-PEN KIT INJECTION 80MG/0.8ML	QL(3 EA per 28 days); PA
ADALIMUMAB-AATY 1-PEN KIT INJECTION 40MG/0.4ML	QL(6 EA per 28 days); PA
ADALIMUMAB-AATY 2-PEN KIT	QL(6 EA per 28 days); PA
ADALIMUMAB-AATY 2-SYRINGE KIT INJECTION 20MG/0.2ML	QL(1 EA per 28 days); PA
ADALIMUMAB-AATY 2-SYRINGE KIT INJECTION 40MG/0.4ML	QL(3 EA per 28 days); PA
<i>adalimumab-aaty cd/uc/hs starter</i>	QL(3 EA per 28 days); PA
ADALIMUMAB-ADB M CROHNS/UC/HS STARTER	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADB M PSORIASIS/UVEITIS STARTER	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADB M STARTER PACKAGE FOR CROHNS DISEASE/UC/HS	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADB M STARTER PACKAGE FOR PSORIASIS/UVEITIS	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADB M INJECTION 10MG/0.2ML, 20MG/0.4ML	QL(2 EA per 28 days); PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADB M INJECTION 40MG/0.4ML, 40MG/0.8ML	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only
ASTAGRAF XL	B/D
<i>azathioprine tablet 50mg</i>	B/D
<i>cyclosporine modified</i>	B/D
<i>cyclosporine capsule 100mg, 25mg</i>	B/D
ENBREL MINI	QL(8 ML per 28 days); PA
ENBREL SURECLICK	QL(8 ML per 28 days); PA
ENBREL INJECTION 25MG	PA
ENBREL INJECTION 25MG/0.5ML	QL(4 ML per 28 days); PA
ENBREL INJECTION 50MG/ML	QL(8 ML per 28 days); PA
ENVARUS XR TABLET EXTENDED RELEASE 24 HOUR 0.75MG, 1MG	B/D
ENVARUS XR TABLET EXTENDED RELEASE 24 HOUR 4MG	B/D
<i>everolimus tablet 0.25mg, 0.5mg, 0.75mg, 1mg</i>	B/D
<i>gengraf capsule 100mg, 25mg</i>	B/D
<i>gengraf solution</i>	B/D

Formulary ID: 25382, Version: 14, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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

Drug Name	Requirements/Limits
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 0	QL(4 EA per 365 days); PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 80MG/0.8ML	QL(6 EA per 365 days); PA
HUMIRA PEN-CD/UC/HS STARTER INJECTION 80MG/0.8ML	QL(4 EA per 28 days); PA
HUMIRA PEN-CD/UC/HS STARTER INJECTION 40MG/0.8ML	QL(6 EA per 28 days); PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK	QL(4 EA per 28 days); PA
HUMIRA PEN-PS/UV STARTER INJECTION 40MG/0.8ML	QL(6 EA per 28 days); PA
HUMIRA PEN-PS/UV STARTER INJECTION 0	QL(6 EA per 365 days); PA
HUMIRA PEN INJECTION 80MG/0.8ML	QL(4 EA per 28 days); PA; Abbvie labeled products only
HUMIRA PEN INJECTION 40MG/0.8ML	QL(6 EA per 28 days); PA
HUMIRA PEN INJECTION 40MG/0.4ML	QL(6 EA per 28 days); PA; Abbvie labeled products only
HUMIRA INJECTION 10MG/0.1ML, 20MG/0.2ML	QL(2 EA per 28 days); PA; Abbvie labeled products only
HUMIRA INJECTION 40MG/0.8ML	QL(6 EA per 28 days); PA
HUMIRA INJECTION 40MG/0.4ML	QL(6 EA per 28 days); PA; Abbvie labeled products only
INFLECTRA	PA
INFLIXIMAB	PA
JYLAMVO	PA NSO
<i>leflunomide</i>	
<i>methotrexate sodium tablet</i>	
<i>methotrexate sodium injection 1gm/40ml, 1gm, 250mg/10ml, 50mg/2ml</i>	
<i>methotrexate injection 50mg/2ml</i>	
<i>mycophenolate mofetil capsule, tablet</i>	B/D
<i>mycophenolate mofetil suspension reconstituted</i>	B/D
<i>mycophenolic acid dr</i>	B/D
ORENCIA INJECTION 250MG	PA
PEGASYS INJECTION 180MCG/0.5ML	PA
PROGRAF PACKET	B/D
RENFLEXIS	PA
REZUROCK	QL(60 EA per 30 days); PA
SANDIMMUNE SOLUTION	B/D
<i>sirolimus solution, tablet</i>	B/D
<i>tacrolimus capsule 0.5mg, 1mg, 5mg</i>	B/D
XATMEP	PA NSO
<b>Vaccines</b>	
ABRYSVO	QL(1 EA per 252 days)
ACTHIB INJECTION 0	
ADACEL	
AREXVY	QL(1 EA per 999 days)
<i>bcg vaccine injection 50mg</i>	

Formulary ID: 25382, Version: 14, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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

Drug Name	Requirements/Limits
BEXSERO	
BOOSTRIX	
DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	
DENGVAXIA	
<i>diphtheria/tetanus toxoids adsorbed pediatric</i>	
ENGERIX-B	B/D
GARDASIL 9	
HAVRIX INJECTION 1440ELU/ML	
HAVRIX INJECTION 720ELU/0.5ML	
HEPLISAV-B	B/D
HIBERIX	
IMOVAX RABIES (H.D.C.V.)	B/D
INFANRIX	
IPOL INACTIVATED IPV	
IXCHIQ	
IXIARO	
JYNNEOS	
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	
M-M-R II	
MENACTRA	
MENQUADFI	
MENVEO	
MRESVIA	QL(0.5 ML per 999 days)
PEDIARIX INJECTION 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	
PEDVAX HIB INJECTION 7.5MCG/0.5ML	
PENBRAYA	
PENTACEL	
PREHEVBRIO	B/D
PRIORIX	
PROQUAD	
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	Pre-Filled Syringe
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	Single-dose vial
RABAVERT	B/D
RECOMBIVAX HB	B/D
ROTARIX	
ROTATEQ SOLUTION	
SHINGRIX	
STAMARIL	
TDVAX	
TENIVAC	
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT	

Formulary ID: 25382, Version: 14, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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

Drug Name	Requirements/Limits
TICOVAC INJECTION 2.4MCG/0.5ML	
TICOVAC INJECTION 1.2MCG/0.25ML	
TRUMENBA	
TWINRIX	
TYPHIM VI	
VAQTA INJECTION 50UNIT/ML	
VAQTA INJECTION 25UNIT/0.5ML	
VARIVAX	
VAXCHORA	
VAXELIS	
VIMKUNYA	
VIVOTIF	
YF-VAX	
<b>Inflammatory Bowel Disease Agents</b>	
<i><b>Aminosalicylates</b></i>	
<i>balsalazide disodium</i>	
<i>mesalamine dr tablet delayed release 1.2gm</i>	
<i>mesalamine er</i>	
<i>mesalamine enema, kit, suppository</i>	
SFROWASA	
<i>sulfasalazine tablet, tablet delayed release</i>	
<i><b>Glucocorticoids</b></i>	
<i>budesonide er</i>	
<i>budesonide capsule delayed release particles 3mg</i>	
<i>colocort</i>	
<i>hydrocortisone cream 2.5%</i>	
<i>hydrocortisone enema 100mg/60ml</i>	
<i>procto-med hc</i>	
<i>proctosol hc</i>	
<i>proctozone-hc</i>	
<b>Metabolic Bone Disease Agents</b>	
<i><b>Metabolic Bone Disease Agents</b></i>	
<i>alendronate sodium tablet 10mg, 35mg, 5mg</i>	
<i>alendronate sodium tablet 70mg</i>	QL(4 EA per 28 days)
<i>calcitonin-salmon solution</i>	QL(3.7 ML per 30 days)
<i>calcitriol capsule</i>	
<i>cinacalcet hydrochloride</i>	
FORTEO INJECTION 560MCG/2.24ML	PA
<i>ibandronate sodium tablet</i>	QL(1 EA per 28 days)
<i>paricalcitol capsule</i>	
PROLIA	QL(2 ML per 365 days)
RAYALDEE	
<i>risedronate sodium tablet 30mg, 5mg</i>	
<i>risedronate sodium tablet 150mg</i>	QL(1 EA per 28 days)
<i>risedronate sodium tablet 35mg</i>	QL(4 EA per 28 days)

Formulary ID: 25382, Version: 14, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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

Drug Name	Requirements/Limits
<i>teriparatide</i>	PA
TYMLOS	PA
XGEVA	PA
<b>Miscellaneous Therapeutic Agents</b>	
<i>Miscellaneous Therapeutic Agents</i>	
ALCOHOL PREP PADS	
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	QL(200 EA per 30 days)
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	QL(200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	QL(200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	QL(200 EA per 30 days)
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	QL(200 EA per 30 days)
<i>bd veo insulin syringe ultra-fine/0.3ml/31g x 6mm</i>	QL(200 EA per 30 days)
CURITY GAUZE PADS 2"X2" 12 PLY	
EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 1/2"	QL(200 EA per 30 days)
EASY COMFORT PEN NEEDLES 29GX4MM	QL(200 EA per 30 days)
ELLA	
NUTRILIPID	B/D
OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5)	QL(1 EA per 365 days)
OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5)	QL(30 EA per 30 days)
OMNIPOD 5 G7 INTRO KIT (GEN 5)	QL(1 EA per 365 days)
OMNIPOD 5 G7 PODS (GEN 5)	QL(30 EA per 30 days)
OMNIPOD 5 LIBRE2 PLUS G6	QL(1 EA per 365 days)
OMNIPOD 5 LIBRE2 PLUS G6 PODS	QL(30 EA per 30 days)
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	QL(1 EA per 365 days)
OMNIPOD CLASSIC PODS (GEN 3)	QL(30 EA per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4)	QL(1 EA per 365 days)
OMNIPOD DASH PDM KIT (GEN 4)	QL(1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4)	QL(30 EA per 30 days)
OMNIPOD GO 10 UNITS/DAY	QL(10 EA per 30 days)
OMNIPOD GO 15 UNITS/DAY	QL(10 EA per 30 days)
OMNIPOD GO 20 UNITS/DAY	QL(10 EA per 30 days)
OMNIPOD GO 25 UNITS/DAY	QL(10 EA per 30 days)
OMNIPOD GO 30 UNITS/DAY	QL(10 EA per 30 days)
OMNIPOD GO 35 UNITS/DAY	QL(10 EA per 30 days)
OMNIPOD GO 40 UNITS/DAY	QL(10 EA per 30 days)
RIVFLOZA INJECTION 128MG/0.8ML	QL(0.8 ML per 28 days); PA
RIVFLOZA INJECTION 160MG/ML, 80MG/0.5ML	QL(1 ML per 28 days); PA
SKYCLARYS	QL(90 EA per 30 days); PA
<i>sodium chloride 0.9%</i>	
<i>ulticare micro pen needles/32g x 5/32"</i>	QL(200 EA per 30 days)
<i>unifine pentips 32gx6mm</i>	QL(200 EA per 30 days)
V-GO 20	
V-GO 30	
V-GO 40	
VISTOGARD	

Formulary ID: 25382, Version: 14, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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

Drug Name	Requirements/Limits
ZOKINVY	QL(120 EA per 30 days); PA
<b>Ophthalmic Agents</b>	
<b><i>Ophthalmic Agents, Other</i></b>	
<i>atropine sulfate solution 1%</i>	
<i>bacitracin/polymyxin b</i>	
<i>brimonidine tartrate/timolol maleate</i>	
COMBIGAN	
<i>cyclosporine emulsion 0.05%</i>	
CYSTARAN	QL(60 ML per 28 days)
<i>dorzolamide hcl/timolol maleate</i>	
<i>neo-polycin</i>	
<i>neo-polycin hc</i>	
<i>neomycin/bacitracin/polymyxin</i>	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	
<i>neomycin/polymyxin/bacitracin ointment 400unit/gm; 3.5mg/gm; 10000unit/gm</i>	
<i>neomycin/polymyxin/dexamethasone</i>	
<i>neomycin/polymyxin/gramicidin</i>	
<i>polycin</i>	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	
RESTASIS	
RESTASIS MULTIDOSE	
ROCKLATAN	QL(2.5 ML per 25 days)
SIMBRINZA	
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	
TOBRADEX ST	
TOBRADEX OINTMENT	
<i>tobramycin/dexamethasone</i>	
XIIDRA	QL(60 EA per 30 days)
ZYLET	
<b><i>Ophthalmic Anti-allergy Agents</i></b>	
<i>azelastine hcl ophthalmic solution 0.05%</i>	
<i>cromolyn sodium solution 4%</i>	
<i>olopatadine hydrochloride</i>	
<b><i>Ophthalmic Anti-Infectives</i></b>	
<i>bacitracin</i>	
BESIVANCE	
<i>ciprofloxacin hydrochloride solution 0.3%</i>	
<i>erythromycin ointment 5mg/gm</i>	
<i>gatifloxacin</i>	
<i>gentak ointment</i>	
<i>gentamicin sulfate ophthalmic solution 0.3%</i>	
<i>levofloxacin ophthalmic solution 0.5%</i>	
<i>moxifloxacin hydrochloride solution 0.5%</i>	
NATACYN	

Formulary ID: 25382, Version: 14, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>ofloxacin ophthalmic solution 0.3%</i>	
<i>sulfacetamide sodium solution</i>	
<i>sulfacetamide sodium ointment</i>	
<i>tobramycin solution 0.3%</i>	
<i>trifluridine</i>	
XDEMVI	QL(10 ML per 42 days)
ZIRGAN	
<b><i>Ophthalmic Anti-inflammatories</i></b>	
<i>bromfenac sodium solution 0.07%</i>	QL(12 ML per 365 days)
<i>dexamethasone sodium phosphate solution</i>	
<i>diclofenac sodium ophthalmic solution 0.1%</i>	
FLAREX	
<i>fluorometholone</i>	
<i>flurbiprofen sodium</i>	
ILEVRO	QL(4 ML per 30 days)
<i>ketorolac tromethamine ophthalmic solution 0.5%</i>	
<i>ketorolac tromethamine ophthalmic solution 0.4%</i>	
LOTEMAX SM	QL(20 GM per 365 days)
<i>prednisolone acetate</i>	
<b><i>Ophthalmic Beta-Adrenergic Blocking Agents</i></b>	
<i>betaxolol hcl solution 0.5%</i>	
<i>carteolol hcl</i>	
<i>levobunolol hcl solution 0.5%</i>	
<i>timolol maleate solution 0.25%, 0.5%</i>	
<b><i>Ophthalmic Intraocular Pressure Lowering Agents, Other</i></b>	
<i>acetazolamide</i>	
<i>acetazolamide er</i>	
BRIMONIDINE TARTRATE SOLUTION 0.1%	
<i>brimonidine tartrate solution 0.2%</i>	
<i>brinzolamide</i>	
<i>dorzolamide hydrochloride</i>	
<i>methazolamide tablet</i>	
<i>pilocarpine hcl solution 1%, 2%, 4%</i>	
<i>pilocarpine hydrochloride solution 1%, 2%, 4%</i>	
RHOPRESSA	QL(2.5 ML per 25 days)
<b><i>Ophthalmic Prostaglandin and Prostanoid Analogs</i></b>	
<i>latanoprost solution</i>	
LUMIGAN	QL(2.5 ML per 25 days)
VYZULTA	QL(5 ML per 25 days)
<b>Otic Agents</b>	
<b><i>Otic Agents</i></b>	
<i>acetic acid</i>	
<i>ciprofloxacin/dexamethasone</i>	
<i>hydrocortisone/acetic acid</i>	
<i>neomycin/polymyxin/hc</i>	

Formulary ID: 25382, Version: 14, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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

Drug Name	Requirements/Limits
<i>neomycin/polymyxin/hydrocortisone suspension</i>	
<i>ofloxacin otic solution 0.3%</i>	
<b>Respiratory Tract/Pulmonary Agents</b>	
<b><i>Anti-inflammatories, Inhaled Corticosteroids</i></b>	
ARNUITY ELLIPTA	QL(30 EA per 30 days)
ASMANEX HFA	QL(13 GM per 30 days)
ASMANEX TWISTHALER 120 METERED DOSES	QL(1 EA per 30 days)
ASMANEX TWISTHALER 14 METERED DOSES	QL(1 EA per 30 days)
ASMANEX TWISTHALER 30 METERED DOSES	QL(1 EA per 30 days)
ASMANEX TWISTHALER 60 METERED DOSES	QL(1 EA per 30 days)
<i>budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	QL(120 ML per 30 days); B/D
<i>flunisolide solution 0.025%</i>	QL(50 ML per 30 days)
<i>fluticasone propionate suspension 50mcg/act</i>	
<i>mometasone furoate suspension 50mcg/act</i>	QL(34 GM per 30 days)
QVAR REDHALER	QL(21.2 GM per 30 days)
<b><i>Antihistamines</i></b>	
<i>azelastine hcl nasal solution 0.15%</i>	QL(60 ML per 30 days)
<i>azelastine hydrochloride solution 0.1%</i>	QL(60 ML per 30 days)
<i>cyproheptadine hydrochloride tablet</i>	
<i>diphenhydramine hydrochloride injection</i>	
<i>hydroxyzine hcl tablet 50mg</i>	
<i>hydroxyzine hydrochloride syrup</i>	
<i>hydroxyzine hydrochloride tablet 10mg, 25mg</i>	
<i>hydroxyzine pamoate capsule</i>	
<i>levocetirizine dihydrochloride tablet</i>	
<b><i>Antileukotrienes</i></b>	
<i>montelukast sodium tablet</i>	
<i>montelukast sodium tablet chewable, packet</i>	
<i>zafirlukast</i>	
<b><i>Bronchodilators, Anticholinergic</i></b>	
ATROVENT HFA	QL(25.8 GM per 30 days)
INCRUSE ELLIPTA	QL(30 EA per 30 days)
<i>ipratropium bromide nasal solution</i>	
<i>ipratropium bromide inhalation solution</i>	QL(312.5 ML per 30 days); B/D
SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5MCG/ACT	
SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25MCG/ACT	QL(8 GM per 30 days)
<i>tiotropium bromide</i>	QL(30 EA per 30 days)
YUPELRI	QL(90 ML per 30 days); B/D
<b><i>Bronchodilators, Sympathomimetic</i></b>	
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	QL(13.4 GM per 30 days)
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	QL(17 GM per 30 days)
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	QL(48 GM per 30 days)
<i>albuterol sulfate nebulization solution 2.5mg/0.5ml</i>	QL(100 EA per 30 days); B/D
<i>albuterol sulfate nebulization solution 0.083%</i>	QL(525 ML per 30 days); B/D
<i>albuterol sulfate nebulization solution 0.63mg/3ml, 1.25mg/3ml</i>	QL(375 ML per 30 days); B/D

Formulary ID: 25382, Version: 14, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>arformoterol tartrate</i>	QL(120 ML per 30 days); PA
<i>epinephrine injection 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	
<i>formoterol fumarate nebulization solution</i>	QL(120 ML per 30 days); B/D
<i>levalbuterol hcl nebulization solution 1.25mg/3ml</i>	QL(270 ML per 30 days); B/D
<i>levalbuterol hcl nebulization solution 0.31mg/3ml, 0.63mg/3ml</i>	QL(540 ML per 30 days); B/D
<i>levalbuterol hydrochloride nebulization solution 0.63mg/3ml</i>	QL(540 ML per 30 days); B/D
<i>levalbuterol tartrate hfa</i>	QL(30 GM per 30 days)
<i>levalbuterol nebulization solution</i>	QL(90 EA per 30 days); B/D
PROAIR RESPICLICK	QL(2 EA per 30 days)
SEREVENT DISKUS	QL(60 EA per 30 days)
<b><i>Cystic Fibrosis Agents</i></b>	
CAYSTON	PA
KALYDECO PACKET	QL(56 EA per 28 days); PA
KALYDECO TABLET	QL(60 EA per 30 days); PA
ORKAMBI TABLET	QL(112 EA per 28 days); PA
PULMOZYME	PA
TOBI PODHALER	QL(224 EA per 56 days)
<i>tobramycin nebulization solution 300mg/5ml</i>	B/D
TRIKAFTA TABLET THERAPY PACK 100MG; 0; 50MG	QL(84 EA per 28 days); PA
<b><i>Mast Cell Stabilizers</i></b>	
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	B/D
<b><i>Phosphodiesterase Inhibitors, Airways Disease</i></b>	
<i>roflumilast</i>	PA
<i>theophylline er tablet extended release 24 hour</i>	
<i>theophylline er tablet extended release 12 hour 300mg, 450mg</i>	
<b><i>Pulmonary Antihypertensives</i></b>	
ADEMPAS	QL(90 EA per 30 days); PA
<i>alyq</i>	QL(60 EA per 30 days); PA
<i>ambrisentan</i>	QL(30 EA per 30 days); PA
OPSUMIT	QL(30 EA per 30 days); PA
ORENITRAM TITRATION KIT MONTH 1	QL(336 EA per 365 days); PA
ORENITRAM TITRATION KIT MONTH 2	QL(672 EA per 365 days); PA
ORENITRAM TITRATION KIT MONTH 3	QL(504 EA per 365 days); PA
ORENITRAM TABLET EXTENDED RELEASE 0.125MG	PA
ORENITRAM TABLET EXTENDED RELEASE 0.25MG, 1MG, 2.5MG, 5MG	PA
<i>sildenafil citrate tablet</i>	QL(90 EA per 30 days); PA; (20mg)
<i>tadalafil tablet 20mg</i>	QL(60 EA per 30 days); PA
VENTAVIS	QL(270 ML per 30 days); PA
<b><i>Pulmonary Fibrosis Agents</i></b>	
OFEV	PA
<i>pirfenidone</i>	PA
<b><i>Respiratory Tract Agents, Other</i></b>	
ADVAIR HFA	QL(24 GM per 30 days)
AIRSUPRA	QL(32.1 GM per 30 days)

Formulary ID: 25382, Version: 14, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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

Drug Name	Requirements/Limits
ANORO ELLIPTA	QL(60 EA per 30 days)
BREO ELLIPTA	QL(60 EA per 30 days)
<i>brey-na</i>	QL(10.3 GM per 30 days)
BREZTRI AEROSPHERE	QL(23.6 GM per 28 days)
BRONCHITOL	QL(560 EA per 28 days); PA
COMBIVENT RESPIMAT	QL(8 GM per 30 days)
DULERA AEROSOL 5MCG/ACT; 50MCG/ACT	QL(13 GM per 30 days); PA
DULERA AEROSOL 5MCG/ACT; 100MCG/ACT, 5MCG/ACT; 200MCG/ACT	QL(17.6 GM per 30 days); PA
FASENRA PEN	PA
FASENRA INJECTION 10MG/0.5ML	PA
FASENRA INJECTION 30MG/ML	PA
<i>fluticasone propionate/salmeterol diskus</i>	QL(60 EA per 30 days)
<i>fluticasone propionate/salmeterol aerosol powder breath activated 500mcg/act; 50mcg/act</i>	QL(60 EA per 30 days)
<i>ipratropium bromide/albuterol sulfate</i>	QL(540 ML per 30 days); B/D
NUCALA INJECTION 40MG/0.4ML	QL(0.4 ML per 28 days); PA
NUCALA INJECTION 100MG	QL(3 EA per 28 days); PA
NUCALA INJECTION 100MG/ML	QL(3 ML per 28 days); PA
STIOLTO RESPIMAT	QL(24 GM per 30 days)
TRELEGY ELLIPTA	QL(60 EA per 30 days)
<i>wixela inhub</i>	QL(60 EA per 30 days)
<b>Skeletal Muscle Relaxants</b>	
<i>Skeletal Muscle Relaxants</i>	
<i>cyclobenzaprine hydrochloride tablet 10mg, 5mg</i>	PA
<i>methocarbamol tablet 500mg, 750mg</i>	
<i>orphenadrine citrate er</i>	
<b>Sleep Disorder Agents</b>	
<i>Sleep Promoting Agents</i>	
BELSOMRA	QL(30 EA per 30 days)
<i>eszopiclone</i>	QL(30 EA per 30 days)
<i>ramelteon</i>	QL(30 EA per 30 days)
<i>temazepam capsule 15mg, 30mg</i>	QL(30 EA per 30 days)
<i>zaleplon capsule 5mg</i>	QL(30 EA per 30 days)
<i>zaleplon capsule 10mg</i>	QL(60 EA per 30 days)
<i>zolpidem tartrate er</i>	QL(30 EA per 30 days)
<i>zolpidem tartrate tablet</i>	QL(30 EA per 30 days)
<i>Wakefulness Promoting Agents</i>	
<i>armodafinil tablet 150mg, 200mg, 250mg</i>	QL(30 EA per 30 days); PA
<i>armodafinil tablet 50mg</i>	QL(60 EA per 30 days); PA
<i>modafinil tablet</i>	QL(30 EA per 30 days); PA
<i>sodium oxybate</i>	QL(540 ML per 30 days); PA

Formulary ID: 25382, Version: 14, Effective Date: 07/01/2025  
Last Updated: 06/02/2025

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

# Index of Drugs

Drug Name	Page #	Drug Name	Page #
		ADTHYZA	55
		ADV AIR HFA	66
		<i>afirmelle</i>	51
		AIMOVIG	22
		AIRSUPRA	66
		AKEEGA	23
		ALA-CORT	44
		<i>albendazole</i>	27
		<i>albuterol sulfate</i>	65
		<i>albuterol sulfate hfa</i>	65
		<i>alclometasone dipropionate</i>	44
		ALCOHOL PREP PADS	62
		ALECENSA	24
		<i>alendronate sodium</i>	61
		<i>alfuzosin hcl er</i>	50
		ALINIA	27
		<i>aliskiren</i>	39
		<i>allopurinol</i>	22
		<i>alose tron hydrochloride</i>	48
		<i>alprazolam</i>	33
		<i>altavera</i>	51
		ALUNBRIG	24
		<i>alyacen 1/35</i>	51
		<i>alyacen 7/7/7</i>	51
		<i>alyq</i>	66
		<i>amabelz</i>	51
		<i>amantadine hcl</i>	33
		<i>ambrisentan</i>	66
		<i>amethia</i>	51
		<i>amethia lo</i>	51
		<i>amethyst</i>	51
		<i>amikacin sulfate</i>	13
		<i>amiloride hcl</i>	40
		<i>amiloride/hydrochlorothiazide</i>	39
		AMINOSYN II	46
		AMINOSYN-PF	46
		<i>amiodarone hydrochloride</i>	38
		<i>amitriptyline hcl</i>	20
		<i>amitriptyline hydrochloride</i>	20
		<i>amlodipine besylate</i>	39
		<i>amlodipine besylate/benazepril</i>	39
		<i>hydrochloride</i>	
		<i>amlodipine besylate/valsartan</i>	39
		<i>amlodipine/olmesartan medoxomil</i>	39
		<i>ammonium lactate</i>	44
		<i>amnestem</i>	44
<b>Drug Name</b>	<b>Page #</b>		
<i>abacavir</i>	31		
<i>abacavir sulfate/lamivudine</i>	31		
<i>abacavir sulfate/lamivudine/zidovudine</i>	31		
ABELCET	21		
ABILIFY MAINTENA	29		
<i>abiraterone acetate</i>	23		
<i>abirtega</i>	23		
ABRYSVO	59		
<i>acamprosate calcium dr</i>	12		
<i>acarbose</i>	34		
ACCUTANE	44		
<i>acebutolol hcl</i>	38		
<i>acebutolol hydrochloride</i>	38		
<i>acetaminophen/codeine</i>	11		
<i>acetaminophen/codeine phosphate</i>	11		
<i>acetazolamide</i>	64		
<i>acetazolamide er</i>	64		
<i>acetic acid</i>	64		
<i>acetic acid 0.25%</i>	50		
<i>acitretin</i>	44		
ACTHIB	59		
ACTIMMUNE	58		
<i>acyclovir</i>	33		
<i>acyclovir</i>	46		
<i>acyclovir sodium</i>	33		
ADACEL	59		
ADALIMUMAB-AATY 1-PEN KIT	58		
ADALIMUMAB-AATY 2-PEN KIT	58		
ADALIMUMAB-AATY 2-SYRINGE KIT	58		
<i>adalimumab-aaty cd/uc/hs starter</i>	58		
ADALIMUMAB-ADBM	58		
ADALIMUMAB-ADBM CROHNS/UC/HS	58		
STARTER			
ADALIMUMAB-ADBM	58		
PSORIASIS/UEVITIS STARTER			
ADALIMUMAB-ADBM STARTER	58		
PACKAGE FOR CROHNS			
DISEASE/UC/HS			
ADALIMUMAB-ADBM STARTER	58		
PACKAGE FOR PSORIASIS/UEVITIS			
ADBRY	44		
<i>adefovir dipivoxil</i>	30		
ADEMPAS	66		

Formulary ID: 25382, Version: 14, Effective Date: 07/01/2025

Last Updated: 06/02/2025

Drug Name	Page #	Drug Name	Page #
<i>amoxapine</i>	20	<i>atomoxetine hydrochloride</i>	42
<i>amoxicillin</i>	15	<i>atorvastatin calcium</i>	40
<i>amoxicillin/clavulanate potassium</i>	14	<i>atovaquone</i>	27
<i>amoxicillin/clavulanate potassium er</i>	14	<i>atovaquone/proguanil hcl</i>	27
<i>amphetamine/dextroamphetamine</i>	41	<i>atovaquone/proguanil hydrochloride</i>	27
<i>amphotericin b</i>	21	<i>atropine sulfate</i>	63
<i>amphotericin b liposome</i>	21	ATROVENT HFA	65
<i>ampicillin</i>	15	<i>aubra eq</i>	51
<i>ampicillin sodium</i>	15	AUGMENTIN	15
<i>ampicillin/sulbactam</i>	15	AUGTYRO	24
<i>ampicillin-sulbactam</i>	15	<i>aurovela 1.5/30</i>	51
<i>anagrelide hydrochloride</i>	36	<i>aurovela 1/20</i>	51
<i>anastrozole</i>	24	<i>aurovela fe 1.5/30</i>	51
ANORO ELLIPTA	67	<i>aurovela fe 1/20</i>	51
<i>aprepitant</i>	21	AUSTEDO	42
APTIOM	18	AUSTEDO XR	42
APTIVUS	32	AUSTEDO XR PATIENT TITRATION	42
AREXVY	59	KIT	
<i>arformoterol tartrate</i>	66	AUVELITY	19
ARIKAYCE	13	<i>aviane</i>	51
<i>aripiprazole</i>	29	AVMAPKI FAKZYNJA CO-PACK	24
<i>aripiprazole odt</i>	29	AVONEX	43
ARISTADA	29	AVONEX PEN	43
ARISTADA INITIO	29	<i>ayuna</i>	51
<i>armodafinil</i>	67	AYVAKIT	24
ARMOUR THYROID	55	<i>azathioprine</i>	58
ARNUITY ELLIPTA	65	<i>azelaic acid</i>	44
<i>asenapine maleate sl</i>	29	<i>azelastine hcl</i>	63
<i>ashlyna</i>	51	<i>azelastine hcl</i>	65
ASMANEX HFA	65	<i>azelastine hydrochloride</i>	65
ASMANEX TWISTHALER 120	65	<i>azithromycin</i>	15
METERED DOSES		<i>aztreonam</i>	13
ASMANEX TWISTHALER 14 METERED	65	<i>azurette</i>	51
DOSES		<i>bacitracin</i>	63
ASMANEX TWISTHALER 30 METERED	65	<i>bacitracin/polymyxin b</i>	63
DOSES		<i>baclofen</i>	30
ASMANEX TWISTHALER 60 METERED	65	<i>balsalazide disodium</i>	61
DOSES		BALVERSA	24
<i>aspirin/dipyridamole</i>	37	<i>balziva</i>	51
<i>aspirin/dipyridamole er</i>	37	BAQSIMI ONE PACK	35
ASTAGRAF XL	58	BAQSIMI TWO PACK	35
<i>atazanavir</i>	32	BARACLUDE	30
<i>atazanavir sulfate</i>	32	<i>bcg vaccine</i>	59
<i>atenolol</i>	38	BD INSULIN SYRINGE	62
<i>atenolol/chlorthalidone</i>	39	SAFETYGLIDE/1ML/29G X 1/2"	
<i>atomoxetine</i>	42		

Formulary ID: 25382, Version: 14, Effective Date: 07/01/2025

Last Updated: 06/02/2025

Drug Name	Page #	Drug Name	Page #
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	62	BRIMONIDINE TARTRATE	64
BD INSULIN SYRINGE ULTRA- FINE/0.5ML/30G X 12.7MM	62	<i>brimonidine tartrate/timolol maleate</i>	63
BD INSULIN SYRINGE ULTRA- FINE/1ML/31G X 8MM	62	<i>brinzolamide</i>	64
BD PEN NEEDLE/ORIGINAL/ULTRA- FINE/29G X 12.7MM	62	BRIVIACT	16
<i>bd veo insulin syringe ultra-fine/0.3ml/31g x 6mm</i>	62	<i>bromfenac sodium</i>	64
<i>bekyree</i>	51	<i>bromocriptine mesylate</i>	28
BELSOMRA	67	BRONCHITOL	67
<i>benazepril hydrochloride</i>	37	BRUKINSA	24
<i>benazepril</i>	39	<i>budesonide</i>	61
<i>hydrochloride/hydrochlorothiazide</i>		<i>budesonide</i>	65
BENLYSTA	57	<i>budesonide er</i>	61
<i>benznidazole</i>	27	<i>bumetanide</i>	40
<i>benztropine mesylate</i>	28	<i>buprenorphine</i>	11
BESIVANCE	63	<i>buprenorphine hcl</i>	12
BESREMI	58	<i>buprenorphine hcl/naloxone hcl</i>	12
<i>betaine anhydrous</i>	49	<i>buprenorphine hydrochloride/naloxone hydrochloride</i>	13
<i>betamethasone dipropionate</i>	44	<i>bupropion hydrochloride</i>	19
<i>betamethasone dipropionate augmented</i>	44	<i>bupropion hydrochloride er (sr)</i>	13
<i>betamethasone valerate</i>	44	<i>bupropion hydrochloride er (sr)</i>	19
BETASERON	43	<i>bupropion hydrochloride er (xl)</i>	19
<i>betaxolol hcl</i>	38	<i>bupirone hcl</i>	33
<i>betaxolol hcl</i>	64	<i>bupirone hydrochloride</i>	33
<i>bethanechol chloride</i>	50	<i>butalbital/acetaminophen/caffeine</i>	42
<i>bexarotene</i>	27	BYDUREON BCISE	34
BEXSERO	60	BYETTA	34
<i>bicalutamide</i>	23	CABENUVA	31
BICILLIN L-A	15	<i>cabergoline</i>	56
BIKTARVY	31	CABLIVI	37
<i>bisoprolol fumarate</i>	38	CABOMETYX	24
<i>bisoprolol fumarate/hydrochlorothiazide</i>	39	<i>calcipotriene</i>	45
BIVIGAM	57	<i>calcitonin-salmon</i>	61
<i>blisovi fe 1.5/30</i>	52	<i>calcitriol</i>	61
<i>blisovi fe 1/20</i>	52	<i>calcium acetate</i>	47
BOOSTRIX	60	CALQUENCE	24
BOSULIF	24	<i>camila</i>	55
BRAFTOVI	24	<i>camrese</i>	52
BREO ELLIPTA	67	<i>camrese lo</i>	52
<i>breyna</i>	67	<i>candesartan cilexetil</i>	37
BREZTRI AEROSPHERE	67	<i>candesartan cilexetil/hydrochlorothiazide</i>	39
<i>briellyn</i>	52	CAPLYTA	29
BRILINTA	37	CAPRELSA	24
		<i>captopril</i>	38
		<i>captopril/hydrochlorothiazide</i>	39
		<i>carbamazepine</i>	18
		<i>carbamazepine er</i>	18

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>carbidopa</i>	28	<i>cilostazol</i>	37
<i>carbidopa/levodopa</i>	28	CIMDUO	31
<i>carbidopa/levodopa er</i>	28	<i>cinacalcet hydrochloride</i>	61
<i>carbidopa/levodopa odt</i>	28	CINRYZE	56
<i>carglumic acid</i>	46	<i>ciprofloxacin</i>	16
<i>carteolol hcl</i>	64	<i>ciprofloxacin hcl</i>	15
<i>cartia xt</i>	39	<i>ciprofloxacin hydrochloride</i>	15
<i>carvedilol</i>	38	<i>ciprofloxacin hydrochloride</i>	63
<i>casprofungin acetate</i>	21	<i>ciprofloxacin i.v.-in d5w</i>	16
CAYSTON	66	<i>ciprofloxacin/dexamethasone</i>	64
<i>cefaclor</i>	14	<i>cisplatin</i>	23
<i>cefadroxil</i>	14	<i>citalopram hydrobromide</i>	19
CEFAZOLIN	14	<i>claravis</i>	44
<i>cefazolin sodium</i>	14	<i>clarithromycin</i>	15
<i>cefdinir</i>	14	<i>clarithromycin er</i>	15
<i>cefepime</i>	14	CLENPIQ	48
<i>cefepime hydrochloride</i>	14	CLIMARA PRO	52
<i>cefixime</i>	14	<i>clindacin etz pledgets</i>	13
<i>cefotaxime sodium</i>	14	<i>clindamycin hcl</i>	13
<i>cefotetan</i>	14	<i>clindamycin hydrochloride</i>	13
<i>cefoxitin sodium</i>	14	<i>clindamycin palmitate hydrochloride</i>	13
<i>cefpodoxime proxetil</i>	14	<i>clindamycin phosphate</i>	13
<i>cefprozil</i>	14	<i>clindamycin phosphate</i>	46
<i>ceftazidime</i>	14	<i>clobazam</i>	17
<i>ceftazidime/dextrose</i>	14	<i>clobetasol propionate</i>	44
<i>ceftriaxone sodium</i>	14	<i>clobetasol propionate e</i>	44
<i>cefuroxime axetil</i>	14	<i>clomipramine hydrochloride</i>	20
<i>cefuroxime sodium</i>	14	<i>clonazepam</i>	17
<i>celecoxib</i>	11	<i>clonazepam odt</i>	17
<i>cephalexin</i>	14	<i>clonidine</i>	37
CERDELGA	49	<i>clonidine hydrochloride</i>	37
<i>chateal</i>	52	<i>clopidogrel</i>	37
<i>chateal eq</i>	52	<i>clorazepate dipotassium</i>	33
CHEMET	47	<i>clotrimazole</i>	21
<i>chlorhexidine gluconate</i>	43	<i>clotrimazole/betamethasone dipropionate</i>	45
<i>chloroquine phosphate</i>	27	CLOVIQUE	47
<i>chlorpromazine hcl</i>	28	<i>clozapine</i>	30
<i>chlorpromazine hydrochloride</i>	28	<i>clozapine odt</i>	30
<i>chlorthalidone</i>	40	COARTEM	27
CHOLBAM	49	COBENFY	42
<i>cholestyramine</i>	41	COBENFY STARTER PACK	42
<i>cholestyramine light</i>	41	<i>colchicine</i>	22
<i>ciclodan</i>	46	<i>colesevelam hydrochloride</i>	41
<i>ciclopirox</i>	46	<i>colestipol hydrochloride</i>	41
<i>ciclopirox nail lacquer</i>	46	<i>colistimethate sodium</i>	13
<i>ciclopirox olamine</i>	46	<i>colocort</i>	61

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
COMBIGAN	63	DELSTRIGO	31
COMBIVENT RESPIMAT	67	<i>delyla</i>	52
COMETRIQ	24	<i>demeclocycline hcl</i>	16
COMPLERA	31	<i>demeclocycline hydrochloride</i>	16
<i>compro</i>	20	DENGVAXIA	60
<i>constulose</i>	47	DEPO-SUBQ PROVERA 104	55
COPIKTRA	24	DESCOVY	32
<i>cortisone acetate</i>	50	<i>desipramine hydrochloride</i>	20
COSENTYX	57	<i>desmopressin acetate</i>	51
COSENTYX SENSOREADY PEN	57	<i>desogestrel/ethinyl estradiol</i>	52
COSENTYX UNOREADY	57	<i>desonide</i>	44
COTELLIC	24	<i>desoximetasone</i>	44
CREON	49	<i>desvenlafaxine er</i>	19
<i>cromolyn sodium</i>	49	<i>dexamethasone</i>	50
<i>cromolyn sodium</i>	63	<i>dexamethasone sodium phosphate</i>	64
<i>cromolyn sodium</i>	66	<i>dextroamphetamine sulfate</i>	42
<i>cryselle-28</i>	52	<i>dextroamphetamine sulfate er</i>	42
CURITY GAUZE PADS 2"X2" 12 PLY	62	<i>dextrose 5%</i>	46
CUVITRU	57	<i>dextrose 5%/sodium chloride 0.45%</i>	46
<i>cyclafem 1/35</i>	52	<i>dextrose 5%/sodium chloride 0.9%</i>	46
<i>cyclafem 7/7/7</i>	52	DIACOMIT	17
<i>cyclobenzaprine hydrochloride</i>	67	<i>diazepam</i>	34
<i>cyclophosphamide</i>	23	<i>diazepam intensol</i>	34
<i>cycloserine</i>	22	<i>diazepam rectal gel</i>	17
<i>cyclosporine</i>	58	<i>diazoxide</i>	35
<i>cyclosporine</i>	63	<i>diclofenac potassium</i>	11
<i>cyclosporine modified</i>	58	<i>diclofenac sodium</i>	11
<i>cyproheptadine hydrochloride</i>	65	<i>diclofenac sodium</i>	45
CYSTAGON	49	<i>diclofenac sodium</i>	64
CYSTARAN	63	<i>diclofenac sodium dr</i>	11
<i>dalfampridine er</i>	43	<i>diclofenac sodium er</i>	11
<i>danazol</i>	51	<i>dicloxacillin sodium</i>	15
<i>dantrolene sodium</i>	30	<i>dicyclomine hcl</i>	48
DANZITEN	25	<i>dicyclomine hydrochloride</i>	48
<i>dapsone</i>	22	DIFICID	15
DAPTACEL	60	<i>diflunisal</i>	11
<i>daptomycin</i>	13	<i>digitek</i>	38
DAPTOMYCIN/SODIUM CHLORIDE	13	<i>digox</i>	38
<i>darunavir</i>	32	<i>digoxin</i>	38
<i>dasatinib</i>	25	<i>dihydroergotamine mesylate</i>	22
<i>dasetta 1/35</i>	52	DILANTIN	18
<i>dasetta 7/7/7</i>	52	<i>diltiazem hcl</i>	39
DAURISMO	25	<i>diltiazem hcl cd</i>	39
<i>daysee</i>	52	<i>diltiazem hcl er</i>	39
<i>deblitane</i>	55	<i>diltiazem hydrochloride</i>	39
<i>deferasirox</i>	47	<i>diltiazem hydrochloride er</i>	39

Drug Name	Page #	Drug Name	Page #
<i>dilt-xr</i>	39	<i>efavirenz</i>	31
<i>dimethyl fumarate</i>	43	<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	31
<i>dimethyl fumarate starterpack</i>	43		
<i>diphenhydramine hydrochloride</i>	65	<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	31
<i>diphenoxylate hydrochloride/atropine sulfate</i>	48	<i>effe-r-k</i>	46
<i>diphtheria/tetanus toxoids adsorbed pediatric</i>	60	<i>elinest</i>	52
<i>disulfiram</i>	12	ELIQUIS	36
<i>divalproex sodium dr</i>	17	ELIQUIS STARTER PACK	36
<i>divalproex sodium er</i>	17	ELLA	62
<i>dofetilide</i>	38	ELMIRON	50
<i>dolishale</i>	52	<i>eltrombopag olamine</i>	36
<i>donepezil hcl</i>	18	<i>eluryng</i>	52
<i>donepezil hydrochloride</i>	18	EMCYT	23
DOPTELET	37	EMGALITY	22
<i>dorzolamide hcl/timolol maleate</i>	63	EMPAVELI	57
<i>dorzolamide hydrochloride</i>	64	EMSAM	19
DOTTI	52	<i>emtricitabine</i>	32
DOVATO	31	<i>emtricitabine/rilpivirine/tenofovir disoproxil fumarate</i>	31
<i>doxazosin mesylate</i>	50	<i>emtricitabine/tenofovir disoproxil fumarate tablet 167mg; 250mg</i>	32
<i>doxepin hcl</i>	20	<i>emtricitabine/tenofovir disoproxil fumarate</i>	32
<i>doxepin hydrochloride</i>	20	EMTRIVA	32
<i>doxy 100</i>	16	<i>emzahh</i>	55
<i>doxycycline</i>	16	<i>enalapril maleate</i>	38
<i>doxycycline hyclate</i>	16	<i>enalapril maleate/hydrochlorothiazide</i>	39
<i>doxycycline hyclate</i>	43	ENBREL	58
<i>doxycycline monohydrate</i>	16	ENBREL MINI	58
DRIZALMA SPRINKLE	19	ENBREL SURECLICK	58
<i>dronabinol</i>	21	<i>endocet</i>	11
DROXIA	23	ENGERIX-B	60
<i>droxidopa</i>	37	<i>enilloring</i>	52
DULERA	67	<i>enoxaparin sodium</i>	36
<i>duloxetine hydrochloride</i>	19	<i>enpresse-28</i>	52
DUPIXENT	57	<i>entacapone</i>	28
<i>dutasteride</i>	50	<i>entecavir</i>	30
EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 1/2"	62	ENTRESTO	39
EASY COMFORT PEN NEEDLES 29GX4MM	62	<i>enulose</i>	47
<i>ec-naproxen</i>	11	ENVARUSUS XR	58
<i>econazole nitrate</i>	21	EPIDIOLEX	16
EDARBI	37	<i>epinephrine</i>	66
EDARBYCLOR	39	<i>epitol</i>	18
EDURANT	31	<i>eplerenone</i>	41
EDURANT PED	31	EPRONTIA	16
		<i>ergoloid mesylates</i>	18

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>ergotamine tartrate/caffeine</i>	22	FASENRA PEN	67
ERIVEDGE	25	<i>fayosim</i>	52
ERLEADA	23	<i>febuxostat</i>	22
<i>erlotinib hydrochloride</i>	25	<i>feirza 1.5/30</i>	52
<i>errin</i>	55	<i>feirza 1/20</i>	52
<i>ertapenem sodium</i>	15	<i>felbamate</i>	16
<i>ery</i>	46	<i>felodipine er</i>	39
<i>erythromycin</i>	46	<i>femynor</i>	52
<i>erythromycin</i>	63	<i>fenofibrate</i>	40
<i>erythromycin dr</i>	15	<i>fenofibrate micronized</i>	40
<i>erythromycin/benzoyl peroxide</i>	44	<i>fenofibric acid dr</i>	40
<i>escitalopram oxalate</i>	19	<i>fentanyl</i>	11
<i>eslicarbazepine acetate</i>	18	<i>fentanyl citrate oral transmucosal</i>	12
<i>esomeprazole magnesium</i>	49	FETZIMA	20
<i>estarylla</i>	52	FETZIMA TITRATION PACK	20
<i>estradiol</i>	52	FINACEA	44
<i>estradiol/norethindrone acetate</i>	52	<i>finasteride</i>	50
ESTRING	52	<i>fingolimod hydrochloride</i>	43
<i>eszopiclone</i>	67	FINTEPLA	16
<i>ethambutol hydrochloride</i>	22	FIRMAGON	56
<i>ethosuximide</i>	17	FLAREX	64
<i>ethynodiol diacetate/ethinyl estradiol</i>	52	<i>flecainide acetate</i>	38
<i>etodolac</i>	11	<i>fluconazole</i>	21
<i>etonogestrel/ethinyl estradiol</i>	52	<i>fluconazole in sodium chloride</i>	21
<i>etravirine</i>	31	<i>flucytosine</i>	21
EUCRISA	44	<i>fludrocortisone acetate</i>	50
EULEXIN	23	<i>flunisolide</i>	65
EUTHYROX	56	<i>fluocinolone acetonide</i>	44
<i>everolimus</i>	25	<i>fluocinolone acetonide body</i>	45
<i>everolimus</i>	58	<i>fluocinolone acetonide scalp</i>	45
EVOTAZ	32	<i>fluocinolone acetonide topical</i>	45
EVRYSOI	49	<i>fluocinonide</i>	45
<i>exemestane</i>	24	<i>fluorometholone</i>	64
<i>exenatide</i>	34	<i>fluorouracil</i>	45
EXKIVITY	25	<i>fluoxetine hydrochloride</i>	20
<i>ezetimibe</i>	41	<i>fluphenazine decanoate</i>	28
<i>ezetimibe/simvastatin</i>	41	<i>fluphenazine hcl</i>	28
FABRAZYME	49	<i>fluphenazine hydrochloride</i>	28
<i>falmina</i>	52	<i>flurbiprofen</i>	11
<i>famciclovir</i>	33	<i>flurbiprofen sodium</i>	64
<i>famotidine</i>	49	<i>flutamide</i>	23
FANAPT	29	<i>fluticasone propionate</i>	45
FANAPT TITRATION PACK	29	<i>fluticasone propionate</i>	65
FARXIGA	41	<i>fluticasone propionate/salmeterol</i>	67
FARYDAK	25	<i>fluticasone propionate/salmeterol diskus</i>	67
FASENRA	67	<i>fluvastatin</i>	40

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>fluvastatin sodium er</i>	40	<i>glipizide er</i>	34
<i>fluvoxamine maleate</i>	20	<i>glipizide xl</i>	34
<i>fondaparinux sodium</i>	36	<i>glipizide/metformin hydrochloride</i>	34
<i>formoterol fumarate</i>	66	<i>glucagon emergency kit</i>	35
FORTEO	61	<i>glucagon emergency kit for low blood sugar</i>	35
<i>fosamprenavir calcium</i>	32	<i>glyburide</i>	34
<i>fosinopril sodium</i>	38	<i>glyburide/metformin hydrochloride</i>	34
<i>fosinopril sodium/hydrochlorothiazide</i>	40	<i>glycopyrrolate</i>	48
FOTIVDA	25	GLYXAMBI	34
FRAGMIN	36	GOMEKLI	25
FRUZAQLA	25	<i>griseofulvin microsize</i>	21
<i>furosemide</i>	40	<i>griseofulvin ultramicrosize</i>	21
FUZEON	32	<i>guanfacine hydrochloride</i>	37
FYAVOLV	52	<i>guanfacine hydrochloride er</i>	42
FYCOMPA	16	GVOKE HYPOPEN 1-PACK	35
<i>gabapentin</i>	17	GVOKE HYPOPEN 2-PACK	35
<i>galantamine hydrobromide</i>	19	GVOKE KIT	35
<i>galantamine hydrobromide er</i>	18	GVOKE PFS	35
<i>gallifrey</i>	55	<i>hailey 1.5/30</i>	52
GAMASTAN	57	<i>hailey fe 1.5/30</i>	52
<i>ganciclovir</i>	30	<i>hailey fe 1/20</i>	52
GARDASIL 9	60	<i>halobetasol propionate</i>	45
<i>gatifloxacin</i>	63	<i>haloette</i>	52
<i>gavilyte-c</i>	48	<i>haloperidol</i>	28
<i>gavilyte-g</i>	48	<i>haloperidol decanoate</i>	28
<i>gavilyte-h</i>	48	<i>haloperidol lactate</i>	28
<i>gavilyte-n/ flavor pack</i>	48	HAVRIX	60
GAVRETO	25	<i>heather</i>	55
<i>gefitinib</i>	25	<i>heparin sodium</i>	36
GELNIQUE	50	HEPLISAV-B	60
<i>gemfibrozil</i>	40	HIBERIX	60
GEMTESA	50	HIZENTRA	57
<i>generlac</i>	47	HUMALOG	35
<i>gengraf</i>	58	HUMALOG JUNIOR KWIKPEN	35
GENOTROPIN	51	HUMALOG KWIKPEN	35
GENOTROPIN MINIQUICK	51	HUMALOG MIX 50/50	35
<i>gentak</i>	63	HUMALOG MIX 50/50 KWIKPEN	35
<i>gentamicin sulfate</i>	13	HUMALOG MIX 75/25	35
<i>gentamicin sulfate</i>	63	HUMALOG MIX 75/25 KWIKPEN	35
<i>gentamicin sulfate pediatric</i>	13	HUMATIN	13
GENVOYA	31	HUMIRA	59
GILOTRIF	25	HUMIRA PEDIATRIC CROHNS	59
<i>glatiramer acetate</i>	43	DISEASE STARTER PACK	
GLEOSTINE	23	HUMIRA PEN	59
<i>glimepiride</i>	34	HUMIRA PEN-CD/UC/HS STARTER	59
<i>glipizide</i>	34		

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
HUMIRA PEN-PEDIATRIC UC	59	IMKELDI	25
STARTER PACK		IMOVAX RABIES (H.D.C.V.)	60
HUMIRA PEN-PS/UV STARTER	59	IMPAVIDO	13
HUMULIN 70/30	35	INBRIJA	28
HUMULIN 70/30 KWIKPEN	35	<i>incassia</i>	55
HUMULIN N	35	INCRELEX	51
HUMULIN N KWIKPEN	35	INCRUSE ELLIPTA	65
HUMULIN R	35	<i>indapamide</i>	40
HUMULIN R U-500 (CONCENTRATED)	35	<i>indomethacin</i>	11
HUMULIN R U-500 KWIKPEN	35	<i>indomethacin er</i>	11
<i>hydralazine hydrochloride</i>	41	INFANRIX	60
<i>hydrochlorothiazide</i>	40	INFLECTRA	59
<i>hydrocodone bitartrate/acetaminophen</i>	12	INFLIXIMAB	59
<i>hydrocodone/acetaminophen</i>	12	INGREZZA	42
<i>hydrocortisone</i>	45	INLYTA	25
<i>hydrocortisone</i>	50	INQOVI	25
<i>hydrocortisone</i>	61	INREBIC	23
<i>hydrocortisone valerate</i>	45	<i>insulin lispro</i>	35
<i>hydrocortisone/acetic acid</i>	64	INTELENCE	31
<i>hydromorphone hcl</i>	12	<i>introvale</i>	52
<i>hydromorphone hydrochloride</i>	12	INVEGA HAFYERA	29
<i>hydromorphone hydrochloride dosette</i>	12	INVEGA SUSTENNA	29
<i>hydroxychloroquine sulfate</i>	27	INVEGA TRINZA	29
<i>hydroxyurea</i>	23	IPOL INACTIVATED IPV	60
<i>hydroxyzine hcl</i>	65	<i>ipratropium bromide</i>	65
<i>hydroxyzine hydrochloride</i>	65	<i>ipratropium bromide/albuterol sulfate</i>	67
<i>hydroxyzine pamoate</i>	65	<i>irbesartan</i>	37
HYPERHEP B	57	<i>irbesartan/hydrochlorothiazide</i>	40
<i>ibandronate sodium</i>	61	ISENTRESS	31
IBRANCE	23	ISENTRESS HD	31
IBRANCE	25	ISONIAZID	22
<i>ibu</i>	11	<i>isosorbide dinitrate</i>	41
<i>ibuprofen</i>	11	<i>isosorbide dinitrate/hydralazine</i>	40
<i>icatibant acetate</i>	57	<i>hydrochloride</i>	
<i>iclevia</i>	52	<i>isosorbide mononitrate</i>	41
ICLUSIG	25	<i>isosorbide mononitrate er</i>	41
<i>icosapent ethyl</i>	41	<i>isotretinoin</i>	44
IDHIFA	25	<i>isradipine</i>	39
IGALMI	34	ISTURISA	51
ILEVRO	64	ITOVEBI	23
<i>imatinib mesylate</i>	25	<i>itraconazole</i>	21
IMBRUVICA	25	<i>ivabradine hydrochloride</i>	40
<i>imipenem/cilastatin</i>	15	<i>ivermectin</i>	27
<i>imipramine hcl</i>	20	IWILFIN	24
<i>imipramine hydrochloride</i>	20	IXCHIQ	60
<i>imiquimod</i>	45	IXIARO	60

Drug Name	Page #	Drug Name	Page #
<i>jaimiess</i>	52	<i>klor-con sprinkle</i>	47
JAKAFI	25	<i>klor-con/ef</i>	47
<i>jantoven</i>	36	KOSELUGO	25
JANUMET	34	<i>kourzeq</i>	43
JANUMET XR	34	KRAZATI	25
JANUVIA	34	<i>kurvelo</i>	53
JARDIANCE	41	<i>labetalol hydrochloride</i>	38
JAYPIRCA	25	<i>lacosamide</i>	18
<i>jencycla</i>	55	<i>lactulose</i>	48
JENTADUETO	34	LAGEVRIO	33
JENTADUETO XR	34	<i>lamivudine</i>	30
<i>jinteli</i>	53	<i>lamivudine</i>	32
<i>jolessa</i>	53	<i>lamivudine/zidovudine</i>	32
JOURNAVX	11	<i>lamotrigine</i>	16
JUBLIA	21	<i>lamotrigine er</i>	16
JULUCA	31	<i>lamotrigine odt</i>	16
<i>junel 1.5/30</i>	53	<i>lamotrigine starter kit/blue</i>	16
<i>junel 1/20</i>	53	<i>lamotrigine starter kit/green</i>	16
<i>junel fe 1.5/30</i>	53	<i>lamotrigine starter kit/orange</i>	16
<i>junel fe 1/20</i>	53	<i>lansoprazole</i>	49
JYLAMVO	59	LANTUS	35
JYNNEOS	60	LANTUS SOLOSTAR	35
KALYDECO	66	<i>lapatinib ditosylate</i>	25
<i>kariva</i>	53	<i>larin 1.5/30</i>	53
<i>kelnor 1/35</i>	53	<i>larin 1/20</i>	53
<i>kelnor 1/50</i>	53	<i>larin fe 1.5/30</i>	53
KERENDIA	41	<i>larin fe 1/20</i>	53
KESIMPTA	43	<i>larissia</i>	53
<i>ketoconazole</i>	21	<i>latanoprost</i>	64
<i>ketorolac tromethamine</i>	11	LAZCLUZE	24
<i>ketorolac tromethamine</i>	64	<i>leflunomide</i>	59
<i>kimidess</i>	53	<i>lenalidomide</i>	23
KINERET	57	LENVIMA 10 MG DAILY DOSE	25
KINRIX	60	LENVIMA 12MG DAILY DOSE	25
<i>kionex</i>	47	LENVIMA 14 MG DAILY DOSE	25
KISQALI	25	LENVIMA 18 MG DAILY DOSE	25
KISQALI FEMARA 200 DOSE	24	LENVIMA 20 MG DAILY DOSE	25
KISQALI FEMARA 400 DOSE	24	LENVIMA 24 MG DAILY DOSE	25
KISQALI FEMARA 600 DOSE	24	LENVIMA 4 MG DAILY DOSE	25
<i>klayesta</i>	21	LENVIMA 8 MG DAILY DOSE	25
<i>klor-con</i>	47	<i>lessina</i>	53
<i>klor-con 10</i>	47	<i>letrozole</i>	24
<i>klor-con 8</i>	47	<i>leucovorin calcium</i>	24
<i>klor-con m10</i>	47	LEUKERAN	23
<i>klor-con m15</i>	47	<i>leuprolide acetate</i>	56
<i>klor-con m20</i>	47	<i>levalbuterol</i>	66

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>levalbuterol hcl</i>	66	<i>lorcet</i>	12
<i>levalbuterol hydrochloride</i>	66	<i>lorcet hd</i>	12
<i>levalbuterol tartrate hfa</i>	66	<i>lorcet plus</i>	12
<i>levetiracetam</i>	17	<i>losartan potassium</i>	37
<i>levetiracetam er</i>	17	<i>losartan potassium/hydrochlorothiazide</i>	40
<i>levobunolol hcl</i>	64	LOTEMAX SM	64
<i>levocetirizine dihydrochloride</i>	65	<i>lovastatin</i>	40
<i>levofloxacin</i>	16	<i>low-ogestrel</i>	53
<i>levofloxacin</i>	63	<i>loxapine</i>	28
<i>levofloxacin in d5w</i>	16	<i>lubiprostone</i>	48
<i>levonest</i>	53	LUMAKRAS	25
<i>levonorgestrel and ethinyl estradiol</i>	53	LUMIGAN	64
<i>levonorgestrel/ethinyl estradiol</i>	53	LUPRON DEPOT (1-MONTH)	56
<i>levora 0.15/30-28</i>	53	LUPRON DEPOT (3-MONTH)	56
LEVO-T	56	LUPRON DEPOT (4-MONTH)	56
<i>levothyroxine sodium</i>	56	LUPRON DEPOT (6-MONTH)	56
LEVOXYL	56	LUPRON DEPOT-PED (1-MONTH)	56
LEXIVA	33	LUPRON DEPOT-PED (3-MONTH)	56
<i>l-glutamine</i>	49	<i>lurasidone hydrochloride</i>	29
LIBERVANT	17	<i>lutura</i>	53
<i>lidocaine</i>	12	LYBALVI	29
<i>lidocaine hydrochloride viscous</i>	43	<i>lyleq</i>	55
<i>lidocaine viscous</i>	43	<i>lyllana</i>	53
<i>lidocaine/prilocaine</i>	12	LYNPARZA	26
<i>lidocaine-prilocaine-cream base</i>	12	LYSODREN	24
LILETTA	55	LYTGOBI	26
<i>lillow</i>	53	LYUMJEV	35
<i>linezolid</i>	13	LYUMJEV KWIKPEN	35
LINZESS	48	<i>lyza</i>	55
<i>liothyronine sodium</i>	56	<i>magnesium sulfate</i>	47
<i>lisinopril</i>	38	<i>malathion</i>	46
<i>lisinopril/hydrochlorothiazide</i>	40	<i>maraviroc</i>	32
<i>lithium</i>	34	<i>marlissa</i>	53
<i>lithium carbonate</i>	34	MARPLAN	19
<i>lithium carbonate er</i>	34	MATULANE	23
LIVMARLI	48	<i>matzim la</i>	39
LIVTENCITY	30	MAVYRET	30
<i>lojaimiess</i>	53	MAYZENT	43
LOKELMA	47	MAYZENT STARTER PACK	43
LONSURF	24	<i>meclizine hcl</i>	20
<i>loperamide hydrochloride</i>	48	<i>medroxyprogesterone acetate</i>	55
<i>lopinavir/ritonavir</i>	33	<i>mefloquine hydrochloride</i>	28
<i>lopreeza</i>	53	<i>megestrol acetate</i>	55
<i>lorazepam</i>	34	MEKINIST	26
<i>lorazepam intensol</i>	34	MEKTOVI	26
LORBRENA	25	<i>meloxicam</i>	11

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>memantine hcl titration pak</i>	19	<i>midodrine hydrochloride</i>	37
<i>memantine hydrochloride</i>	19	<i>mifepristone</i>	56
<i>memantine hydrochloride er</i>	19	<i>miglustat</i>	49
<i>memantine/donepezil hydrochloride er</i>	18	<i>mili</i>	53
MENACTRA	60	<i>mimvey</i>	53
MENEST	53	<i>mimvey lo</i>	53
MENQUADFI	60	<i>minocycline hcl</i>	16
MENVEO	60	<i>minocycline hydrochloride</i>	16
<i>mercaptapurine</i>	23	<i>minoxidil</i>	41
<i>meropenem</i>	15	<i>mirtazapine</i>	19
<i>mesalamine</i>	61	<i>mirtazapine odt</i>	19
<i>mesalamine dr</i>	61	<i>misoprostol</i>	49
<i>mesalamine er</i>	61	M-M-R II	60
MESNA	27	<i>modafinil</i>	67
MESNEX	27	<i>moexipril hydrochloride</i>	38
<i>metformin hydrochloride</i>	34	<i>molindone hydrochloride</i>	29
<i>metformin hydrochloride er</i>	34	<i>mometasone furoate</i>	45
<i>methadone hcl</i>	11	<i>mometasone furoate</i>	65
<i>methadone hydrochloride</i>	11	<i>mondoxyne nl</i>	16
<i>methadone hydrochloride intensol</i>	11	<i>mono-lynyah</i>	53
<i>methazolamide</i>	64	<i>mononessa</i>	53
<i>methenamine hippurate</i>	13	<i>montelukast sodium</i>	65
<i>methimazole</i>	56	<i>morgidox 1x100mg</i>	16
<i>methocarbamol</i>	67	<i>morgidox 2x100mg</i>	16
<i>methotrexate</i>	59	<i>morphine sulfate</i>	12
<i>methotrexate sodium</i>	59	<i>morphine sulfate er</i>	11
<i>methsuximide</i>	17	MOTEGRITY	48
METHYLDOPA	37	MOUNJARO	34
<i>methylphenidate hydrochloride</i>	42	<i>moxifloxacin hydrochloride/sodium</i>	16
<i>methylphenidate hydrochloride er</i>	42	<i>hydrochloride</i>	
<i>methylprednisolone</i>	50	<i>moxifloxacin hydrochloride</i>	16
<i>methylprednisolone dose pack</i>	50	<i>moxifloxacin hydrochloride</i>	63
<i>metoclopramide hcl</i>	48	MRESVIA	60
<i>metoclopramide hydrochloride</i>	48	MULTAQ	38
<i>metolazone</i>	40	<i>mupirocin</i>	46
<i>metoprolol succinate er</i>	38	<i>mycophenolate mofetil</i>	59
<i>metoprolol tartrate</i>	38	<i>mycophenolic acid dr</i>	59
<i>metronidazole</i>	14	<i>myorisan</i>	44
<i>metronidazole</i>	44	MYRBETRIQ	50
<i>metronidazole vaginal</i>	14	<i>nabumetone</i>	11
<i>metyrosine</i>	40	<i>nadolol</i>	38
<i>mexiletine hydrochloride</i>	38	<i>nafcillin sodium</i>	15
<i>microgestin 1.5/30</i>	53	<i>naloxone hcl</i>	13
<i>microgestin 1/20</i>	53	<i>naloxone hydrochloride</i>	13
<i>microgestin fe 1.5/30</i>	53	<i>naltrexone hydrochloride</i>	12
<i>microgestin fe 1/20</i>	53	NAMZARIC	18

Drug Name	Page #	Drug Name	Page #
<i>naproxen</i>	11	NIVA THYROID	56
<i>naproxen dr</i>	11	<i>nizatidine</i>	49
<i>naproxen sodium</i>	11	<i>nora-be</i>	55
<i>naratriptan hcl</i>	22	<i>norelgestromin/ethinyl estradiol</i>	53
NATACYN	63	<i>norethindrone</i>	55
<i>nateglinide</i>	34	<i>norethindrone acetate</i>	55
NAYZILAM	17	<i>norethindrone acetate/ethinyl estradiol</i>	54
<i>nebivolol hydrochloride</i>	38	<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	54
<i>necon 0.5/35-28</i>	53	<i>norgestimate/ethinyl estradiol</i>	54
<i>necon 7/7/7</i>	53	<i>norlyda</i>	55
<i>nefazodone hydrochloride</i>	20	<i>norlyroc</i>	55
<i>neomycin sulfate</i>	13	<i>nortrel 0.5/35 (28)</i>	54
<i>neomycin/bacitracin/polymyxin</i>	63	<i>nortrel 1/35</i>	54
<i>neomycin/polymyxin/bacitracin</i>	63	<i>nortrel 7/7/7</i>	54
<i>neomycin/polymyxin/bacitracin/hydrocortis one</i>	63	<i>nortriptyline hcl</i>	20
<i>neomycin/polymyxin/dexamethasone</i>	63	<i>nortriptyline hydrochloride</i>	20
<i>neomycin/polymyxin/gramicidin</i>	63	NORVIR	33
<i>neomycin/polymyxin/hc</i>	64	NOVOLIN 70/30	35
<i>neomycin/polymyxin/hydrocortisone</i>	65	NOVOLIN 70/30 FLEXPEN	35
<i>neo-polycin</i>	63	NOVOLIN 70/30 FLEXPEN RELION	35
<i>neo-polycin hc</i>	63	NOVOLIN 70/30 RELION	36
NERLYNX	26	NOVOLIN N	36
NEULASTA	36	NOVOLIN N FLEXPEN	36
NEULASTA ONPRO KIT	37	NOVOLIN N FLEXPEN RELION	36
<i>nevirapine</i>	31	NOVOLIN N RELION	36
<i>nevirapine er</i>	31	NOVOLIN R	36
NEXLETOL	41	NOVOLIN R FLEXPEN	36
NEXLIZET	41	NOVOLIN R FLEXPEN RELION	36
NEXPLANON	55	NOVOLIN R RELION	36
<i>niacin er</i>	41	NOVOLOG	36
NICOTROL NS	13	NOVOLOG FLEXPEN	36
<i>nifedipine er</i>	39	NOVOLOG FLEXPEN RELION	36
<i>nilotinib</i>	26	NOVOLOG MIX 70/30	36
<i>nilutamide</i>	23	NOVOLOG MIX 70/30 PREFILLED	36
<i>nimodipine</i>	39	FLEXPEN	
NINLARO	26	NOVOLOG MIX 70/30 PREFILLED	36
<i>nitazoxanide</i>	28	FLEXPEN RELION	
<i>nitisinone</i>	49	NOVOLOG MIX 70/30 RELION	36
NITRO-BID	41	NOVOLOG PENFILL	36
<i>nitrofurantoin macrocrystals</i>	14	NOVOLOG RELION	36
<i>nitrofurantoin monohydrate</i>	14	<i>np thyroid 120</i>	56
<i>nitrofurantoin monohydrate/macrocrystals</i>	14	<i>np thyroid 15</i>	56
<i>nitroglycerin</i>	41	<i>np thyroid 30</i>	56
<i>nitroglycerin</i>	48	<i>np thyroid 60</i>	56
<i>nitroglycerin transdermal</i>	41	<i>np thyroid 90</i>	56

Drug Name	Page #	Drug Name	Page #
NUBEQA	23	OMNIPOD GO 20 UNITS/DAY	62
NUCALA	67	OMNIPOD GO 25 UNITS/DAY	62
NUEDEXTA	43	OMNIPOD GO 30 UNITS/DAY	62
NUPLAZID	29	OMNIPOD GO 35 UNITS/DAY	62
NUTRILIPID	62	OMNIPOD GO 40 UNITS/DAY	62
<i>nyamyc</i>	21	<i>ondansetron hcl</i>	21
<i>nylia 1/35</i>	54	<i>ondansetron hydrochloride</i>	21
<i>nylia 7/7/7</i>	54	<i>ondansetron odt</i>	21
<i>nymyo</i>	54	ONPATTRO	49
<i>nystatin</i>	21	ONUREG	24
<i>nystatin/triamcinolone</i>	45	OPIPZA	29
<i>nystatin/triamcinolone acetonide</i>	45	OPSUMIT	66
<i>nystop</i>	21	OPVEE	13
<i>octreotide acetate</i>	56	<i>oralone dental paste</i>	43
ODEFSEY	32	ORENCIA	57
ODOMZO	26	ORENCIA	59
OFEV	66	ORENCIA CLICKJECT	57
<i>ofloxacin</i>	64	ORENITRAM	66
<i>ofloxacin</i>	65	ORENITRAM TITRATION KIT MONTH	66
OGSIVEO	24	1	
OJEMDA	24	ORENITRAM TITRATION KIT MONTH	66
OJJAARA	26	2	
<i>olanzapine</i>	29	ORENITRAM TITRATION KIT MONTH	66
<i>olanzapine odt</i>	29	3	
<i>olmesartan medoxomil</i>	37	ORGOVYX	56
<i>olmesartan medoxomil/hydrochlorothiazide</i>	40	ORKAMBI	66
<i>olopatadine hydrochloride</i>	63	<i>orphenadrine citrate er</i>	67
<i>omega-3-acid ethyl esters</i>	41	ORSERDU	23
<i>omeprazole</i>	49	<i>orsythia</i>	54
<i>omeprazole dr</i>	49	<i>oseltamivir phosphate</i>	33
OMNIPOD 5 DEXCOM G7G6 INTRO KIT	62	OSMOLEX ER	28
(GEN 5)		OSPHERA	55
OMNIPOD 5 DEXCOM G7G6 PODS	62	OTEZLA	45
(GEN 5)		OTEZLA	57
OMNIPOD 5 G7 INTRO KIT (GEN 5)	62	<i>oxacillin sodium</i>	15
OMNIPOD 5 G7 PODS (GEN 5)	62	<i>oxaprozin</i>	11
OMNIPOD 5 LIBRE2 PLUS G6	62	<i>oxcarbazepine</i>	18
OMNIPOD 5 LIBRE2 PLUS G6 PODS	62	<i>oxybutynin chloride</i>	50
OMNIPOD CLASSIC PDM STARTER	62	<i>oxybutynin chloride er</i>	50
KIT (GEN 3)		<i>oxycodone hydrochloride</i>	12
OMNIPOD CLASSIC PODS (GEN 3)	62	<i>oxycodone/acetaminophen</i>	12
OMNIPOD DASH INTRO KIT (GEN 4)	62	OZEMPIC	34
OMNIPOD DASH PDM KIT (GEN 4)	62	PACERONE	38
OMNIPOD DASH PODS (GEN 4)	62	<i>paliperidone er</i>	29
OMNIPOD GO 10 UNITS/DAY	62	PANRETIN	27
OMNIPOD GO 15 UNITS/DAY	62	<i>pantoprazole sodium</i>	49

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>paricalcitol</i>	61	<i>pioglitazone hcl</i>	35
<i>paroex</i>	43	<i>pioglitazone hcl/metformin hcl</i>	34
<i>paromomycin sulfate</i>	13	<i>pioglitazone hydrochloride</i>	35
<i>paroxetine hcl</i>	20	<i>piperacillin sodium/tazobactam sodium</i>	15
<i>paroxetine hydrochloride</i>	20	PIQRAY 200MG DAILY DOSE	26
PASER	22	PIQRAY 250MG DAILY DOSE	26
PAXLOVID	33	PIQRAY 300MG DAILY DOSE	26
<i>pazopanib hydrochloride</i>	26	<i>pirfenidone</i>	66
PEDIARIX	60	<i>pirmella 1/35</i>	54
PEDVAX HIB	60	<i>pirmella 7/7/7</i>	54
<i>peg 3350/electrolytes</i>	48	<i>piroxicam</i>	11
<i>peg-3350/electrolytes</i>	48	<i>pitavastatin calcium</i>	40
<i>peg-3350/nacl/na bicarbonate/kcl</i>	48	PLENAMINE	47
PEGASYS	58	<i>podofilox</i>	45
PEGASYS	59	<i>polycin</i>	63
<i>pegylax</i>	48	<i>polymyxin b sulfate/trimethoprim sulfate</i>	63
PEMAZYRE	26	POMALYST	23
PENBRAYA	60	<i>portia-28</i>	54
<i>penicillamine</i>	47	<i>posaconazole</i>	21
<i>penicillin g sodium</i>	15	<i>posaconazole dr</i>	21
<i>penicillin v potassium</i>	15	<i>potassium chloride</i>	47
PENTACEL	60	<i>potassium chloride er</i>	47
<i>pentamidine isethionate</i>	28	<i>potassium chloride sr</i>	47
<i>pentoxifylline er</i>	40	<i>potassium citrate er</i>	47
<i>perindopril erbumine</i>	38	PRALUENT	41
<i>periogard</i>	44	<i>pramipexole dihydrochloride</i>	28
<i>permethrin</i>	46	<i>prasugrel hydrochloride</i>	37
<i>perphenazine</i>	29	<i>pravastatin sodium</i>	40
PERSERIS	29	<i>praziquantel</i>	27
<i>phenadoz</i>	20	<i>prazosin hydrochloride</i>	37
<i>phenelzine sulfate</i>	19	<i>prednisolone</i>	51
<i>phenobarbital</i>	17	<i>prednisolone acetate</i>	64
PHENYTEK	18	<i>prednisolone sodium phosphate</i>	50
<i>phenytoin</i>	18	<i>prednisone</i>	51
<i>phenytoin infatabs</i>	18	<i>pregabalin</i>	17
<i>phenytoin sodium extended</i>	18	PREHEVBRIO	60
PHESGO	24	PREMARIN	54
<i>philith</i>	54	<i>premium lidocaine</i>	12
PIFELTRO	31	PREMPHASE	54
<i>pilocarpine hcl</i>	64	PREMPRO	54
<i>pilocarpine hydrochloride</i>	44	<i>prenatal</i>	47
<i>pilocarpine hydrochloride</i>	64	<i>prevalite</i>	41
<i>pimecrolimus</i>	45	<i>previfem</i>	54
<i>pimozide</i>	29	PREVYMIS	30
<i>pimtrea</i>	54	PREZCOBIX	33
<i>pindolol</i>	38	PREZISTA	33

Drug Name	Page #	Drug Name	Page #
PRIFTIN	22	quinidine sulfate	38
primaquine phosphate	28	quinine sulfate	28
primidone	17	QULIPTA	22
PRIORIX	60	QVAR REDIHALER	65
PRIVIGEN	57	RABAVERT	60
PROAIR RESPICLICK	66	rabeprazole sodium	49
probenecid	22	RALDESY	20
probenecid/colchicine	22	raloxifene hydrochloride	55
prochlorperazine	20	ramelteon	67
prochlorperazine maleate	20	ramipril	38
PROCRIT	37	ranolazine er	40
procto-med hc	61	rasagiline mesylate	28
proctosol hc	61	RAYALDEE	61
proctozone-hc	61	REBIF	43
progesterone	55	REBIF REBIDOSE	43
PROGRAF	59	REBIF REBIDOSE TITRATION PACK	43
PROLASTIN-C	49	REBIF TITRATION PACK	43
PROLIA	61	RECOMBIVAX HB	60
PROMACTA	37	RELENZA DISKHALER	33
promethazine hcl	20	RELISTOR	48
promethazine hydrochloride	20	RENFLXIS	59
promethazine hydrochloride plain	20	RENTHYROID	56
promethegan	21	repaglinide	35
propafenone hcl	38	REPATHA	41
propafenone hydrochloride	38	REPATHA PUSHTRONEX SYSTEM	41
propafenone hydrochloride er	38	REPATHA SURECLICK	41
propranolol hcl	39	RESTASIS	63
propranolol hydrochloride	39	RESTASIS MULTIDOSE	63
propranolol hydrochloride er	39	RETACRIT	37
propylthiouracil	56	RETEVMO	26
PROQUAD	60	REVCOVI	49
protriptyline hcl	20	REVLIMID	23
prucalopride	48	REVUFORJ	24
PULMOZYME	66	REXULTI	29
PURIXAN	23	REYATAZ	33
pyrazinamide	22	REZLIDHIA	26
pyridostigmine bromide	22	REZUROCK	59
pyrimethamine	28	RHOPRESSA	64
PYRUKYND	49	ribavirin	31
PYRUKYND TAPER PACK	49	rifabutin	22
QINLOCK	26	rifampin	22
QUADRACEL	60	riluzole	43
quetiapine fumarate	29	RINVOQ	57
quetiapine fumarate er	29	RINVOQ LQ	57
quinapril hydrochloride	38	risedronate sodium	61
quinapril/hydrochlorothiazide	40	risperidone	30

Drug Name	Page #	Drug Name	Page #
<i>risperidone er</i>	29	<i>sevelamer carbonate</i>	47
<i>risperidone odt</i>	30	SFROWASA	61
<i>ritonavir</i>	33	<i>sharobel</i>	55
<i>rivastigmine tartrate</i>	19	SHINGRIX	60
<i>rivastigmine transdermal system</i>	19	SIGNIFOR	56
<i>rivelsa</i>	54	<i>sildenafil citrate</i>	66
RIVFLOZA	62	<i>silodosin</i>	50
<i>rizatriptan benzoate</i>	22	<i>silver sulfadiazine</i>	45
<i>rizatriptan benzoate odt</i>	22	SIMBRINZA	63
ROCKLATAN	63	<i>simliya</i>	54
<i>roflumilast</i>	66	<i>simpesse</i>	54
ROLVEDON	37	<i>simvastatin</i>	40
ROMVIMZA	26	<i>sirolimus</i>	59
<i>ropinirole er</i>	28	SIRTURO	22
<i>ropinirole hcl</i>	28	SKYCLARYS	62
<i>ropinirole hydrochloride</i>	28	SKYRIZI	57
<i>rosadan</i>	44	SKYRIZI PEN	57
<i>rosuvastatin calcium</i>	40	<i>sodium chloride</i>	47
<i>rosyrah</i>	54	<i>sodium chloride 0.45%</i>	47
ROTARIX	60	<i>sodium chloride 0.9%</i>	62
ROTATEQ	60	<i>sodium oxybate</i>	67
<i>roweepa</i>	17	<i>sodium phenylbutyrate</i>	49
<i>roweepa xr</i>	17	<i>sodium polystyrene sulfonate</i>	47
ROZLYTREK	26	<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	48
RUBRACA	26	<i>sofosbuvir/velpatasvir</i>	31
<i>rufinamide</i>	18	<i>solifenacin succinate</i>	50
RUKOBIA	32	SOLQUA 100/33	35
RYBELSUS	35	SOLTAMOX	23
RYDAPT	26	SOMAVERT	56
RYTARY	28	<i>sorafenib</i>	26
<i>sajazir</i>	57	<i>sorafenib tosylate</i>	26
SANDIMMUNE	59	<i>sorine</i>	38
SANTYL	45	<i>sotalol hcl</i>	38
<i>sapropterin dihydrochloride</i>	49	<i>sotalol hydrochloride</i>	38
SAVELLA	43	<i>sotalol hydrochloride (af)</i>	38
SAVELLA TITRATION PACK	43	SOTYKTU	45
SCEMBLIX	26	SPEVIGO	45
<i>scopolamine</i>	21	SPIRIVA RESPIMAT	65
SECUADO	30	<i>spironolactone</i>	41
<i>selegiline hcl</i>	28	<i>spironolactone/hydrochlorothiazide</i>	40
<i>selenium sulfide</i>	45	SPRAVATO 56MG DOSE	19
SELZENTRY	32	SPRAVATO 84MG DOSE	19
SEREVENT DISKUS	66	<i>sprintec 28</i>	54
<i>sertraline hcl</i>	20	SPRITAM	17
<i>sertraline hydrochloride</i>	20	SPRYCEL	26
<i>setlakin</i>	54		

Drug Name	Page #	Drug Name	Page #
SPS	47	<i>tarina fe 1/20</i>	54
<i>sronyx</i>	54	<i>tarina fe 1/20 eq</i>	54
<i>ssd</i>	45	TASIGNA	26
STAMARIL	60	TAVNEOS	57
<i>stavudine</i>	32	<i>tazarotene</i>	44
STEQEYMA	57	TAZICEF	14
STIOLTO RESPIMAT	67	<i>taztia xt</i>	39
STIVARGA	26	TAZVERIK	26
<i>streptomycin sulfate</i>	13	TDVAX	60
STRIBILD	31	TEFLARO	14
<i>subvenite</i>	17	TEGSEDI	49
<i>subvenite starter kit/blue</i>	17	<i>telmisartan</i>	37
<i>subvenite starter kit/green</i>	17	<i>telmisartan/hydrochlorothiazide</i>	40
<i>subvenite starter kit/orange</i>	17	<i>temazepam</i>	67
SUCRAID	49	TEMIXYS	32
<i>sucralfate</i>	49	TENIVAC	60
<i>sulfacetamide sodium</i>	64	<i>tenofovir disoproxil fumarate</i>	32
<i>sulfacetamide sodium/prednisolone sodium</i>	63	TEPMETKO	26
<i>phosphate</i>		<i>terazosin hcl</i>	50
<i>sulfadiazine</i>	16	<i>terazosin hydrochloride</i>	50
<i>sulfamethoxazole/trimethoprim</i>	16	<i>terbinafine hcl</i>	21
<i>sulfamethoxazole/trimethoprim ds</i>	16	<i>terconazole</i>	21
<i>sulfasalazine</i>	61	<i>teriparatide</i>	62
<i>sulindac</i>	11	<i>testosterone</i>	51
<i>sumatriptan</i>	22	<i>testosterone cypionate</i>	51
<i>sumatriptan succinate</i>	22	<i>testosterone enanthate</i>	51
<i>sunitinib malate</i>	26	<i>testosterone pump</i>	51
SUNLENCA	32	TETANUS/DIPHTHERIA TOXOIDS-	60
SUTAB	48	ADSORBED ADULT	
SYMPAZAN	17	<i>tetrabenazine</i>	43
SYMTUZA	33	<i>tetracycline hydrochloride</i>	16
SYNJARDY	35	TEVIMBRA	27
SYNJARDY XR	35	THALOMID	23
SYNRIBO	24	<i>theophylline er</i>	66
SYNTHROID	56	<i>thioridazine hydrochloride</i>	29
TABLOID	23	<i>thiothixene</i>	29
TABRECTA	26	THYROID	56
<i>tacrolimus</i>	45	<i>tiadylt er</i>	39
<i>tacrolimus</i>	59	<i>tiagabine hydrochloride</i>	17
<i>tadalafil</i>	50	TIBSOVO	26
<i>tadalafil</i>	66	TICOVAC	61
TAFINLAR	26	<i>tigecycline</i>	14
TAGRISSO	26	<i>timolol maleate</i>	22
TALZENNA	26	<i>timolol maleate</i>	64
<i>tamoxifen citrate</i>	23	<i>tinidazole</i>	14
<i>tamsulosin hydrochloride</i>	50	<i>tiotropium bromide</i>	65

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
TIVICAY	31	<i>trifluoperazine hydrochloride</i>	29
TIVICAY PD	31	<i>trifluridine</i>	64
<i>tizanidine hcl</i>	30	<i>trihexyphenidyl hydrochloride</i>	28
<i>tizanidine hydrochloride</i>	30	TRIJARDY XR	35
TOBI PODHALER	66	TRIKAFTA	66
TOBRADEX	63	<i>tri-linyah</i>	54
TOBRADEX ST	63	<i>trilyte</i>	48
<i>tobramycin</i>	64	<i>trimethoprim</i>	14
<i>tobramycin</i>	66	<i>tri-mili</i>	54
<i>tobramycin sulfate</i>	13	<i>trimipramine maleate</i>	20
<i>tobramycin/dexamethasone</i>	63	<i>trinessa</i>	54
<i>tolterodine tartrate</i>	50	TRINTELLIX	20
<i>tolterodine tartrate er</i>	50	<i>tri-nymyo</i>	54
<i>topiramate</i>	17	<i>tri-previfem</i>	54
<i>topotecan hcl</i>	24	<i>tri-sprintec</i>	54
<i>topotecan hydrochloride</i>	24	TRIUMEQ	32
<i>toremifene citrate</i>	23	TRIUMEQ PD	32
<i>torpenz</i>	26	<i>trivora-28</i>	54
<i>torse mide</i>	40	<i>tri-vylibra</i>	54
TOUJEO MAX SOLOSTAR	36	TRIZIVIR	32
TOUJEO SOLOSTAR	36	<i>trospium chloride</i>	50
TRADJENTA	35	<i>trospium chloride er</i>	50
<i>tramadol hydrochloride</i>	12	TRULICITY	35
<i>tramadol hydrochloride/acetaminophen</i>	12	TRUMENBA	61
<i>trandolapril</i>	38	TRUQAP	26
<i>trandolapril/verapamil hcl er</i>	40	TRUSELTIQ	24
<i>tranexamic acid</i>	37	TRYNGOLZA	41
<i>tranylcypramine sulfate</i>	19	TUKYSA	27
<i>trazodone hydrochloride</i>	20	<i>tulana</i>	55
TRECTOR	23	TURALIO	27
TRELEGEY ELLIPTA	67	<i>turqoz</i>	54
TRELSTAR MIXJECT	56	TWINRIX	61
TRESIBA	36	TYBOST	32
TRESIBA FLEXTOUCH	36	TYMLOS	62
<i>tretinoin</i>	27	TYPHIM VI	61
<i>tretinoin</i>	44	TYRVAYA	13
<i>tri femynor</i>	54	UBRELVY	22
<i>triamcinolone acetonide</i>	45	UDENYCA	37
<i>triamcinolone acetonide</i>	51	UDENYCA ONBODY	37
<i>triamcinolone acetonide dental paste</i>	44	<i>ulticare micro pen needles/32g x 5/32"</i>	62
<i>triamterene</i>	40	<i>unifine pentips 32gx6mm</i>	62
<i>triamterene/hydrochlorothiazide</i>	40	UNITHROID	56
<i>triderm</i>	45	<i>urea</i>	45
<i>trientine hydrochloride</i>	47	<i>ursodiol</i>	48
<i>tri-estarylla</i>	54	<i>valacyclovir hydrochloride</i>	33
<i>trifluoperazine hcl</i>	29	VALCHLOR	23

Formulary ID: 25382, Version: 14, Effective Date: 07/01/2025

Last Updated: 06/02/2025

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>valganciclovir tablet 450mg</i>	30	<i>vilazodone hydrochloride</i>	20
<i>valganciclovir hydrochloride solution</i>	30	VIMKUNYA	61
50mg/ml		<i>viorele</i>	55
<i>valproic acid</i>	17	VIRACEPT	33
<i>valsartan</i>	37	VIREAD	32
<i>valsartan/hydrochlorothiazide</i>	40	VISTOGARD	62
VALTOCO 10 MG DOSE	18	VITRAKVI	27
VALTOCO 15 MG DOSE	18	VIVITROL	12
VALTOCO 20 MG DOSE	18	VIVOTIF	61
VALTOCO 5 MG DOSE	18	VIZIMPRO	27
<i>valtya 1/50</i>	54	VOCABRIA	31
<i>vancomycin hcl</i>	14	<i>volnea</i>	55
<i>vancomycin hydrochloride</i>	14	VONJO	24
VANFLYTA	27	VORANIGO	27
VAQTA	61	<i>voriconazole</i>	21
<i>varenicline starting month</i>	13	VOSEVI	31
<i>varenicline tartrate</i>	13	VOWST	48
VARIVAX	61	VRAYLAR	30
VAXCHORA	61	VUMERITY	43
VAXELIS	61	<i>vyfemla</i>	55
VELPHORO	47	VYJUVEK	33
VELTASSA	47	<i>vylibra</i>	55
VENCLEXTA	27	VYNDAMAX	40
VENCLEXTA STARTING PACK	27	VYZULTA	64
<i>venlafaxine hydrochloride</i>	20	<i>warfarin sodium</i>	36
<i>venlafaxine hydrochloride er</i>	20	WELIREG	49
VENTAVIS	66	<i>wera</i>	55
VEOPOZ	57	WEZLANA	57
VEOZAH	43	<i>wixela inhub</i>	67
<i>verapamil hcl</i>	39	XALKORI	27
<i>verapamil hcl er</i>	39	XARELTO	36
<i>verapamil hcl sr</i>	39	XARELTO STARTER PACK	36
<i>verapamil hydrochloride</i>	39	XATMEP	59
<i>verapamil hydrochloride er</i>	39	XCOPRI	18
VERQUVO	41	XDEMVY	64
VERSACLOZ	30	XELJANZ	57
VERZENIO	27	XELJANZ XR	57
V-GO 20	62	XERMELO	48
V-GO 30	62	XGEVA	62
V-GO 40	62	XIFAXAN	48
<i>vicodin hp</i>	12	XIGDUO XR	35
<i>vienva</i>	55	XIIDRA	63
<i>vigabatrin</i>	18	XOFLUZA	33
<i>vigadrone</i>	18	XOLAIR	57
VIGAFYDE	18	XOLREMDI	37
<i>vigpoder</i>	18	XOSPATA	27

<b>Drug Name</b>	<b>Page #</b>
XPOVIO	27
XPOVIO 60 MG TWICE WEEKLY	27
XPOVIO 80 MG TWICE WEEKLY	27
XTAMPZA ER	11
XTANDI	23
<i>xulane</i>	55
<i>yargesa</i>	49
YF-VAX	61
YUPELRI	65
<i>yuvafem</i>	55
<i>zafemy</i>	55
<i>zafirlukast</i>	65
<i>zaleplon</i>	67
ZARXIO	37
ZEJULA	27
ZELBORAF	27
<i>zenatane</i>	44
ZENPEP	50
ZEPOSIA	43
ZEPOSIA 7-DAY STARTER PACK	43
ZEPOSIA STARTER KIT	43
<i>zidovudine</i>	32
<i>ziprasidone hcl</i>	30
<i>ziprasidone mesylate</i>	30
ZIRGAN	64
ZOKINVY	63
ZOLINZA	24
<i>zolmitriptan</i>	22
<i>zolpidem tartrate</i>	67
<i>zolpidem tartrate er</i>	67
ZONISADE	18
<i>zonisamide</i>	18
<i>zovia 1/35</i>	55
<i>zovia 1/35e</i>	55
ZTALMY	18
ZURZUVAE	19
ZYDELIG	27
ZYKADIA	27
ZYLET	63
ZYPREXA RELPREVV	30

# Non-discrimination notice

Sanford Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex (including pregnancy, sexual orientation, and gender identity), or any other classification protected under the law. Sanford Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, sex (including pregnancy, sexual orientation, and gender identity), or any other classification protected under the law.

Sanford Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages
- If you need these services, please call us:
  - Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549)
  - Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549)Our customer service lines are available 8 a.m. to 8 p.m. CST, 7 days a week, October 1-March 31 except on Christmas and Thanksgiving, and Monday through Friday all other dates except on federal holidays.

If you believe that Sanford Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity), you can file a grievance with the Section 504 Coordinator at:

Mailing Address: Section 504 Coordinator, 2301 E. 60th Street, Sioux Falls, SD 57103  
Telephone number: (877) 473-0911 (TTY: 711)  
Fax: (605) 312-9886  
Email: [shpcompliance@sanfordhealth.org](mailto:shpcompliance@sanfordhealth.org)

You can file a grievance in person or by phone, mail, fax, or email. If you need help filing a grievance, the Section 504 Coordinator is available to help you.

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

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

Complaint forms are available at:

<http://www.hhs.gov/ocr/office/file/index.html>.



# Help in Other Languages

For help in any language other than English, call Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549).

**Arabic** – ملحوظة: إذا كنت تتحدث انكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم (844) 637-4760: Great Plains Medicare Advantage (رقم هاتف الصم والبكم: (888) 279-1549) Align Medicare Advantage (رقم هاتف الصم والبكم: (888) 278-6485) ((888) 279-1549).

**Amharic** – ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ Great Plains Medicare Advantage: (844) 637-4760 (መስማት ለተሳናቸው: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (መስማት ለተሳናቸው: (888) 279-1549).

**Chinese** – 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 Great Plains Medicare Advantage: (844) 637-4760 ( TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549) 。

**Cushite (Oromo)** – XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549).

**German** – ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549).

**Hmong** – LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549).

**Karen** – ၵဝ်သုဉ်းဝ်သး- နမ့ၢ်ကတိၢ် ကညိၣ် ကျိၣ်အဆိၣ်, နမၤန့ၢ် ကျိၣ်အတၢ်မၤစၢၤလၢ တလၢကတိၢ်လၢကတိၢ် နိတမံၤဘၣ်သ့န့ၣ်လီၤ. ကိး Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549).

**Korean** – 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549) 번으로 전화해 주십시오.

**Laotian** – ໂປດຊາບ: ຖ້າວ່າ ທ່ານ ບໍ່ເຂົ້າເວົ້າພາສາ ັ້ ການ ວາວ, ການບວ ັ້

ນັ້ນ. ໂທ ັ້

Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549).

**French** – ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le Great Plains Medicare Advantage: (844) 637-4760 (ATS: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (ATS: (888) 279-1549).

**Russian** – ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните Great Plains Medicare Advantage: (844) 637-4760 (телетайп: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (телетайп: (888) 279-1549).

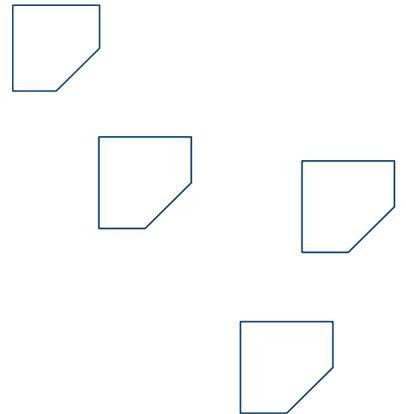
**Spanish** – ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549).

**Tagalog** – PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549).

**Thai** – เรียน: ถาคุณพูดภาษาไทยคุณสามารถขอ บริการช่วยเหลือทางภาษาไทยฟรี โทร Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549).

**Vietnamese** – CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549).





**Align DUALPartnership (HMO D-SNP)**

## **2025 Formulary List of Covered Drugs**

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

Formulary ID# 00025382, V14

This formulary was updated on 06/02/2025.

For more recent information or other questions, please contact member service at (844) 642-9090 (TTY users should call 711), 24 hours a day/7 days a week, or visit [align.sanfordhealthplan.com](http://align.sanfordhealthplan.com).

We also provide information in alternative formats such as braille, audio or large print. To receive information in an alternative format, please call our member service at (844) 642-9090 (TTY: 711), 24 hours a day/7 days a week.

This formulary last updated 06/02/2025