

Great Plains Medicare Advantage (HMO I-SNP) 2025 Formulary List of Covered Drugs

Plans covered:

Great Plains Medicare Advantage of South Dakota
Great Plains Medicare Advantage of North Dakota
Great Plains Medicare Advantage of Nebraska

For the most current list of covered medications or if you have questions, call our pharmacy management team at (855) 800-8872 (TTY: 711).

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

Formulary ID# 00025382, V7

This formulary was updated on 08/16/2024.

• 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 Great Plains Medicare Advantage member services at (855) 800-8872 (TTY users should call 711), 24 hours a day/7 days a week or visit greatplainsmedicareadvantage.com.

We also provide information in alternative formats such as braille, audio or large print. To receive information in an alternative format, call our member services at (855) 800-8872 (TTY: 711), 24 hours a day/7 days a week.



Resources at greatplainsmedicareadvantage.com

Select Member Resources and Prescription Drug Benefits to:

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

Welcome

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to “we,” “us” or “our,” it means Good Samaritan Insurance Plan of North Dakota, South Dakota and Nebraska LLC. When it refers to “plan” or “our plan,” it means Great Plains Medicare Advantage (HMO I-SNP).

This document includes a list of the drugs (formulary) for our plan which is current as of 01/01/2025. 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 choose network pharmacies to use your prescription drug benefit. Benefits, formularies, pharmacy networks and/or copayments/coinsurance may change on Jan. 1, 2025 and from time to time during the year.

Understanding your formulary

What is the Great Plains Medicare Advantage (HMO I-SNP) 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 list of all prescription drugs covered by Great Plains Medicare Advantage (HMO I-SNP), please visit our website or call us. Our contact information can be found on the front and back pages, along with the date we last updated the formulary.

About this formulary

Where differences exist between this formulary and your benefit plan documents, the benefit plan documents rule. This may not be a complete list of medications, and not all medications listed may be covered by your plan. Please look at the benefit plan document also referred to as your Summary of Benefits.

Understanding your formulary

Can the Formulary (drug list) change?

Most changes in drug coverage occur 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. Updates to the formulary are posted monthly to our website at greatplainsmedicareadvantage.com/member-resources

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 the brand name drug for you. For more information, see the section below titled “How do I request an exception to Great Plains Medicare Advantage (HMO I-SNP) 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 Great Plains Medicare Advantage (HMO I-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 01/01/2025. To get updated information about the drugs covered by Great Plains Medicare Advantage (HMO I-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 12. 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 12. 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.

Understanding your formulary

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).

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	Non-Extended Day Supply — This prescription drug is not available for an extended days' supply.
PA	Prior Authorization — 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	Quantity Limit/Amount Allowed — 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	Step Therapy — Trial of a lower-cost medication(s) is required before a higher-cost medication can be covered.
PA NSO	Prior Authorization New Starts Only — A prior authorization is only required when a new medication is to be started.
ST NSO	Step Therapy New Starts Only — 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.

Understanding your formulary

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, along with the date we last updated the formulary, appears on the front and back cover pages.

If you learn that GPMA does not cover your drug, you have two options:

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

- You can ask GPMA 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, GPMA 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, GPMA will only approve your request for an exception if the alternative drugs included on Great Plains Medicare Advantage (HMO I-SNP)'s formulary, or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

Understanding your formulary

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 our plan.

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 Great Plains Medicare Advantage (HMO I-SNP) 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 GPMA prescription drug coverage, please review your Evidence of Coverage and other plan materials.

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

Understanding your formulary

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>.

Great Plains Medicare Advantage (GPMA) Formulary

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

If your prescription is not in this partial formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

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

This formulary was updated on 08/16/2024. For more recent information or other questions, please contact Great Plains Medicare Advantage member services at (855) 800-8872 (TTY users should call 711), 24 hours a day/7 days a week or visit greatplainsmedicareadvantage.com. The formulary, pharmacy network and/or provider network may change at any time.

Drug Name	Requirements/Limits
Analgesics	
<i>Nonsteroidal Anti-inflammatory Drugs</i>	
<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 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>	
<i>Opioid Analgesics, Long-acting</i>	
<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
<i>XTAMPZA ER</i>	NDS
<i>Opioid Analgesics, Short-acting</i>	
<i>acetaminophen/codeine</i>	NDS
<i>endocet tablet 325mg; 5mg</i>	NDS
<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

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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>hydrocodone bitartrate/acetaminophen tablet 325mg; 10mg, 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
Anesthetics	
<i>Local Anesthetics</i>	
<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
Anti-Addiction/Substance Abuse Treatment Agents	
<i>Alcohol Deterrents/Anti-craving</i>	
<i>acamprosate calcium dr</i>	
<i>disulfiram tablet</i>	
<i>naltrexone hcl tablet</i>	
VIVITROL	
<i>Opioid Dependence</i>	
<i>buprenorphine hcl/naloxone hcl tablet sublingual 2mg; 0.5mg</i>	QL(360 EA per 30 days)
<i>buprenorphine hcl/naloxone hcl tablet sublingual 8mg; 2mg</i>	QL(90 EA per 30 days)
<i>buprenorphine hcl tablet sublingual</i>	
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 4mg; 1mg</i>	QL(60 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 8mg; 2mg</i>	QL(90 EA per 30 days)
<i>Opioid Reversal Agents</i>	

Formulary ID: 25382, Version: 7, Effective Date: 01/01/2025

Last Updated: 08/16/2024

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Drug Name	Requirements/Limits
<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	
<i>Smoking Cessation Agents</i>	
<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 box</i>	QL(504 EA per 365 days)
<i>varenicline tartrate</i>	QL(504 EA per 365 days)
Antibacterials	
<i>Aminoglycosides</i>	
<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>	
<i>Antibacterials, Other</i>	
<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>	
<i>metronidazole vaginal</i>	
<i>metronidazole injection 500mg/100ml</i>	

Formulary ID: 25382, Version: 7, Effective Date: 01/01/2025

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Drug Name	Requirements/Limits
<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>	
Beta-lactam, Cephalosporins	
<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	
Beta-lactam, Penicillins	
<i>amoxicillin/clavulanate potassium er</i>	
<i>amoxicillin/clavulanate potassium tablet chewable</i>	
<i>amoxicillin/clavulanate potassium suspension reconstituted 200mg/5ml; 28.5mg/5ml, 400mg/5ml; 57mg/5ml, 600mg/5ml; 42.9mg/5ml</i>	

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Drug Name	Requirements/Limits
<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>	
AUGMENTIN SUSPENSION RECONSTITUTED 125MG/5ML; 31.25MG/5ML	
BICILLIN L-A INJECTION 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	
<i>dicloxacillin sodium</i>	
<i>nafcillin 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>	
<i>Carbapenems</i>	
<i>ertapenem</i>	
<i>ertapenem sodium</i>	
<i>imipenem/cilastatin</i>	
<i>meropenem injection 1gm, 500mg</i>	
<i>meropenem injection 2gm</i>	
<i>Macrolides</i>	
<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>	
DIFICID TABLET	
<i>erythromycin dr</i>	
<i>Quinolones</i>	
<i>ciprofloxacin hcl tablet 750mg</i>	
<i>ciprofloxacin hcl tablet 100mg</i>	
<i>ciprofloxacin hydrochloride tablet 250mg, 500mg</i>	
<i>ciprofloxacin i.v. -in d5w</i>	
<i>ciprofloxacin suspension reconstituted 500mg/5ml, 5gm/100ml</i>	

Formulary ID: 25382, Version: 7, Effective Date: 01/01/2025

Last Updated: 08/16/2024

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>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>	
<i>Sulfonamides</i>	
<i>sulfadiazine tablet</i>	
<i>sulfamethoxazole/trimethoprim ds</i>	
<i>sulfamethoxazole/trimethoprim tablet</i>	
<i>sulfamethoxazole/trimethoprim suspension</i>	
<i>Tetracyclines</i>	
<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>	
Anticonvulsants	
<i>Anticonvulsants, Other</i>	
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>	
<i>lamotrigine tablet chewable</i>	
<i>levetiracetam er</i>	

Formulary ID: 25382, Version: 7, Effective Date: 01/01/2025

Last Updated: 08/16/2024

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>levetiracetam solution, tablet</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>	
Calcium Channel Modifying Agents	
<i>ethosuximide</i>	
<i>methsuximide</i>	
Gamma-aminobutyric Acid (GABA) Modulating Agents	
<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>divalproex sodium capsule delayed release sprinkle</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>	
VALTOCO 10 MG DOSE	QL(10 EA per 30 days)
VALTOCO 15 MG DOSE	QL(10 EA per 30 days)

Formulary ID: 25382, Version: 7, Effective Date: 01/01/2025

Last Updated: 08/16/2024

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 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
<i>Sodium Channel Agents</i>	
APTIOM	
<i>carbamazepine er tablet extended release 12 hour</i>	
<i>carbamazepine er capsule extended release 12 hour</i>	
<i>carbamazepine tablet chewable</i>	
<i>carbamazepine suspension, tablet</i>	
DILANTIN CAPSULE 30MG	
<i>epitol</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>	
Antidementia Agents	
<i>Antidementia Agents, Other</i>	
<i>ergoloid mesylates tablet</i>	
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR	QL(30 EA per 30 days); ST
<i>Cholinesterase Inhibitors</i>	
<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>	
<i>galantamine hydrobromide solution, tablet</i>	
<i>rivastigmine tartrate</i>	
<i>rivastigmine transdermal system</i>	
<i>N-methyl-D-aspartate (NMDA) Receptor Antagonist</i>	

Formulary ID: 25382, Version: 7, Effective Date: 01/01/2025

Last Updated: 08/16/2024

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>memantine hcl titration pak</i>	
<i>memantine hydrochloride er</i>	QL(30 EA per 30 days)
<i>memantine hydrochloride tablet</i>	
Antidepressants	
<i>Antidepressants, Other</i>	
AUVELITY	QL(60 EA per 30 days); ST NSO
<i>bupropion hcl tablet 100mg</i>	
<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 75mg</i>	
<i>mirtazapine odt</i>	
<i>mirtazapine tablet</i>	
ZURZUVAE CAPSULE 30MG	QL(14 EA per 14 days); PA NSO
ZURZUVAE CAPSULE 20MG, 25MG	QL(28 EA per 14 days); PA NSO
<i>Monoamine Oxidase Inhibitors</i>	
EMSAM	QL(30 EA per 30 days); ST NSO
MARPLAN	
<i>phenelzine sulfate</i>	
<i>tranylcypromine sulfate</i>	
<i>SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor</i>	
<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>	
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>	

Formulary ID: 25382, Version: 7, Effective Date: 01/01/2025

Last Updated: 08/16/2024

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>nefazodone hydrochloride</i>	
<i>paroxetine hcl tablet 30mg, 40mg</i>	
<i>paroxetine hydrochloride suspension</i>	
<i>paroxetine hydrochloride tablet 10mg, 20mg</i>	
<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)
Tricyclics	
<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>	
Antiemetics	
Antiemetics, Other	
<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, 25mg</i>	
<i>promethazine hcl tablet 12.5mg</i>	
<i>promethazine hydrochloride plain</i>	
<i>promethazine hydrochloride tablet 25mg, 50mg</i>	
<i>promethegan suppository 12.5mg, 25mg</i>	
<i>scopolamine</i>	
Emetogenic Therapy Adjuncts	
<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

Formulary ID: 25382, Version: 7, Effective Date: 01/01/2025
Last Updated: 08/16/2024

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>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
Antifungals	
<i>Antifungals</i>	
ABELCET	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
JUBLIA	
<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
Antigout Agents	
<i>Antigout Agents</i>	
<i>allopurinol tablet 100mg, 300mg</i>	
<i>colchicine tablet 0.6mg</i>	
<i>febuxostat</i>	
<i>probenecid/colchicine</i>	
<i>probenecid tablet</i>	
Antimigraine Agents	

Formulary ID: 25382, Version: 7, Effective Date: 01/01/2025

Last Updated: 08/16/2024

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
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists	
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
Ergot Alkaloids	
<i>dihydroergotamine mesylate solution</i>	QL(8 ML per 30 days); PA
<i>ergotamine tartrate/caffeine</i>	QL(24 EA per 28 days)
Prophylactic	
<i>timolol maleate tablet 10mg, 20mg, 5mg</i>	
Serotonin (5-HT) Receptor Agonist	
<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)
Antimyasthenic Agents	
Parasympathomimetics	
<i>pyridostigmine bromide tablet 60mg</i>	
Antimycobacterials	
Antimycobacterials, Other	
<i>dapsone tablet</i>	
<i>rifabutin</i>	
Antituberculars	
<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	
TRECTOR	
Antineoplastics	
Alkylating Agents	
<i>cisplatin injection 100mg/100ml</i>	
<i>cyclophosphamide capsule</i>	B/D
GLEOSTINE CAPSULE 10MG, 40MG	

Formulary ID: 25382, Version: 7, Effective Date: 01/01/2025

Last Updated: 08/16/2024

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
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>bicalutamide</i>	
ERLEADA	PA NSO
<i>flutamide</i>	
<i>nilutamide</i>	
NUBEQA	PA NSO
XTANDI	PA NSO
<i>Antiangiogenic Agents</i>	
<i>lenalidomide</i>	PA NSO
POMALYST	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>	
PURIXAN	
TABLOID	
<i>Antineoplastics, Other</i>	
AKEEGA	PA NSO
IBRANCE TABLET 100MG, 125MG, 75MG	PA NSO
INREBIC	PA NSO
IWILFIN	PA NSO
KISQALI FEMARA 200 DOSE	PA NSO
KISQALI FEMARA 400 DOSE	PA NSO
KISQALI FEMARA 600 DOSE	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
SYNRIBO	

Formulary ID: 25382, Version: 7, Effective Date: 01/01/2025

Last Updated: 08/16/2024

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
TRUSELTIQ	PA NSO
VONJO	PA NSO
ZOLINZA	PA NSO
<i>Aromatase Inhibitors, 3rd Generation</i>	
<i>anastrozole tablet</i>	
<i>exemestane</i>	
<i>letrozole</i>	
<i>Molecular Target Inhibitors</i>	
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
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
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

Formulary ID: 25382, Version: 7, Effective Date: 01/01/2025

Last Updated: 08/16/2024

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
IMBRUVICA CAPSULE, SUSPENSION	PA NSO
IMBRUVICA TABLET 420MG, 560MG	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
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
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
ROZLYTREK	PA NSO
RUBRACA	PA NSO

Formulary ID: 25382, Version: 7, Effective Date: 01/01/2025

Last Updated: 08/16/2024

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
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
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
<i>Retinoids</i>	
<i>bexarotene</i>	PA NSO
PANRETIN	
<i>tretinoin capsule 10mg</i>	
<i>Treatment Adjuncts</i>	

Formulary ID: 25382, Version: 7, Effective Date: 01/01/2025

Last Updated: 08/16/2024

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
MESNEX TABLET	
VORANIGO TABLET 40MG	PA NSO
VORANIGO TABLET 10MG	QL(60 EA per 30 days); PA NSO
Antiparasitics	
<i>Anthelmintics</i>	
<i>albendazole tablet</i>	
<i>ivermectin tablet</i>	PA
<i>praziquantel tablet</i>	
<i>Antiprotozoals</i>	
ALINIA SUSPENSION RECONSTITUTED	
<i>atovaquone</i>	
<i>atovaquone/proguanil hcl</i>	
<i>benznidazole</i>	
<i>chloroquine phosphate tablet</i>	
COARTEM	
<i>hydroxychloroquine sulfate tablet 100mg, 200mg</i>	
<i>mefloquine hcl</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
Antiparkinson Agents	
<i>Anticholinergics</i>	
<i>benztropine mesylate tablet</i>	
<i>trihexyphenidyl hydrochloride</i>	
<i>Antiparkinson Agents, Other</i>	
<i>entacapone</i>	
OSMOLEX ER TABLET ER 24 HOUR THERAPY PACK	PA
OSMOLEX ER TABLET EXTENDED RELEASE 24 HOUR 129MG, 193MG	PA
<i>Dopamine Agonists</i>	
<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>	
<i>Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors</i>	
<i>carbidopa/levodopa</i>	
<i>carbidopa/levodopa er</i>	
<i>carbidopa/levodopa odt</i>	
<i>carbidopa tablet</i>	
INBRIJA	PA
RYTARY	ST

Formulary ID: 25382, Version: 7, Effective Date: 01/01/2025

Last Updated: 08/16/2024

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
Monoamine Oxidase B (MAO-B) Inhibitors	
<i>rasagiline mesylate tablet</i>	
<i>selegiline hcl capsule, tablet</i>	
Antipsychotics	
1st Generation/Typical	
<i>chlorpromazine hcl tablet</i>	
<i>chlorpromazine hydrochloride concentrate, tablet</i>	
<i>fluphenazine decanoate injection</i>	
<i>fluphenazine hcl concentrate</i>	
<i>fluphenazine hcl tablet 1mg</i>	
<i>fluphenazine hydrochloride elixir, injection</i>	
<i>fluphenazine hydrochloride tablet 10mg, 2.5mg, 5mg</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>	
<i>molindone hydrochloride</i>	
<i>perphenazine tablet</i>	
<i>pimozide</i>	
<i>thioridazine hcl tablet 100mg, 10mg, 25mg, 50mg</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>	
2nd Generation/Atypical	
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	
FANAPT	
FANAPT TITRATION PACK	QL(60 EA per 30 days); ST NSO
INVEGA HAFYERA	QL(16 EA per 365 days); ST NSO
INVEGA TRINZA	
INVEGA SUSTENNA INJECTION 39MG/0.25ML	ST NSO
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)

Formulary ID: 25382, Version: 7, Effective Date: 01/01/2025

Last Updated: 08/16/2024

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
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>	
<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>	
<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	
Treatment-Resistant	
<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)
Antispasticity Agents	
Antispasticity Agents	
<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>	
Antivirals	

Formulary ID: 25382, Version: 7, Effective Date: 01/01/2025

Last Updated: 08/16/2024

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
Anti-cytomegalovirus (CMV) Agents	
<i>ganciclovir injection 500mg/10ml</i>	B/D
LIVTENCITY	
PREVYMIS TABLET	
<i>valganciclovir</i>	
<i>valganciclovir hydrochloride</i>	
Anti-hepatitis B (HBV) Agents	
<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>	
Anti-hepatitis C (HCV) Agents	
MAVYRET TABLET	QL(336 EA per 365 days); PA
MAVYRET PACKET	QL(560 EA per 365 days); PA
<i>ribavirin tablet 200mg</i>	
<i>sofosbuvir/velpatasvir</i>	QL(84 EA per 365 days); PA
VOSEVI	QL(84 EA per 365 days); PA
Anti-HIV Agents, Integrase Inhibitors (INSTI)	
BIKTARVY	QL(30 EA per 30 days)
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	
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)	
COMPLERA	QL(30 EA per 30 days)
DELSTRIGO	QL(30 EA per 30 days)
EDURANT	QL(30 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>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)

Formulary ID: 25382, Version: 7, Effective Date: 01/01/2025

Last Updated: 08/16/2024

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>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)
<i>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</i>	
<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)
DESCOVY	QL(30 EA per 30 days)
<i>emtricitabine</i>	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil</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 300mg</i>	QL(30 EA per 30 days)
<i>lamivudine tablet 150mg</i>	QL(60 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)
<i>Anti-HIV Agents, Other</i>	
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 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)

Formulary ID: 25382, Version: 7, Effective Date: 01/01/2025
Last Updated: 08/16/2024

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
Anti-HIV Agents, Protease Inhibitors (PI)	
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)
LEXIVA SUSPENSION	QL(1800 ML per 30 days)
<i>lopinavir/ritonavir</i>	
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)
Anti-influenza Agents	
<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	
Antiherpetic Agents	
<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
Antiviral, Coronavirus Agents	
LAGEVRIO	QL(40 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)
Anxiolytics	
Anxiolytics, Other	

Formulary ID: 25382, Version: 7, Effective Date: 01/01/2025

Last Updated: 08/16/2024

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>bupirone hcl tablet 15mg</i>	
<i>bupirone hydrochloride tablet 10mg, 5mg</i>	
<i>bupirone hydrochloride tablet 30mg, 7.5mg</i>	
Benzodiazepines	
<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)
<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)
Bipolar Agents	
<i>Bipolar Agents, Other</i>	
IGALMI	PA NSO
<i>Mood Stabilizers</i>	
<i>lithium</i>	
<i>lithium carbonate er</i>	
<i>lithium carbonate capsule, tablet</i>	
Blood Glucose Regulators	
<i>Antidiabetic Agents</i>	
<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>glimepiride</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>	

Formulary ID: 25382, Version: 7, Effective Date: 01/01/2025

Last Updated: 08/16/2024

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>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>	
<i>pioglitazone hcl tablet 45mg</i>	
<i>pioglitazone hydrochloride tablet 15mg, 30mg</i>	
<i>repaglinide</i>	
RYBELSUS TABLET 14MG, 7MG	QL(30 EA per 30 days); PA
RYBELSUS TABLET 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	
<i>Glycemic Agents</i>	
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	
<i>Insulins</i>	
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	

Formulary ID: 25382, Version: 7, Effective Date: 01/01/2025

Last Updated: 08/16/2024

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
LANTUS SOLOSTAR	
LYUMJEV	
LYUMJEV KWIKPEN	
NOVOLIN 70/30	
NOVOLIN 70/30 FLEXPEN	
NOVOLIN 70/30 FLEXPEN RELION	
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	
Blood Products and Modifiers	
<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)

Formulary ID: 25382, Version: 7, Effective Date: 01/01/2025

Last Updated: 08/16/2024

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
XARELTO TABLET 15MG, 2.5MG	QL(60 EA per 30 days)
Blood Products and Modifiers, Other	
<i>anagrelide hydrochloride</i>	
NEULASTA	PA
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	
Hemostasis Agents	
<i>tranexamic acid tablet</i>	
Platelet Modifying Agents	
<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>	
Cardiovascular Agents	
Alpha-adrenergic Agonists	
<i>clonidine</i>	
<i>clonidine hydrochloride tablet</i>	
<i>droxidopa</i>	PA
<i>guanfacine hydrochloride</i>	
<i>methyldopa tablet 250mg, 500mg</i>	
<i>midodrine hcl</i>	
Alpha-adrenergic Blocking Agents	
<i>prazosin hydrochloride capsule</i>	
Angiotensin II Receptor Antagonists	
<i>candesartan cilexetil</i>	
EDARBI	
<i>irbesartan</i>	
<i>losartan potassium tablet</i>	
<i>olmesartan medoxomil tablet</i>	

Formulary ID: 25382, Version: 7, Effective Date: 01/01/2025

Last Updated: 08/16/2024

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>telmisartan</i>	
<i>valsartan tablet</i>	
Angiotensin-converting Enzyme (ACE) Inhibitors	
<i>benazepril hcl tablet 10mg, 40mg, 5mg</i>	
<i>benazepril hydrochloride tablet 20mg</i>	
<i>captopril tablet</i>	
<i>enalapril maleate tablet</i>	
<i>fosinopril sodium</i>	
<i>lisinopril tablet</i>	
<i>moexipril hcl</i>	
<i>perindopril erbumine</i>	
<i>quinapril hydrochloride</i>	
<i>ramipril</i>	
<i>trandolapril</i>	
Antiarrhythmics	
<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 hcl capsule 150mg</i>	
<i>mexiletine hcl capsule 200mg, 250mg</i>	
MULTAQ	
PACERONE TABLET 200MG	
PACERONE TABLET 100MG	
<i>propafenone hcl</i>	
<i>propafenone hydrochloride er</i>	
<i>quinidine sulfate tablet</i>	
<i>sorine</i>	
<i>sotalol hcl</i>	
<i>sotalol hydrochloride (af)</i>	
<i>sotalol hydrochloride tablet 120mg, 160mg, 80mg</i>	
Beta-adrenergic Blocking Agents	
<i>acebutolol hcl capsule 400mg</i>	
<i>acebutolol hydrochloride</i>	
<i>atenolol tablet</i>	
<i>betaxolol hcl tablet 10mg, 20mg</i>	
<i>bisoprolol fumarate</i>	
<i>carvedilol</i>	
<i>labetalol hydrochloride tablet</i>	
<i>metoprolol succinate er</i>	

Formulary ID: 25382, Version: 7, Effective Date: 01/01/2025

Last Updated: 08/16/2024

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>metoprolol tartrate tablet</i>	
<i>nadolol tablet 20mg, 40mg, 80mg</i>	
<i>nebivolol hydrochloride</i>	
<i>nebivolol tablet 5mg</i>	
<i>pindolol tablet</i>	
<i>propranolol hcl er capsule extended release 24 hour 120mg, 160mg</i>	
<i>propranolol hcl tablet 40mg</i>	
<i>propranolol hydrochloride er capsule extended release 24 hour 60mg, 80mg</i>	
<i>propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg</i>	
Calcium Channel Blocking Agents, Dihydropyridines	
<i>amlodipine besylate tablet</i>	
<i>felodipine er</i>	
<i>isradipine</i>	
<i>nifedipine er</i>	
<i>nimodipine capsule</i>	
Calcium Channel Blocking Agents, Nondihydropyridines	
<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, 90mg</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</i>	
<i>matzim la</i>	
<i>taztia xt</i>	
<i>tiadylt er</i>	
<i>verapamil hcl er tablet extended release 120mg, 240mg</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</i>	
<i>verapamil hydrochloride tablet 120mg</i>	
Cardiovascular Agents, Other	
<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>	

Formulary ID: 25382, Version: 7, Effective Date: 01/01/2025

Last Updated: 08/16/2024

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>bisoprolol fumarate/hydrochlorothiazide</i>	
<i>candesartan cilexetil/hydrochlorothiazide</i>	
<i>captopril/hydrochlorothiazide</i>	
CORLANOR TABLET	QL(60 EA per 30 days); PA
EDARBYCLOR	
<i>enalapril maleate/hydrochlorothiazide</i>	
ENTRESTO CAPSULE SPRINKLE	QL(240 EA per 30 days)
ENTRESTO TABLET	QL(60 EA per 30 days)
<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); PA
<i>lisinopril/hydrochlorothiazide</i>	
<i>losartan potassium/hydrochlorothiazide</i>	
<i>metyrosine</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
Diuretics, Loop	
<i>bumetanide injection, tablet</i>	
<i>furosemide tablet</i>	
<i>furosemide injection</i>	
<i>toremide tablet</i>	
Diuretics, Potassium-sparing	
<i>amiloride hcl tablet</i>	
<i>triamterene capsule</i>	
Diuretics, Thiazide	
<i>chlorthalidone tablet 25mg, 50mg</i>	
<i>hydrochlorothiazide capsule, tablet</i>	
<i>indapamide tablet</i>	
<i>metolazone</i>	
Dyslipidemics, Fibric Acid Derivatives	
<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>	
Dyslipidemics, HMG CoA Reductase Inhibitors	

Formulary ID: 25382, Version: 7, Effective Date: 01/01/2025

Last Updated: 08/16/2024

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>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>	
<i>Dyslipidemics, Other</i>	
<i>cholestyramine light</i>	
<i>cholestyramine packet, powder</i>	
<i>colesevelam hydrochloride tablet</i>	
<i>colestipol hcl tablet</i>	
<i>colestipol hcl 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
<i>Mineralocorticoid Receptor Antagonists</i>	
<i>eplerenone</i>	
KERENDIA	QL(30 EA per 30 days); PA
<i>spironolactone tablet</i>	
<i>Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)</i>	
FARXIGA	QL(30 EA per 30 days)
JARDIANCE	QL(30 EA per 30 days)
<i>Vasodilators, Direct-acting Arterial/Venous</i>	
<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
<i>Vasodilators, Direct-acting Arterial</i>	
<i>hydralazine hcl tablet 10mg</i>	
<i>hydralazine hydrochloride tablet 25mg, 50mg</i>	

Formulary ID: 25382, Version: 7, Effective Date: 01/01/2025

Last Updated: 08/16/2024

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>hydralazine hydrochloride tablet 100mg</i>	
<i>minoxidil tablet</i>	
Central Nervous System Agents	
<i>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</i>	
<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
<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)
<i>Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines</i>	
<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, 40mg, 60mg, 80mg</i>	QL(30 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>	
<i>Central Nervous System, Other</i>	
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

Formulary ID: 25382, Version: 7, Effective Date: 01/01/2025

Last Updated: 08/16/2024

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
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>	
INGREZZA CAPSULE THERAPY PACK	QL(56 EA per 365 days); PA
INGREZZA CAPSULE SPRINKLE 0; 80MG, 60MG	QL(30 EA per 30 days); PA
INGREZZA CAPSULE SPRINKLE 0; 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
<i>Fibromyalgia Agents</i>	
SAVELLA	QL(60 EA per 30 days)
SAVELLA TITRATION PACK	QL(110 EA per 365 days)
<i>Multiple Sclerosis Agents</i>	
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)
Dental and Oral Agents	
<i>Dental and Oral Agents</i>	
<i>chlorhexidine gluconate solution</i>	
<i>doxycycline hyclate tablet 20mg</i>	

Formulary ID: 25382, Version: 7, Effective Date: 01/01/2025

Last Updated: 08/16/2024

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>kourzeq</i>	
<i>lidocaine hydrochloride viscous</i>	
<i>lidocaine viscous</i>	
<i>oralone dental paste</i>	
<i>paroex</i>	
<i>perio gard</i>	
<i>pilocarpine hydrochloride</i>	
<i>triamcinolone acetonide dental paste</i>	
Dermatological Agents	
<i>Acne and Rosacea Agents</i>	
ACCUTANE	
<i>acitretin</i>	
<i>amnesteem</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</i>	QL(60 GM per 30 days)
<i>tretinoin cream 0.025%</i>	PA
<i>tretinoin cream 0.05%</i>	PA
<i>zenatane</i>	
<i>Dermatitis and Pruritus Agents</i>	
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, 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)

Formulary ID: 25382, Version: 7, Effective Date: 01/01/2025

Last Updated: 08/16/2024

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>desoximetasone cream 0.25%</i>	QL(100 GM per 30 days)
<i>desoximetasone ointment 0.25%</i>	
EUCRISA	PA
<i>fluocinolone acetonide</i>	
<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>	
<i>Dermatological Agents, Other</i>	
<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>	

Formulary ID: 25382, Version: 7, Effective Date: 01/01/2025

Last Updated: 08/16/2024

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
SOTYKTU	QL(30 EA per 30 days); PA
<i>ssd</i>	
<i>urea lotion 40%</i>	
<i>Pediculicides/Scabicides</i>	
<i>malathion</i>	
<i>permethrin cream</i>	
<i>Topical Anti-infectives</i>	
<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>	
Electrolytes/Minerals/Metals/Vitamins	
<i>Electrolyte/Mineral Replacement</i>	
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>	

Formulary ID: 25382, Version: 7, Effective Date: 01/01/2025

Last Updated: 08/16/2024

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>dextrose 5%</i>	
<i>dextrose 5%/sodium chloride 0.45%</i>	
<i>dextrose 5%/sodium chloride 0.9%</i>	
<i>effer-k tablet effervescent 25meq</i>	
<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>	
<i>Electrolyte/Mineral/Metal Modifiers</i>	
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
<i>Phosphate Binders</i>	
<i>calcium acetate capsule</i>	
<i>calcium acetate tablet 667mg</i>	
<i>sevelamer carbonate tablet</i>	
VELPHORO	
<i>Potassium Binders</i>	
<i>kionex suspension</i>	
LOKELMA	QL(90 EA per 30 days)
<i>sodium polystyrene sulfonate powder, suspension</i>	
SPS	
VELTASSA	
<i>Vitamins</i>	
<i>prenatal tablet 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg</i>	
Gastrointestinal Agents	

Formulary ID: 25382, Version: 7, Effective Date: 01/01/2025

Last Updated: 08/16/2024

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Drug Name	Requirements/Limits
Anti-Constipation Agents	
<i>constulose</i>	
<i>enulose</i>	
<i>generlac</i>	
<i>lactulose solution 10gm/15ml</i>	
LINZESS	QL(30 EA per 30 days)
<i>lubiprostone</i>	QL(60 EA per 30 days)
MOTTEGRITY	QL(30 EA per 30 days)
<i>pegylax</i>	
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
Anti-Diarrheal Agents	
<i>alosetron hydrochloride tablet 0.5mg</i>	PA
<i>alosetron hydrochloride tablet 1mg</i>	PA
<i>diphenoxylate hydrochloride/atropine sulfate</i>	
<i>loperamide hcl capsule</i>	
XERMELO	QL(90 EA per 30 days); PA
Antispasmodics, Gastrointestinal	
<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
Gastrointestinal Agents, Other	
CLENPIQ	
<i>gavilyte-c</i>	
<i>gavilyte-g</i>	
<i>gavilyte-h</i>	
<i>gavilyte-n/flower 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
<i>metoclopramide hcl solution</i>	
<i>metoclopramide hcl tablet 5mg</i>	
<i>metoclopramide hydrochloride tablet 10mg</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

Formulary ID: 25382, Version: 7, Effective Date: 01/01/2025
Last Updated: 08/16/2024

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
XIFAXAN TABLET 550MG	PA
<i>Histamine2 (H2) Receptor Antagonists</i>	
<i>famotidine suspension reconstituted</i>	
<i>famotidine tablet 20mg, 40mg</i>	
<i>nizatidine</i>	
<i>Protectants</i>	
<i>misoprostol</i>	
<i>sucralfate tablet</i>	
<i>sucralfate suspension</i>	
<i>Proton Pump Inhibitors</i>	
<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)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment	
<i>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</i>	
<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	
ENDARI	PA
EVRYSDI	QL(240 ML per 30 days); PA
FABRAZYME	PA
<i>l-glutamine</i>	PA
<i>miglustat</i>	PA
<i>nitisinone</i>	
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

Formulary ID: 25382, Version: 7, Effective Date: 01/01/2025

Last Updated: 08/16/2024

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>yargesa</i>	PA
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	
Genitourinary Agents	
<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>	
<i>Benign Prostatic Hypertrophy Agents</i>	
<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>	
<i>Genitourinary Agents, Other</i>	
<i>acetic acid 0.25%</i>	
<i>bethanechol chloride tablet</i>	
ELMIRON	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)	
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</i>	
<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>	

Formulary ID: 25382, Version: 7, Effective Date: 01/01/2025

Last Updated: 08/16/2024

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 sodium phosphate solution 25mg/5ml, 5mg/5ml</i>	
<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>	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)	
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i>	
<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
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)	
<i>Androgens</i>	
<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
<i>Estrogens</i>	
<i>afirmelle</i>	
<i>altavera</i>	
<i>alyacen 1/35</i>	
<i>alyacen 7/7/7</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>	

Formulary ID: 25382, Version: 7, Effective Date: 01/01/2025

Last Updated: 08/16/2024

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>bekyree</i>	
<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>	
CLIMARA PRO	
<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>	
DOTTI	
<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>	
ESTRING	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>femynor</i>	
FYAVOLV	
<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)
<i>jinteli</i>	

Formulary ID: 25382, Version: 7, Effective Date: 01/01/2025

Last Updated: 08/16/2024

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>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>lutra</i>	
<i>lyllana</i>	
<i>marlissa</i>	
MENEST TABLET 2.5MG	
<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-linyah</i>	
<i>mononessa</i>	
<i>necon 0.5/35-28</i>	
<i>necon 7/7/7</i>	
<i>norelgestromin/ethinyl estradiol</i>	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 20mcg; 75mg; 1mg, 30mcg; 75mg; 1.5mg</i>	

Formulary ID: 25382, Version: 7, Effective Date: 01/01/2025

Last Updated: 08/16/2024

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 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>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-linyah</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>vienva</i>	
<i>viorele</i>	
<i>volnea</i>	
<i>vyfemla</i>	

Formulary ID: 25382, Version: 7, Effective Date: 01/01/2025

Last Updated: 08/16/2024

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>vylibra</i>	
<i>wera</i>	
<i>xulane</i>	
<i>yuvafem</i>	
<i>zafemy</i>	
<i>zovia 1/35</i>	
<i>zovia 1/35e</i>	
Progestins	
<i>camila</i>	
<i>deblitane</i>	
DEPO-SUBQ PROVERA 104	QL(0.65 ML per 90 days)
<i>emzahh</i>	
<i>errin</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>	
Selective Estrogen Receptor Modifying Agents	
OSPHENA	QL(30 EA per 30 days); PA
<i>raloxifene hydrochloride</i>	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)	
ADTHYZA TABLET 120MG, 15MG, 30MG, 60MG, 90MG	
ARMOUR THYROID	
EUTHYROX TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	
LEVO-T	
<i>levothyroxine sodium tablet</i>	

Formulary ID: 25382, Version: 7, Effective Date: 01/01/2025

Last Updated: 08/16/2024

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
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>	
SYNTHROID TABLET	
THYROID TABLET 120MG, 15MG, 30MG, 60MG, 90MG	
UNITHROID	
Hormonal Agents, Suppressant (Adrenal or Pituitary)	
<i>Hormonal Agents, Suppressant (Adrenal or Pituitary)</i>	
<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
Hormonal Agents, Suppressant (Thyroid)	
<i>Antithyroid Agents</i>	
<i>methimazole tablet 10mg, 5mg</i>	
<i>propylthiouracil tablet</i>	
Immunological Agents	
<i>Angioedema Agents</i>	
CINRYZE	PA
<i>icatibant acetate</i>	PA
<i>sajazir</i>	PA
<i>Immunoglobulins</i>	
BIVIGAM INJECTION 10%, 5GM/50ML	PA
CUVITRU INJECTION 8GM/40ML	PA

Formulary ID: 25382, Version: 7, Effective Date: 01/01/2025

Last Updated: 08/16/2024

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
GAMASTAN	PA
HIZENTRA INJECTION 1GM/5ML, 2GM/10ML	PA
HYPERHEP B	B/D
PRIVIGEN	PA
<i>Immunological Agents, Other</i>	
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(3 ML per 365 days); PA
STELARA INJECTION 130MG/26ML	PA
STELARA INJECTION 45MG/0.5ML, 90MG/ML	QL(3 ML per 84 days); PA
TAVNEOS	QL(180 EA per 30 days); PA
VEOPOZ	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
<i>Immunostimulants</i>	
ACTIMMUNE	PA NSO
BESREMI	PA NSO
PEGASYS INJECTION 180MCG/ML	PA
<i>Immunosuppressants</i>	
ADALIMUMAB-ADBM CROHNS/UC/HS STARTER	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only

Formulary ID: 25382, Version: 7, Effective Date: 01/01/2025

Last Updated: 08/16/2024

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
ADALIMUMAB-ADBM PSORIASIS/UVEITIS STARTER	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADBM STARTER PACKAGE FOR CROHNS DISEASE/UC/HS	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADBM STARTER PACKAGE FOR PSORIASIS/UVEITIS	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADBM INJECTION 10MG/0.2ML, 20MG/0.4ML	QL(2 EA per 28 days); PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADBM 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
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

Formulary ID: 25382, Version: 7, Effective Date: 01/01/2025

Last Updated: 08/16/2024

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 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 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
Vaccines	
ABRYSVO	QL(1 EA per 252 days)
ACTHIB INJECTION 0	
ADACEL	
AREXVY	QL(1 EA per 999 days)
<i>bcg vaccine injection 50mg</i>	
BEXSERO	
BOOSTRIX INJECTION 2.5LF/0.5ML; 18.5MCG/0.5ML; 5LF/0.5ML	
BOOSTRIX INJECTION 2.5LF/0.5ML; 18.5MCG/0.5ML; 5LF/0.5ML	
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 INJECTION 0	
GARDASIL 9 INJECTION 0	
HAVRIX INJECTION 1440ELU/ML	
HAVRIX INJECTION 720ELU/0.5ML	
HEPLISAV-B	B/D
HIBERIX	

Formulary ID: 25382, Version: 7, Effective Date: 01/01/2025

Last Updated: 08/16/2024

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
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
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	Single-dose vial; any pack size
RABAVERT	B/D
RECOMBIVAX HB INJECTION 10MCG/ML, 40MCG/ML, 5MCG/0.5ML	B/D
RECOMBIVAX HB INJECTION 5MCG/0.5ML	B/D
ROTARIX	
ROTATEQ SOLUTION	
SHINGRIX	
STAMARIL	
TDVAX	
TENIVAC	
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT	
TICOVAC	
TRUMENBA	
TWINRIX	
TYPHIM VI INJECTION 25MCG/0.5ML	
TYPHIM VI INJECTION 25MCG/0.5ML	
VAQTA INJECTION 50UNIT/ML	
VAQTA INJECTION 25UNIT/0.5ML	

Formulary ID: 25382, Version: 7, Effective Date: 01/01/2025

Last Updated: 08/16/2024

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
VARIVAX	
VAXELIS	
YF-VAX	
Inflammatory Bowel Disease Agents	
<i>Aminosalicylates</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>Glucocorticoids</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>	
Metabolic Bone Disease Agents	
<i>Metabolic Bone Disease Agents</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 600MCG/2.4ML	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)
<i>teriparatide</i>	PA
TYMLOS	PA
XGEVA	PA
Miscellaneous Therapeutic Agents	
<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)

Formulary ID: 25382, Version: 7, Effective Date: 01/01/2025

Last Updated: 08/16/2024

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
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)
ELLA	
NUTRILIPID	B/D
OMNIPOD 5 G6 INTRO KIT (GEN 5)	QL(1 EA per 365 days)
OMNIPOD 5 G6 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 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)
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	
ZOKINVY	QL(120 EA per 30 days); PA
Ophthalmic Agents	
<i>Ophthalmic Agents, Other</i>	
<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>	

Formulary ID: 25382, Version: 7, Effective Date: 01/01/2025

Last Updated: 08/16/2024

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/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	
<i>Ophthalmic Anti-allergy Agents</i>	
<i>azelastine hcl ophthalmic solution 0.05%</i>	
<i>cromolyn sodium solution 4%</i>	
<i>olopatadine hcl</i>	
<i>olopatadine hydrochloride solution 0.2%</i>	
<i>Ophthalmic Anti-Infectives</i>	
<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	
<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>	
XDEMVY	QL(10 ML per 42 days)
ZIRGAN	
<i>Ophthalmic Anti-inflammatories</i>	
<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>	

Formulary ID: 25382, Version: 7, Effective Date: 01/01/2025

Last Updated: 08/16/2024

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>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>	
<i>Ophthalmic Beta-Adrenergic Blocking Agents</i>	
<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>	
<i>Ophthalmic Intraocular Pressure Lowering Agents, Other</i>	
<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>	
RHOPRESSA	QL(2.5 ML per 25 days)
<i>Ophthalmic Prostaglandin and Prostanoid Analogs</i>	
<i>latanoprost solution</i>	
LUMIGAN	QL(2.5 ML per 25 days)
VYZULTA	QL(5 ML per 25 days)
Otic Agents	
<i>Otic Agents</i>	
<i>acetic acid</i>	
<i>ciprofloxacin/dexamethasone</i>	
<i>hydrocortisone/acetic acid</i>	
<i>neomycin/polymyxin/hc</i>	
<i>neomycin/polymyxin/hydrocortisone suspension</i>	
<i>ofloxacin otic solution 0.3%</i>	
Respiratory Tract/Pulmonary Agents	
<i>Anti-inflammatory, Inhaled Corticosteroids</i>	
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)

Formulary ID: 25382, Version: 7, Effective Date: 01/01/2025

Last Updated: 08/16/2024

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
QVAR REDHALER	QL(21.2 GM per 30 days)
Antihistamines	
<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 hcl injection 50mg/ml</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>	
Antileukotrienes	
<i>montelukast sodium tablet</i>	
<i>montelukast sodium tablet chewable, packet</i>	
<i>zafirlukast</i>	
Bronchodilators, Anticholinergic	
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
Bronchodilators, Sympathomimetic	
<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
<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)
Cystic Fibrosis Agents	
CAYSTON	PA
KALYDECO PACKET	QL(56 EA per 28 days); PA

Formulary ID: 25382, Version: 7, Effective Date: 01/01/2025

Last Updated: 08/16/2024

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
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
<i>Mast Cell Stabilizers</i>	
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	B/D
<i>Phosphodiesterase Inhibitors, Airways Disease</i>	
<i>roflumilast</i>	PA
<i>theophylline er tablet extended release 24 hour</i>	
<i>theophylline er tablet extended release 12 hour 300mg, 450mg</i>	
<i>Pulmonary Antihypertensives</i>	
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
<i>Pulmonary Fibrosis Agents</i>	
OFEV	PA
<i>pirfenidone</i>	PA
<i>Respiratory Tract Agents, Other</i>	
ADVAIR HFA	QL(24 GM per 30 days)
ANORO ELLIPTA	QL(60 EA per 30 days)
BREO ELLIPTA	QL(60 EA per 30 days)
<i>breyna</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)

Formulary ID: 25382, Version: 7, Effective Date: 01/01/2025

Last Updated: 08/16/2024

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>fluticasone propionate/salmeterol aerosol powder breath activated</i> 500mcg/act; 50mcg/act	QL(60 EA per 30 days)
<i>ipratropium bromide/albuterol sulfate</i> NUCALA INJECTION 40MG/0.4ML	QL(540 ML per 30 days); B/D 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)
Skeletal Muscle Relaxants	
<i>Skeletal Muscle Relaxants</i>	
<i>cyclobenzaprine hydrochloride tablet 10mg, 5mg</i>	PA
<i>methocarbamol tablet 500mg, 750mg</i>	
<i>orphenadrine citrate er</i>	
Sleep Disorder Agents	
<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: 7, Effective Date: 01/01/2025
Last Updated: 08/16/2024

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 #
	ALA-CORT	44
	<i>albendazole</i>	28
	<i>albuterol sulfate</i>	65
	<i>albuterol sulfate hfa</i>	65
	<i>alclometasone dipropionate</i>	44
	ALCOHOL PREP PADS	61
	ALECENSA	25
	<i>alendronate sodium</i>	61
	<i>alfuzosin hcl er</i>	50
	ALINIA	28
	<i>aliskiren</i>	39
	<i>allopurinol</i>	22
	<i>alose tron hydrochloride</i>	48
	<i>alprazolam</i>	34
	<i>altavera</i>	51
	ALUNBRIG	25
	<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>	14
	<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>	21
	<i>amitriptyline hydrochloride</i>	21
	<i>amlodipine besylate</i>	39
	<i>amlodipine besylate/benazepril hydrochloride</i>	39
	<i>amlodipine besylate/valsartan</i>	39
	<i>amlodipine/olmesartan medoxomil</i>	39
	<i>ammonium lactate</i>	44
	<i>amnesteem</i>	44
	<i>amoxapine</i>	21
	<i>amoxicillin</i>	16
	<i>amoxicillin/clavulanate potassium</i>	15
	<i>amoxicillin/clavulanate potassium er</i>	15
	<i>amphetamine/dextroamphetamine</i>	42
	<i>abacavir</i>	32
	<i>abacavir sulfate/lamivudine</i>	32
	<i>abacavir sulfate/lamivudine/zidovudine</i>	32
	ABELCET	22
	ABILIFY MAINTENA	29
	<i>abiraterone acetate</i>	24
	ABRYSVO	59
	<i>acamprosate calcium dr</i>	13
	<i>acarbose</i>	34
	AC CUTANE	44
	<i>acebutolol hcl</i>	38
	<i>acebutolol hydrochloride</i>	38
	<i>acetaminophen/codeine</i>	12
	<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	57
	<i>acyclovir</i>	33
	<i>acyclovir</i>	46
	<i>acyclovir sodium</i>	33
	ADACEL	59
	ADALIMUMAB-ADBM	58
	ADALIMUMAB-ADBM CROHNS/UC/HS STARTER	57
	ADALIMUMAB-ADBM PSORIASIS/ UVEITIS STARTER	58
	ADALIMUMAB-ADBM STARTER PACKAGE FOR CROHNS DISEASE/UC/HS	58
	ADALIMUMAB-ADBM STARTER PACKAGE FOR PSORIASIS/ UVEITIS	58
	ADBRY	44
	<i>adefovir dipivoxil</i>	31
	ADEMPAS	66
	ADTHYZA	55
	ADVAIR HFA	66
	<i>afirmelle</i>	51
	AIMOVIG	23
	AKEEGA	24

Formulary ID: 25382, Version: 7, Effective Date: 01/01/2025

Last Updated: 08/16/2024

Drug Name	Page #	Drug Name	Page #
<i>amphotericin b</i>	22	<i>atropine sulfate</i>	62
<i>amphotericin b liposome</i>	22	ATROVENT HFA	65
<i>ampicillin</i>	16	<i>aubra eq</i>	51
<i>ampicillin sodium</i>	16	AUGMENTIN	16
<i>ampicillin/sulbactam</i>	16	AUGTYRO	25
<i>ampicillin-sulbactam</i>	16	<i>aurovela 1.5/30</i>	51
<i>anagrelide hydrochloride</i>	37	<i>aurovela 1/20</i>	51
<i>anastrozole</i>	25	<i>aurovela fe 1.5/30</i>	51
ANORO ELLIPTA	66	<i>aurovela fe 1/20</i>	51
<i>aprepitant</i>	21	AUSTEDO	42
APTIOM	19	AUSTEDO XR	42
APTIVUS	33	AUSTEDO XR PATIENT TITRATION KIT	42
AREXVY	59	AUVELITY	20
<i>arformoterol tartrate</i>	65	<i>aviane</i>	51
ARIKAYCE	14	AVONEX	43
<i>aripiprazole</i>	29	AVONEX PEN	43
<i>aripiprazole odt</i>	29	<i>ayuna</i>	51
ARISTADA	29	AYVAKIT	25
ARISTADA INITIO	29	<i>azathioprine</i>	58
<i>armodafinil</i>	67	<i>azelaic acid</i>	44
ARMOUR THYROID	55	<i>azelastine hcl</i>	63
ARNUITY ELLIPTA	64	<i>azelastine hcl</i>	65
<i>asenapine maleate sl</i>	29	<i>azelastine hydrochloride</i>	65
<i>ashlyna</i>	51	<i>azithromycin</i>	16
ASMANEX HFA	64	<i>aztreonam</i>	14
ASMANEX TWISTHALER 120 METERED DOSES	64	<i>azurette</i>	51
ASMANEX TWISTHALER 14 METERED DOSES	64	<i>bacitracin</i>	63
ASMANEX TWISTHALER 30 METERED DOSES	64	<i>bacitracin/polymyxin b</i>	62
ASMANEX TWISTHALER 60 METERED DOSES	64	<i>baclofen</i>	30
<i>aspirin/dipyridamole</i>	37	<i>balsalazide disodium</i>	61
<i>aspirin/dipyridamole er</i>	37	BALVERSA	25
ASTAGRAF XL	58	<i>balziva</i>	51
<i>atazanavir</i>	33	BAQSIMI ONE PACK	35
<i>atazanavir sulfate</i>	33	BAQSIMI TWO PACK	35
<i>atenolol</i>	38	BARACLUDE	31
<i>atenolol/chlorthalidone</i>	39	<i>bcg vaccine</i>	59
<i>atomoxetine</i>	42	BD INSULIN SYRINGE	61
<i>atomoxetine hydrochloride</i>	42	SAFETYGLIDE/1ML/29G X 1/2"	
<i>atorvastatin calcium</i>	41	B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	61
<i>atovaquone</i>	28	BD INSULIN SYRINGE ULTRA- FINE/0.5ML/30G X 12.7MM	61
<i>atovaquone/proguanil hcl</i>	28	BD INSULIN SYRINGE ULTRA- FINE/1ML/31G X 8MM	61

Drug Name	Page #	Drug Name	Page #
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	62	<i>bromfenac sodium</i>	63
<i>bd veo insulin syringe ultra-fine/0.3ml/31g x 6mm</i>	62	<i>bromocriptine mesylate</i>	28
<i>bekyree</i>	52	BRONCHITOL	66
BELSOMRA	67	BRUKINSA	25
<i>benazepril hcl</i>	38	<i>budesonide</i>	61
<i>benazepril hydrochloride</i>	38	<i>budesonide</i>	64
<i>benazepril hydrochloride/hydrochlorothiazide</i>	39	<i>budesonide er</i>	61
BENLYSTA	57	<i>bumetanide</i>	40
<i>benznidazole</i>	28	<i>buprenorphine</i>	12
<i>benztropine mesylate</i>	28	<i>buprenorphine hcl</i>	13
BESIVANCE	63	<i>buprenorphine hcl/naloxone hcl</i>	13
BESREMI	57	<i>buprenorphine hydrochloride/naloxone hydrochloride</i>	13
<i>betaine anhydrous</i>	49	<i>bupropion hcl</i>	20
<i>betamethasone dipropionate</i>	44	<i>bupropion hydrochloride</i>	20
<i>betamethasone dipropionate augmented</i>	44	<i>bupropion hydrochloride er (sr)</i>	14
<i>betamethasone valerate</i>	44	<i>bupropion hydrochloride er (sr)</i>	20
BETASERON	43	<i>bupropion hydrochloride er (xl)</i>	20
<i>betaxolol hcl</i>	38	<i>bupirone hcl</i>	34
<i>betaxolol hcl</i>	64	<i>bupirone hydrochloride</i>	34
<i>bethanechol chloride</i>	50	<i>butalbital/acetaminophen/caffeine</i>	43
<i>bexarotene</i>	27	BYDUREON BCISE	34
BEXSERO	59	BYETTA	34
<i>bicalutamide</i>	24	<i>cabergoline</i>	56
BICILLIN L-A	16	CABLIVI	37
BIKTARVY	31	CABOMETYX	25
<i>bisoprolol fumarate</i>	38	<i>calcipotriene</i>	45
<i>bisoprolol fumarate/hydrochlorothiazide</i>	40	<i>calcitonin-salmon</i>	61
BIVIGAM	56	<i>calcitriol</i>	61
<i>blisovi fe 1.5/30</i>	52	<i>calcium acetate</i>	47
<i>blisovi fe 1/20</i>	52	CALQUENCE	25
BOOSTRIX	59	<i>camila</i>	55
BOSULIF	25	<i>camrese</i>	52
BRAFTOVI	25	<i>camrese lo</i>	52
BREO ELLIPTA	66	<i>candesartan cilexetil</i>	37
<i>breyna</i>	66	<i>candesartan cilexetil/hydrochlorothiazide</i>	40
BREZTRI AEROSPHERE	66	CAPLYTA	29
<i>brillyn</i>	52	CAPRELSA	25
BRILINTA	37	<i>captropril</i>	38
BRIMONIDINE TARTRATE	64	<i>captropril/hydrochlorothiazide</i>	40
<i>brimonidine tartrate/timolol maleate</i>	62	<i>carbamazepine</i>	19
<i>brinzolamide</i>	64	<i>carbamazepine er</i>	19
BRIVIACT	17	<i>carbidopa</i>	28
		<i>carbidopa/levodopa</i>	28
		<i>carbidopa/levodopa er</i>	28

Drug Name	Page #	Drug Name	Page #
<i>carbidopa/levodopa odt</i>	28	<i>cinacalcet hydrochloride</i>	61
<i>carglumic acid</i>	46	CINRYZE	56
<i>carteolol hcl</i>	64	<i>ciprofloxacin</i>	16
<i>cartia xt</i>	39	<i>ciprofloxacin hcl</i>	16
<i>carvedilol</i>	38	<i>ciprofloxacin hydrochloride</i>	16
<i>casprofungin acetate</i>	22	<i>ciprofloxacin hydrochloride</i>	63
CAYSTON	65	<i>ciprofloxacin i.v.-in d5w</i>	16
<i>cefaclor</i>	15	<i>ciprofloxacin/dexamethasone</i>	64
<i>cefadroxil</i>	15	<i>cisplatin</i>	23
CEFAZOLIN	15	<i>citalopram hydrobromide</i>	20
<i>cefazolin sodium</i>	15	<i>claravis</i>	44
<i>cefdinir</i>	15	<i>clarithromycin</i>	16
<i>cefepime</i>	15	<i>clarithromycin er</i>	16
<i>cefepime hydrochloride</i>	15	CLENPIQ	48
<i>cefixime</i>	15	CLIMARA PRO	52
<i>cefotaxime sodium</i>	15	<i>clindacin etz pledgets</i>	14
<i>cefotetan</i>	15	<i>clindamycin hcl</i>	14
<i>cefoxitin sodium</i>	15	<i>clindamycin hydrochloride</i>	14
<i>cefpodoxime proxetil</i>	15	<i>clindamycin palmitate hydrochloride</i>	14
<i>cefprozil</i>	15	<i>clindamycin phosphate</i>	14
<i>ceftazidime</i>	15	<i>clindamycin phosphate</i>	46
<i>ceftazidime/dextrose</i>	15	<i>clobazam</i>	18
<i>ceftriaxone sodium</i>	15	<i>clobetasol propionate</i>	44
<i>cefuroxime axetil</i>	15	<i>clobetasol propionate e</i>	44
<i>cefuroxime sodium</i>	15	<i>clomipramine hydrochloride</i>	21
<i>celecoxib</i>	12	<i>clonazepam</i>	18
<i>cephalexin</i>	15	<i>clonazepam odt</i>	18
CERDELGA	49	<i>clonidine</i>	37
<i>chateal</i>	52	<i>clonidine hydrochloride</i>	37
<i>chateal eq</i>	52	<i>clopidogrel</i>	37
CHEMET	47	<i>clorazepate dipotassium</i>	34
<i>chlorhexidine gluconate</i>	43	<i>clotrimazole</i>	22
<i>chloroquine phosphate</i>	28	<i>clotrimazole/betamethasone dipropionate</i>	45
<i>chlorpromazine hcl</i>	29	CLOVIQUE	47
<i>chlorpromazine hydrochloride</i>	29	<i>clozapine</i>	30
<i>chlorthalidone</i>	40	<i>clozapine odt</i>	30
CHOLBAM	49	COARTEM	28
<i>cholestyramine</i>	41	<i>colchicine</i>	22
<i>cholestyramine light</i>	41	<i>colesevelam hydrochloride</i>	41
<i>ciclodan</i>	46	<i>colestipol hcl</i>	41
<i>ciclopirox</i>	46	<i>colistimethate sodium</i>	14
<i>ciclopirox nail lacquer</i>	46	<i>colocort</i>	61
<i>ciclopirox olamine</i>	46	COMBIGAN	62
<i>cilostazol</i>	37	COMBIVENT RESPIMAT	66
CIMDUO	32	COMETRIQ	25

Drug Name	Page #	Drug Name	Page #
COMPLERA	31	<i>demeclocycline hydrochloride</i>	17
<i>compro</i>	21	DENGVAXIA	59
<i>constulose</i>	48	DEPO-SUBQ PROVERA 104	55
COPIKTRA	25	DESCOVY	32
CORLANOR	40	<i>desipramine hydrochloride</i>	21
<i>cortisone acetate</i>	50	<i>desmopressin acetate</i>	51
COSENTYX	57	<i>desogestrel/ethinyl estradiol</i>	52
COSENTYX SENSOREADY PEN	57	<i>desonide</i>	44
COSENTYX UNOREADY	57	<i>desoximetasone</i>	45
COTELLIC	25	<i>desvenlafaxine er</i>	20
CREON	49	<i>dexamethasone</i>	50
<i>cromolyn sodium</i>	49	<i>dexamethasone sodium phosphate</i>	63
<i>cromolyn sodium</i>	63	<i>dextroamphetamine sulfate</i>	42
<i>cromolyn sodium</i>	66	<i>dextroamphetamine sulfate er</i>	42
<i>cryselle-28</i>	52	<i>dextrose 5%</i>	47
CURITY GAUZE PADS 2"X2" 12 PLY	62	<i>dextrose 5%/sodium chloride 0.45%</i>	47
CUVITRU	56	<i>dextrose 5%/sodium chloride 0.9%</i>	47
<i>cyclafem 1/35</i>	52	DIACOMIT	18
<i>cyclafem 7/7/7</i>	52	<i>diazepam</i>	34
<i>cyclobenzaprine hydrochloride</i>	67	<i>diazepam intensol</i>	34
<i>cyclophosphamide</i>	23	<i>diazepam rectal gel</i>	18
<i>cycloserine</i>	23	<i>diazoxide</i>	35
<i>cyclosporine</i>	58	<i>diclofenac potassium</i>	12
<i>cyclosporine</i>	62	<i>diclofenac sodium</i>	12
<i>cyclosporine modified</i>	58	<i>diclofenac sodium</i>	45
<i>cyproheptadine hydrochloride</i>	65	<i>diclofenac sodium</i>	63
CYSTAGON	49	<i>diclofenac sodium dr</i>	12
CYSTARAN	62	<i>diclofenac sodium er</i>	12
<i>dalfampridine er</i>	43	<i>dicloxacillin sodium</i>	16
<i>danazol</i>	51	<i>dicyclomine hcl</i>	48
<i>dantrolene sodium</i>	30	<i>dicyclomine hydrochloride</i>	48
<i>dapsone</i>	23	DIFICID	16
DAPTACEL	59	<i>diflunisal</i>	12
<i>daptomycin</i>	14	<i>digitek</i>	38
DAPTOMYCIN/SODIUM CHLORIDE	14	<i>digox</i>	38
<i>darunavir</i>	33	<i>digoxin</i>	38
<i>dasetta 1/35</i>	52	<i>dihydroergotamine mesylate</i>	23
<i>dasetta 7/7/7</i>	52	DILANTIN	19
DAURISMO	25	<i>diltiazem hcl</i>	39
<i>daysee</i>	52	<i>diltiazem hcl cd</i>	39
<i>deblitane</i>	55	<i>diltiazem hcl er</i>	39
<i>deferasirox</i>	47	<i>diltiazem hydrochloride</i>	39
DELSTRIGO	31	<i>diltiazem hydrochloride er</i>	39
<i>delyla</i>	52	<i>dilt-xr</i>	39
<i>demeclocycline hcl</i>	17	<i>dimethyl fumarate</i>	43

Drug Name	Page #	Drug Name	Page #
<i>dimethyl fumarate starterpack</i>	43	<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	31
<i>diphenhydramine hcl</i>	65	<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	31
<i>diphenhydramine hydrochloride</i>	65	<i>effe-r-k</i>	47
<i>diphenoxylate hydrochloride/atropine sulfate</i>	48	<i>elinest</i>	52
<i>diphtheria/tetanus toxoids adsorbed pediatric</i>	59	ELIQUIS	36
<i>disulfiram</i>	13	ELIQUIS STARTER PACK	36
<i>divalproex sodium</i>	18	ELLA	62
<i>divalproex sodium dr</i>	18	ELMIRON	50
<i>divalproex sodium er</i>	18	<i>eluryng</i>	52
<i>dofetilide</i>	38	EMCYT	24
<i>dolishale</i>	52	EMGALITY	23
<i>donepezil hcl</i>	19	EMPAVELI	57
<i>donepezil hydrochloride</i>	19	EMSAM	20
DOPTELET	37	<i>emtricitabine</i>	32
<i>dorzolamide hcl/timolol maleate</i>	62	<i>emtricitabine/tenofovir disoproxil fumarate</i>	32
<i>dorzolamide hydrochloride</i>	64	<i>emtricitabine/tenofovir disoproxil fumarate</i>	32
DOTTI	52	EMTRIVA	32
DOVATO	31	<i>emzahh</i>	55
<i>doxazosin mesylate</i>	50	<i>enalapril maleate</i>	38
<i>doxepin hcl</i>	21	<i>enalapril maleate/hydrochlorothiazide</i>	40
<i>doxepin hydrochloride</i>	21	ENBREL	58
<i>doxy 100</i>	17	ENBREL MINI	58
<i>doxycycline</i>	17	ENBREL SURECLICK	58
<i>doxycycline hyclate</i>	17	ENDARI	49
<i>doxycycline hyclate</i>	43	<i>endocet</i>	12
<i>doxycycline monohydrate</i>	17	ENGERIX-B	59
DRIZALMA SPRINKLE	20	<i>enilloring</i>	52
<i>dronabinol</i>	22	<i>enoxaparin sodium</i>	36
DROXIA	24	<i>enpresse-28</i>	52
<i>droxidopa</i>	37	<i>entacapone</i>	28
DULERA	66	<i>entecavir</i>	31
<i>duloxetine hydrochloride</i>	20	ENTRESTO	40
DUPIXENT	57	<i>enulose</i>	48
<i>dutasteride</i>	50	ENVARUSUS XR	58
EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 1/2"	62	EPIDIOLEX	17
<i>ec-naproxen</i>	12	<i>epinephrine</i>	65
<i>econazole nitrate</i>	22	<i>epitol</i>	19
EDARBI	37	<i>eplerenone</i>	41
EDARBYCLOR	40	EPRONTIA	17
EDURANT	31	<i>ergoloid mesylates</i>	19
<i>efavirenz</i>	31	<i>ergotamine tartrate/caffeine</i>	23
		ERIVEDGE	25
		ERLEADA	24

Drug Name	Page #	Drug Name	Page #
<i>erlotinib hydrochloride</i>	25	<i>felodipine er</i>	39
<i>errin</i>	55	<i>femynor</i>	52
<i>ertapenem</i>	16	<i>fenofibrate</i>	40
<i>ertapenem sodium</i>	16	<i>fenofibrate micronized</i>	40
<i>ery</i>	46	<i>fenofibric acid dr</i>	40
<i>erythromycin</i>	46	<i>fentanyl</i>	12
<i>erythromycin</i>	63	<i>fentanyl citrate oral transmucosal</i>	12
<i>erythromycin dr</i>	16	FETZIMA	20
<i>erythromycin/benzoyl peroxide</i>	44	FETZIMA TITRATION PACK	20
<i>escitalopram oxalate</i>	20	FINACEA	44
<i>esomeprazole magnesium</i>	49	<i>finasteride</i>	50
<i>estarylla</i>	52	<i>fingolimod hydrochloride</i>	43
<i>estradiol</i>	52	FINTEPLA	17
<i>estradiol/norethindrone acetate</i>	52	FIRMAGON	56
ESTRING	52	FLAREX	63
<i>eszopiclone</i>	67	<i>flecainide acetate</i>	38
<i>ethambutol hydrochloride</i>	23	<i>fluconazole</i>	22
<i>ethosuximide</i>	18	<i>fluconazole in sodium chloride</i>	22
<i>ethynodiol diacetate/ethinyl estradiol</i>	52	<i>flucytosine</i>	22
<i>etodolac</i>	12	<i>fludrocortisone acetate</i>	50
<i>etonogestrel/ethinyl estradiol</i>	52	<i>flunisolide</i>	64
<i>etravirine</i>	31	<i>fluocinolone acetonide</i>	45
EUCRISA	45	<i>fluocinolone acetonide body</i>	45
EUTHYROX	55	<i>fluocinolone acetonide scalp</i>	45
<i>everolimus</i>	25	<i>fluocinolone acetonide topical</i>	45
<i>everolimus</i>	58	<i>fluocinonide</i>	45
EVOTAZ	33	<i>fluorometholone</i>	63
EVRYSDI	49	<i>fluorouracil</i>	45
<i>exemestane</i>	25	<i>fluoxetine hydrochloride</i>	20
EXKIVITY	25	<i>fluphenazine decanoate</i>	29
<i>ezetimibe</i>	41	<i>fluphenazine hcl</i>	29
<i>ezetimibe/simvastatin</i>	41	<i>fluphenazine hydrochloride</i>	29
FABRAZYME	49	<i>flurbiprofen</i>	12
<i>falmina</i>	52	<i>flurbiprofen sodium</i>	64
<i>famciclovir</i>	33	<i>flutamide</i>	24
<i>famotidine</i>	49	<i>fluticasone propionate</i>	45
FANAPT	29	<i>fluticasone propionate</i>	64
FANAPT TITRATION PACK	29	<i>fluticasone propionate/salmeterol</i>	67
FARXIGA	41	<i>fluticasone propionate/salmeterol diskus</i>	66
FARYDAK	25	<i>fluvastatin</i>	41
FASENRA	66	<i>fluvastatin sodium er</i>	41
FASENRA PEN	66	<i>flvoxamine maleate</i>	20
<i>fayosim</i>	52	<i>fondaparinux sodium</i>	36
<i>febuxostat</i>	22	<i>formoterol fumarate</i>	65
<i>felbamate</i>	17	FORTEO	61

Drug Name	Page #	Drug Name	Page #
<i>fosamprenavir calcium</i>	33	<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	<i>griseofulvin microsize</i>	22
FRUZAQLA	25	<i>griseofulvin ultramicrosize</i>	22
<i>furosemide</i>	40	<i>guanfacine hydrochloride</i>	37
FUZEON	32	<i>guanfacine hydrochloride er</i>	42
FYAVOLV	52	GVOKE HYPOPEN 1-PACK	35
FYCOMPA	17	GVOKE HYPOPEN 2-PACK	35
<i>gabapentin</i>	18	GVOKE KIT	35
<i>galantamine hydrobromide</i>	19	GVOKE PFS	35
<i>galantamine hydrobromide er</i>	19	<i>hailey 1.5/30</i>	52
GAMASTAN	57	<i>hailey fe 1.5/30</i>	52
<i>ganciclovir</i>	31	<i>hailey fe 1/20</i>	52
GARDASIL 9	59	<i>halobetasol propionate</i>	45
<i>gatifloxacin</i>	63	<i>haloette</i>	52
<i>gavilyte-c</i>	48	<i>haloperidol</i>	29
<i>gavilyte-g</i>	48	<i>haloperidol decanoate</i>	29
<i>gavilyte-h</i>	48	<i>haloperidol lactate</i>	29
<i>gavilyte-n/ flavor pack</i>	48	HAVRIX	59
GAVRETO	25	<i>heather</i>	55
<i>gefitinib</i>	25	<i>heparin sodium</i>	36
GELNIQUE	50	HEPLISAV-B	59
<i>gemfibrozil</i>	40	HIBERIX	59
GEMTESA	50	HIZENTRA	57
<i>generlac</i>	48	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>	14	HUMALOG MIX 75/25	35
<i>gentamicin sulfate</i>	63	HUMALOG MIX 75/25 KWIKPEN	35
<i>gentamicin sulfate pediatric</i>	14	HUMATIN	14
GENVOYA	31	HUMIRA	59
GILOTRIF	25	HUMIRA PEDIATRIC CROHNS	58
<i>glatiramer acetate</i>	43	DISEASE STARTER PACK	
GLEOSTINE	23	HUMIRA PEN	58
<i>glimepiride</i>	34	HUMIRA PEN-CD/UC/HS STARTER	58
<i>glipizide</i>	34	HUMIRA PEN-PEDIATRIC UC	58
<i>glipizide er</i>	34	STARTER PACK	
<i>glipizide xl</i>	34	HUMIRA PEN-PS/UV STARTER	58
<i>glipizide/metformin hydrochloride</i>	34	HUMULIN 70/30	35
<i>glucagon emergency kit</i>	35	HUMULIN 70/30 KWIKPEN	35
<i>glucagon emergency kit for low blood sugar</i>	35	HUMULIN N	35

Drug Name	Page #	Drug Name	Page #
HUMULIN N KWIKPEN	35	INCRELEX	51
HUMULIN R	35	INCRUSE ELLIPTA	65
HUMULIN R U-500 (CONCENTRATED)	35	<i>indapamide</i>	40
HUMULIN R U-500 KWIKPEN	35	<i>indomethacin</i>	12
<i>hydralazine hcl</i>	41	<i>indomethacin er</i>	12
<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>	13	INGREZZA	43
<i>hydrocortisone</i>	45	INLYTA	26
<i>hydrocortisone</i>	50	INQOVI	26
<i>hydrocortisone</i>	61	INREBIC	24
<i>hydrocortisone valerate</i>	45	<i>insulin lispro</i>	35
<i>hydrocortisone/acetic acid</i>	64	INTELENCE	31
<i>hydromorphone hcl</i>	13	<i>introvale</i>	52
<i>hydromorphone hydrochloride</i>	13	INVEGA HAFYERA	29
<i>hydromorphone hydrochloride dosette</i>	13	INVEGA SUSTENNA	29
<i>hydroxychloroquine sulfate</i>	28	INVEGA TRINZA	29
<i>hydroxyurea</i>	24	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	24	ISENTRESS HD	31
IBRANCE	25	ISONIAZID	23
<i>ibu</i>	12	<i>isosorbide dinitrate</i>	41
<i>ibuprofen</i>	12	<i>isosorbide dinitrate/hydralazine</i>	40
<i>icatibant acetate</i>	56	<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	<i>itraconazole</i>	22
<i>imatinib mesylate</i>	25	<i>ivabradine hydrochloride</i>	40
IMBRUVICA	26	<i>ivermectin</i>	28
<i>imipenem/cilastatin</i>	16	IWILFIN	24
<i>imipramine hcl</i>	21	IXCHIQ	60
<i>imipramine hydrochloride</i>	21	IXIARO	60
<i>imiquimod</i>	45	<i>jaimiess</i>	52
IMOVAX RABIES (H.D.C.V.)	60	JAKAFI	26
IMPAVIDO	14	<i>jantoven</i>	36
INBRIJA	28	JANUMET	34
<i>incassia</i>	55	JANUMET XR	34

Drug Name	Page #	Drug Name	Page #
JANUVIA	34	<i>kurvelo</i>	53
JARDIANCE	41	<i>labetalol hydrochloride</i>	38
JAYPIRCA	26	<i>lacosamide</i>	19
<i>jencycla</i>	55	<i>lactulose</i>	48
JENTADUETO	34	LAGEVRIO	33
JENTADUETO XR	34	<i>lamivudine</i>	31
<i>jinteli</i>	52	<i>lamivudine</i>	32
<i>jolessa</i>	53	<i>lamivudine/zidovudine</i>	32
JUBLIA	22	<i>lamotrigine</i>	17
JULUCA	31	<i>lamotrigine er</i>	17
<i>junel 1.5/30</i>	53	<i>lamotrigine odt</i>	17
<i>junel 1/20</i>	53	<i>lamotrigine starter kit/blue</i>	17
<i>junel fe 1.5/30</i>	53	<i>lamotrigine starter kit/green</i>	17
<i>junel fe 1/20</i>	53	<i>lamotrigine starter kit/orange</i>	17
JYLAMVO	59	<i>lansoprazole</i>	49
JYNNEOS	60	LANTUS	35
KALYDECO	65	LANTUS SOLOSTAR	36
<i>kariva</i>	53	<i>lapatinib ditosylate</i>	26
<i>kelnor 1/35</i>	53	<i>larin 1.5/30</i>	53
<i>kelnor 1/50</i>	53	<i>larin 1/20</i>	53
KERENDIA	41	<i>larin fe 1.5/30</i>	53
KESIMPTA	43	<i>larin fe 1/20</i>	53
<i>ketoconazole</i>	22	<i>larissia</i>	53
<i>ketorolac tromethamine</i>	12	<i>latanoprost</i>	64
<i>ketorolac tromethamine</i>	64	<i>leflunomide</i>	59
<i>kimidess</i>	53	<i>lenalidomide</i>	24
KINERET	57	LENVIMA 10 MG DAILY DOSE	26
KINRIX	60	LENVIMA 12MG DAILY DOSE	26
<i>kionex</i>	47	LENVIMA 14 MG DAILY DOSE	26
KISQALI	26	LENVIMA 18 MG DAILY DOSE	26
KISQALI FEMARA 200 DOSE	24	LENVIMA 20 MG DAILY DOSE	26
KISQALI FEMARA 400 DOSE	24	LENVIMA 24 MG DAILY DOSE	26
KISQALI FEMARA 600 DOSE	24	LENVIMA 4 MG DAILY DOSE	26
<i>klayesta</i>	22	LENVIMA 8 MG DAILY DOSE	26
<i>klor-con</i>	47	<i>lessina</i>	53
<i>klor-con 10</i>	47	<i>letrozole</i>	25
<i>klor-con 8</i>	47	<i>leucovorin calcium</i>	24
<i>klor-con m10</i>	47	LEUKERAN	24
<i>klor-con m15</i>	47	<i>leuprolide acetate</i>	56
<i>klor-con m20</i>	47	<i>levalbuterol</i>	65
<i>klor-con sprinkle</i>	47	<i>levalbuterol hcl</i>	65
<i>klor-con/ef</i>	47	<i>levalbuterol hydrochloride</i>	65
KOSELUGO	26	<i>levalbuterol tartrate hfa</i>	65
<i>kourzeq</i>	44	<i>levetiracetam</i>	18
KRAZATI	26	<i>levetiracetam er</i>	17

Drug Name	Page #	Drug Name	Page #
<i>levobunolol hcl</i>	64	<i>losartan potassium/hydrochlorothiazide</i>	40
<i>levocetirizine dihydrochloride</i>	65	LOTEMAX SM	64
<i>levofloxacin</i>	17	<i>lovastatin</i>	41
<i>levofloxacin</i>	63	<i>low-ogestrel</i>	53
<i>levofloxacin in d5w</i>	17	<i>loxapine</i>	29
<i>levonest</i>	53	<i>lubiprostone</i>	48
<i>levonorgestrel and ethinyl estradiol</i>	53	LUMAKRAS	26
<i>levonorgestrel/ethinyl estradiol</i>	53	LUMIGAN	64
<i>levora 0.15/30-28</i>	53	LUPRON DEPOT (1-MONTH)	56
LEVO-T	55	LUPRON DEPOT (3-MONTH)	56
<i>levothyroxine sodium</i>	55	LUPRON DEPOT (4-MONTH)	56
LEVOXYL	56	LUPRON DEPOT (6-MONTH)	56
LEXIVA	33	LUPRON DEPOT-PED (1-MONTH)	56
<i>l-glutamine</i>	49	LUPRON DEPOT-PED (3-MONTH)	56
LIBERVANT	18	<i>lurasidone hydrochloride</i>	29
<i>lidocaine</i>	13	<i>lutera</i>	53
<i>lidocaine hydrochloride viscous</i>	44	LYBALVI	30
<i>lidocaine viscous</i>	44	<i>lyleq</i>	55
<i>lidocaine/prilocaine</i>	13	<i>lyllana</i>	53
<i>lidocaine-prilocaine-cream base</i>	13	LYNPARZA	26
LILETTA	55	LYSODREN	24
<i>lillow</i>	53	LYTGOBI	26
<i>linezolid</i>	14	LYUMJEV	36
LINZESS	48	LYUMJEV KWIKPEN	36
<i>liothyronine sodium</i>	56	<i>lyza</i>	55
<i>lisinopril</i>	38	<i>magnesium sulfate</i>	47
<i>lisinopril/hydrochlorothiazide</i>	40	<i>malathion</i>	46
<i>lithium</i>	34	<i>maraviroc</i>	32
<i>lithium carbonate</i>	34	<i>marlissa</i>	53
<i>lithium carbonate er</i>	34	MARPLAN	20
LIVMARLI	48	MATULANE	24
LIVTENCITY	31	<i>matzim la</i>	39
<i>lojaimiess</i>	53	MAVYRET	31
LOKELMA	47	MAYZENT	43
LONSURF	24	MAYZENT STARTER PACK	43
<i>loperamide hcl</i>	48	<i>meclizine hcl</i>	21
<i>lopinavir/ritonavir</i>	33	<i>medroxyprogesterone acetate</i>	55
<i>lopreeza</i>	53	<i>mefloquine hcl</i>	28
<i>lorazepam</i>	34	<i>megestrol acetate</i>	55
<i>lorazepam intensol</i>	34	MEKINIST	26
LORBRENA	26	MEKTOVI	26
<i>lorcet</i>	13	<i>meloxicam</i>	12
<i>lorcet hd</i>	13	<i>memantine hcl titration pak</i>	20
<i>lorcet plus</i>	13	<i>memantine hydrochloride</i>	20
<i>losartan potassium</i>	37	<i>memantine hydrochloride er</i>	20

Drug Name	Page #	Drug Name	Page #
MENACTRA	60	<i>mimvey</i>	53
MENEST	53	<i>mimvey lo</i>	53
MENQUADFI	60	<i>minocycline hcl</i>	17
MENVEO	60	<i>minocycline hydrochloride</i>	17
<i>mercaptopurine</i>	24	<i>minoxidil</i>	42
<i>meropenem</i>	16	<i>mirtazapine</i>	20
<i>mesalamine</i>	61	<i>mirtazapine odt</i>	20
<i>mesalamine dr</i>	61	<i>misoprostol</i>	49
<i>mesalamine er</i>	61	M-M-R II	60
MESNEX	28	<i>modafinil</i>	67
<i>metformin hydrochloride</i>	35	<i>moexipril hcl</i>	38
<i>metformin hydrochloride er</i>	34	<i>molindone hydrochloride</i>	29
<i>methadone hcl</i>	12	<i>mometasone furoate</i>	45
<i>methadone hydrochloride</i>	12	<i>mometasone furoate</i>	64
<i>methadone hydrochloride intensol</i>	12	<i>mondoxyne nl</i>	17
<i>methazolamide</i>	64	<i>mono-linyah</i>	53
<i>methenamine hippurate</i>	14	<i>mononessa</i>	53
<i>methimazole</i>	56	<i>montelukast sodium</i>	65
<i>methocarbamol</i>	67	<i>morgidox 1x100mg</i>	17
<i>methotrexate</i>	59	<i>morgidox 2x100mg</i>	17
<i>methotrexate sodium</i>	59	<i>morphine sulfate</i>	13
<i>methsuximide</i>	18	<i>morphine sulfate er</i>	12
<i>methyldopa</i>	37	MOTEGRITY	48
<i>methylphenidate hydrochloride</i>	42	MOUNJARO	35
<i>methylphenidate hydrochloride er</i>	42	<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	17
<i>methylprednisolone</i>	50	<i>moxifloxacin hydrochloride</i>	17
<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>	39	<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>	12
<i>metyrosine</i>	40	<i>nadolol</i>	39
<i>mexiletine hcl</i>	38	<i>nafcillin sodium</i>	16
<i>microgestin 1.5/30</i>	53	<i>naloxone hcl</i>	14
<i>microgestin 1/20</i>	53	<i>naloxone hydrochloride</i>	14
<i>microgestin fe 1.5/30</i>	53	<i>naltrexone hcl</i>	13
<i>microgestin fe 1/20</i>	53	NAMZARIC	19
<i>midodrine hcl</i>	37	<i>naproxen</i>	12
<i>mifepristone</i>	56	<i>naproxen dr</i>	12
<i>miglustat</i>	49	<i>naproxen sodium</i>	12
<i>mili</i>	53		

Drug Name	Page #	Drug Name	Page #
<i>naratriptan hcl</i>	23	<i>nora-be</i>	55
NATACYN	63	<i>norelgestromin/ethinyl estradiol</i>	53
<i>nateglinide</i>	35	<i>norethindrone</i>	55
NAYZILAM	18	<i>norethindrone acetate</i>	55
<i>nebivolol</i>	39	<i>norethindrone acetate/ethinyl estradiol</i>	54
<i>nebivolol hydrochloride</i>	39	<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	53
<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>	21	<i>norlyroc</i>	55
<i>neomycin sulfate</i>	14	<i>nortrel 0.5/35 (28)</i>	54
<i>neomycin/bacitracin/polymyxin</i>	62	<i>nortrel 1/35</i>	54
<i>neomycin/polymyxin/bacitracin</i>	63	<i>nortrel 7/7/7</i>	54
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	62	<i>nortriptyline hcl</i>	21
<i>neomycin/polymyxin/dexamethasone</i>	63	<i>nortriptyline hydrochloride</i>	21
<i>neomycin/polymyxin/gramicidin</i>	63	NORVIR	33
<i>neomycin/polymyxin/hc</i>	64	NOVOLIN 70/30	36
<i>neomycin/polymyxin/hydrocortisone</i>	64	NOVOLIN 70/30 FLEXPEN	36
<i>neo-polycin</i>	62	NOVOLIN 70/30 FLEXPEN RELION	36
<i>neo-polycin hc</i>	62	NOVOLIN 70/30 RELION	36
NERLYNX	26	NOVOLIN N	36
NEULASTA	37	NOVOLIN N FLEXPEN	36
NEULASTA ONPRO KIT	37	NOVOLIN N FLEXPEN RELION	36
<i>nevirapine</i>	32	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	14	NOVOLOG FLEXPEN	36
<i>nifedipine er</i>	39	NOVOLOG FLEXPEN RELION	36
<i>nilutamide</i>	24	NOVOLOG MIX 70/30	36
<i>nimodipine</i>	39	NOVOLOG MIX 70/30 PREFILLED	36
NINLARO	26	FLEXPEN	
<i>nitazoxanide</i>	28	NOVOLOG MIX 70/30 PREFILLED	36
<i>nitisinone</i>	49	FLEXPEN RELION	
NITRO-BID	41	NOVOLOG MIX 70/30 RELION	36
<i>nitrofurantoin macrocrystals</i>	15	NOVOLOG PENFILL	36
<i>nitrofurantoin monohydrate</i>	15	NOVOLOG RELION	36
<i>nitrofurantoin monohydrate/macrocrystals</i>	15	<i>np thyroid 120</i>	56
<i>nitroglycerin</i>	41	<i>np thyroid 15</i>	56
<i>nitroglycerin</i>	48	<i>np thyroid 30</i>	56
<i>nitroglycerin transdermal</i>	41	<i>np thyroid 60</i>	56
NIVA THYROID	56	<i>np thyroid 90</i>	56
<i>nizatidine</i>	49	NUBEQA	24

Drug Name	Page #	Drug Name	Page #
NUCALA	67	OMNIPOD GO 35 UNITS/DAY	62
NUDEXTA	43	OMNIPOD GO 40 UNITS/DAY	62
NUPLAZID	30	<i>ondansetron hcl</i>	22
NUTRILIPID	62	<i>ondansetron hydrochloride</i>	22
<i>nyamyc</i>	22	<i>ondansetron odt</i>	22
<i>nylia 1/35</i>	54	ONUREG	24
<i>nylia 7/7/7</i>	54	OPSUMIT	66
<i>nymyo</i>	54	OPVEE	14
<i>nystatin</i>	22	<i>oralone dental paste</i>	44
<i>nystatin/triamcinolone</i>	45	ORENCIA	57
<i>nystatin/triamcinolone acetonide</i>	45	ORENCIA	59
<i>nystop</i>	22	ORENCIA CLICKJECT	57
<i>octreotide acetate</i>	56	ORENITRAM	66
ODEFSEY	32	ORENITRAM TITRATION KIT MONTH	66
ODOMZO	26	1	
OFEV	66	ORENITRAM TITRATION KIT MONTH	66
<i>ofloxacin</i>	63	2	
<i>ofloxacin</i>	64	ORENITRAM TITRATION KIT MONTH	66
OGSIVEO	24	3	
OJEMDA	24	ORGOVYX	56
OJJAARA	26	ORKAMBI	66
<i>olanzapine</i>	30	<i>orphenadrine citrate er</i>	67
<i>olanzapine odt</i>	30	ORSERDU	24
<i>olmesartan medoxomil</i>	37	<i>orsythia</i>	54
<i>olmesartan medoxomil/hydrochlorothiazide</i>	40	<i>oseltamivir phosphate</i>	33
<i>olopatadine hcl</i>	63	OSMOLEX ER	28
<i>olopatadine hydrochloride</i>	63	OSPHERA	55
<i>omega-3-acid ethyl esters</i>	41	OTEZLA	45
<i>omeprazole</i>	49	OTEZLA	57
<i>omeprazole dr</i>	49	<i>oxacillin sodium</i>	16
OMNIPOD 5 G6 INTRO KIT (GEN 5)	62	<i>oxaprozin</i>	12
OMNIPOD 5 G6 PODS (GEN 5)	62	<i>oxcarbazepine</i>	19
OMNIPOD 5 G7 INTRO KIT (GEN 5)	62	<i>oxybutynin chloride</i>	50
OMNIPOD 5 G7 PODS (GEN 5)	62	<i>oxybutynin chloride er</i>	50
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	62	<i>oxycodone hydrochloride</i>	13
OMNIPOD CLASSIC PODS (GEN 3)	62	<i>oxycodone/acetaminophen</i>	13
OMNIPOD DASH INTRO KIT (GEN 4)	62	OZEMPIC	35
OMNIPOD DASH PDM KIT (GEN 4)	62	PACERONE	38
OMNIPOD DASH PODS (GEN 4)	62	<i>paliperidone er</i>	30
OMNIPOD GO 10 UNITS/DAY	62	PANRETIN	27
OMNIPOD GO 15 UNITS/DAY	62	<i>pantoprazole sodium</i>	49
OMNIPOD GO 20 UNITS/DAY	62	<i>paricalcitol</i>	61
OMNIPOD GO 25 UNITS/DAY	62	<i>paroex</i>	44
OMNIPOD GO 30 UNITS/DAY	62	<i>paromomycin sulfate</i>	14
		<i>paroxetine hcl</i>	21

Drug Name	Page #	Drug Name	Page #
<i>paroxetine hydrochloride</i>	21	PIQRAY 200MG DAILY DOSE	26
PASER	23	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>	12
<i>peg-3350/electrolytes</i>	48	<i>pitavastatin calcium</i>	41
<i>peg-3350/nacl/na bicarbonate/kcl</i>	48	PLENAMINE	47
PEGASYS	57	<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	24
PENBRAYA	60	<i>portia-28</i>	54
<i>penicillamine</i>	47	<i>posaconazole</i>	22
<i>penicillin g sodium</i>	16	<i>posaconazole dr</i>	22
<i>penicillin v potassium</i>	16	<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>perio gard</i>	44	<i>pramipexole dihydrochloride</i>	28
<i>permethrin</i>	46	<i>prasugrel hydrochloride</i>	37
<i>perphenazine</i>	29	<i>pravastatin sodium</i>	41
PERSERIS	30	<i>praziquantel</i>	28
<i>phenadoz</i>	21	<i>prazosin hydrochloride</i>	37
<i>phenelzine sulfate</i>	20	<i>prednisolone</i>	51
<i>phenobarbital</i>	18	<i>prednisolone acetate</i>	64
PHENYTEK	19	<i>prednisolone sodium phosphate</i>	50
<i>phenytoin</i>	19	<i>prednisone</i>	51
<i>phenytoin infatabs</i>	19	<i>pregabalin</i>	18
<i>phenytoin sodium extended</i>	19	PREHEVBRIO	60
PHESGO	24	PREMARIN	54
<i>philith</i>	54	<i>premium lidocaine</i>	13
PIFELTRO	32	PREMPHASE	54
<i>pilocarpine hcl</i>	64	PREMPRO	54
<i>pilocarpine hydrochloride</i>	44	<i>prenatal</i>	47
<i>pimecrolimus</i>	45	<i>prevalite</i>	41
<i>pimozide</i>	29	<i>previfem</i>	54
<i>pimtrea</i>	54	PREVYMIS	31
<i>pindolol</i>	39	PREZCOBIX	33
<i>pioglitazone hcl</i>	35	PREZISTA	33
<i>pioglitazone hcl/metformin hcl</i>	35	PRIFTIN	23
<i>pioglitazone hydrochloride</i>	35	<i>primaquine phosphate</i>	28
<i>piperacillin sodium/tazobactam sodium</i>	16	<i>primidone</i>	18

Drug Name	Page #	Drug Name	Page #
PRIORIX	60	QVAR REDIHALER	65
PRIVIGEN	57	RABAVERT	60
PROAIR RESPICLICK	65	<i>rabeprazole sodium</i>	49
<i>probenecid</i>	22	<i>raloxifene hydrochloride</i>	55
<i>probenecid/colchicine</i>	22	<i>ramelteon</i>	67
<i>prochlorperazine</i>	21	<i>ramipril</i>	38
<i>prochlorperazine maleate</i>	21	<i>ranolazine er</i>	40
PROCRIT	37	<i>rasagiline mesylate</i>	29
<i>procto-med hc</i>	61	RAYALDEE	61
<i>proctosol hc</i>	61	REBIF	43
<i>proctozone-hc</i>	61	REBIF REBIDOSE	43
<i>progesterone</i>	55	REBIF REBIDOSE TITRATION PACK	43
PROGRAF	59	REBIF TITRATION PACK	43
PROLASTIN-C	49	RECOMBIVAX HB	60
PROLIA	61	RELENZA DISKHALER	33
PROMACTA	37	RELISTOR	48
<i>promethazine hcl</i>	21	RENFLEXIS	59
<i>promethazine hydrochloride</i>	21	<i>repaglinide</i>	35
<i>promethazine hydrochloride plain</i>	21	REPATHA	41
<i>promethegan</i>	21	REPATHA PUSHTRONEX SYSTEM	41
<i>propafenone hcl</i>	38	REPATHA SURECLICK	41
<i>propafenone hydrochloride er</i>	38	RESTASIS	63
<i>propranolol hcl</i>	39	RESTASIS MULTIDOSE	63
<i>propranolol hcl er</i>	39	RETACRIT	37
<i>propranolol hydrochloride</i>	39	RETEVMO	26
<i>propranolol hydrochloride er</i>	39	REVCOVI	49
<i>propylthiouracil</i>	56	REXULTI	30
PROQUAD	60	REYATAZ	33
<i>protriptyline hcl</i>	21	REZLIDHIA	26
PULMOZYME	66	REZUROCK	59
PURIXAN	24	RHOPRESSA	64
<i>pyrazinamide</i>	23	<i>ribavirin</i>	31
<i>pyridostigmine bromide</i>	23	<i>rifabutin</i>	23
<i>pyrimethamine</i>	28	<i>rifampin</i>	23
PYRUKYND	49	<i>riluzole</i>	43
PYRUKYND TAPER PACK	49	RINVOQ	57
QINLOCK	26	RINVOQ LQ	57
QUADRACEL	60	<i>risedronate sodium</i>	61
<i>quetiapine fumarate</i>	30	<i>risperidone</i>	30
<i>quetiapine fumarate er</i>	30	<i>risperidone er</i>	30
<i>quinapril hydrochloride</i>	38	<i>risperidone odt</i>	30
<i>quinapril/hydrochlorothiazide</i>	40	<i>ritonavir</i>	33
<i>quinidine sulfate</i>	38	<i>rivastigmine tartrate</i>	19
<i>quinine sulfate</i>	28	<i>rivastigmine transdermal system</i>	19
QULIPTA	23	<i>rivelsa</i>	54

Drug Name	Page #	Drug Name	Page #
<i>rizatriptan benzoate</i>	23	SIMBRINZA	63
<i>rizatriptan benzoate odt</i>	23	<i>simliya</i>	54
ROCKLATAN	63	<i>simpesse</i>	54
<i>roflumilast</i>	66	<i>simvastatin</i>	41
ROLVEDON	37	<i>sirolimus</i>	59
<i>ropinirole er</i>	28	SIRTURO	23
<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>	41	<i>sodium chloride</i>	47
ROTARIX	60	<i>sodium chloride 0.45%</i>	47
ROTATEQ	60	<i>sodium chloride 0.9%</i>	62
<i>roweepra</i>	18	<i>sodium oxybate</i>	67
<i>roweepra xr</i>	18	<i>sodium phenylbutyrate</i>	49
ROZLYTREK	26	<i>sodium polystyrene sulfonate</i>	47
RUBRACA	26	<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	48
<i>rufinamide</i>	19	<i>sofosbuvir/velpatasvir</i>	31
RUKOBIA	32	<i>solifenacin succinate</i>	50
RYBELSUS	35	SOLQUA 100/33	35
RYDAPT	27	SOLTAMOX	24
RYTARY	28	SOMAVERT	56
<i>sajazir</i>	56	<i>sorafenib</i>	27
SANDIMMUNE	59	<i>sorafenib tosylate</i>	27
SANTYL	45	<i>sorine</i>	38
<i>sapropterin dihydrochloride</i>	49	<i>sotalol hcl</i>	38
SAVELLA	43	<i>sotalol hydrochloride</i>	38
SAVELLA TITRATION PACK	43	<i>sotalol hydrochloride (af)</i>	38
SCSEMBLIX	27	SOTYKTU	46
<i>scopolamine</i>	21	SPEVIGO	45
SECUADO	30	SPIRIVA RESPIMAT	65
<i>selegiline hcl</i>	29	<i>spironolactone</i>	41
<i>selenium sulfide</i>	45	<i>spironolactone/hydrochlorothiazide</i>	40
SELZENTRY	32	<i>sprintec 28</i>	54
SEREVENT DISKUS	65	SPRITAM	18
<i>sertraline hcl</i>	21	SPRYCEL	27
<i>sertraline hydrochloride</i>	21	SPS	47
<i>setlakin</i>	54	<i>sronyx</i>	54
<i>sevelamer carbonate</i>	47	<i>ssd</i>	46
SFROWASA	61	STAMARIL	60
<i>sharobel</i>	55	<i>stavudine</i>	32
SHINGRIX	60	STELARA	57
SIGNIFOR	56	STIOLTO RESPIMAT	67
<i>sildenafil citrate</i>	66	STIVARGA	27
<i>silodosin</i>	50	<i>streptomycin sulfate</i>	14
<i>silver sulfadiazine</i>	45		

Drug Name	Page #	Drug Name	Page #
STRIBILD	31	TDVAX	60
<i>subvenite</i>	18	TEFLARO	15
<i>subvenite starter kit/blue</i>	18	TEGSEDI	49
<i>subvenite starter kit/green</i>	18	<i>telmisartan</i>	38
<i>subvenite starter kit/orange</i>	18	<i>telmisartan/hydrochlorothiazide</i>	40
SUCRAID	49	<i>temazepam</i>	67
<i>sucralfate</i>	49	TEMIXYS	32
<i>sulfacetamide sodium</i>	63	TENIVAC	60
<i>sulfacetamide sodium/prednisolone sodium</i>	63	<i>tenofovir disoproxil fumarate</i>	32
<i>phosphate</i>		TEPMETKO	27
<i>sulfadiazine</i>	17	<i>terazosin hcl</i>	50
<i>sulfamethoxazole/trimethoprim</i>	17	<i>terazosin hydrochloride</i>	50
<i>sulfamethoxazole/trimethoprim ds</i>	17	<i>terbinafine hcl</i>	22
<i>sulfasalazine</i>	61	<i>terconazole</i>	22
<i>sulindac</i>	12	<i>teriparatide</i>	61
<i>sumatriptan</i>	23	<i>testosterone</i>	51
<i>sumatriptan succinate</i>	23	<i>testosterone cypionate</i>	51
<i>sunitinib malate</i>	27	<i>testosterone enanthate</i>	51
SUNLENCA	32	<i>testosterone pump</i>	51
SUTAB	48	TETANUS/DIPHThERIA TOXOIDS-	60
SYMPAZAN	18	ADSORBED ADULT	
SYMTUZA	33	<i>tetrabenazine</i>	43
SYNJARDY	35	<i>tetracycline hydrochloride</i>	17
SYNJARDY XR	35	THALOMID	24
SYNRIBO	24	<i>theophylline er</i>	66
SYNTHROID	56	<i>thioridazine hcl</i>	29
TABLOID	24	<i>thiothixene</i>	29
TABRECTA	27	THYROID	56
<i>tacrolimus</i>	45	<i>tiadylt er</i>	39
<i>tacrolimus</i>	59	<i>tiagabine hydrochloride</i>	18
<i>tadalafil</i>	50	TIBSOVO	27
<i>tadalafil</i>	66	TICOVAC	60
TAFINLAR	27	<i>tigecycline</i>	15
TAGRISSO	27	<i>timolol maleate</i>	23
TALZENNA	27	<i>timolol maleate</i>	64
<i>tamoxifen citrate</i>	24	<i>tinidazole</i>	15
<i>tamsulosin hydrochloride</i>	50	<i>tiotropium bromide</i>	65
<i>tarina fe 1/20</i>	54	TIVICAY	31
<i>tarina fe 1/20 eq</i>	54	TIVICAY PD	31
TASIGNA	27	<i>tizanidine hcl</i>	30
TAVNEOS	57	<i>tizanidine hydrochloride</i>	30
<i>tazarotene</i>	44	TOBI PODHALER	66
TAZICEF	15	TOBRADEX	63
<i>taztia xt</i>	39	TOBRADEX ST	63
TAZVERIK	27	<i>tobramycin</i>	63

Drug Name	Page #	Drug Name	Page #
<i>tobramycin</i>	66	<i>trimipramine maleate</i>	21
<i>tobramycin sulfate</i>	14	<i>trinessa</i>	54
<i>tobramycin/dexamethasone</i>	63	TRINTELLIX	21
<i>tolterodine tartrate</i>	50	<i>tri-nymyo</i>	54
<i>tolterodine tartrate er</i>	50	<i>tri-previfem</i>	54
<i>topiramate</i>	18	<i>tri-sprintec</i>	54
<i>toremifene citrate</i>	24	TRIUMEQ	32
<i>torpenz</i>	27	TRIUMEQ PD	32
<i>torseamide</i>	40	<i>trivora-28</i>	54
TOUJEO MAX SOLOSTAR	36	<i>tri-vylibra</i>	54
TOUJEO SOLOSTAR	36	TRIZIVIR	32
TRADJENTA	35	<i>trospium chloride</i>	50
<i>tramadol hydrochloride</i>	13	<i>trospium chloride er</i>	50
<i>tramadol hydrochloride/acetaminophen</i>	13	TRULICITY	35
<i>trandolapril</i>	38	TRUMENBA	60
<i>trandolapril/verapamil hcl er</i>	40	TRUQAP	27
<i>tranexamic acid</i>	37	TRUSELTIQ	25
<i>tranylcypramine sulfate</i>	20	TUKYSA	27
<i>trazodone hydrochloride</i>	21	<i>tulana</i>	55
TRECTOR	23	TURALIO	27
TRELEGY ELLIPTA	67	<i>turqoz</i>	54
TRELSTAR MIXJECT	56	TWINRIX	60
TRESIBA	36	TYBOST	32
TRESIBA FLEXTOUCH	36	TYMLOS	61
<i>tretinoin</i>	27	TYPHIM VI	60
<i>tretinoin</i>	44	TYRVAYA	14
<i>tri femynor</i>	54	UBRELVY	23
<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>	46
<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	24
<i>trifluoperazine hydrochloride</i>	29	<i>valganciclovir</i>	31
<i>trifluridine</i>	63	<i>valganciclovir hydrochloride</i>	31
<i>trihexyphenidyl hydrochloride</i>	28	<i>valproic acid</i>	18
TRIJARDY XR	35	<i>valsartan</i>	38
TRIKAFTA	66	<i>valsartan/hydrochlorothiazide</i>	40
<i>tri-linyah</i>	54	VALTOCO 10 MG DOSE	18
<i>trilyte</i>	48	VALTOCO 15 MG DOSE	18
<i>trimethoprim</i>	15	VALTOCO 20 MG DOSE	19
<i>tri-mili</i>	54	VALTOCO 5 MG DOSE	19

Drug Name	Page #	Drug Name	Page #
<i>vancomycin hcl</i>	15	VORANIGO	28
<i>vancomycin hydrochloride</i>	15	<i>voriconazole</i>	22
VANFLYTA	27	VOSEVI	31
VAQTA	60	VOWST	48
<i>varenicline starting month box</i>	14	VRAYLAR	30
<i>varenicline tartrate</i>	14	VUMERITY	43
VARIVAX	61	<i>vyfemla</i>	54
VAXELIS	61	VYJUVEK	33
VELPHORO	47	<i>vylibra</i>	55
VELTASSA	47	VYNDAMAX	40
VENCLEXTA	27	VYZULTA	64
VENCLEXTA STARTING PACK	27	<i>warfarin sodium</i>	36
<i>venlafaxine hydrochloride</i>	21	WELIREG	49
<i>venlafaxine hydrochloride er</i>	21	<i>wera</i>	55
VENTAVIS	66	<i>wixela inhub</i>	67
VEOPOZ	57	XALKORI	27
VEOZAH	43	XARELTO	36
<i>verapamil hcl</i>	39	XARELTO STARTER PACK	36
<i>verapamil hcl er</i>	39	XATMEP	59
<i>verapamil hcl sr</i>	39	XCOPRI	19
<i>verapamil hydrochloride</i>	39	XDEMVI	63
<i>verapamil hydrochloride er</i>	39	XELJANZ	57
VERQUVO	41	XELJANZ XR	57
VERSACLOZ	30	XERMELO	48
VERZENIO	27	XGEVA	61
V-GO 20	62	XIFAXAN	48
V-GO 30	62	XIGDUO XR	35
V-GO 40	62	XIIDRA	63
<i>vicodin hp</i>	13	XOFLUZA	33
<i>vienna</i>	54	XOLAIR	57
<i>vigabatrin</i>	19	XOLREMDI	37
<i>vigadrone</i>	19	XOSPATA	27
VIGAFYDE	19	XPOVIO	27
<i>vigpoder</i>	19	XPOVIO 60 MG TWICE WEEKLY	27
<i>vilazodone hydrochloride</i>	21	XPOVIO 80 MG TWICE WEEKLY	27
<i>viorele</i>	54	XTAMPZA ER	12
VIRACEPT	33	XTANDI	24
VIREAD	32	<i>xulane</i>	55
VISTOGARD	62	<i>yargesa</i>	50
VITRAKVI	27	YF-VAX	61
VIVITROL	13	YUPELRI	65
VIZIMPRO	27	<i>yuvafem</i>	55
VOCABRIA	31	<i>zafemy</i>	55
<i>volnea</i>	54	<i>zafirlukast</i>	65
VONJO	25	<i>zaleplon</i>	67

Drug Name	Page #
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	63
ZOKINVY	62
ZOLINZA	25
<i>zolmitriptan</i>	23
<i>zolpidem tartrate</i>	67
<i>zolpidem tartrate er</i>	67
ZONISADE	19
<i>zonisamide</i>	19
<i>zovia 1/35</i>	55
<i>zovia 1/35e</i>	55
ZTALMY	19
ZURZUVAE	20
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

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 اذكر 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) 279-1549).

Laotian – ໂປດຊາບ: ຖ້າວ່າ ທ່ານ ບໍ່ເຂົ້າພາສາ ມາ, ການບໍລິ ຄຸດ ອາດຈະມີພາສາ, ໂດຍບໍ່ຄ່າ ສູງຄ່າ, ແມ່ນ ມີ ທ່ານ. ໂທ ສ ມາໃຫ້

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

Amharic – ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች: በገጻ ሊያግዝዎት ተዘጋጅተዋል: ወደ ሚስተለው 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).

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).

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) 。

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).

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).

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).

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).

Tagalog – PAUNAWA: Kung nagsasalita ka ng Tagalog, maari 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).

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).

Thai – เร็ย่น: ถ าคณพูดภาษาไทยคุณสามารถไช บริการช วยเหลือถางภาษาได พร โทร Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549).

Karen – ဟ်သုဉ်ဟ်သး- နမုာ်ကတိာ် ကညိ် ကျိာ်အလိံ, နမုာ်န့ာ် ကျိာ်အတိာ်မၤစၢၤလၢ တလၢာ်ဘျုးလၢာ်စ့ၢ် နိတမံၤဘျုးသ့န့ာ်လိာ်. ကိ် 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).

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.



SANFORD HEALTH PLAN



Great Plains
Medicare Advantage

Great Plains Medicare Advantage (HMO I-SNP) 2025 Formulary List of Covered Drugs

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

Formulary ID# 00025382, V7

This formulary was last updated on 08/16/2024.

For more recent information or other questions, please contact Great Plains Medicare Advantage member services at (855) 800-8872 (TTY users should call 711), 24 hours a day/7 days a week or visit [greatplainsmedicareadvantage.com](https://www.greatplainsmedicareadvantage.com).

We also provide information in alternative formats such as braille, audio or large print. To receive information in an alternative format, call our member services at (855) 800-8872 (TTY: 711), 24 hours a day/7 days a week.

This formulary last updated 08/16/2024