



AMERICAN HEALTH ADVANTAGE OF FLORIDA (HMO I-SNP)

2025 Formulary

(List of Covered Drugs or "Drug List")

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

Formulary File Submission ID 25482, Version Number 10

This formulary was updated on 02/07/2025. For more recent information or other questions, please contact American Health Advantage of Florida (HMO I-SNP) Member Services, at 855-521-0626 or, for TTY/TDD:1-833-312-0046, hours of operation: October 1st through March 31st are 8:00 A.M to 8:00 P.M., seven days a week; April 1st through September 30th are 8:00 A.M to 8:00 P.M., Monday through Friday, or visit fl.amhealthplans.com.

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 American Health Plan of FL, Inc. When it refers to “plan” or “our plan,” it means American Health Advantage of Florida.

This document includes Drug List (formulary) for our plan which is current as of 03/01/2025. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

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

What is the American Health Advantage of Florida (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 American Health Advantage of Florida 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. American Health Advantage of Florida is filled at a American Health Advantage of Florida network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please

review your Evidence of Coverage.

Can the formulary change? Most changes in drug coverage happen on January 1, but American Health Advantage of Florida may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: fl.amhealthplans.com

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

- **Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug. 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.

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

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

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

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

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may 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. 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, we must notify affected members of the change at least 30 days

before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug 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 American Health Advantage of Florida’s Formulary?”

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

The enclosed formulary is current as of 03/01/2025. To get updated information about the drugs covered by American Health Advantage of Florida please contact us. Our contact information appears on the front and back cover pages.

American Health Advantage of Florida will send you a notice in the event of a mid-year-non-maintenance formulary change. The notice will generally be sent 60 days prior to the change. Any formulary updates are listed at mo.amhealthplans.com, along with the most current formulary.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 4. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “cardiovascular agents”. If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page I-1. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

American Health Advantage of Florida covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic

drugs work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

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

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

- For discussion of drug types, please see the Evidence of Coverage, Chapter 5 “The ‘Drug List’ tells which Part D drugs are covered.”

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** American Health Advantage of Florida requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from American Health Advantage of Florida before you fill your prescriptions. If you don’t get approval, American Health Advantage of Florida may not cover the drug.
- **Quantity Limits:** For certain drugs, American Health Advantage of Florida limits the amount of the drug that American Health Advantage of Florida will cover. For example, American Health Advantage of Florida provides 30 tablets per prescription for JANUVIA. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, American Health Advantage of Florida requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, American Health Advantage of Florida may not cover Drug B unless you try Drug A first. If Drug A does not work for you, American Health Advantage of Florida will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 4. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask American Health Advantage of Florida to make an exception to these restrictions or limits or for

a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the American Health Advantage of Florida’s formulary?” on page V for information about how to request an exception.

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 American Health Advantage of Florida does not cover your drug, you have two options:

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

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, American Health Advantage of Florida 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, American Health Advantage of Florida will only approve your request for an exception if the alternative drugs included on the plan’s formulary, or applying the restriction would not be as effective for you and/or would cause you to have adverse 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 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? H6652_COMPFORMP00125_C Last Updated 02/07/2025

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 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. If coverage is not approved, after your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

For members who are outside their transition period, and experience a change in the level of care when changing from one treatment setting to another (example: long-term care facility to hospital, hospital to long-term care facility, hospital to home, home to long-term care facility, hospice to long-term care facility, hospice to home):

We will allow an early refill for a 30-day supply of medication in the retail setting and up to a 31-day supply in the long-term setting for formulary medications and an emergency transition fill for the non-formulary medication (including those medications that are on the formulary but require prior authorization, step therapy or are subject to quantity limit restrictions).

For more information

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

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

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

American Health Advantage of Florida's Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by American Health Advantage of Florida. If you have trouble finding your drug in the list, turn to the Index that begins on page I-1.

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

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

- Standard Benefits
Drug Tier 1:25%

List of Covered Drugs

List of Drugs by Medical Condition

ANALGESICS	4
ANESTHETICS	6
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS	6
ANTI-ANXIETY AGENTS	7
ANTIBACTERIALS	8
ANTICANCER AGENTS	14
ANTICHOLINERGIC AGENTS	26
ANTICONVULSANTS	26
ANTIDEMENTIA AGENTS	30
ANTIDEPRESSANTS	30
ANTIDIABETIC AGENTS	32
ANTIFUNGALS	36
ANTIGOUT AGENTS	38
ANTI-HISTAMINES	38
ANTI-INFECTIVES (SKIN AND MUCOUS MEMBRANE)	38
ANTIMIGRAINE AGENTS	38
ANTIMYCOBACTERIALS	39
ANTI-NAUSEA AGENTS	40
ANTI-PARASITE AGENTS	40
ANTI-PARKINSONIAN AGENTS	41
ANTI-PSYCHOTIC AGENTS	42
ANTI-VIRALS (SYSTEMIC)	47
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS	51
CALORIC AGENTS	53
CARDIOVASCULAR AGENTS	53
CENTRAL NERVOUS SYSTEM AGENTS	60
CONTRACEPTIVES	63

DENTAL AND ORAL AGENTS.....	68
DERMATOLOGICAL AGENTS.....	68
DEVICES	71
ENZYME COFACTORS/CHAPERONES	109
ENZYME REPLACEMENT/MODIFIERS	109
EYE, EAR, NOSE, THROAT AGENTS.....	109
GASTROINTESTINAL AGENTS.....	112
GENITOURINARY AGENTS.....	114
HEAVY METAL ANTAGONISTS.....	115
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING	115
IMMUNOLOGICAL AGENTS.....	119
INFLAMMATORY BOWEL DISEASE AGENTS.....	125
IRRIGATING SOLUTIONS	126
METABOLIC BONE DISEASE AGENTS	126
MISCELLANEOUS THERAPEUTIC AGENTS.....	127
OPHTHALMIC AGENTS	128
REPLACEMENT PREPARATIONS	129
RESPIRATORY TRACT AGENTS	129
SKELETAL MUSCLE RELAXANTS.....	133
SLEEP DISORDER AGENTS.....	133
VASODILATING AGENTS	133
VITAMINS AND MINERALS	134

Legend

1: Covered Medications

PA: Prior Authorization - You (or your physician) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, we may not cover this drug.

PA BvD: Part B vs. Part D - This prescription 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 this determination.

PA NSO: Prior Authorization - New Starts - You (or your physician) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, we may not cover this drug.

QL: Quantity Limit - There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.

ST: Step Therapy - In some cases, you may be required to first try certain drugs to treat your medical condition before we will cover another drug for that condition unless you are a previous user of the drug.

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
Analgesics, Miscellaneous		
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	1	QL (4500 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	1	QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	1	QL (180 per 30 days)
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	1	QL (4 per 28 days)
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	1	QL (180 per 30 days)
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg</i>	1	QL (180 per 30 days)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	1	QL (180 per 30 days)
<i>endocet oral tablet 10-325 mg</i>	1	QL (180 per 30 days)
<i>endocet oral tablet 2.5-325 mg, 5-325 mg</i>	1	QL (360 per 30 days)
<i>endocet oral tablet 7.5-325 mg</i>	1	QL (240 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	1	PA; QL (120 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	1	QL (10 per 30 days)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml</i>	1	QL (2700 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>	1	QL (180 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	1	QL (240 per 30 days)
<i>hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg</i>	1	QL (180 per 30 days)
<i>methadone hcl oral tablet 10 mg</i>	1	QL (120 per 30 days)
<i>methadone hcl oral tablet 5 mg</i>	1	QL (180 per 30 days)
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	1	QL (180 per 30 days)
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	1	ST; QL (60 per 30 days)
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg, 60 mg</i>	1	QL (60 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg</i>	1	QL (90 per 30 days)
MORPHINE SULFATE ORAL SOLUTION 10 MG/5ML	1	QL (700 per 30 days)
MORPHINE SULFATE ORAL SOLUTION 20 MG/5ML	1	QL (300 per 30 days)
MORPHINE SULFATE ORAL TABLET 15 MG	1	QL (180 per 30 days)
MORPHINE SULFATE ORAL TABLET 30 MG	1	QL (120 per 30 days)
<i>oxycodone hcl oral capsule 5 mg</i>	1	QL (180 per 30 days)
<i>oxycodone hcl oral solution 5 mg/5ml</i>	1	QL (1300 per 30 days)
<i>oxycodone hcl oral tablet 10 mg, 5 mg</i>	1	QL (180 per 30 days)
<i>oxycodone hcl oral tablet 15 mg, 20 mg, 30 mg</i>	1	QL (120 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	1	QL (180 per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	1	QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	1	QL (240 per 30 days)
TRAMADOL HCL ORAL SOLUTION 5 MG/ML	1	PA; QL (2400 per 30 days)
<i>tramadol hcl oral tablet 50 mg</i>	1	QL (240 per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	1	QL (300 per 30 days)
Nonsteroidal Anti-Inflammatory Agents		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	1	QL (60 per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i>	1	QL (120 per 30 days)
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	1	
<i>diclofenac sodium external gel 1 %</i>	1	QL (1000 per 30 days)
<i>diclofenac sodium external solution 1.5 %</i>	1	QL (300 per 30 days)
<i>diclofenac sodium external solution 2 %</i>	1	PA; QL (224 per 28 days)
<i>diclofenac sodium oral tablet delayed release 25 mg</i>	1	
<i>diclofenac sodium oral tablet delayed release 50 mg</i>	1	QL (120 per 30 days)
<i>diclofenac sodium oral tablet delayed release 75 mg</i>	1	QL (60 per 30 days)
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i>	1	
<i>etodolac oral capsule 200 mg, 300 mg</i>	1	
<i>etodolac oral tablet 400 mg, 500 mg</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
<i>flurbiprofen oral tablet 100 mg</i>	1	
FLURBIPROFEN ORAL TABLET 50 MG	1	
<i>ibu oral tablet 400 mg</i>	1	QL (240 per 30 days)
<i>ibu oral tablet 600 mg, 800 mg</i>	1	
<i>ibuprofen oral tablet 400 mg</i>	1	QL (240 per 30 days)
<i>ibuprofen oral tablet 600 mg, 800 mg</i>	1	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	
<i>ketorolac tromethamine injection solution 15 mg/ml</i>	1	QL (40 per 30 days)
<i>ketorolac tromethamine injection solution 30 mg/ml</i>	1	QL (20 per 30 days)
<i>ketorolac tromethamine intramuscular solution 60 mg/2ml</i>	1	QL (20 per 30 days)
<i>ketorolac tromethamine oral tablet 10 mg</i>	1	QL (20 per 30 days)
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen oral tablet delayed release 375 mg</i>	1	
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	
ANESTHETICS		
Local Anesthetics		
<i>glydo external prefilled syringe 2 %</i>	1	QL (30 per 30 days)
<i>lidocaine external ointment 5 %</i>	1	QL (240 per 30 days)
<i>lidocaine external patch 5 %</i>	1	QL (90 per 30 days)
<i>lidocaine hcl (pf) injection solution 1 %</i>	1	
<i>lidocaine hcl injection solution 1 %</i>	1	
<i>lidocaine hcl urethral/mucosal external prefilled syringe 2 %</i>	1	QL (30 per 30 days)
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	1	
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	1	QL (30 per 30 days)
<i>lidocan external patch 5 %</i>	1	QL (90 per 30 days)
<i>tridacaine ii external patch 5 %</i>	1	QL (90 per 30 days)
<i>tridacaine patch 5 % external</i>	1	QL (90 per 30 days)
ZTLIDO EXTERNAL PATCH 1.8 %	1	QL (90 per 30 days)
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
Anti-Addiction/Substance Abuse Treatment Agents		

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	1	
APO-VARENICLINE TABLET 1 MG ORAL	1	QL (336 per 365 days)
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	1	QL (90 per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	1	QL (60 per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	1	QL (90 per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	1	QL (90 per 30 days)
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	1	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	1	
KLOXXADO NASAL LIQUID 8 MG/0.1ML	1	QL (4 per 30 days)
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	1	
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	1	
<i>naloxone hcl injection solution prefilled syringe 0.4 mg/ml, 2 mg/2ml</i>	1	
<i>naloxone hcl nasal liquid 4 mg/0.1ml</i>	1	
<i>naltrexone hcl oral tablet 50 mg</i>	1	
NICOTROL NS NASAL SOLUTION 10 MG/ML	1	QL (240 per 180 days)
<i>varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42</i>	1	
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg (56 pack)</i>	1	QL (336 per 365 days)
VARENICLINE TARTRATE ORAL TABLET 1 MG	1	QL (336 per 365 days)
ANTI-ANXIETY AGENTS		
Benzodiazepines		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
<i>alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	QL (120 per 30 days)
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	1	QL (120 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	1	QL (180 per 30 days)
<i>diazepam injection solution 5 mg/ml</i>	1	QL (10 per 28 days)
<i>diazepam intensol oral concentrate 5 mg/ml</i>	1	QL (1200 per 30 days)
<i>diazepam oral solution 5 mg/5ml</i>	1	QL (1200 per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	1	
<i>lorazepam concentrate 2 mg/ml oral</i>	1	
<i>lorazepam injection solution 2 mg/ml, 4 mg/ml</i>	1	
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	1	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg</i>	1	QL (30 per 30 days)
<i>temazepam oral capsule 7.5 mg</i>	1	QL (120 per 30 days)
<i>triazolam oral tablet 0.125 mg</i>	1	QL (120 per 30 days)
<i>triazolam oral tablet 0.25 mg</i>	1	QL (60 per 30 days)
ANTIBACTERIALS		
Aminoglycosides		
<i>amikacin sulfate injection solution 500 mg/2ml</i>	1	
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML	1	PA; QL (235.2 per 28 days)
<i>gentamicin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	1	
<i>neomycin sulfate oral tablet 500 mg</i>	1	
<i>streptomycin sulfate intramuscular solution reconstituted 1 gm</i>	1	
TOBI PODHALER INHALATION CAPSULE 28 MG	1	QL (224 per 28 days)
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	1	PA BvD
<i>tobramycin pak inhalation nebulization solution 300 mg/5ml</i>	1	PA BvD
<i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i>	1	
Antibacterials, Miscellaneous		
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	1	
<i>clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml, 9000 mg/60ml</i>	1	
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	1	
DAPTOMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 350 MG	1	
<i>daptomycin intravenous solution reconstituted 500 mg</i>	1	
DAPTOMYCIN-SODIUM CHLORIDE INTRAVENOUS SOLUTION 1000-0.9 MG/100ML-%, 350-0.9 MG/50ML-%, 500-0.9 MG/50ML-%, 700-0.9 MG/100ML-%	1	
<i>fosfomycin tromethamine oral packet 3 gm</i>	1	
<i>linezolid intravenous solution 600 mg/300ml</i>	1	
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	1	
<i>linezolid oral tablet 600 mg</i>	1	
<i>methenamine hippurate oral tablet 1 gm</i>	1	
<i>metronidazole intravenous solution 500 mg/100ml</i>	1	
<i>metronidazole oral capsule 375 mg</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	1	QL (120 per 30 days)
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	1	QL (60 per 30 days)
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	1	QL (2400 per 30 days)
<i>trimethoprim oral tablet 100 mg</i>	1	
VANCOMYCIN HCL INTRAVENOUS SOLUTION 1000 MG/200ML, 1250 MG/250ML, 1500 MG/300ML, 500 MG/100ML, 750 MG/150ML	1	
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 5 gm, 500 mg, 750 mg</i>	1	
VANCOMYCIN HCL INTRAVENOUS SOLUTION RECONSTITUTED 1.25 GM	1	
<i>vancomycin hcl oral capsule 125 mg</i>	1	QL (56 per 14 days)
<i>vancomycin hcl oral capsule 250 mg</i>	1	QL (112 per 14 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
<i>vancomycin hcl oral solution reconstituted 250 mg/5ml</i>	1	
XIFAXAN ORAL TABLET 200 MG	1	PA; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	1	PA; QL (90 per 30 days)
Cephalosporins		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	1	
<i>cefadroxil oral capsule 500 mg</i>	1	
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	1	
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</i>	1	
CEFAZOLIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 2-3 GM-%(50ML)	1	
<i>cefdinir oral capsule 300 mg</i>	1	
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>cefepime hcl injection solution reconstituted 1 gm</i>	1	
<i>cefepime hcl intravenous solution reconstituted 2 gm</i>	1	
<i>cefixime oral capsule 400 mg</i>	1	
<i>cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	1	
<i>cefprozil oral tablet 100 mg, 200 mg</i>	1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	1	
<i>ceftazidime injection solution reconstituted 1 gm, 6 gm</i>	1	
<i>ceftazidime intravenous solution reconstituted 2 gm</i>	1	
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	1	
<i>ceftriaxone sodium intravenous solution reconstituted 10 gm</i>	1	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1	
<i>cefuroxime sodium injection solution reconstituted 750 mg</i>	1	
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	1	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>tazicef injection solution reconstituted 1 gm</i>	1	
<i>tazicef intravenous solution reconstituted 2 gm</i>	1	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 6 GM	1	
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG	1	
Macrolides		
<i>azithromycin intravenous solution reconstituted 500 mg</i>	1	
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	1	
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg</i>	1	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	
DIFICID ORAL TABLET 200 MG	1	QL (20 per 10 days)
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	1	
<i>erythromycin oral tablet delayed release 500 mg</i>	1	
Miscellaneous B-Lactam Antibiotics		
<i>aztreonam injection solution reconstituted 1 gm</i>	1	
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	1	PA
<i>ertapenem sodium injection solution reconstituted 1 gm</i>	1	
<i>imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg</i>	1	
<i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>	1	
Penicillins		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	1	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg</i>	1	
<i>ampicillin sodium intravenous solution reconstituted 10 gm</i>	1	
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	1	
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm</i>	1	
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION 900000-300000 UNIT/2ML	1	
BICILLIN C-R INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML	1	
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML	1	
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	1	
EXTENCILLINE INTRAMUSCULAR SUSPENSION RECONSTITUTED 1200000 UNIT, 2400000 UNIT	1	
LENTOCILIN INTRAMUSCULAR SUSPENSION RECONSTITUTED 1200000 UNIT	1	
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>	1	
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	1	
<i>penicillin g potassium injection solution reconstituted 20000000 unit</i>	1	
<i>penicillin g procaine intramuscular suspension 600000 unit/ml</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i>	1	
Quinolones		
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml, 400 mg/200ml</i>	1	
<i>levofloxacin in d5w intravenous solution 250 mg/50ml, 500 mg/100ml, 750 mg/150ml</i>	1	
<i>levofloxacin oral solution 25 mg/ml</i>	1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	
MOXIFLOXACIN HCL IN NAACL INTRAVENOUS SOLUTION 400 MG/250ML	1	
<i>moxifloxacin hcl oral tablet 400 mg</i>	1	
MOXIFLOXACIN HCL SOLUTION 400 MG/250ML INTRAVENOUS	1	
Sulfonamides		
<i>sulfadiazine oral tablet 500 mg</i>	1	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	
Tetracyclines		
<i>demeclocycline hcl oral tablet 150 mg, 300 mg</i>	1	
<i>doxy 100 intravenous solution reconstituted 100 mg</i>	1	
<i>doxycycline hyclate intravenous solution reconstituted 100 mg</i>	1	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 50 mg, 75 mg</i>	1	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>	1	QL (60 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	1	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	1	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	1	
TIGECYCLINE INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	1	
ANTICANCER AGENTS		
Anticancer Agents		
<i>abiraterone acetate oral tablet 250 mg, 500 mg</i>	1	PA NSO; QL (120 per 30 days)
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	1	PA NSO; QL (60 per 30 days)
ALECENSA ORAL CAPSULE 150 MG	1	PA NSO; QL (240 per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	1	PA NSO; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	1	PA NSO; QL (120 per 30 days)
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	1	PA NSO
<i>anastrozole oral tablet 1 mg</i>	1	
ANKTIVA INTRAVESICAL SOLUTION 400 MCG/0.4ML	1	PA NSO; QL (1.6 per 28 days)
AUGTYRO ORAL CAPSULE 160 MG	1	PA NSO; QL (60 per 30 days)
AUGTYRO ORAL CAPSULE 40 MG	1	PA NSO; QL (240 per 30 days)
AXTLE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 500 MG	1	
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	1	PA NSO; QL (30 per 30 days)
<i>azacitidine injection suspension reconstituted 100 mg</i>	1	
BALVERSA ORAL TABLET 3 MG	1	PA NSO; QL (84 per 28 days)
BALVERSA ORAL TABLET 4 MG	1	PA NSO; QL (56 per 28 days)
BALVERSA ORAL TABLET 5 MG	1	PA NSO; QL (28 per 28 days)
BENDAMUSTINE HCL INTRAVENOUS SOLUTION 100 MG/4ML	1	PA NSO
<i>bendamustine hcl intravenous solution reconstituted 100 mg, 25 mg</i>	1	PA NSO
BENDEKA INTRAVENOUS SOLUTION 100 MG/4ML	1	PA NSO

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
<i>bexarotene external gel 1 %</i>	1	PA NSO
<i>bexarotene oral capsule 75 mg</i>	1	PA NSO
<i>bicalutamide oral tablet 50 mg</i>	1	
BIZENGRI (750 MG DOSE) INTRAVENOUS SOLUTION THERAPY PACK 375 MG/18.75ML	1	PA NSO; QL (75 per 28 days)
<i>bleomycin sulfate injection solution reconstituted 15 unit, 30 unit</i>	1	
<i>bortezomib injection solution reconstituted 1 mg, 2.5 mg, 3.5 mg</i>	1	PA NSO
BORUZU INJECTION SOLUTION 3.5 MG/1.4ML	1	PA NSO
BOSULIF ORAL CAPSULE 100 MG	1	PA NSO; QL (180 per 30 days)
BOSULIF ORAL CAPSULE 50 MG	1	PA NSO; QL (30 per 30 days)
BOSULIF ORAL TABLET 100 MG	1	PA NSO; QL (180 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	1	PA NSO; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	1	PA NSO; QL (180 per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	1	PA NSO; QL (120 per 30 days)
CABOMETYX ORAL TABLET 20 MG, 60 MG	1	PA NSO; QL (30 per 30 days)
CABOMETYX ORAL TABLET 40 MG	1	PA NSO; QL (60 per 30 days)
CALQUENCE ORAL CAPSULE 100 MG	1	PA NSO; QL (60 per 30 days)
CALQUENCE ORAL TABLET 100 MG	1	PA NSO; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	1	PA NSO; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	1	PA NSO; QL (30 per 30 days)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	1	PA NSO
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	1	PA NSO; QL (112 per 28 days)
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	1	PA NSO
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	1	PA NSO; QL (56 per 28 days)
COTELLIC ORAL TABLET 20 MG	1	PA NSO; QL (63 per 28 days)
<i>cyclophosphamide injection solution reconstituted 1 gm, 2 gm, 500 mg</i>	1	PA BvD
<i>cyclophosphamide intravenous solution 1 gm/2ml, 2 gm/4ml</i>	1	PA BvD
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 1 GM/5ML, 500 MG/2.5ML, 500 MG/5ML, 500 MG/ML	1	PA BvD

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
CYCLOPHOSPHAMIDE ORAL CAPSULE 25 MG	1	PA BvD; ST
<i>cyclophosphamide oral capsule 50 mg</i>	1	PA BvD; ST
<i>cyclophosphamide oral tablet 25 mg</i>	1	PA BvD; ST
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	1	PA BvD; ST
DANYELZA INTRAVENOUS SOLUTION 40 MG/10ML	1	PA NSO; QL (120 per 28 days)
DANZITEN ORAL TABLET 71 MG, 95 MG	1	PA NSO; QL (112 per 28 days)
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg</i>	1	PA NSO; QL (30 per 30 days)
<i>dasatinib oral tablet 20 mg</i>	1	PA NSO; QL (90 per 30 days)
DAURISMO ORAL TABLET 100 MG	1	PA NSO; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	1	PA NSO; QL (60 per 30 days)
<i>decitabine intravenous solution reconstituted 50 mg</i>	1	
<i>doxorubicin hcl liposomal intravenous suspension 2 mg/ml</i>	1	PA BvD
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG	1	PA NSO
ELREXFIO SUBCUTANEOUS SOLUTION 44 MG/1.1ML	1	PA NSO
ELREXFIO SUBCUTANEOUS SOLUTION 76 MG/1.9ML	1	PA NSO; QL (9.5 per 28 days)
EMCYT ORAL CAPSULE 140 MG	1	
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8ML, 48 MG/0.8ML	1	PA NSO
ERBITUX INTRAVENOUS SOLUTION 100 MG/50ML, 200 MG/100ML	1	PA NSO
ERIVEDGE ORAL CAPSULE 150 MG	1	PA NSO; QL (28 per 28 days)
ERLEADA ORAL TABLET 240 MG	1	PA NSO; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	1	PA NSO; QL (90 per 30 days)
<i>erlotinib hcl oral tablet 100 mg, 25 mg</i>	1	PA NSO; QL (60 per 30 days)
<i>erlotinib hcl oral tablet 150 mg</i>	1	PA NSO; QL (90 per 30 days)
ETOPOPHOS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	1	
<i>etoposide intravenous solution 100 mg/5ml</i>	1	
<i>everolimus oral tablet 10 mg</i>	1	PA NSO; QL (56 per 28 days)
<i>everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	1	PA NSO; QL (28 per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
<i>everolimus oral tablet soluble 2 mg, 3 mg, 5 mg</i>	1	PA NSO; QL (112 per 28 days)
<i>exemestane oral tablet 25 mg</i>	1	
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL	1	PA BvD
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	1	PA BvD
<i>floxuridine injection solution reconstituted 0.5 gm</i>	1	PA BvD
<i>fluorouracil intravenous solution 1 gm/20ml, 5 gm/100ml, 500 mg/10ml</i>	1	PA BvD
FLUTAMIDE ORAL CAPSULE 125 MG	1	
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	1	PA NSO; QL (21 per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	1	PA NSO; QL (84 per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	1	PA NSO; QL (21 per 28 days)
<i>fulvestrant intramuscular solution prefilled syringe 250 mg/5ml</i>	1	
FYARRO INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG	1	PA NSO
GAVRETO ORAL CAPSULE 100 MG	1	PA NSO; QL (120 per 30 days)
<i>gefitinib oral tablet 250 mg</i>	1	PA NSO; QL (60 per 30 days)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	1	PA NSO; QL (30 per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	1	
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600-10000 MG-UNT/5ML	1	PA NSO; QL (5 per 21 days)
HERZUMA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	1	PA NSO
<i>hydroxyurea oral capsule 500 mg</i>	1	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	1	PA NSO; QL (21 per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	1	PA NSO; QL (21 per 28 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	1	PA NSO; QL (30 per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG	1	PA NSO; QL (30 per 30 days)
<i>ifosfamide intravenous solution 1 gm/20ml, 3 gm/60ml</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
<i>ifosfamide intravenous solution reconstituted 1 gm</i>	1	
<i>imatinib mesylate oral tablet 100 mg</i>	1	PA NSO; QL (180 per 30 days)
<i>imatinib mesylate oral tablet 400 mg</i>	1	PA NSO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	1	PA NSO; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	1	PA NSO; QL (28 per 28 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	1	PA NSO; QL (216 per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	1	PA NSO; QL (28 per 28 days)
IMDELLTRA INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 10 MG	1	PA NSO
IMJUDO INTRAVENOUS SOLUTION 25 MG/1.25ML, 300 MG/15ML	1	PA NSO
IMKELDI ORAL SOLUTION 80 MG/ML	1	PA NSO
INLYTA ORAL TABLET 1 MG	1	PA NSO; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	1	PA NSO; QL (120 per 30 days)
INQOVI ORAL TABLET 35-100 MG	1	PA NSO; QL (5 per 28 days)
INREBIC ORAL CAPSULE 100 MG	1	PA NSO; QL (120 per 30 days)
ITOVEBI ORAL TABLET 3 MG	1	PA NSO; QL (60 per 30 days)
ITOVEBI ORAL TABLET 9 MG	1	PA NSO; QL (30 per 30 days)
IWILFIN ORAL TABLET 192 MG	1	PA NSO; QL (240 per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	1	PA NSO; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 100 MG	1	PA NSO; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 50 MG	1	PA NSO; QL (90 per 30 days)
JEMPERLI INTRAVENOUS SOLUTION 500 MG/10ML	1	PA NSO
JYLAMVO ORAL SOLUTION 2 MG/ML	1	PA BvD; ST
KEYTRUDA INTRAVENOUS SOLUTION 100 MG/4ML	1	PA NSO
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5ML	1	PA NSO; QL (2 per 28 days)
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	1	PA NSO; QL (21 per 28 days)
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	1	PA NSO; QL (42 per 28 days)
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	1	PA NSO; QL (63 per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
KISQALI FEMARA (200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	1	PA NSO; QL (49 per 28 days)
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	1	PA NSO; QL (70 per 28 days)
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	1	PA NSO; QL (91 per 28 days)
KOSELUGO ORAL CAPSULE 10 MG	1	PA NSO; QL (300 per 30 days)
KOSELUGO ORAL CAPSULE 25 MG	1	PA NSO; QL (120 per 30 days)
KRAZATI ORAL TABLET 200 MG	1	PA NSO; QL (180 per 30 days)
<i>lapatinib ditosylate oral tablet 250 mg</i>	1	PA NSO
LAZCLUZE ORAL TABLET 240 MG	1	PA NSO; QL (30 per 30 days)
LAZCLUZE ORAL TABLET 80 MG	1	PA NSO; QL (60 per 30 days)
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	1	PA NSO; QL (28 per 28 days)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	1	PA NSO
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	1	PA NSO
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	1	PA NSO
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	1	PA NSO
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	1	PA NSO
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	1	PA NSO
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	1	PA NSO
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	1	PA NSO
<i>letrozole oral tablet 2.5 mg</i>	1	
LEUKERAN ORAL TABLET 2 MG	1	
LEUPROLIDE ACETATE (3 MONTH) INTRAMUSCULAR INJECTABLE 22.5 MG	1	PA NSO
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	1	PA NSO
LONSURF ORAL TABLET 15-6.14 MG	1	PA NSO; QL (100 per 28 days)
LONSURF ORAL TABLET 20-8.19 MG	1	PA NSO; QL (80 per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
LOQTORZI INTRAVENOUS SOLUTION 240 MG/6ML	1	PA NSO
LORBRENA ORAL TABLET 100 MG	1	PA NSO; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	1	PA NSO; QL (90 per 30 days)
LUMAKRAS ORAL TABLET 120 MG	1	PA NSO; QL (240 per 30 days)
LUMAKRAS ORAL TABLET 240 MG	1	PA NSO; QL (120 per 30 days)
LUMAKRAS ORAL TABLET 320 MG	1	PA NSO; QL (90 per 30 days)
LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML, 30 MG/30ML	1	PA NSO
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	1	PA NSO
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG	1	PA NSO
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG	1	PA NSO
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG	1	PA NSO
LYNPARZA ORAL TABLET 100 MG, 150 MG	1	PA NSO; QL (120 per 30 days)
LYSODREN ORAL TABLET 500 MG	1	
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	1	PA NSO; QL (140 per 28 days)
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	1	PA NSO; QL (140 per 28 days)
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	1	PA NSO; QL (140 per 28 days)
MARGENZA INTRAVENOUS SOLUTION 250 MG/10ML	1	PA NSO
MATULANE ORAL CAPSULE 50 MG	1	
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	1	
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML	1	PA NSO; QL (1260 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	1	PA NSO; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	1	PA NSO; QL (30 per 30 days)
MEKTOVI ORAL TABLET 15 MG	1	PA NSO; QL (180 per 30 days)
<i>mercaptopurine oral tablet 50 mg</i>	1	
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	1	
METHOTREXATE SODIUM INJECTION SOLUTION 50 MG/2ML	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	PA BvD; ST
<i>mitoxantrone hcl intravenous concentrate 20 mg/10ml</i>	1	
MVASI INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	1	PA NSO
NERLYNX ORAL TABLET 40 MG	1	PA NSO; QL (180 per 30 days)
<i>nilutamide oral tablet 150 mg</i>	1	
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	1	PA NSO; QL (3 per 28 days)
NUBEQA ORAL TABLET 300 MG	1	PA NSO; QL (120 per 30 days)
ODOMZO ORAL CAPSULE 200 MG	1	PA NSO
OGIVRI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	1	PA NSO
OGSIVEO ORAL TABLET 100 MG, 150 MG	1	PA NSO; QL (60 per 30 days)
OGSIVEO ORAL TABLET 50 MG	1	PA NSO; QL (180 per 30 days)
OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML	1	PA NSO
OJEMDA ORAL TABLET 100 MG, 100 MG (16 PACK), 100 MG (24 PACK)	1	PA NSO; QL (24 per 28 days)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	1	PA NSO; QL (30 per 30 days)
ONTRUZANT INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	1	PA NSO
ONUREG ORAL TABLET 200 MG, 300 MG	1	PA NSO; QL (14 per 28 days)
OPDIVO INTRAVENOUS SOLUTION 100 MG/10ML, 120 MG/12ML, 240 MG/24ML, 40 MG/4ML	1	PA NSO
OPDIVO QVANTIG SUBCUTANEOUS SOLUTION 600-10000 MG-UT/5ML	1	PA NSO
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20ML	1	PA NSO
ORSERDU ORAL TABLET 345 MG	1	PA NSO; QL (30 per 30 days)
ORSERDU ORAL TABLET 86 MG	1	PA NSO; QL (90 per 30 days)
PACLITAXEL PROTEIN-BOUND PART INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG	1	PA BvD
<i>pazopanib hcl oral tablet 200 mg</i>	1	PA NSO; QL (120 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	1	PA NSO; QL (30 per 30 days)
PEMETREXED DISODIUM INTRAVENOUS SOLUTION 1 GM/40ML, 100 MG/4ML, 500 MG/20ML	1	
<i>pemetrexed disodium intravenous solution 850 mg/34ml</i>	1	
<i>pemetrexed disodium intravenous solution reconstituted 1000 mg, 750 mg</i>	1	
<i>pemetrexed ditromethamine intravenous solution reconstituted 100 mg, 500 mg</i>	1	
PEMRYDI RTU INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	1	
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG	1	PA NSO; QL (28 per 28 days)
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	1	PA NSO; QL (56 per 28 days)
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	1	PA NSO; QL (56 per 28 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	1	PA NSO; QL (21 per 28 days)
PURIXAN ORAL SUSPENSION 2000 MG/100ML	1	
QINLOCK ORAL TABLET 50 MG	1	PA NSO; QL (90 per 30 days)
RETEVMO ORAL CAPSULE 40 MG	1	PA NSO; QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	1	PA NSO; QL (120 per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG	1	PA NSO; QL (60 per 30 days)
RETEVMO ORAL TABLET 40 MG	1	PA NSO; QL (180 per 30 days)
RETEVMO ORAL TABLET 80 MG	1	PA NSO; QL (120 per 30 days)
REVUFORJ ORAL TABLET 110 MG	1	PA NSO; QL (120 per 30 days)
REVUFORJ ORAL TABLET 160 MG	1	PA NSO; QL (60 per 30 days)
REZLIDHIA ORAL CAPSULE 150 MG	1	PA NSO; QL (60 per 30 days)
RIABNI INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	1	PA NSO
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400-23400 MG -UT/11.7ML, 1600-26800 MG -UT/13.4ML	1	PA NSO
ROZLYTREK ORAL CAPSULE 100 MG	1	PA NSO; QL (180 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	1	PA NSO; QL (90 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
ROZLYTREK ORAL PACKET 50 MG	1	PA NSO; QL (360 per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	1	PA NSO; QL (120 per 30 days)
RUXIENCE INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	1	PA NSO
RYBREVANT INTRAVENOUS SOLUTION 350 MG/7ML	1	PA NSO
RYDAPT ORAL CAPSULE 25 MG	1	PA NSO; QL (224 per 28 days)
RYTELO INTRAVENOUS SOLUTION RECONSTITUTED 188 MG, 47 MG	1	PA NSO
SCEMBLIX ORAL TABLET 100 MG	1	PA NSO; QL (120 per 30 days)
SCEMBLIX ORAL TABLET 20 MG	1	PA NSO; QL (60 per 30 days)
SCEMBLIX ORAL TABLET 40 MG	1	PA NSO; QL (300 per 30 days)
SOLTAMOX ORAL SOLUTION 10 MG/5ML	1	
<i>sorafenib tosylate oral tablet 200 mg</i>	1	PA NSO; QL (120 per 30 days)
STIVARGA ORAL TABLET 40 MG	1	PA NSO; QL (84 per 28 days)
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	1	PA NSO; QL (28 per 28 days)
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG	1	PA NSO
TABLOID ORAL TABLET 40 MG	1	
TABRECTA ORAL TABLET 150 MG, 200 MG	1	PA NSO; QL (112 per 28 days)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	1	PA NSO; QL (120 per 30 days)
TAFINLAR ORAL TABLET SOLUBLE 10 MG	1	PA NSO; QL (900 per 30 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG	1	PA NSO; QL (30 per 30 days)
TALVEY SUBCUTANEOUS SOLUTION 3 MG/1.5ML, 40 MG/ML	1	PA NSO
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	1	PA NSO; QL (30 per 30 days)
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	1	
TASIGNA ORAL CAPSULE 150 MG, 200 MG	1	PA NSO; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	1	PA NSO; QL (120 per 30 days)
TAZVERIK ORAL TABLET 200 MG	1	PA NSO; QL (240 per 30 days)
TECVAYLI SUBCUTANEOUS SOLUTION 153 MG/1.7ML, 30 MG/3ML	1	PA NSO
TEPMETKO ORAL TABLET 225 MG	1	PA NSO; QL (60 per 30 days)
TEVIMBRA INTRAVENOUS SOLUTION 100 MG/10ML	1	PA NSO
TIBSOVO ORAL TABLET 250 MG	1	PA NSO; QL (60 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED 50 MG	1	
TIVDAK INTRAVENOUS SOLUTION RECONSTITUTED 40 MG	1	PA NSO; QL (5 per 21 days)
<i>toposar intravenous solution 100 mg/5ml</i>	1	
<i>toremifene citrate oral tablet 60 mg</i>	1	
<i>torpenz oral tablet 10 mg</i>	1	PA NSO; QL (60 per 30 days)
<i>torpenz oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	1	PA NSO; QL (30 per 30 days)
TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	1	PA NSO
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG	1	PA NSO
<i>tretinoin oral capsule 10 mg</i>	1	
TRUQAP ORAL TABLET 160 MG, 200 MG	1	PA NSO; QL (64 per 28 days)
TRUQAP TABLET THERAPY PACK 160 MG ORAL	1	PA NSO; QL (64 per 28 days)
TRUXIMA INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	1	PA NSO
TUKYSA ORAL TABLET 150 MG	1	PA NSO; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	1	PA NSO; QL (300 per 30 days)
TURALIO ORAL CAPSULE 125 MG, 200 MG	1	PA NSO; QL (120 per 30 days)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	1	PA NSO
VEGZELMA INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	1	PA NSO
VENCLEXTA ORAL TABLET 10 MG	1	PA NSO; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	1	PA NSO; QL (180 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	1	PA NSO; QL (30 per 30 days)
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	1	PA NSO
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	1	PA NSO; QL (56 per 28 days)
<i>vinorelbine tartrate intravenous solution 10 mg/ml, 50 mg/5ml</i>	1	
VITRAKVI ORAL CAPSULE 100 MG	1	PA NSO; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	1	PA NSO; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	1	PA NSO; QL (300 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	1	PA NSO; QL (30 per 30 days)
VONJO ORAL CAPSULE 100 MG	1	PA NSO; QL (120 per 30 days)
VORANIGO ORAL TABLET 10 MG, 40 MG	1	PA NSO
VYLOY INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	1	PA NSO
WELIREG ORAL TABLET 40 MG	1	PA NSO; QL (90 per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	1	PA NSO; QL (120 per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 150 MG	1	PA NSO; QL (180 per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 20 MG	1	PA NSO; QL (240 per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 50 MG	1	PA NSO; QL (120 per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	1	PA BvD; ST
XOSPATA ORAL TABLET 40 MG	1	PA NSO; QL (90 per 30 days)
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	1	PA NSO; QL (8 per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	1	PA NSO; QL (4 per 28 days)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	1	PA NSO; QL (8 per 28 days)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	1	PA NSO; QL (4 per 28 days)
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	1	PA NSO; QL (24 per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	1	PA NSO; QL (8 per 28 days)
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	1	PA NSO; QL (32 per 28 days)
XTANDI ORAL CAPSULE 40 MG	1	PA NSO; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	1	PA NSO; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	1	PA NSO; QL (60 per 30 days)
YERVOY INTRAVENOUS SOLUTION 200 MG/40ML, 50 MG/10ML	1	PA NSO
YONSA ORAL TABLET 125 MG	1	PA NSO; QL (120 per 30 days)
ZEJULA ORAL CAPSULE 100 MG	1	PA NSO; QL (90 per 30 days)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	1	PA NSO; QL (30 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
ZELBORAF ORAL TABLET 240 MG	1	PA NSO; QL (240 per 30 days)
ZIIHERA INTRAVENOUS SOLUTION RECONSTITUTED 300 MG	1	PA NSO
ZIRABEV INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	1	PA NSO
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	1	PA NSO
ZOLINZA ORAL CAPSULE 100 MG	1	
ZYDELIG ORAL TABLET 100 MG, 150 MG	1	PA NSO; QL (60 per 30 days)
ZYKADIA ORAL TABLET 150 MG	1	PA NSO; QL (84 per 28 days)
ZYNLONTA INTRAVENOUS SOLUTION RECONSTITUTED 10 MG	1	PA NSO
ZYNYZ INTRAVENOUS SOLUTION 500 MG/20ML	1	PA NSO; QL (20 per 28 days)
ANTICHOLINERGIC AGENTS		
Antimuscarinics/Antispasmodics		
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	1	
<i>glycopyrrolate oral solution 1 mg/5ml</i>	1	
ANTICONVULSANTS		
Anticonvulsants		
APTIOM ORAL TABLET 200 MG, 400 MG	1	ST; QL (30 per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	1	ST; QL (60 per 30 days)
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5ML	1	QL (80 per 30 days)
BRIVIACT ORAL SOLUTION 10 MG/ML	1	QL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	1	QL (60 per 30 days)
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	1	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	1	
<i>carbamazepine oral suspension 100 mg/5ml</i>	1	
<i>carbamazepine oral tablet 200 mg</i>	1	
<i>carbamazepine oral tablet chewable 100 mg, 200 mg</i>	1	
<i>clobazam oral suspension 2.5 mg/ml</i>	1	QL (480 per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i>	1	QL (60 per 30 days)
DIACOMIT ORAL CAPSULE 250 MG	1	PA NSO; QL (360 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
DIACOMIT ORAL CAPSULE 500 MG	1	PA NSO; QL (180 per 30 days)
DIACOMIT ORAL PACKET 250 MG	1	PA NSO; QL (360 per 30 days)
DIACOMIT ORAL PACKET 500 MG	1	PA NSO; QL (180 per 30 days)
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	1	
DILANTIN ORAL CAPSULE 30 MG	1	
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	1	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	1	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	1	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	1	PA NSO
<i>epitol oral tablet 200 mg</i>	1	
EPRONTIA ORAL SOLUTION 25 MG/ML	1	ST
<i>ethosuximide oral capsule 250 mg</i>	1	
<i>ethosuximide oral solution 250 mg/5ml</i>	1	
<i>felbamate oral suspension 600 mg/5ml</i>	1	
<i>felbamate oral tablet 400 mg, 600 mg</i>	1	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	1	PA NSO
<i>fosphenytoin sodium injection solution 100 mg pe/2ml, 500 mg pe/10ml</i>	1	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	1	ST; QL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 8 MG	1	ST; QL (30 per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	1	ST; QL (60 per 30 days)
<i>gabapentin oral capsule 100 mg, 300 mg</i>	1	QL (360 per 30 days)
<i>gabapentin oral capsule 400 mg</i>	1	QL (270 per 30 days)
<i>gabapentin oral solution 250 mg/5ml</i>	1	QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	1	QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	1	QL (120 per 30 days)
<i>lacosamide intravenous solution 200 mg/20ml</i>	1	QL (200 per 5 days)
<i>lacosamide oral solution 10 mg/ml</i>	1	QL (1200 per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1	QL (60 per 30 days)
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 50 mg</i>	1	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	1	
<i>levetiracetam intravenous solution 500 mg/5ml</i>	1	
<i>levetiracetam oral solution 100 mg/ml</i>	1	
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	1	
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	1	QL (10 per 30 days)
<i>methsuximide oral capsule 300 mg</i>	1	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML	1	QL (10 per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	1	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	1	
<i>phenobarbital oral elixir 20 mg/5ml</i>	1	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	1	
<i>phenytek oral capsule 200 mg, 300 mg</i>	1	
<i>phenytoin oral suspension 125 mg/5ml</i>	1	
<i>phenytoin oral tablet chewable 50 mg</i>	1	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	1	
<i>phenytoin sodium injection solution 50 mg/ml</i>	1	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	1	QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	1	QL (60 per 30 days)
<i>pregabalin oral solution 20 mg/ml</i>	1	QL (900 per 30 days)
<i>primidone oral tablet 125 mg, 250 mg, 50 mg</i>	1	
<i>rufinamide oral suspension 40 mg/ml</i>	1	ST
<i>rufinamide oral tablet 200 mg, 400 mg</i>	1	ST
SEZABY INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	1	PA BvD
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG, 750 MG	1	ST
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	1	PA NSO; QL (60 per 30 days)
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	1	
<i>topiramate er oral capsule er 24 hour sprinkle 150 mg</i>	1	QL (60 per 30 days)
<i>topiramate er oral capsule er 24 hour sprinkle 25 mg, 50 mg</i>	1	QL (30 per 30 days)
<i>topiramate oral capsule sprinkle 15 mg, 25 mg, 50 mg</i>	1	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>valproate sodium intravenous solution 100 mg/ml</i>	1	
<i>valproic acid oral capsule 250 mg</i>	1	
<i>valproic acid oral solution 250 mg/5ml</i>	1	
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML	1	QL (10 per 30 days)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML	1	QL (10 per 30 days)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML	1	QL (10 per 30 days)
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML	1	QL (10 per 30 days)
<i>vigabatrin oral packet 500 mg</i>	1	PA NSO; QL (180 per 30 days)
<i>vigabatrin oral tablet 500 mg</i>	1	PA NSO; QL (180 per 30 days)
<i>vigadrone oral packet 500 mg</i>	1	PA NSO; QL (180 per 30 days)
<i>vigadrone oral tablet 500 mg</i>	1	PA NSO; QL (180 per 30 days)
<i>vigpoder oral packet 500 mg</i>	1	PA NSO; QL (180 per 30 days)
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	1	ST; QL (56 per 28 days)
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG	1	ST; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	1	ST; QL (30 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	1	ST; QL (60 per 30 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X 200 MG, 14 X 50 MG & 14 X 100 MG	1	ST
ZONISADE ORAL SUSPENSION 100 MG/5ML	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	1	
ZTALMY ORAL SUSPENSION 50 MG/ML	1	PA NSO; QL (1080 per 30 days)
ANTIDEMENTIA AGENTS		
Antidementia Agents		
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	1	
<i>donepezil hcl oral tablet 23 mg</i>	1	QL (30 per 30 days)
<i>donepezil hcl oral tablet dispersible 10 mg</i>	1	
<i>donepezil hcl oral tablet dispersible 5 mg</i>	1	QL (30 per 30 days)
<i>ergoloid mesylates oral tablet 1 mg</i>	1	
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	1	QL (30 per 30 days)
<i>galantamine hydrobromide oral solution 4 mg/ml</i>	1	QL (200 per 30 days)
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	1	QL (60 per 30 days)
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	1	QL (30 per 30 days)
<i>memantine hcl oral solution 2 mg/ml</i>	1	QL (300 per 30 days)
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	1	QL (60 per 30 days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	1	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	1	QL (30 per 30 days)
ANTIDEPRESSANTS		
Antidepressants		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	1	
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG	1	ST
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	1	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	1	
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	1	
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	1	
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	1	
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	1	QL (30 per 30 days)
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>doxepin hcl oral concentrate 10 mg/ml</i>	1	
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 60 MG	1	QL (60 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 40 MG	1	QL (30 per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	1	
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	1	ST; QL (30 per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	1	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	1	ST; QL (30 per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	1	ST
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	1	
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	1	
<i>fluoxetine hcl oral tablet 60 mg</i>	1	
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg</i>	1	
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
MARPLAN ORAL TABLET 10 MG	1	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	1	
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	1	
NEFAZODONE HCL ORAL TABLET 100 MG	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
<i>nefazodone hcl oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	1	
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	1	
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i>	1	
<i>paroxetine hcl oral suspension 10 mg/5ml</i>	1	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	1	
<i>phenelzine sulfate oral tablet 15 mg</i>	1	
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	1	
<i>sertraline hcl oral concentrate 20 mg/ml</i>	1	
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	1	
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE	1	PA NSO
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE	1	PA NSO
<i>tranylcypromine sulfate oral tablet 10 mg</i>	1	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	1	QL (30 per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg</i>	1	QL (30 per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg, 75 mg</i>	1	QL (90 per 30 days)
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg</i>	1	QL (30 per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	1	PA NSO; QL (28 per 14 days)
ZURZUVAE ORAL CAPSULE 30 MG	1	PA NSO; QL (14 per 14 days)
ANTIDIABETIC AGENTS		
Antidiabetic Agents, Miscellaneous		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
FARXIGA ORAL TABLET 10 MG, 5 MG	1	QL (30 per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	1	QL (30 per 30 days)
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	1	QL (60 per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	1	QL (30 per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	1	QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	1	QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	1	QL (30 per 30 days)
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG	1	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	1	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	1	QL (30 per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg</i>	1	
<i>metformin hcl oral solution 500 mg/5ml</i>	1	QL (765 per 30 days)
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	1	
<i>mifepristone oral tablet 300 mg</i>	1	PA; QL (112 per 28 days)
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	1	PA; QL (2 per 28 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	1	QL (90 per 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML, 2 MG/3ML	1	PA; QL (3 per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML, 4 MG/3ML	1	PA; QL (3 per 28 days)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML	1	PA; QL (3 per 28 days)
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	1	
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	1	QL (90 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	1	QL (120 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	1	QL (240 per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	1	PA; QL (30 per 30 days)
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	1	QL (60 per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG	1	QL (30 per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG	1	QL (60 per 30 days)
TRADJENTA ORAL TABLET 5 MG	1	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	1	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	1	QL (60 per 30 days)
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	1	PA; QL (2 per 28 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG	1	QL (30 per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG	1	QL (60 per 30 days)
Insulins		
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1	QL (30 per 28 days)
FIASP INJECTION SOLUTION 100 UNIT/ML	1	QL (40 per 28 days)
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	1	QL (30 per 28 days)
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML	1	QL (40 per 28 days)
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML	1	QL (24 per 28 days)
<i>insulin asp prot & asp flexpen subcutaneous suspension pen-injector (70-30) 100 unit/ml</i>	1	QL (30 per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
INSULIN ASPART FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1	QL (30 per 28 days)
INSULIN ASPART INJECTION SOLUTION 100 UNIT/ML	1	QL (40 per 28 days)
INSULIN ASPART PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	1	QL (30 per 28 days)
<i>insulin aspart prot & aspart subcutaneous suspension (70-30) 100 unit/ml</i>	1	QL (40 per 28 days)
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1	
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	1	QL (30 per 28 days)
NOVOLIN 70/30 RELION SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS	1	QL (40 per 28 days)
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	1	QL (40 per 28 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	1	QL (30 per 28 days)
NOVOLIN N RELION SUSPENSION 100 UNIT/ML SUBCUTANEOUS	1	QL (40 per 28 days)
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	1	QL (40 per 28 days)
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	1	QL (30 per 28 days)
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	1	QL (40 per 28 days)
NOVOLIN R RELION SOLUTION 100 UNIT/ML INJECTION	1	QL (40 per 28 days)
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1	QL (30 per 28 days)
NOVOLOG INJECTION SOLUTION 100 UNIT/ML	1	QL (40 per 28 days)
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	1	QL (30 per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	1	QL (40 per 28 days)
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	1	QL (30 per 28 days)
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1	
SOLQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	1	QL (30 per 30 days)
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	1	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	1	
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	1	
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML	1	QL (15 per 28 days)
Sulfonylureas		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	1	
<i>glipizide oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	1	
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	1	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	1	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	1	
ANTIFUNGALS		
Antifungals		
<i>amphotericin b intravenous solution reconstituted 50 mg</i>	1	PA BvD
<i>amphotericin b liposome intravenous suspension reconstituted 50 mg</i>	1	PA BvD

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
<i>ciclopirox external solution 8 %</i>	1	QL (19.8 per 30 days)
<i>ciclopirox olamine external cream 0.77 %</i>	1	QL (180 per 30 days)
<i>ciclopirox olamine external suspension 0.77 %</i>	1	QL (180 per 30 days)
<i>clotrimazole external cream 1 %</i>	1	
<i>clotrimazole external solution 1 %</i>	1	
<i>clotrimazole mouth/throat troche 10 mg</i>	1	
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	1	
<i>econazole nitrate external cream 1 %</i>	1	QL (170 per 30 days)
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	1	
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	1	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	1	
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	1	
<i>griseofulvin microsize oral tablet 500 mg</i>	1	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	1	
<i>itraconazole oral capsule 100 mg</i>	1	
<i>ketoconazole external cream 2 %</i>	1	QL (180 per 30 days)
<i>ketoconazole external shampoo 2 %</i>	1	QL (360 per 30 days)
<i>ketoconazole oral tablet 200 mg</i>	1	
<i>micafungin sodium intravenous solution reconstituted 100 mg, 50 mg</i>	1	
MICONAZOLE 3 VAGINAL SUPPOSITORY 200 MG	1	
<i>nyamyc external powder 100000 unit/gm</i>	1	
<i>nystatin external cream 100000 unit/gm</i>	1	
<i>nystatin external ointment 100000 unit/gm</i>	1	
<i>nystatin external powder 100000 unit/gm</i>	1	
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	1	
<i>nystatin oral tablet 500000 unit</i>	1	
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	1	
<i>nystop external powder 100000 unit/gm</i>	1	
<i>posaconazole oral tablet delayed release 100 mg</i>	1	PA
<i>terbinafine hcl oral tablet 250 mg</i>	1	
<i>voriconazole intravenous solution reconstituted 200 mg</i>	1	PA BvD
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	1	PA
<i>voriconazole oral tablet 200 mg, 50 mg</i>	1	
ANTIGOUT AGENTS		
Antigout Agents, Other		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>colchicine oral capsule 0.6 mg</i>	1	QL (60 per 30 days)
<i>colchicine oral tablet 0.6 mg</i>	1	QL (120 per 30 days)
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	1	
<i>febuxostat oral tablet 40 mg</i>	1	QL (30 per 30 days)
<i>febuxostat oral tablet 80 mg</i>	1	ST; QL (30 per 30 days)
<i>probenecid oral tablet 500 mg</i>	1	
ANTIHISTAMINES		
Antihistamines		
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	1	
<i>cyproheptadine hcl oral tablet 4 mg</i>	1	
<i>desloratadine oral tablet 5 mg</i>	1	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	1	
ANTI-INFECTIVES (SKIN AND MUCOUS MEMBRANE)		
Anti-Infectives (Skin And Mucous Membrane)		
<i>clindamycin phosphate vaginal cream 2 %</i>	1	
<i>metronidazole vaginal gel 0.75 %</i>	1	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	1	
<i>terconazole vaginal suppository 80 mg</i>	1	
ANTIMIGRAINE AGENTS		
Antimigraine Agents		

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML	1	PA; QL (1.5 per 30 days)
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML	1	PA; QL (1.5 per 30 days)
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	1	ST; QL (8 per 28 days)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	1	PA; QL (3 per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	1	PA; QL (2 per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	1	PA; QL (2 per 30 days)
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	1	QL (9 per 30 days)
NURTEC ORAL TABLET DISPERSIBLE 75 MG	1	PA; QL (18 per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	1	PA; QL (30 per 30 days)
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	1	QL (18 per 30 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	1	QL (18 per 30 days)
<i>sumatriptan nasal solution 20 mg/act, 5 mg/act</i>	1	QL (12 per 30 days)
<i>sumatriptan succinate oral tablet 100 mg</i>	1	QL (9 per 30 days)
<i>sumatriptan succinate oral tablet 25 mg, 50 mg</i>	1	QL (18 per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 6 mg/0.5ml</i>	1	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	1	QL (5 per 28 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	1	QL (4 per 28 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	1	PA; QL (16 per 30 days)
ANTIMYCOBACTERIALS		
Antimycobacterials		
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
PRIFTIN ORAL TABLET 150 MG	1	
<i>pyrazinamide oral tablet 500 mg</i>	1	
<i>rifabutin oral capsule 150 mg</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
<i>rifampin intravenous solution reconstituted 600 mg</i>	1	
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	
SIRTURO ORAL TABLET 100 MG, 20 MG	1	PA
TRECTOR ORAL TABLET 250 MG	1	
ANTINAUSEA AGENTS		
Antinausea Agents		
<i>aprepitant oral capsule 125 mg</i>	1	PA BvD; QL (2 per 28 days)
<i>aprepitant oral capsule 40 mg</i>	1	PA BvD; QL (1 per 28 days)
<i>aprepitant oral capsule 80 & 125 mg</i>	1	PA BvD
<i>aprepitant oral capsule 80 mg</i>	1	PA BvD; QL (4 per 28 days)
<i>compro rectal suppository 25 mg</i>	1	
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	1	PA; QL (60 per 30 days)
<i>droperidol injection solution 2.5 mg/ml</i>	1	
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	1	
<i>ondansetron hcl injection solution 4 mg/2ml, 40 mg/20ml</i>	1	
<i>ondansetron hcl injection solution prefilled syringe 4 mg/2ml</i>	1	
<i>ondansetron hcl oral tablet 24 mg</i>	1	PA BvD
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	1	
<i>prochlorperazine edisylate injection solution 10 mg/2ml</i>	1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	
<i>prochlorperazine rectal suppository 25 mg</i>	1	
<i>promethazine hcl injection solution 25 mg/ml</i>	1	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	1	
<i>promethegan rectal suppository 12.5 mg, 25 mg</i>	1	
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	1	QL (10 per 30 days)
<i>trimethobenzamide hcl oral capsule 300 mg</i>	1	
ANTIPARASITE AGENTS		
Antiparasite Agents		
<i>albendazole oral tablet 200 mg</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
<i>atovaquone oral suspension 750 mg/5ml</i>	1	
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	1	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	1	
COARTEM ORAL TABLET 20-120 MG	1	
<i>hydroxychloroquine sulfate oral tablet 100 mg</i>	1	QL (180 per 30 days)
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	1	QL (90 per 30 days)
<i>hydroxychloroquine sulfate oral tablet 300 mg, 400 mg</i>	1	QL (60 per 30 days)
IMPAVIDO ORAL CAPSULE 50 MG	1	PA; QL (84 per 28 days)
<i>ivermectin oral tablet 3 mg</i>	1	
<i>mefloquine hcl oral tablet 250 mg</i>	1	
<i>nitazoxanide oral tablet 500 mg</i>	1	QL (60 per 30 days)
<i>pentamidine isethionate inhalation solution reconstituted 300 mg</i>	1	PA BvD
<i>pentamidine isethionate injection solution reconstituted 300 mg</i>	1	
<i>praziquantel oral tablet 600 mg</i>	1	
PRIMAQUINE PHOSPHATE ORAL TABLET 26.3 (15 BASE) MG	1	
<i>pyrimethamine oral tablet 25 mg</i>	1	PA
<i>quinine sulfate oral capsule 324 mg</i>	1	PA
<i>tinidazole oral tablet 250 mg, 500 mg</i>	1	
ANTIPARKINSONIAN AGENTS		
Antiparkinsonian Agents		
<i>amantadine hcl oral capsule 100 mg</i>	1	
<i>amantadine hcl oral solution 50 mg/5ml</i>	1	
<i>amantadine hcl oral tablet 100 mg</i>	1	
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>bromocriptine mesylate oral capsule 5 mg</i>	1	
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	1	
<i>cabergoline oral tablet 0.5 mg</i>	1	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	1	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	1	
<i>entacapone oral tablet 200 mg</i>	1	
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	1	PA; QL (150 per 30 days)
KYNMOBI TITRATION KIT SUBLINGUAL KIT 10&15&20&25&30 MG	1	PA
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	1	
<i>ropinirole hcl er oral tablet extended release 24 hour 2 mg, 4 mg</i>	1	
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	
<i>selegiline hcl oral capsule 5 mg</i>	1	
<i>selegiline hcl oral tablet 5 mg</i>	1	
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	1	
VYALEV SUBCUTANEOUS SOLUTION 12-240 MG/ML	1	PA; QL (560 per 28 days)
ANTIPSYCHOTIC AGENTS		
Antipsychotic Agents		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML	1	QL (2.4 per 42 days)
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML	1	QL (3.2 per 42 days)
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	1	QL (1 per 26 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	1	QL (1 per 26 days)
<i>aripiprazole oral solution 1 mg/ml</i>	1	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	1	
<i>aripiprazole oral tablet dispersible 10 mg</i>	1	ST; QL (90 per 30 days)
<i>aripiprazole oral tablet dispersible 15 mg</i>	1	ST; QL (60 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML	1	QL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	1	QL (3.9 per 14 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	1	QL (1.6 per 14 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	1	QL (2.4 per 14 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	1	QL (3.2 per 14 days)
<i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i>	1	QL (60 per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	1	ST; QL (30 per 30 days)
<i>chlorpromazine hcl injection solution 25 mg/ml, 50 mg/2ml</i>	1	
<i>chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml</i>	1	
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 25 mg</i>	1	ST; QL (90 per 30 days)
<i>clozapine oral tablet dispersible 150 mg</i>	1	ST; QL (180 per 30 days)
<i>clozapine oral tablet dispersible 200 mg</i>	1	ST; QL (120 per 30 days)
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	1	ST; QL (60 per 30 days)
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK 50-20 & 100-20 MG	1	ST
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	1	QL (0.75 per 21 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	1	QL (1 per 21 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	1	QL (1.5 per 21 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 351 MG/2.25ML	1	QL (2.25 per 21 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	1	QL (0.25 per 21 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	1	QL (0.5 per 21 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	1	ST; QL (60 per 30 days)
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG	1	ST
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	1	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	1	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	1	
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	1	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml, 50 mg/ml(1ml)</i>	1	
<i>haloperidol lactate injection solution 5 mg/ml</i>	1	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	1	QL (3.5 per 166 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	1	QL (5 per 166 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	1	QL (0.75 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	1	QL (1 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	1	QL (1.5 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	1	QL (0.25 per 21 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	1	QL (0.5 per 21 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	1	QL (0.88 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	1	QL (1.32 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	1	QL (1.75 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	1	QL (2.63 per 70 days)
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	1	QL (30 per 30 days)
<i>lurasidone hcl oral tablet 80 mg</i>	1	QL (60 per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	1	PA NSO; QL (30 per 30 days)
<i>molindone hcl oral tablet 10 mg</i>	1	QL (240 per 30 days)
<i>molindone hcl oral tablet 25 mg</i>	1	QL (270 per 30 days)
<i>molindone hcl oral tablet 5 mg</i>	1	QL (120 per 30 days)
NUPLAZID ORAL CAPSULE 34 MG	1	PA NSO; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	1	PA NSO; QL (30 per 30 days)
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	1	QL (30 per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	1	
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	1	
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	1	QL (30 per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	1	QL (60 per 30 days)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	1	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG	1	QL (1 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
<i>pimozide oral tablet 1 mg, 2 mg</i>	1	
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	1	
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	1	
<i>quetiapine fumarate oral tablet 150 mg</i>	1	QL (30 per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	1	ST; QL (30 per 30 days)
<i>risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	1	QL (2 per 28 days)
<i>risperidone oral solution 1 mg/ml</i>	1	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	
RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG	1	QL (2 per 28 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR	1	ST; QL (30 per 30 days)
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML	1	QL (0.28 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 125 MG/0.35ML	1	QL (0.35 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 150 MG/0.42ML	1	QL (0.42 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 200 MG/0.56ML	1	QL (0.56 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 250 MG/0.7ML	1	QL (0.7 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 50 MG/0.14ML	1	QL (0.14 per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 75 MG/0.21ML	1	QL (0.21 per 28 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	1	ST; QL (540 per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	1	ST; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG	1	ST
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i>	1	QL (6 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG	1	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	1	QL (1 per 28 days)
ANTIVIRALS (SYSTEMIC)		
Antiretrovirals		
<i>abacavir sulfate oral solution 20 mg/ml</i>	1	
<i>abacavir sulfate oral tablet 300 mg</i>	1	
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	1	
APTIVUS ORAL CAPSULE 250 MG	1	
<i>atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg</i>	1	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	1	QL (30 per 30 days)
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML, 600 & 900 MG/3ML	1	
CIMDUO ORAL TABLET 300-300 MG	1	
COMPLERA ORAL TABLET 200-25-300 MG	1	
<i>darunavir oral tablet 600 mg, 800 mg</i>	1	
DELSTRIGO ORAL TABLET 100-300-300 MG	1	
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	1	
DOVATO ORAL TABLET 50-300 MG	1	
EDURANT ORAL TABLET 25 MG	1	
<i>efavirenz oral capsule 200 mg, 50 mg</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
<i>efavirenz oral tablet 600 mg</i>	1	
<i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg</i>	1	
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i>	1	
<i>emtricitabine oral capsule 200 mg</i>	1	
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i>	1	
EMTRIVA ORAL SOLUTION 10 MG/ML	1	
EPIVIR HBV ORAL SOLUTION 5 MG/ML	1	
<i>etravirine oral tablet 100 mg, 200 mg</i>	1	
EVOTAZ ORAL TABLET 300-150 MG	1	
<i>fosamprenavir calcium oral tablet 700 mg</i>	1	
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	1	
GENVOYA ORAL TABLET 150-150-200-10 MG	1	
INTELENCE ORAL TABLET 25 MG	1	
ISENTRESS HD ORAL TABLET 600 MG	1	
ISENTRESS ORAL PACKET 100 MG	1	
ISENTRESS ORAL TABLET 400 MG	1	
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG	1	
JULUCA ORAL TABLET 50-25 MG	1	
<i>lamivudine oral solution 10 mg/ml</i>	1	
<i>lamivudine oral tablet 100 mg, 150 mg, 300 mg</i>	1	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	1	
LEXIVA ORAL SUSPENSION 50 MG/ML	1	
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	1	QL (480 per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	1	QL (300 per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	1	QL (120 per 30 days)
<i>maraviroc oral tablet 150 mg, 300 mg</i>	1	
<i>nevirapine er oral tablet extended release 24 hour 100 mg</i>	1	QL (90 per 30 days)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	1	QL (30 per 30 days)
<i>nevirapine oral suspension 50 mg/5ml</i>	1	QL (1200 per 30 days)
<i>nevirapine oral tablet 200 mg</i>	1	QL (60 per 30 days)
NORVIR ORAL PACKET 100 MG	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
NORVIR ORAL SOLUTION 80 MG/ML	1	
ODEFSEY ORAL TABLET 200-25-25 MG	1	
PIFELTRO ORAL TABLET 100 MG	1	
PREZCOBIX ORAL TABLET 800-150 MG	1	
PREZISTA ORAL SUSPENSION 100 MG/ML	1	
PREZISTA ORAL TABLET 150 MG, 75 MG	1	
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	1	
REYATAZ ORAL PACKET 50 MG	1	
<i>ritonavir oral tablet 100 mg</i>	1	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	1	
SELZENTRY ORAL SOLUTION 20 MG/ML	1	
SELZENTRY ORAL TABLET 25 MG, 75 MG	1	
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	1	
STRIBILD ORAL TABLET 150-150-200-300 MG	1	
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG, 5 X 300 MG	1	
SUNLENCA SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML	1	PA BvD
SYMTUZA ORAL TABLET 800-150-200-10 MG	1	
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	1	
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	1	
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	1	
TRIUMEQ ORAL TABLET 600-50-300 MG	1	QL (30 per 30 days)
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG	1	
TRIZIVIR ORAL TABLET 300-150-300 MG	1	
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33ML	1	
VEMLIDY ORAL TABLET 25 MG	1	ST; QL (30 per 30 days)
VIRACEPT ORAL TABLET 250 MG, 625 MG	1	
VIREAD ORAL POWDER 40 MG/GM	1	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
VOCABRIA ORAL TABLET 30 MG	1	
<i>zidovudine oral capsule 100 mg</i>	1	
<i>zidovudine oral syrup 50 mg/5ml</i>	1	
<i>zidovudine oral tablet 300 mg</i>	1	
Antivirals, Miscellaneous		
LIVTENCITY ORAL TABLET 200 MG	1	PA
<i>oseltamivir phosphate oral capsule 30 mg</i>	1	QL (84 per 180 days)
<i>oseltamivir phosphate oral capsule 45 mg</i>	1	QL (48 per 180 days)
<i>oseltamivir phosphate oral capsule 75 mg</i>	1	QL (42 per 180 days)
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	1	QL (540 per 180 days)
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG	1	QL (20 per 5 days)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG	1	QL (30 per 5 days)
PREVYMIS ORAL TABLET 240 MG, 480 MG	1	PA; QL (28 per 28 days)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	1	QL (60 per 180 days)
Hcv Antivirals		
EPCLUSA ORAL PACKET 150-37.5 MG	1	PA; QL (28 per 28 days)
EPCLUSA ORAL PACKET 200-50 MG	1	PA; QL (56 per 28 days)
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG	1	PA; QL (28 per 28 days)
HARVONI ORAL PACKET 33.75-150 MG	1	PA; QL (28 per 28 days)
HARVONI ORAL PACKET 45-200 MG	1	PA; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG, 90-400 MG	1	PA; QL (28 per 28 days)
VOSEVI ORAL TABLET 400-100-100 MG	1	PA; QL (28 per 28 days)
Interferons		
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT	1	
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	1	PA
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	1	PA
Nucleosides And Nucleotides		
<i>acyclovir oral capsule 200 mg</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
<i>acyclovir oral suspension 200 mg/5ml</i>	1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	1	PA BvD
<i>adefovir dipivoxil oral tablet 10 mg</i>	1	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	1	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	1	
<i>ribavirin oral tablet 200 mg</i>	1	
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	1	
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	1	
<i>valganciclovir hcl oral tablet 450 mg</i>	1	

BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS

Anticoagulants		
<i>dabigatran etexilate mesylate oral capsule 110 mg, 150 mg, 75 mg</i>	1	QL (60 per 30 days)
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	1	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	1	
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml</i>	1	QL (60 per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml</i>	1	QL (48 per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml</i>	1	QL (18 per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml</i>	1	QL (24 per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml</i>	1	QL (36 per 30 days)
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml</i>	1	QL (24 per 30 days)
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	1	QL (15 per 30 days)
<i>fondaparinux sodium subcutaneous solution 5 mg/0.4ml</i>	1	QL (12 per 30 days)
<i>fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml</i>	1	QL (18 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	1	
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML	1	
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	1	
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	1	
Blood Formation Modifiers		
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG	1	PA; QL (60 per 30 days)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT	1	PA; QL (30 per 30 days)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT	1	PA; QL (20 per 30 days)
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT 6 MG/0.6ML	1	PA
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	1	PA
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	1	PA
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	1	PA
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	1	PA; QL (12 per 28 days)
PROCRIT INJECTION SOLUTION 40000 UNIT/ML	1	PA; QL (4 per 28 days)
PROMACTA ORAL PACKET 12.5 MG	1	PA; QL (90 per 30 days)
PROMACTA ORAL PACKET 25 MG	1	PA; QL (180 per 30 days)
PROMACTA ORAL TABLET 12.5 MG	1	PA; QL (90 per 30 days)
PROMACTA ORAL TABLET 25 MG	1	PA; QL (30 per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG	1	PA; QL (60 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	1	PA; QL (12 per 28 days)
RETACRIT INJECTION SOLUTION 40000 UNIT/ML	1	PA; QL (4 per 28 days)
Hematologic Agents, Miscellaneous		
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	1	
<i>tranexamic acid oral tablet 650 mg</i>	1	
Platelet-Aggregation Inhibitors		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	1	
BRILINTA ORAL TABLET 60 MG, 90 MG	1	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	
<i>clopidogrel bisulfate oral tablet 75 mg</i>	1	
<i>dipyridamole oral tablet 50 mg, 75 mg</i>	1	
<i>pentoxifylline er oral tablet extended release 400 mg</i>	1	
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	1	QL (30 per 30 days)
CALORIC AGENTS		
Caloric Agents		
CLINIMIX E/DEXTROSE (8/10) INTRAVENOUS SOLUTION 8 %	1	PA BvD
CLINIMIX E/DEXTROSE (8/14) INTRAVENOUS SOLUTION 8 %	1	PA BvD
CLINIMIX/DEXTROSE (6/5) INTRAVENOUS SOLUTION 6 %	1	PA BvD
CLINIMIX/DEXTROSE (8/10) INTRAVENOUS SOLUTION 8 %	1	PA BvD
CLINIMIX/DEXTROSE (8/14) INTRAVENOUS SOLUTION 8 %	1	PA BvD
<i>clinisol sf intravenous solution 15 %</i>	1	PA BvD
<i>dextrose intravenous solution 5 %</i>	1	
<i>plenamine intravenous solution 15 %</i>	1	PA BvD
PROCALAMINE INTRAVENOUS SOLUTION 3 %	1	PA BvD
CARDIOVASCULAR AGENTS		
Alpha-Adrenergic Agents		

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	1	
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	1	PA; QL (180 per 30 days)
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	1	
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	1	
Angiotensin Ii Receptor Antagonists		
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	1	
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG	1	QL (240 per 30 days)
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	1	QL (60 per 30 days)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1	
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	1	
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1	
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	1	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	1	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	1	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
Angiotensin-Converting Enzyme Inhibitors		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	1	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	1	
Antiarrhythmic Agents		
<i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>	1	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	1	
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
LIDOCAINE HCL (CARDIAC) INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/5ML	1	
<i>mexiletine hcl oral capsule 150 mg, 250 mg</i>	1	
MULTAQ ORAL TABLET 400 MG	1	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1	
<i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>	1	
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	1	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	
Beta-Adrenergic Blocking Agents		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide oral tablet 10- 6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	1	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>pindolol oral tablet 5 mg</i>	1	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	1	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	1	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
Calcium-Channel Blocking Agents		
<i>cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	1	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i>	1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	1	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	
<i>taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	
VERAPAMIL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 360 MG	1	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	1	
Cardiovascular Agents, Miscellaneous		
CORLANOR ORAL SOLUTION 5 MG/5ML	1	QL (600 per 30 days)
<i>digoxin oral tablet 125 mcg, 250 mcg, 62.5 mcg</i>	1	
<i>epinephrine injection solution 0.3 mg/0.3ml</i>	1	QL (4 per 30 days)
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	1	QL (4 per 30 days)
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>	1	PA; QL (18 per 30 days)
<i>ivabradine hcl oral tablet 5 mg, 7.5 mg</i>	1	QL (60 per 30 days)
<i>metyrosine oral capsule 250 mg</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
<i>ranolazine er oral tablet extended release 12 hour 1000 mg</i>	1	QL (60 per 30 days)
<i>ranolazine er oral tablet extended release 12 hour 500 mg</i>	1	QL (120 per 30 days)
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	1	PA; QL (30 per 30 days)
Dihydropyridines		
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1	
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	1	
<i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	1	
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	1	
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	1	
Diuretics		
<i>amiloride hcl oral tablet 5 mg</i>	1	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>furosemide injection solution 10 mg/ml</i>	1	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>spironolactone-hctz oral tablet 25-25 mg</i>	1	
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	1	
Dyslipidemics		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg</i>	1	
<i>amlodipine-atorvastatin oral tablet 10-20 mg, 10-40 mg, 10-80 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	1	QL (30 per 30 days)
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
<i>cholestyramine light oral packet 4 gm</i>	1	
<i>cholestyramine oral packet 4 gm</i>	1	
<i>colesevelam hcl oral packet 3.75 gm</i>	1	
<i>colesevelam hcl oral tablet 625 mg</i>	1	
<i>colestipol hcl oral packet 5 gm</i>	1	
<i>colestipol hcl oral tablet 1 gm</i>	1	
<i>ezetimibe oral tablet 10 mg</i>	1	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	1	QL (30 per 30 days)
<i>fenofibrate capsule 134 mg oral</i>	1	
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	1	
<i>fenofibrate oral tablet 120 mg, 145 mg, 160 mg, 40 mg, 48 mg, 54 mg</i>	1	
<i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i>	1	
<i>fluvastatin sodium oral capsule 20 mg, 40 mg</i>	1	
<i>gemfibrozil oral tablet 600 mg</i>	1	
<i>icosapent ethyl oral capsule 0.5 gm</i>	1	QL (240 per 30 days)
<i>icosapent ethyl oral capsule 1 gm</i>	1	QL (120 per 30 days)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	
NEXLETOL ORAL TABLET 180 MG	1	ST; QL (30 per 30 days)
NEXLIZET ORAL TABLET 180-10 MG	1	ST; QL (30 per 30 days)
NIACIN (ANTIHYPERLIPIDEMIC) ORAL TABLET 500 MG	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	1	
NIACOR ORAL TABLET 500 MG	1	
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	1	ST; QL (120 per 30 days)
<i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
<i>prevalite oral packet 4 gm</i>	1	
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	1	ST; QL (7 per 28 days)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	1	ST; QL (6 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	1	ST; QL (6 per 28 days)
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	1	
Renin-Angiotensin-Aldosterone System Inhibitors		
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	1	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	
KERENDIA ORAL TABLET 10 MG, 20 MG	1	PA; QL (30 per 30 days)
Vasodilators		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	1	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	
CENTRAL NERVOUS SYSTEM AGENTS		
Central Nervous System Agents		

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>	1	QL (30 per 30 days)
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 20 mg, 25 mg, 30 mg</i>	1	QL (60 per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	1	QL (60 per 30 days)
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	1	QL (60 per 30 days)
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>	1	QL (30 per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG	1	PA; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG	1	PA; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG	1	PA; QL (90 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 18 MG, 24 MG	1	PA; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 36 MG, 42 MG, 48 MG	1	PA; QL (30 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG	1	PA; QL (210 per 30 days)
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG, 6 & 12 & 24 MG	1	PA
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	1	PA; QL (1 per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	1	PA; QL (1 per 28 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	1	PA; QL (15 per 30 days)
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	1	PA; QL (60 per 30 days)
<i>dimethyl fumarate oral capsule delayed release 120 mg</i>	1	PA; QL (14 per 7 days)
<i>dimethyl fumarate oral capsule delayed release 240 mg</i>	1	PA; QL (60 per 30 days)
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg</i>	1	PA
<i>fingolimod hcl oral capsule 0.5 mg</i>	1	PA; QL (30 per 30 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	1	PA; QL (30 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	1	PA; QL (12 per 28 days)
<i>glatopa subcutaneous solution prefilled syringe 20 mg/ml</i>	1	PA; QL (30 per 30 days)
<i>glatopa subcutaneous solution prefilled syringe 40 mg/ml</i>	1	PA; QL (12 per 28 days)
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	1	
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	1	PA; QL (30 per 30 days)
INGREZZA ORAL CAPSULE SPRINKLE 40 MG, 60 MG, 80 MG	1	PA; QL (30 per 30 days)
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG	1	PA
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML	1	PA; QL (1.2 per 28 days)
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	1	
<i>lithium carbonate oral capsule 150 mg, 300 mg</i>	1	
LITHIUM CARBONATE ORAL CAPSULE 600 MG	1	
<i>lithium carbonate oral tablet 300 mg</i>	1	
<i>lithium oral solution 8 meq/5ml</i>	1	
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK 10 MG	1	PA
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK 10 MG	1	PA
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK 10 MG	1	PA
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK 10 MG	1	PA
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK 10 MG	1	PA
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK 10 MG	1	PA
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK 10 MG	1	PA
MAYZENT ORAL TABLET 0.25 MG	1	PA; QL (112 per 28 days)
MAYZENT ORAL TABLET 1 MG, 2 MG	1	PA; QL (30 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG, 7 X 0.25 MG	1	PA
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	1	QL (900 per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	1	QL (90 per 30 days)
NUEDEXTA ORAL CAPSULE 20-10 MG	1	PA; QL (60 per 30 days)
OCREVUS INTRAVENOUS SOLUTION 300 MG/10ML	1	PA; QL (20 per 180 days)
OCREVUS ZUNOVO SUBCUTANEOUS SOLUTION 920-23000 MG-UT/23ML	1	PA; QL (23 per 180 days)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 63 & 94 MCG/0.5ML	1	PA
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML	1	PA
PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MCG/0.5ML	1	PA; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML	1	PA; QL (1 per 28 days)
<i>riluzole oral tablet 50 mg</i>	1	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	1	QL (60 per 30 days)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	1	
TEGLUTIK ORAL SUSPENSION 50 MG/10ML	1	PA
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	1	PA; QL (112 per 28 days)
TIGLUTIK SUSPENSION 50 MG/10ML ORAL	1	PA
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG	1	PA; QL (120 per 30 days)
CONTRACEPTIVES		
Contraceptives		
<i>afirmelle oral tablet 0.1-20 mg-mcg</i>	1	
<i>altavera oral tablet 0.15-30 mg-mcg</i>	1	
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	1	
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	
<i>amethyst oral tablet 90-20 mcg</i>	1	
<i>apri oral tablet 0.15-30 mg-mcg</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	1	
<i>aurovela 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	
<i>aurovela 1/20 oral tablet 1-20 mg-mcg</i>	1	
<i>aurovela 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	
<i>aurovela fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	
<i>aurovela fe 1/20 oral tablet 1-20 mg-mcg</i>	1	
<i>aviane oral tablet 0.1-20 mg-mcg</i>	1	
<i>ayuna oral tablet 0.15-30 mg-mcg</i>	1	
<i>azurette oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	
<i>blisovi 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	
<i>blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	
<i>blisovi fe 1/20 oral tablet 1-20 mg-mcg</i>	1	
<i>camila oral tablet 0.35 mg</i>	1	
<i>chateal eq oral tablet 0.15-30 mg-mcg</i>	1	
<i>cryselle-28 oral tablet 0.3-30 mg-mcg</i>	1	
<i>cyclafem 1/35 oral tablet 1-35 mg-mcg</i>	1	
<i>cyclafem 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	
<i>cyred eq oral tablet 0.15-30 mg-mcg</i>	1	
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	
<i>dasetta 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	
<i>deblitane oral tablet 0.35 mg</i>	1	
<i>delyla oral tablet 0.1-20 mg-mcg</i>	1	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5), 0.15-30 mg-mcg</i>	1	
<i>dolishale oral tablet 90-20 mcg</i>	1	
<i>elinest oral tablet 0.3-30 mg-mcg</i>	1	
<i>eluryng vaginal ring 0.12-0.015 mg/24hr</i>	1	QL (1 per 28 days)
<i>emoquette oral tablet 0.15-30 mg-mcg</i>	1	
<i>emzahh oral tablet 0.35 mg</i>	1	
<i>enilloring vaginal ring 0.12-0.015 mg/24hr</i>	1	QL (1 per 28 days)
<i>enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg</i>	1	
<i>enskyce oral tablet 0.15-30 mg-mcg</i>	1	
<i>errin oral tablet 0.35 mg</i>	1	
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	1	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	1	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	1	QL (1 per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
<i>falmina oral tablet 0.1-20 mg-mcg</i>	1	
<i>femynor oral tablet 0.25-35 mg-mcg</i>	1	
<i>hailey 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	
<i>hailey fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	
<i>hailey fe 1/20 oral tablet 1-20 mg-mcg</i>	1	
<i>haloette vaginal ring 0.12-0.015 mg/24hr</i>	1	QL (1 per 28 days)
<i>heather oral tablet 0.35 mg</i>	1	
<i>iclevia oral tablet 0.15-0.03 mg</i>	1	QL (91 per 84 days)
<i>incassia oral tablet 0.35 mg</i>	1	
<i>introvale oral tablet 0.15-0.03 mg</i>	1	QL (91 per 84 days)
<i>isibloom oral tablet 0.15-30 mg-mcg</i>	1	
<i>jencycla oral tablet 0.35 mg</i>	1	
<i>jolessa oral tablet 0.15-0.03 mg</i>	1	QL (91 per 84 days)
<i>juleber oral tablet 0.15-30 mg-mcg</i>	1	
<i>junel 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	
<i>junel 1/20 oral tablet 1-20 mg-mcg</i>	1	
<i>junel fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	
<i>junel fe 1/20 oral tablet 1-20 mg-mcg</i>	1	
<i>junel fe 24 oral tablet 1-20 mg-mcg(24)</i>	1	
<i>kariva oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	
<i>kelnor 1/35 oral tablet 1-35 mg-mcg</i>	1	
<i>kelnor 1/50 oral tablet 1-50 mg-mcg</i>	1	
<i>kurvelo oral tablet 0.15-30 mg-mcg</i>	1	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG	1	
<i>larin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	
<i>larin 1/20 oral tablet 1-20 mg-mcg</i>	1	
<i>larin 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	
<i>larin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	
<i>larin fe 1/20 oral tablet 1-20 mg-mcg</i>	1	
<i>larissia oral tablet 0.1-20 mg-mcg</i>	1	
<i>lessina oral tablet 0.1-20 mg-mcg</i>	1	
<i>levonest oral tablet 50-30/75-40/ 125-30 mcg</i>	1	
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg</i>	1	QL (91 per 84 days)
<i>levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg</i>	1	
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	1	
<i>levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg</i>	1	
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY	1	
<i>lillow oral tablet 0.15-30 mg-mcg</i>	1	
<i>low-ogestrel oral tablet 0.3-30 mg-mcg</i>	1	
<i>lutura oral tablet 0.1-20 mg-mcg</i>	1	
<i>lyleq oral tablet 0.35 mg</i>	1	
<i>lyza oral tablet 0.35 mg</i>	1	
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	1	
<i>microgestin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	
<i>microgestin 1/20 oral tablet 1-20 mg-mcg</i>	1	
<i>microgestin 24 fe oral tablet 1-20 mg-mcg</i>	1	
<i>microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	
<i>microgestin fe 1/20 oral tablet 1-20 mg-mcg</i>	1	
<i>mili oral tablet 0.25-35 mg-mcg</i>	1	
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY	1	
<i>mono-lynyah oral tablet 0.25-35 mg-mcg</i>	1	
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG	1	
<i>norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr</i>	1	QL (3 per 28 days)
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	1	
<i>norethindrone oral tablet 0.35 mg</i>	1	
<i>norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	1	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	1	
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg</i>	1	
<i>norlyda oral tablet 0.35 mg</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
<i>norlyroc oral tablet 0.35 mg</i>	1	
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg</i>	1	
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	
<i>nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	
<i>nylia 1/35 oral tablet 1-35 mg-mcg</i>	1	
<i>nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	
<i>nymyo oral tablet 0.25-35 mg-mcg</i>	1	
<i>pimtrea oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	
<i>pirmella 1/35 oral tablet 1-35 mg-mcg</i>	1	
<i>pirmella 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	
<i>portia-28 oral tablet 0.15-30 mg-mcg</i>	1	
<i>previfem oral tablet 0.25-35 mg-mcg</i>	1	
<i>reclipsen oral tablet 0.15-30 mg-mcg</i>	1	
<i>setlakin oral tablet 0.15-0.03 mg</i>	1	QL (91 per 84 days)
<i>sharobel oral tablet 0.35 mg</i>	1	
<i>simliya oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG	1	
<i>sprintec 28 oral tablet 0.25-35 mg-mcg</i>	1	
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	1	
<i>tarina 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	
<i>tarina fe 1/20 eq oral tablet 1-20 mg-mcg</i>	1	
<i>tilia fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	1	
<i>tri femynor oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	
<i>tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	1	
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	
<i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
<i>tri-previfem oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	
<i>tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	
<i>trivora (28) oral tablet 50-30/75-40/ 125-30 mcg</i>	1	
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	
<i>turqoz oral tablet 0.3-30 mg-mcg</i>	1	
<i>vienva oral tablet 0.1-20 mg-mcg</i>	1	
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	
<i>volnea oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	1	
<i>xulane transdermal patch weekly 150-35 mcg/24hr</i>	1	QL (3 per 28 days)
<i>zafemy transdermal patch weekly 150-35 mcg/24hr</i>	1	QL (3 per 28 days)
<i>zovia 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	
DENTAL AND ORAL AGENTS		
Dental And Oral Agents		
<i>cevimeline hcl oral capsule 30 mg</i>	1	
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	1	
<i>denta 5000 plus dental cream 1.1 %</i>	1	
<i>dentagel dental gel 1.1 %</i>	1	
<i>periogard mouth/throat solution 0.12 %</i>	1	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	1	
<i>sf 5000 plus dental cream 1.1 %</i>	1	
SODIUM FLUORIDE 5000 SENSITIVE DENTAL GEL 1.1-5 %	1	
<i>sodium fluoride mouth/throat solution 0.2 %</i>	1	
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	1	
DERMATOLOGICAL AGENTS		
Dermatological Agents, Other		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	1	
<i>acyclovir external ointment 5 %</i>	1	QL (30 per 30 days)
<i>ammonium lactate external cream 12 %</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
<i>ammonium lactate external lotion 12 %</i>	1	
<i>calcipotriene external cream 0.005 %</i>	1	QL (120 per 30 days)
<i>calcipotriene external ointment 0.005 %</i>	1	QL (120 per 30 days)
<i>calcipotriene external solution 0.005 %</i>	1	QL (120 per 30 days)
<i>calcitriol external ointment 3 mcg/gm</i>	1	
<i>fluorouracil external cream 5 %</i>	1	
<i>fluorouracil external solution 2 %, 5 %</i>	1	
<i>imiquimod external cream 5 %</i>	1	QL (24 per 30 days)
KLISYRI (250 MG) EXTERNAL OINTMENT 1 %	1	QL (5 per 5 days)
<i>methoxsalen rapid oral capsule 10 mg</i>	1	
PANRETIN EXTERNAL GEL 0.1 %	1	QL (60 per 28 days)
<i>podofilox external solution 0.5 %</i>	1	
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	1	QL (180 per 30 days)
VALCHLOR EXTERNAL GEL 0.016 %	1	PA NSO
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
Dermatological Antibacterials		
<i>clindamycin phos-benzoyl perox external gel 1-5 %</i>	1	
<i>clindamycin phosphate external gel 1 %</i>	1	QL (120 per 30 days)
<i>clindamycin phosphate external lotion 1 %</i>	1	QL (120 per 30 days)
<i>clindamycin phosphate external solution 1 %</i>	1	QL (180 per 30 days)
<i>clindamycin phosphate external swab 1 %</i>	1	
<i>erythromycin external solution 2 %</i>	1	
<i>gentamicin sulfate external cream 0.1 %</i>	1	QL (90 per 30 days)
<i>gentamicin sulfate external ointment 0.1 %</i>	1	QL (120 per 30 days)
<i>metronidazole external cream 0.75 %</i>	1	
<i>metronidazole external gel 0.75 %, 1 %</i>	1	
<i>mupirocin external ointment 2 %</i>	1	QL (220 per 30 days)
<i>neuac external gel 1.2-5 %</i>	1	
<i>rosadan external cream 0.75 %</i>	1	
<i>selenium sulfide external lotion 2.5 %</i>	1	
<i>silver sulfadiazine external cream 1 %</i>	1	
<i>ssd external cream 1 %</i>	1	
Dermatological Anti-Inflammatory Agents		

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
<i>ala-cort external cream 1 %</i>	1	
<i>betamethasone dipropionate aug external cream 0.05 %</i>	1	
<i>betamethasone dipropionate aug external gel 0.05 %</i>	1	
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	1	
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	1	
<i>betamethasone dipropionate external cream 0.05 %</i>	1	
<i>betamethasone dipropionate external lotion 0.05 %</i>	1	
<i>betamethasone dipropionate external ointment 0.05 %</i>	1	
<i>betamethasone valerate external cream 0.1 %</i>	1	
<i>betamethasone valerate external lotion 0.1 %</i>	1	
<i>betamethasone valerate external ointment 0.1 %</i>	1	
<i>clobetasol propionate e external cream 0.05 %</i>	1	
<i>clobetasol propionate emulsion external foam 0.05 %</i>	1	
<i>clobetasol propionate external cream 0.05 %</i>	1	
<i>clobetasol propionate external gel 0.05 %</i>	1	
<i>clobetasol propionate external lotion 0.05 %</i>	1	
<i>clobetasol propionate external ointment 0.05 %</i>	1	
<i>clobetasol propionate external shampoo 0.05 %</i>	1	
<i>clobetasol propionate external solution 0.05 %</i>	1	
EUCRISA EXTERNAL OINTMENT 2 %	1	
<i>fluocinolone acetonide body oil 0.01 % external</i>	1	
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	1	
<i>fluocinolone acetonide external ointment 0.025 %</i>	1	
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	1	
<i>fluocinonide external cream 0.05 %, 0.1 %</i>	1	
<i>fluocinonide external gel 0.05 %</i>	1	
<i>fluocinonide external ointment 0.05 %</i>	1	
<i>fluocinonide external solution 0.05 %</i>	1	
<i>fluticasone propionate external cream 0.05 %</i>	1	
<i>halobetasol propionate external cream 0.05 %</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
<i>halobetasol propionate external ointment 0.05 %</i>	1	
<i>hydrocortisone (perianal) external cream 2.5 %</i>	1	
<i>hydrocortisone cream 2.5 % external</i>	1	
<i>hydrocortisone external cream 1 %</i>	1	
<i>hydrocortisone external lotion 2.5 %</i>	1	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	1	
<i>hydrocortisone valerate external cream 0.2 %</i>	1	
<i>mometasone furoate external cream 0.1 %</i>	1	
<i>mometasone furoate external ointment 0.1 %</i>	1	
<i>mometasone furoate external solution 0.1 %</i>	1	
<i>pimecrolimus external cream 1 %</i>	1	QL (100 per 30 days)
PROCTOFOAM HC EXTERNAL FOAM 1-1 %	1	
<i>procto-med hc external cream 2.5 %</i>	1	
<i>proctosol hc external cream 2.5 %</i>	1	
<i>proctozone-hc external cream 2.5 %</i>	1	
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	1	QL (100 per 30 days)
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide external ointment 0.025 %, 0.05 %, 0.1 %, 0.5 %</i>	1	
Dermatological Retinoids		
<i>adapalene external cream 0.1 %</i>	1	
<i>adapalene external gel 0.3 %</i>	1	
ALTRENO EXTERNAL LOTION 0.05 %	1	PA
<i>tazarotene external cream 0.1 %</i>	1	
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	1	PA
Scabicides And Pediculicides		
<i>malathion external lotion 0.5 %</i>	1	
<i>permethrin external cream 5 %</i>	1	
DEVICES		
Devices		
ABOUTTIME PEN NEEDLE 30G X 8 MM	1	
ABOUTTIME PEN NEEDLE 31G X 5 MM	1	
ABOUTTIME PEN NEEDLE 31G X 8 MM	1	
ABOUTTIME PEN NEEDLE 32G X 4 MM	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
ADVOCATE INSULIN PEN NEEDLE 32G X 4 MM	1	
ADVOCATE INSULIN PEN NEEDLES 29G X 12.7MM	1	
ADVOCATE INSULIN PEN NEEDLES 31G X 5 MM	1	
ADVOCATE INSULIN PEN NEEDLES 31G X 8 MM	1	
ADVOCATE INSULIN PEN NEEDLES 33G X 4 MM	1	
ADVOCATE INSULIN SYRINGE 29G X 1/2" 0.3 ML	1	PA; ST
ADVOCATE INSULIN SYRINGE 29G X 1/2" 0.5 ML	1	PA; ST
ADVOCATE INSULIN SYRINGE 29G X 1/2" 1 ML	1	PA; ST
ADVOCATE INSULIN SYRINGE 30G X 5/16" 0.3 ML	1	PA; ST
ADVOCATE INSULIN SYRINGE 30G X 5/16" 0.5 ML	1	PA; ST
ADVOCATE INSULIN SYRINGE 30G X 5/16" 1 ML	1	PA; ST
ADVOCATE INSULIN SYRINGE 31G X 5/16" 0.3 ML	1	PA; ST
ADVOCATE INSULIN SYRINGE 31G X 5/16" 0.5 ML	1	PA; ST
ADVOCATE INSULIN SYRINGE 31G X 5/16" 1 ML	1	PA; ST
ALCOHOL PREP PAD	1	PA; ST
ALCOHOL PREP PAD 70 %	1	PA; ST
ALCOHOL PREP PADS PAD 70 %	1	PA; ST
ALCOHOL SWABS PAD	1	PA; ST
ALCOHOL SWABS PAD 70 %	1	PA; ST
ALCOHOL SWABSTICK PAD	1	PA; ST
ALCOHOL SWABSTICK PAD 70 %	1	PA; ST
APLICARE ALCOHOL SWABSTICK PAD 70 %	1	PA; ST
AQ INSULIN SYRINGE 31G X 5/16" 1 ML	1	PA; ST
AQINJECT PEN NEEDLE 31G X 5 MM	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
AQINJECT PEN NEEDLE 32G X 4 MM	1	
ASSURE ID DUO PRO PEN NEEDLES 31G X 5 MM	1	
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 0.5 ML (OTC)	1	PA; ST
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	1	PA; ST
ASSURE ID INSULIN SAFETY SYR 31G X 15/64" 0.5 ML	1	PA; ST
ASSURE ID INSULIN SAFETY SYR 31G X 15/64" 1 ML	1	PA; ST
ASSURE ID PRO PEN NEEDLES 30G X 5 MM	1	
AUM ALCOHOL PREP PADS PAD 70 %	1	PA; ST
AUM INSULIN SAFETY PEN NEEDLE 31G X 4 MM	1	
AUM INSULIN SAFETY PEN NEEDLE 31G X 5 MM	1	
AUM MINI INSULIN PEN NEEDLE 32G X 4 MM	1	
AUM MINI INSULIN PEN NEEDLE 32G X 5 MM	1	
AUM MINI INSULIN PEN NEEDLE 32G X 6 MM	1	
AUM MINI INSULIN PEN NEEDLE 32G X 8 MM	1	
AUM MINI INSULIN PEN NEEDLE 33G X 4 MM	1	
AUM MINI INSULIN PEN NEEDLE 33G X 5 MM	1	
AUM MINI INSULIN PEN NEEDLE 33G X 6 MM	1	
AUM PEN NEEDLE 32G X 4 MM	1	
AUM PEN NEEDLE 32G X 5 MM	1	
AUM PEN NEEDLE 32G X 6 MM	1	
AUM PEN NEEDLE 33G X 4 MM	1	
AUM PEN NEEDLE 33G X 5 MM	1	
AUM PEN NEEDLE 33G X 6 MM	1	
AUM READYGARD DUO PEN NEEDLE 32G X 4 MM	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
AUM SAFETY PEN NEEDLE 31G X 4 MM	1	
BD AUTOSHIELD 29G X 5MM	1	
BD AUTOSHIELD 29G X 8MM	1	
BD AUTOSHIELD DUO 30G X 5 MM	1	
BD ECLIPSE SYRINGE 30G X 1/2" 1 ML	1	PA; ST
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.3 ML	1	PA; ST
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.5 ML	1	PA; ST
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 1 ML	1	PA; ST
BD INSULIN SYRINGE 25G X 1" 1 ML	1	PA; ST
BD INSULIN SYRINGE 25G X 5/8" 1 ML	1	PA; ST
BD INSULIN SYRINGE 26G X 1/2" 1 ML	1	PA; ST
BD INSULIN SYRINGE 27.5G X 5/8" 2 ML	1	PA; ST
BD INSULIN SYRINGE 27G X 1/2" 1 ML	1	PA; ST
BD INSULIN SYRINGE 29G X 1/2" 0.5 ML (OTC)	1	PA; ST
BD INSULIN SYRINGE 29G X 1/2" 0.5 ML (RX)	1	PA; ST
BD INSULIN SYRINGE 29G X 1/2" 1 ML (OTC)	1	PA; ST
BD INSULIN SYRINGE 29G X 1/2" 1 ML (RX)	1	PA; ST
BD INSULIN SYRINGE HALF-UNIT 31G X 5/16" 0.3 ML	1	PA; ST
BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML	1	PA; ST
BD INSULIN SYRINGE MICROFINE 28G X 1/2" 0.5 ML	1	PA; ST
BD INSULIN SYRINGE MICROFINE 28G X 1/2" 1 ML (RX)	1	PA; ST
BD INSULIN SYRINGE U/F 30G X 1/2" 1 ML	1	PA; ST
BD INSULIN SYRINGE U-100 1 ML	1	PA; ST
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML	1	PA; ST
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ML	1	PA; ST
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.5 ML	1	PA; ST

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 1 ML	1	PA; ST
BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 0.3 ML	1	PA; ST
BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 0.5 ML	1	PA; ST
BD PEN NEEDLE MICRO U/F 32G X 6 MM	1	
BD PEN NEEDLE MINI U/F 31G X 5 MM	1	
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM	1	
BD PEN NEEDLE NANO U/F 32G X 4 MM (OTC)	1	
BD PEN NEEDLE NANO U/F 32G X 4 MM (RX)	1	
BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM	1	
BD PEN NEEDLE SHORT U/F 31G X 8 MM	1	
BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.3 ML	1	PA; ST
BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.5 ML	1	PA; ST
BD SAFETYGLIDE INSULIN SYRINGE 30G X 5/16" 0.5 ML	1	PA; ST
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.3 ML	1	PA; ST
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.5 ML	1	PA; ST
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 1 ML	1	PA; ST
BD SAFETYGLIDE INSULIN SYRINGE 31G X 5/16" 0.3 ML	1	PA; ST
BD SAFETYGLIDE SYRINGE/NEEDLE 27G X 5/8" 1 ML	1	PA; ST
BD SAFETY-LOK INSULIN SYRINGE 29G X 1/2" 1 ML	1	PA; ST
BD SWAB SINGLE USE REGULAR PAD	1	PA; ST
BD SWABS SINGLE USE BUTTERFLY PAD	1	PA; ST
BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ML	1	PA; ST

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.3 ML (OTC)	1	PA; ST
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.3 ML (RX)	1	PA; ST
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.5 ML (OTC)	1	PA; ST
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.5 ML (RX)	1	PA; ST
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 1 ML (OTC)	1	PA; ST
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 1 ML (RX)	1	PA; ST
CAREFINE PEN NEEDLES 29G X 12MM	1	
CAREFINE PEN NEEDLES 30G X 8 MM	1	
CAREFINE PEN NEEDLES 31G X 6 MM	1	
CAREFINE PEN NEEDLES 31G X 8 MM	1	
CAREFINE PEN NEEDLES 32G X 4 MM	1	
CAREFINE PEN NEEDLES 32G X 5 MM	1	
CAREFINE PEN NEEDLES 32G X 6 MM	1	
CAREONE INSULIN SYRINGE 30G X 1/2" 0.3 ML	1	PA; ST
CAREONE INSULIN SYRINGE 30G X 1/2" 0.5 ML	1	PA; ST
CAREONE INSULIN SYRINGE 30G X 1/2" 1 ML	1	PA; ST
CAREONE INSULIN SYRINGE 31G X 5/16" 0.3 ML	1	PA; ST
CAREONE INSULIN SYRINGE 31G X 5/16" 0.5 ML	1	PA; ST
CAREONE INSULIN SYRINGE 31G X 5/16" 1 ML	1	PA; ST
CARETOUCH ALCOHOL PREP PAD 70 %	1	PA; ST
CARETOUCH INSULIN SYRINGE 28G X 5/16" 1 ML	1	PA; ST
CARETOUCH INSULIN SYRINGE 29G X 5/16" 1 ML	1	PA; ST
CARETOUCH INSULIN SYRINGE 30G X 5/16" 0.5 ML	1	PA; ST
CARETOUCH INSULIN SYRINGE 30G X 5/16" 1 ML	1	PA; ST

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
CARETOUCH INSULIN SYRINGE 31G X 5/16" 0.3 ML	1	PA; ST
CARETOUCH INSULIN SYRINGE 31G X 5/16" 0.5 ML	1	PA; ST
CARETOUCH INSULIN SYRINGE 31G X 5/16" 1 ML	1	PA; ST
CARETOUCH PEN NEEDLES 29G X 12MM	1	
CARETOUCH PEN NEEDLES 31G X 5 MM	1	
CARETOUCH PEN NEEDLES 31G X 6 MM	1	
CARETOUCH PEN NEEDLES 31G X 8 MM	1	
CARETOUCH PEN NEEDLES 32G X 4 MM	1	
CARETOUCH PEN NEEDLES 32G X 5 MM	1	
CARETOUCH PEN NEEDLES 33G X 4 MM	1	
CLEVER CHOICE COMFORT EZ 29G X 12MM	1	
CLEVER CHOICE COMFORT EZ 33G X 4 MM	1	
CLICKFINE PEN NEEDLES 31G X 6 MM	1	
CLICKFINE PEN NEEDLES 31G X 8 MM	1	
CLICKFINE PEN NEEDLES 32G X 4 MM	1	
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML	1	PA; ST
COMFORT ASSIST INSULIN SYRINGE 31G X 5/16" 0.3 ML	1	PA; ST
COMFORT EZ INSULIN SYRINGE 28G X 1/2" 0.5 ML	1	PA; ST
COMFORT EZ INSULIN SYRINGE 28G X 1/2" 1 ML	1	PA; ST
COMFORT EZ INSULIN SYRINGE 29G X 1/2" 0.3 ML	1	PA; ST
COMFORT EZ INSULIN SYRINGE 29G X 1/2" 0.5 ML	1	PA; ST
COMFORT EZ INSULIN SYRINGE 29G X 1/2" 1 ML	1	PA; ST
COMFORT EZ INSULIN SYRINGE 30G X 1/2" 0.3 ML	1	PA; ST
COMFORT EZ INSULIN SYRINGE 30G X 1/2" 0.5 ML	1	PA; ST

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
COMFORT EZ INSULIN SYRINGE 30G X 1/2" 1 ML	1	PA; ST
COMFORT EZ INSULIN SYRINGE 30G X 5/16" 0.3 ML	1	PA; ST
COMFORT EZ INSULIN SYRINGE 30G X 5/16" 0.5 ML	1	PA; ST
COMFORT EZ INSULIN SYRINGE 30G X 5/16" 1 ML	1	PA; ST
COMFORT EZ INSULIN SYRINGE 31G X 15/64" 0.3 ML	1	PA; ST
COMFORT EZ INSULIN SYRINGE 31G X 15/64" 0.5 ML	1	PA; ST
COMFORT EZ INSULIN SYRINGE 31G X 15/64" 1 ML	1	PA; ST
COMFORT EZ INSULIN SYRINGE 31G X 5/16" 0.3 ML	1	PA; ST
COMFORT EZ INSULIN SYRINGE 31G X 5/16" 0.5 ML	1	PA; ST
COMFORT EZ INSULIN SYRINGE 31G X 5/16" 1 ML	1	PA; ST
COMFORT EZ PEN NEEDLES 31G X 5 MM	1	
COMFORT EZ PEN NEEDLES 31G X 6 MM	1	
COMFORT EZ PEN NEEDLES 31G X 8 MM	1	
COMFORT EZ PEN NEEDLES 32G X 4 MM	1	
COMFORT EZ PEN NEEDLES 32G X 5 MM	1	
COMFORT EZ PEN NEEDLES 32G X 6 MM	1	
COMFORT EZ PEN NEEDLES 32G X 8 MM	1	
COMFORT EZ PEN NEEDLES 33G X 4 MM	1	
COMFORT EZ PEN NEEDLES 33G X 5 MM	1	
COMFORT EZ PEN NEEDLES 33G X 6 MM	1	
COMFORT EZ PEN NEEDLES 33G X 8 MM	1	
COMFORT EZ PRO PEN NEEDLES 30G X 8 MM	1	
COMFORT EZ PRO PEN NEEDLES 31G X 4 MM	1	
COMFORT EZ PRO PEN NEEDLES 31G X 5 MM	1	
COMFORT TOUCH INSULIN PEN NEED 31G X 4 MM	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
COMFORT TOUCH INSULIN PEN NEED 31G X 5 MM	1	
COMFORT TOUCH INSULIN PEN NEED 31G X 6 MM	1	
COMFORT TOUCH INSULIN PEN NEED 31G X 8 MM	1	
COMFORT TOUCH INSULIN PEN NEED 32G X 4 MM	1	
COMFORT TOUCH INSULIN PEN NEED 32G X 5 MM	1	
COMFORT TOUCH INSULIN PEN NEED 32G X 6 MM	1	
COMFORT TOUCH INSULIN PEN NEED 32G X 8 MM	1	
CURITY ALCOHOL PREPS PAD 70 %	1	PA; ST
CURITY ALL PURPOSE SPONGES PAD 2"X2"	1	PA; ST
CURITY GAUZE PAD 2"X2"	1	PA; ST
CURITY GAUZE SPONGE PAD 2"X2"	1	PA; ST
CURITY SPONGES PAD 2"X2"	1	PA; ST
CVS GAUZE PAD 2"X2"	1	PA; ST
CVS GAUZE STERILE PAD 2"X2"	1	PA; ST
DERMACEA GAUZE SPONGE PAD 2"X2"	1	PA; ST
DERMACEA IV DRAIN SPONGES PAD 2"X2"	1	PA; ST
DERMACEA NON-WOVEN SPONGES PAD 2"X2"	1	PA; ST
DERMACEA TYPE VII GAUZE PAD 2"X2"	1	PA; ST
DIATHRIVE PEN NEEDLE 31G X 5 MM	1	
DIATHRIVE PEN NEEDLE 31G X 6 MM	1	
DIATHRIVE PEN NEEDLE 31G X 8 MM	1	
DIATHRIVE PEN NEEDLE 32G X 4 MM	1	
DROPLET INSULIN SYRINGE 29G X 1/2" 0.3 ML	1	PA; ST
DROPLET INSULIN SYRINGE 29G X 1/2" 0.5 ML	1	PA; ST
DROPLET INSULIN SYRINGE 29G X 1/2" 1 ML	1	PA; ST
DROPLET INSULIN SYRINGE 30G X 1/2" 0.3 ML	1	PA; ST

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
DROPLET INSULIN SYRINGE 30G X 1/2" 0.5 ML	1	PA; ST
DROPLET INSULIN SYRINGE 30G X 1/2" 1 ML	1	PA; ST
DROPLET INSULIN SYRINGE 30G X 15/64" 0.3 ML	1	PA; ST
DROPLET INSULIN SYRINGE 30G X 15/64" 0.5 ML	1	PA; ST
DROPLET INSULIN SYRINGE 30G X 15/64" 1 ML	1	PA; ST
DROPLET INSULIN SYRINGE 30G X 5/16" 0.3 ML	1	PA; ST
DROPLET INSULIN SYRINGE 30G X 5/16" 0.5 ML	1	PA; ST
DROPLET INSULIN SYRINGE 30G X 5/16" 1 ML	1	PA; ST
DROPLET INSULIN SYRINGE 31G X 15/64" 0.3 ML	1	PA; ST
DROPLET INSULIN SYRINGE 31G X 15/64" 0.5 ML	1	PA; ST
DROPLET INSULIN SYRINGE 31G X 15/64" 1 ML	1	PA; ST
DROPLET INSULIN SYRINGE 31G X 5/16" 0.3 ML	1	PA; ST
DROPLET INSULIN SYRINGE 31G X 5/16" 0.5 ML	1	PA; ST
DROPLET INSULIN SYRINGE 31G X 5/16" 1 ML	1	PA; ST
DROPLET MICRON 34G X 3.5 MM	1	
DROPLET PEN NEEDLES 29G X 10MM	1	
DROPLET PEN NEEDLES 29G X 12MM	1	
DROPLET PEN NEEDLES 30G X 8 MM	1	
DROPLET PEN NEEDLES 31G X 5 MM	1	
DROPLET PEN NEEDLES 31G X 6 MM	1	
DROPLET PEN NEEDLES 31G X 8 MM	1	
DROPLET PEN NEEDLES 32G X 4 MM	1	
DROPLET PEN NEEDLES 32G X 5 MM	1	
DROPLET PEN NEEDLES 32G X 6 MM	1	
DROPLET PEN NEEDLES 32G X 8 MM	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
DROPSAFE ALCOHOL PREP PAD 70 %	1	PA; ST
DROPSAFE SAFETY PEN NEEDLES 31G X 5 MM	1	
DROPSAFE SAFETY PEN NEEDLES 31G X 6 MM	1	
DROPSAFE SAFETY PEN NEEDLES 31G X 8 MM	1	
DROPSAFE SAFETY SYRINGE/NEEDLE 29G X 1/2" 1 ML	1	PA; ST
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 15/64" 0.3 ML	1	PA; ST
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 15/64" 0.5 ML	1	PA; ST
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 15/64" 1 ML	1	PA; ST
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 0.3 ML	1	PA; ST
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 0.5 ML	1	PA; ST
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 1 ML	1	PA; ST
DRUG MART ULTRA COMFORT SYR 29G X 1/2" 0.3 ML	1	PA; ST
DRUG MART ULTRA COMFORT SYR 29G X 1/2" 1 ML	1	PA; ST
DRUG MART ULTRA COMFORT SYR 30G X 5/16" 0.5 ML	1	PA; ST
DRUG MART ULTRA COMFORT SYR 30G X 5/16" 1 ML	1	PA; ST
DRUG MART UNIFINE PENTIPS 31G X 5 MM	1	
EASY COMFORT ALCOHOL PADS PAD	1	PA; ST
EASY COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML	1	PA; ST
EASY COMFORT INSULIN SYRINGE 30G X 1/2" 1 ML	1	PA; ST
EASY COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML	1	PA; ST
EASY COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML	1	PA; ST

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
EASY COMFORT INSULIN SYRINGE 31G X 1/2" 0.3 ML	1	PA; ST
EASY COMFORT INSULIN SYRINGE 31G X 5/16" 0.3 ML	1	PA; ST
EASY COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML	1	PA; ST
EASY COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML	1	PA; ST
EASY COMFORT INSULIN SYRINGE 32G X 5/16" 0.5 ML	1	PA; ST
EASY COMFORT INSULIN SYRINGE 32G X 5/16" 1 ML	1	PA; ST
EASY COMFORT PEN NEEDLES 31G X 5 MM	1	
EASY COMFORT PEN NEEDLES 31G X 6 MM	1	
EASY COMFORT PEN NEEDLES 31G X 8 MM	1	
EASY COMFORT PEN NEEDLES 32G X 4 MM	1	
EASY COMFORT PEN NEEDLES 33G X 4 MM	1	
EASY COMFORT PEN NEEDLES 33G X 5 MM	1	
EASY COMFORT PEN NEEDLES 33G X 6 MM	1	
EASY GLIDE PEN NEEDLES 33G X 4 MM	1	
EASY TOUCH ALCOHOL PREP MEDIUM PAD 70 %	1	PA; ST
EASY TOUCH FLIPLOCK INSULIN SY 29G X 1/2" 1 ML	1	PA; ST
EASY TOUCH FLIPLOCK INSULIN SY 30G X 1/2" 1 ML	1	PA; ST
EASY TOUCH FLIPLOCK INSULIN SY 30G X 5/16" 1 ML	1	PA; ST
EASY TOUCH FLIPLOCK INSULIN SY 31G X 5/16" 1 ML	1	PA; ST
EASY TOUCH FLIPLOCK SAFETY SYR 27G X 1/2" 1 ML	1	PA; ST
EASY TOUCH INSULIN BARRELS 1ML	1	PA; ST

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 0.5 ML	1	PA; ST
EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 1 ML	1	PA; ST
EASY TOUCH INSULIN SAFETY SYR 30G X 1/2" 1 ML	1	PA; ST
EASY TOUCH INSULIN SAFETY SYR 30G X 5/16" 0.5 ML	1	PA; ST
EASY TOUCH INSULIN SYRINGE 27G X 1/2" 0.5 ML	1	PA; ST
EASY TOUCH INSULIN SYRINGE 27G X 1/2" 1 ML	1	PA; ST
EASY TOUCH INSULIN SYRINGE 27G X 5/8" 1 ML	1	PA; ST
EASY TOUCH INSULIN SYRINGE 28G X 1/2" 0.5 ML	1	PA; ST
EASY TOUCH INSULIN SYRINGE 28G X 1/2" 1 ML	1	PA; ST
EASY TOUCH INSULIN SYRINGE 29G X 1/2" 0.5 ML	1	PA; ST
EASY TOUCH INSULIN SYRINGE 29G X 1/2" 1 ML	1	PA; ST
EASY TOUCH INSULIN SYRINGE 30G X 1/2" 0.3 ML	1	PA; ST
EASY TOUCH INSULIN SYRINGE 30G X 1/2" 0.5 ML	1	PA; ST
EASY TOUCH INSULIN SYRINGE 30G X 1/2" 1 ML	1	PA; ST
EASY TOUCH INSULIN SYRINGE 30G X 5/16" 0.3 ML	1	PA; ST
EASY TOUCH INSULIN SYRINGE 30G X 5/16" 0.5 ML	1	PA; ST
EASY TOUCH INSULIN SYRINGE 30G X 5/16" 1 ML	1	PA; ST
EASY TOUCH INSULIN SYRINGE 31G X 5/16" 0.3 ML	1	PA; ST
EASY TOUCH INSULIN SYRINGE 31G X 5/16" 0.5 ML	1	PA; ST
EASY TOUCH INSULIN SYRINGE 31G X 5/16" 1 ML	1	PA; ST

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH PEN NEEDLES 29G X 12MM	1	
EASY TOUCH PEN NEEDLES 30G X 5 MM	1	
EASY TOUCH PEN NEEDLES 30G X 6 MM	1	
EASY TOUCH PEN NEEDLES 30G X 8 MM	1	
EASY TOUCH PEN NEEDLES 31G X 5 MM	1	
EASY TOUCH PEN NEEDLES 31G X 6 MM	1	
EASY TOUCH PEN NEEDLES 31G X 8 MM	1	
EASY TOUCH PEN NEEDLES 32G X 4 MM	1	
EASY TOUCH PEN NEEDLES 32G X 5 MM	1	
EASY TOUCH PEN NEEDLES 32G X 6 MM	1	
EASY TOUCH SAFETY PEN NEEDLES 29G X 5MM	1	
EASY TOUCH SAFETY PEN NEEDLES 29G X 8MM	1	
EASY TOUCH SAFETY PEN NEEDLES 30G X 8 MM	1	
EASY TOUCH SHEATHLOCK SYRINGE 29G X 1/2" 1 ML	1	PA; ST
EASY TOUCH SHEATHLOCK SYRINGE 30G X 1/2" 1 ML	1	PA; ST
EASY TOUCH SHEATHLOCK SYRINGE 30G X 5/16" 1 ML	1	PA; ST
EASY TOUCH SHEATHLOCK SYRINGE 31G X 5/16" 1 ML	1	PA; ST
EMBRACE PEN NEEDLES 29G X 12MM	1	
EMBRACE PEN NEEDLES 30G X 5 MM	1	
EMBRACE PEN NEEDLES 30G X 8 MM	1	
EMBRACE PEN NEEDLES 31G X 5 MM	1	
EMBRACE PEN NEEDLES 31G X 6 MM	1	
EMBRACE PEN NEEDLES 31G X 8 MM	1	
EMBRACE PEN NEEDLES 32G X 4 MM	1	
EQL ALCOHOL SWABS PAD 70 %	1	PA; ST
EQL GAUZE PAD 2"X2"	1	PA; ST
EQL INSULIN SYRINGE 30G X 5/16" 0.3 ML	1	PA; ST
EQL INSULIN SYRINGE 30G X 5/16" 0.5 ML	1	PA; ST
EQL INSULIN SYRINGE 30G X 5/16" 1 ML	1	PA; ST
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	1	
FIFTY50 PEN NEEDLES 32G X 6 MM	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
FREESTYLE PRECISION INS SYR 30G X 5/16" 0.5 ML	1	PA; ST
FREESTYLE PRECISION INS SYR 30G X 5/16" 1 ML	1	PA; ST
FREESTYLE PRECISION INS SYR 31G X 5/16" 0.5 ML	1	PA; ST
FREESTYLE PRECISION INS SYR 31G X 5/16" 1 ML	1	PA; ST
GAUZE PADS PAD 2"X2"	1	PA; ST
GAUZE TYPE VII MEDI-PAK PAD 2"X2"	1	PA; ST
GLOBAL ALCOHOL PREP EASE PAD 70 %	1	PA; ST
GLOBAL EASE INJECT PEN NEEDLES 29G X 12MM	1	
GLOBAL EASE INJECT PEN NEEDLES 31G X 5 MM	1	
GLOBAL EASE INJECT PEN NEEDLES 31G X 8 MM	1	
GLOBAL EASE INJECT PEN NEEDLES 32G X 4 MM	1	
GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 0.3 ML	1	PA; ST
GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 0.5 ML	1	PA; ST
GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 1 ML	1	PA; ST
GLOBAL INJECT EASE INSULIN SYR 28G X 1/2" 0.5 ML	1	PA; ST
GLOBAL INJECT EASE INSULIN SYR 28G X 1/2" 1 ML	1	PA; ST
GLOBAL INJECT EASE INSULIN SYR 29G X 1/2" 0.5 ML	1	PA; ST
GLOBAL INJECT EASE INSULIN SYR 29G X 1/2" 1 ML	1	PA; ST
GLOBAL INJECT EASE INSULIN SYR 30G X 1/2" 0.3 ML	1	PA; ST
GLOBAL INJECT EASE INSULIN SYR 30G X 1/2" 0.5 ML	1	PA; ST
GLOBAL INJECT EASE INSULIN SYR 30G X 5/16" 0.5 ML	1	PA; ST

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
GLOBAL INJECT EASE INSULIN SYR 30G X 5/16" 1 ML	1	PA; ST
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.3 ML	1	PA; ST
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.5 ML	1	PA; ST
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 1 ML	1	PA; ST
GLUCOPRO INSULIN SYRINGE 30G X 5/16" 0.3 ML	1	PA; ST
GLUCOPRO INSULIN SYRINGE 30G X 5/16" 0.5 ML	1	PA; ST
GLUCOPRO INSULIN SYRINGE 30G X 5/16" 1 ML	1	PA; ST
GLUCOPRO INSULIN SYRINGE 31G X 5/16" 0.3 ML	1	PA; ST
GLUCOPRO INSULIN SYRINGE 31G X 5/16" 0.5 ML	1	PA; ST
GLUCOPRO INSULIN SYRINGE 31G X 5/16" 1 ML	1	PA; ST
GNP ALCOHOL SWABS PAD	1	PA; ST
GNP INSULIN SYRINGE 28G X 1/2" 1 ML	1	PA; ST
GNP INSULIN SYRINGE 29G X 1/2" 0.5 ML	1	PA; ST
GNP INSULIN SYRINGE 29G X 1/2" 1 ML	1	PA; ST
GNP INSULIN SYRINGE 30G X 5/16" 0.5 ML	1	PA; ST
GNP INSULIN SYRINGE 30G X 5/16" 1 ML	1	PA; ST
GNP INSULIN SYRINGES 29GX1/2" 29G X 1/2" 0.5 ML	1	PA; ST
GNP INSULIN SYRINGES 29GX1/2" 29G X 1/2" 1 ML	1	PA; ST
GNP INSULIN SYRINGES 30G X 5/16" 1 ML	1	PA; ST
GNP INSULIN SYRINGES 30GX5/16" 30G X 5/16" 0.3 ML	1	PA; ST
GNP INSULIN SYRINGES 31GX5/16" 31G X 5/16" 0.3 ML	1	PA; ST
GNP STERILE GAUZE PAD 2"X2"	1	PA; ST
GNP ULTRA COM INSULIN SYRINGE 29G X 1/2" 0.3 ML	1	PA; ST
GNP ULTRA COM INSULIN SYRINGE 30G X 5/16" 0.3 ML	1	PA; ST

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
GOODSENSE ALCOHOL SWABS PAD 70 %	1	PA; ST
HEALTHWISE INSULIN SYR/NEEDLE 30G X 5/16" 0.3 ML	1	PA; ST
HEALTHWISE INSULIN SYR/NEEDLE 30G X 5/16" 0.5 ML	1	PA; ST
HEALTHWISE INSULIN SYR/NEEDLE 30G X 5/16" 1 ML	1	PA; ST
HEALTHWISE INSULIN SYR/NEEDLE 31G X 5/16" 0.3 ML	1	PA; ST
HEALTHWISE INSULIN SYR/NEEDLE 31G X 5/16" 0.5 ML	1	PA; ST
HEALTHWISE INSULIN SYR/NEEDLE 31G X 5/16" 1 ML	1	PA; ST
HEALTHWISE MICRON PEN NEEDLES 32G X 4 MM	1	
HEALTHWISE SHORT PEN NEEDLES 31G X 5 MM	1	
HEALTHWISE SHORT PEN NEEDLES 31G X 8 MM	1	
HEALTHY ACCENTS UNIFINE PENTIP 29G X 12MM	1	
HEALTHY ACCENTS UNIFINE PENTIP 31G X 5 MM	1	
HEALTHY ACCENTS UNIFINE PENTIP 31G X 6 MM	1	
HEALTHY ACCENTS UNIFINE PENTIP 31G X 8 MM	1	
HEALTHY ACCENTS UNIFINE PENTIP 32G X 4 MM	1	
H-E-B INCONTROL ALCOHOL PAD	1	PA; ST
H-E-B INCONTROL PEN NEEDLES 29G X 12MM	1	
H-E-B INCONTROL PEN NEEDLES 31G X 5 MM	1	
H-E-B INCONTROL PEN NEEDLES 31G X 6 MM	1	
H-E-B INCONTROL PEN NEEDLES 31G X 8 MM	1	
H-E-B INCONTROL PEN NEEDLES 32G X 4 MM	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
HM STERILE PADS PAD 2"X2"	1	PA; ST
HM ULTICARE INSULIN SYRINGE 30G X 1/2" 1 ML	1	PA; ST
HM ULTICARE INSULIN SYRINGE 31G X 5/16" 0.3 ML	1	PA; ST
HM ULTICARE SHORT PEN NEEDLES 31G X 8 MM	1	
INCONTROL ULTICARE PEN NEEDLES 31G X 6 MM	1	
INCONTROL ULTICARE PEN NEEDLES 31G X 8 MM	1	
INCONTROL ULTICARE PEN NEEDLES 32G X 4 MM	1	
INPEN 100-BLUE-LILLY-HUMALOG DEVICE	1	
INPEN 100-BLUE-NOVOLOG-FIASP DEVICE	1	
INSULIN SYRINGE 29G X 1/2" 1 ML	1	PA; ST
INSULIN SYRINGE 30G X 5/16" 1 ML	1	PA; ST
INSULIN SYRINGE 31G X 5/16" 0.3 ML	1	PA; ST
INSULIN SYRINGE 31G X 5/16" 0.5 ML	1	PA; ST
INSULIN SYRINGE/NEEDLE 27G X 1/2" 0.5 ML	1	PA; ST
INSULIN SYRINGE/NEEDLE 28G X 1/2" 0.5 ML	1	PA; ST
INSULIN SYRINGE/NEEDLE 28G X 1/2" 1 ML	1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 27G X 1/2" 0.5 ML (OTC)	1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 27G X 1/2" 0.5 ML (RX)	1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 27G X 1/2" 1 ML (RX)	1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 28G X 1/2" 0.5 ML (RX)	1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 28G X 1/2" 1 ML (RX)	1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 30G X 5/16" 1 ML	1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 31G X 1/4" 0.3 ML	1	PA; ST

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRINGE-NEEDLE U-100 31G X 1/4" 0.5 ML	1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 31G X 1/4" 1 ML	1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 31G X 5/16" 0.5 ML (OTC)	1	PA; ST
INSUPEN PEN NEEDLES 31G X 5 MM	1	
INSUPEN PEN NEEDLES 32G X 4 MM	1	
INSUPEN PEN NEEDLES 33G X 4 MM	1	
INSUPEN ULTRAFIN 29G X 12MM	1	
INSUPEN ULTRAFIN 31G X 8 MM	1	
J & J GAUZE PAD 2"X2"	1	PA; ST
KENDALL HYDROPHILIC FOAM DRESS PAD 2"X2"	1	PA; ST
KENDALL HYDROPHILIC FOAM PLUS PAD 2"X2"	1	PA; ST
KINRAY INSULIN SYRINGE 29G X 1/2" 0.5 ML	1	PA; ST
KMART VALU INSULIN SYRINGE 29G U-100 1 ML	1	PA; ST
KMART VALU INSULIN SYRINGE 30G U-100 0.3 ML	1	PA; ST
KMART VALU INSULIN SYRINGE 30G U-100 1 ML	1	PA; ST
KROGER PEN NEEDLES 29G X 12MM	1	
KROGER PEN NEEDLES 31G X 8 MM	1	
LEADER UNIFINE PENTIPS 31G X 5 MM	1	
LEADER UNIFINE PENTIPS 32G X 4 MM	1	
LEADER UNIFINE PENTIPS PLUS 31G X 5 MM	1	
LEADER UNIFINE PENTIPS PLUS 31G X 8 MM	1	
LITETOUCH INSULIN SYRINGE 28G X 1/2" 0.5 ML	1	PA; ST
LITETOUCH INSULIN SYRINGE 28G X 1/2" 1 ML	1	PA; ST
LITETOUCH INSULIN SYRINGE 29G X 1/2" 0.3 ML	1	PA; ST

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
LITETOUCH INSULIN SYRINGE 29G X 1/2" 0.5 ML	1	PA; ST
LITETOUCH INSULIN SYRINGE 29G X 1/2" 1 ML	1	PA; ST
LITETOUCH INSULIN SYRINGE 30G X 5/16" 0.3 ML	1	PA; ST
LITETOUCH INSULIN SYRINGE 30G X 5/16" 0.5 ML	1	PA; ST
LITETOUCH INSULIN SYRINGE 30G X 5/16" 1 ML	1	PA; ST
LITETOUCH INSULIN SYRINGE 31G X 5/16" 0.3 ML	1	PA; ST
LITETOUCH INSULIN SYRINGE 31G X 5/16" 0.5 ML	1	PA; ST
LITETOUCH INSULIN SYRINGE 31G X 5/16" 1 ML	1	PA; ST
LITETOUCH PEN NEEDLES 29G X 12.7MM	1	
LITETOUCH PEN NEEDLES 31G X 5 MM	1	
LITETOUCH PEN NEEDLES 31G X 6 MM	1	
LITETOUCH PEN NEEDLES 31G X 8 MM	1	
LITETOUCH PEN NEEDLES 32G X 4 MM	1	
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.3 ML	1	PA; ST
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.5 ML	1	PA; ST
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 1 ML	1	PA; ST
MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 0.3 ML	1	PA; ST
MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 0.5 ML	1	PA; ST
MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 1 ML	1	PA; ST
MAXICOMFORT II PEN NEEDLE 31G X 6 MM	1	
MAXI-COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML	1	PA; ST
MAXI-COMFORT INSULIN SYRINGE 28G X 1/2" 1 ML	1	PA; ST

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
MAXI-COMFORT SAFETY PEN NEEDLE 29G X 5MM	1	
MAXI-COMFORT SAFETY PEN NEEDLE 29G X 8MM	1	
MAXICOMFORT SYR 27G X 1/2" 27G X 1/2" 0.5 ML	1	PA; ST
MAXICOMFORT SYR 27G X 1/2" 27G X 1/2" 1 ML	1	PA; ST
MEDIC INSULIN SYRINGE 30G X 5/16" 0.3 ML	1	PA; ST
MEDIC INSULIN SYRINGE 30G X 5/16" 0.5 ML	1	PA; ST
MEDICINE SHOPPE PEN NEEDLES 29G X 12MM	1	
MEDICINE SHOPPE PEN NEEDLES 31G X 8 MM	1	
MEDPURA ALCOHOL PADS 70 % EXTERNAL	1	PA; ST
MEIJER ALCOHOL SWABS PAD 70 %	1	PA; ST
MEIJER PEN NEEDLES 29G X 12MM	1	
MEIJER PEN NEEDLES 31G X 6 MM	1	
MEIJER PEN NEEDLES 31G X 8 MM	1	
MICRODOT PEN NEEDLE 31G X 6 MM	1	
MICRODOT PEN NEEDLE 32G X 4 MM	1	
MICRODOT PEN NEEDLE 33G X 4 MM	1	
MIRASORB SPONGES 2"X2"	1	PA; ST
MM PEN NEEDLES 32G X 4 MM	1	
MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML	1	PA; ST
MONOJECT INSULIN SYRINGE 27G X 1/2" 1 ML (OTC)	1	PA; ST
MONOJECT INSULIN SYRINGE 28G X 1/2" 0.5 ML (RX)	1	PA; ST
MONOJECT INSULIN SYRINGE 28G X 1/2" 1 ML (OTC)	1	PA; ST
MONOJECT INSULIN SYRINGE 28G X 1/2" 1 ML (RX)	1	PA; ST
MONOJECT INSULIN SYRINGE 29G X 1/2" 0.3 ML	1	PA; ST

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
MONOJECT INSULIN SYRINGE 29G X 1/2" 0.5 ML	1	PA; ST
MONOJECT INSULIN SYRINGE 29G X 1/2" 1 ML (RX)	1	PA; ST
MONOJECT INSULIN SYRINGE 30G X 5/16" 0.3 ML	1	PA; ST
MONOJECT INSULIN SYRINGE 30G X 5/16" 0.5 ML (RX)	1	PA; ST
MONOJECT INSULIN SYRINGE 30G X 5/16" 1 ML (RX)	1	PA; ST
MONOJECT INSULIN SYRINGE 31G X 5/16" 1 ML	1	PA; ST
MONOJECT INSULIN SYRINGE U-100 1 ML	1	PA; ST
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML (OTC)	1	PA; ST
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML (RX)	1	PA; ST
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 1 ML (OTC)	1	PA; ST
MONOJECT ULTRA COMFORT SYRINGE 29G X 1/2" 0.5 ML	1	PA; ST
MONOJECT ULTRA COMFORT SYRINGE 29G X 1/2" 1 ML	1	PA; ST
MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.3 ML (OTC)	1	PA; ST
MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.3 ML (RX)	1	PA; ST
MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.5 ML (RX)	1	PA; ST
NOVOFINE AUTOCOVER 30G X 8 MM	1	
NOVOFINE PEN NEEDLE 32G X 6 MM	1	
NOVOFINE PLUS PEN NEEDLE 32G X 4 MM	1	
NOVOTWIST PEN NEEDLE 32G X 5 MM	1	
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	1	QL (1 per 365 days)
OMNIPOD 5 DEXG7G6 PODS GEN 5	1	QL (10 per 30 days)
OMNIPOD 5 G7 INTRO (GEN 5) KIT	1	QL (1 per 365 days)
OMNIPOD 5 G7 PODS (GEN 5)	1	QL (10 per 30 days)
OMNIPOD 5 LIBRE2 PLUS G6 KIT	1	QL (1 per 365 days)
OMNIPOD 5 LIBRE2 PLUS G6 PODS	1	QL (10 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
OMNIPOD CLASSIC PDM (GEN 3) KIT	1	QL (1 per 365 days)
OMNIPOD CLASSIC PODS (GEN 3)	1	QL (10 per 30 days)
OMNIPOD DASH INTRO (GEN 4) KIT	1	QL (1 per 365 days)
OMNIPOD DASH PDM (GEN 4) KIT	1	QL (1 per 365 days)
OMNIPOD DASH PODS (GEN 4)	1	QL (10 per 30 days)
PC UNIFINE PENTIPS 31G X 5 MM	1	
PC UNIFINE PENTIPS 31G X 6 MM	1	
PC UNIFINE PENTIPS 31G X 8 MM	1	
PEN NEEDLES 29G X 12MM	1	
PEN NEEDLES 30G X 5 MM (OTC)	1	
PEN NEEDLES 30G X 8 MM	1	
PEN NEEDLES 31G X 5 MM (OTC)	1	
PEN NEEDLES 31G X 8 MM (OTC)	1	
PEN NEEDLES 32G X 4 MM (OTC)	1	
PEN NEEDLES 32G X 5 MM	1	
PENTIPS 29G X 12MM (RX)	1	
PENTIPS 31G X 5 MM (RX)	1	
PENTIPS 31G X 8 MM (RX)	1	
PENTIPS 32G X 4 MM (RX)	1	
PENTIPS GENERIC PEN NEEDLES 29G X 12MM	1	
PENTIPS GENERIC PEN NEEDLES 31G X 6 MM	1	
PENTIPS GENERIC PEN NEEDLES 32G X 6 MM	1	
PIP PEN NEEDLES 31G X 5MM 31G X 5 MM	1	
PIP PEN NEEDLES 32G X 4MM 32G X 4 MM	1	
PRECISION SUREDOSE PLUS SYR 29G X 1/2" 0.3 ML	1	PA; ST
PRECISION SUREDOSE PLUS SYR 29G X 1/2" 1 ML	1	PA; ST
PRECISION SURE-DOSE SYRINGE 28G X 1/2" 0.5 ML	1	PA; ST
PRECISION SURE-DOSE SYRINGE 28G X 1/2" 1 ML	1	PA; ST
PRECISION SURE-DOSE SYRINGE 29G X 1/2" 0.5 ML	1	PA; ST
PRECISION SURE-DOSE SYRINGE 30G X 3/8" 0.5 ML	1	PA; ST

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
PRECISION SURE-DOSE SYRINGE 30G X 5/16" 0.3 ML	1	PA; ST
PREFERRED PLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML	1	PA; ST
PREFERRED PLUS UNIFINE PENTIPS 29G X 12MM	1	
PREVENT DROPSAFE PEN NEEDLES 31G X 6 MM	1	
PREVENT DROPSAFE PEN NEEDLES 31G X 8 MM	1	
PREVENT SAFETY PEN NEEDLES 31G X 6 MM	1	
PREVENT SAFETY PEN NEEDLES 31G X 8 MM	1	
PRO COMFORT ALCOHOL PAD 70 %	1	PA; ST
PRO COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML	1	PA; ST
PRO COMFORT INSULIN SYRINGE 30G X 1/2" 1 ML	1	PA; ST
PRO COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML	1	PA; ST
PRO COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML	1	PA; ST
PRO COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML	1	PA; ST
PRO COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML	1	PA; ST
PRO COMFORT PEN NEEDLES 31G X 8 MM	1	
PRO COMFORT PEN NEEDLES 32G X 4 MM	1	
PRO COMFORT PEN NEEDLES 32G X 5 MM	1	
PRO COMFORT PEN NEEDLES 32G X 6 MM	1	
PRODIGY INSULIN SYRINGE 28G X 1/2" 1 ML	1	PA; ST
PRODIGY INSULIN SYRINGE 31G X 5/16" 0.3 ML	1	PA; ST
PRODIGY INSULIN SYRINGE 31G X 5/16" 0.5 ML	1	PA; ST
PURE COMFORT ALCOHOL PREP PAD	1	PA; ST
PURE COMFORT PEN NEEDLE 32G X 4 MM	1	
PURE COMFORT PEN NEEDLE 32G X 5 MM	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
PURE COMFORT PEN NEEDLE 32G X 6 MM	1	
PURE COMFORT PEN NEEDLE 32G X 8 MM	1	
PURE COMFORT SAFETY PEN NEEDLE 31G X 5 MM	1	
PURE COMFORT SAFETY PEN NEEDLE 31G X 6 MM	1	
PURE COMFORT SAFETY PEN NEEDLE 32G X 4 MM	1	
PX SHORTLENGTH PEN NEEDLES 31G X 8 MM	1	
QC ALCOHOL EXTERNAL 70 %	1	PA; ST
QC ALCOHOL SWABS PAD 70 %	1	PA; ST
QC BORDER ISLAND GAUZE PAD 2"X2"	1	PA; ST
QUICK TOUCH INSULIN PEN NEEDLE 31G X 4 MM	1	
QUICK TOUCH INSULIN PEN NEEDLE 31G X 5 MM	1	
RA ALCOHOL SWABS PAD 70 %	1	PA; ST
RA INSULIN SYRINGE 29G X 1/2" 1 ML	1	PA; ST
RA INSULIN SYRINGE 30G X 5/16" 0.5 ML	1	PA; ST
RA INSULIN SYRINGE 30G X 5/16" 1 ML	1	PA; ST
<i>ra isopropyl alcohol wipes external 70 %</i>	1	PA; ST
RA PEN NEEDLES 31G X 5 MM	1	
RA PEN NEEDLES 31G X 8 MM	1	
RA STERILE PAD 2"X2"	1	PA; ST
RAYA SURE PEN NEEDLE 29G X 12MM	1	
RAYA SURE PEN NEEDLE 31G X 4 MM	1	
RAYA SURE PEN NEEDLE 31G X 5 MM	1	
RAYA SURE PEN NEEDLE 31G X 6 MM	1	
REALITY INSULIN SYRINGE 28G X 1/2" 0.5 ML	1	PA; ST
REALITY INSULIN SYRINGE 28G X 1/2" 1 ML	1	PA; ST
REALITY INSULIN SYRINGE 29G X 1/2" 0.5 ML	1	PA; ST
REALITY INSULIN SYRINGE 29G X 1/2" 1 ML	1	PA; ST
REALITY SWABS PAD	1	PA; ST
RELION ALCOHOL SWABS PAD	1	PA; ST

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
RELI-ON INSULIN SYRINGE 29G 0.3 ML	1	PA; ST
RELI-ON INSULIN SYRINGE 29G 0.5 ML	1	PA; ST
RELI-ON INSULIN SYRINGE 29G X 1/2" 1 ML	1	PA; ST
RELION INSULIN SYRINGE 31G X 15/64" 0.3 ML	1	PA; ST
RELION INSULIN SYRINGE 31G X 15/64" 0.5 ML	1	PA; ST
RELION INSULIN SYRINGE 31G X 15/64" 1 ML	1	PA; ST
RELION MINI PEN NEEDLES 31G X 6 MM	1	
RELION PEN NEEDLES 31G X 6 MM	1	
RELION PEN NEEDLES 31G X 8 MM	1	
RESTORE CONTACT LAYER PAD 2"X2"	1	PA; ST
SAFETY INSULIN SYRINGES 29G X 1/2" 0.5 ML	1	PA; ST
SAFETY INSULIN SYRINGES 29G X 1/2" 1 ML	1	PA; ST
SAFETY INSULIN SYRINGES 30G X 1/2" 1 ML	1	PA; ST
SAFETY INSULIN SYRINGES 30G X 5/16" 0.5 ML	1	PA; ST
SAFETY PEN NEEDLES 30G X 5 MM	1	
SAFETY PEN NEEDLES 30G X 8 MM	1	
SB ALCOHOL PREP PAD 70 %	1	PA; ST
SB INSULIN SYRINGE 29G X 1/2" 0.5 ML	1	PA; ST
SB INSULIN SYRINGE 29G X 1/2" 1 ML	1	PA; ST
SB INSULIN SYRINGE 30G X 5/16" 0.5 ML	1	PA; ST
SB INSULIN SYRINGE 30G X 5/16" 1 ML	1	PA; ST
SB INSULIN SYRINGE 31G X 5/16" 1 ML	1	PA; ST
SECURESAFE INSULIN SYRINGE 29G X 1/2" 0.5 ML	1	PA; ST
SECURESAFE INSULIN SYRINGE 29G X 1/2" 1 ML	1	PA; ST
SECURESAFE SAFETY PEN NEEDLES 30G X 8 MM	1	
SM ALCOHOL PREP PAD	1	PA; ST
SM ALCOHOL PREP PAD 6-70 % EXTERNAL	1	PA; ST
SM GAUZE PAD 2"X2"	1	PA; ST

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
STERILE GAUZE PAD 2"X2"	1	PA; ST
STERILE PAD 2"X2"	1	PA; ST
SURE COMFORT ALCOHOL PREP PAD 70 %	1	PA; ST
SURE COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML	1	PA; ST
SURE COMFORT INSULIN SYRINGE 28G X 1/2" 1 ML	1	PA; ST
SURE COMFORT INSULIN SYRINGE 29G X 1/2" 0.3 ML	1	PA; ST
SURE COMFORT INSULIN SYRINGE 29G X 1/2" 0.5 ML	1	PA; ST
SURE COMFORT INSULIN SYRINGE 29G X 1/2" 1 ML	1	PA; ST
SURE COMFORT INSULIN SYRINGE 30G X 1/2" 0.3 ML	1	PA; ST
SURE COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML	1	PA; ST
SURE COMFORT INSULIN SYRINGE 30G X 1/2" 1 ML	1	PA; ST
SURE COMFORT INSULIN SYRINGE 30G X 5/16" 0.3 ML	1	PA; ST
SURE COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML	1	PA; ST
SURE COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML	1	PA; ST
SURE COMFORT INSULIN SYRINGE 31G X 1/4" 0.3 ML	1	PA; ST
SURE COMFORT INSULIN SYRINGE 31G X 1/4" 0.5 ML	1	PA; ST
SURE COMFORT INSULIN SYRINGE 31G X 1/4" 1 ML	1	PA; ST
SURE COMFORT INSULIN SYRINGE 31G X 5/16" 0.3 ML	1	PA; ST
SURE COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML	1	PA; ST
SURE COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML	1	PA; ST
SURE COMFORT PEN NEEDLES 29G X 12.7MM	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
SURE COMFORT PEN NEEDLES 30G X 8 MM	1	
SURE COMFORT PEN NEEDLES 31G X 5 MM	1	
SURE COMFORT PEN NEEDLES 31G X 6 MM	1	
SURE COMFORT PEN NEEDLES 31G X 8 MM	1	
SURE COMFORT PEN NEEDLES 32G X 4 MM (OTC)	1	
SURE COMFORT PEN NEEDLES 32G X 4 MM (RX)	1	
SURE COMFORT PEN NEEDLES 32G X 6 MM	1	
SURE-JECT INSULIN SYRINGE 31G X 5/16" 0.3 ML	1	PA; ST
SURE-JECT INSULIN SYRINGE 31G X 5/16" 0.5 ML	1	PA; ST
SURE-JECT INSULIN SYRINGE 31G X 5/16" 1 ML	1	PA; ST
SURE-PREP ALCOHOL PREP PAD 70 %	1	PA; ST
SURGICAL GAUZE SPONGE PAD 2"X2"	1	PA; ST
TERUMO INSULIN SYRINGE 29G X 1/2" 0.3 ML	1	PA; ST
THERAGAUZE PAD 2"X2"	1	PA; ST
TODAYS HEALTH PEN NEEDLES 29G X 12MM	1	
TODAYS HEALTH SHORT PEN NEEDLE 31G X 8 MM	1	
TOPCARE CLICKFINE PEN NEEDLES 31G X 6 MM	1	
TOPCARE CLICKFINE PEN NEEDLES 31G X 8 MM	1	
TOPCARE ULTRA COMFORT INS SYR 29G X 1/2" 0.3 ML	1	PA; ST
TOPCARE ULTRA COMFORT INS SYR 29G X 1/2" 0.5 ML	1	PA; ST
TOPCARE ULTRA COMFORT INS SYR 29G X 1/2" 1 ML	1	PA; ST

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
TOPCARE ULTRA COMFORT INS SYR 30G X 5/16" 0.3 ML	1	PA; ST
TOPCARE ULTRA COMFORT INS SYR 30G X 5/16" 0.5 ML	1	PA; ST
TOPCARE ULTRA COMFORT INS SYR 30G X 5/16" 1 ML	1	PA; ST
TOPCARE ULTRA COMFORT INS SYR 31G X 5/16" 0.3 ML	1	PA; ST
TOPCARE ULTRA COMFORT INS SYR 31G X 5/16" 0.5 ML	1	PA; ST
TOPCARE ULTRA COMFORT INS SYR 31G X 5/16" 1 ML	1	PA; ST
TRUE COMFORT ALCOHOL PREP PADS PAD 70 %	1	PA; ST
TRUE COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML	1	PA; ST
TRUE COMFORT INSULIN SYRINGE 30G X 1/2" 1 ML	1	PA; ST
TRUE COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML	1	PA; ST
TRUE COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML	1	PA; ST
TRUE COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML	1	PA; ST
TRUE COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML	1	PA; ST
TRUE COMFORT INSULIN SYRINGE 32G X 5/16" 1 ML	1	PA; ST
TRUE COMFORT PEN NEEDLES 31G X 5 MM	1	
TRUE COMFORT PEN NEEDLES 31G X 6 MM	1	
TRUE COMFORT PEN NEEDLES 32G X 4 MM	1	
TRUE COMFORT PRO ALCOHOL PREP PAD 70 %	1	PA; ST
TRUE COMFORT PRO INSULIN SYR 30G X 1/2" 0.5 ML	1	PA; ST
TRUE COMFORT PRO INSULIN SYR 30G X 1/2" 1 ML	1	PA; ST

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
TRUE COMFORT PRO INSULIN SYR 30G X 5/16" 0.5 ML	1	PA; ST
TRUE COMFORT PRO INSULIN SYR 30G X 5/16" 1 ML	1	PA; ST
TRUE COMFORT PRO INSULIN SYR 31G X 5/16" 0.5 ML	1	PA; ST
TRUE COMFORT PRO INSULIN SYR 31G X 5/16" 1 ML	1	PA; ST
TRUE COMFORT PRO INSULIN SYR 32G X 5/16" 0.5 ML	1	PA; ST
TRUE COMFORT PRO INSULIN SYR 32G X 5/16" 1 ML	1	PA; ST
TRUE COMFORT PRO PEN NEEDLES 31G X 5 MM	1	
TRUE COMFORT PRO PEN NEEDLES 31G X 6 MM	1	
TRUE COMFORT PRO PEN NEEDLES 31G X 8 MM	1	
TRUE COMFORT PRO PEN NEEDLES 32G X 4 MM	1	
TRUE COMFORT PRO PEN NEEDLES 32G X 5 MM	1	
TRUE COMFORT PRO PEN NEEDLES 32G X 6 MM	1	
TRUE COMFORT PRO PEN NEEDLES 33G X 4 MM	1	
TRUE COMFORT PRO PEN NEEDLES 33G X 5 MM	1	
TRUE COMFORT PRO PEN NEEDLES 33G X 6 MM	1	
TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM	1	
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 5 MM	1	
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 6 MM	1	
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 8 MM	1	
TRUEPLUS 5-BEVEL PEN NEEDLES 32G X 4 MM	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML	1	PA; ST
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 1 ML	1	PA; ST
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.3 ML	1	PA; ST
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.5 ML	1	PA; ST
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 1 ML	1	PA; ST
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.3 ML	1	PA; ST
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.5 ML	1	PA; ST
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 1 ML	1	PA; ST
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 0.3 ML	1	PA; ST
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 0.5 ML	1	PA; ST
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 1 ML	1	PA; ST
TRUEPLUS PEN NEEDLES 29G X 12MM	1	
TRUEPLUS PEN NEEDLES 31G X 5 MM	1	
TRUEPLUS PEN NEEDLES 31G X 6 MM	1	
TRUEPLUS PEN NEEDLES 31G X 8 MM	1	
TRUEPLUS PEN NEEDLES 32G X 4 MM	1	
ULTICARE INSULIN SAFETY SYR 29G X 1/2" 0.5 ML	1	PA; ST
ULTICARE INSULIN SAFETY SYR 29G X 1/2" 1 ML	1	PA; ST
ULTICARE INSULIN SYRINGE 28G X 1/2" 0.5 ML	1	PA; ST
ULTICARE INSULIN SYRINGE 28G X 1/2" 1 ML	1	PA; ST
ULTICARE INSULIN SYRINGE 29G X 1/2" 0.3 ML	1	PA; ST
ULTICARE INSULIN SYRINGE 29G X 1/2" 0.5 ML	1	PA; ST

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
ULTICARE INSULIN SYRINGE 29G X 1/2" 1 ML	1	PA; ST
ULTICARE INSULIN SYRINGE 30G X 1/2" 0.3 ML	1	PA; ST
ULTICARE INSULIN SYRINGE 30G X 1/2" 0.5 ML	1	PA; ST
ULTICARE INSULIN SYRINGE 30G X 1/2" 1 ML	1	PA; ST
ULTICARE INSULIN SYRINGE 30G X 5/16" 0.3 ML	1	PA; ST
ULTICARE INSULIN SYRINGE 30G X 5/16" 0.5 ML (OTC)	1	PA; ST
ULTICARE INSULIN SYRINGE 30G X 5/16" 0.5 ML (RX)	1	PA; ST
ULTICARE INSULIN SYRINGE 30G X 5/16" 1 ML	1	PA; ST
ULTICARE INSULIN SYRINGE 31G X 1/4" 0.3 ML	1	PA; ST
ULTICARE INSULIN SYRINGE 31G X 1/4" 0.5 ML	1	PA; ST
ULTICARE INSULIN SYRINGE 31G X 1/4" 1 ML	1	PA; ST
ULTICARE INSULIN SYRINGE 31G X 5/16" 0.3 ML (OTC)	1	PA; ST
ULTICARE INSULIN SYRINGE 31G X 5/16" 0.3 ML (RX)	1	PA; ST
ULTICARE INSULIN SYRINGE 31G X 5/16" 0.5 ML (OTC)	1	PA; ST
ULTICARE INSULIN SYRINGE 31G X 5/16" 0.5 ML (RX)	1	PA; ST
ULTICARE INSULIN SYRINGE 31G X 5/16" 1 ML	1	PA; ST
ULTICARE MICRO PEN NEEDLES 32G X 4 MM	1	
ULTICARE MINI PEN NEEDLES 30G X 5 MM	1	
ULTICARE MINI PEN NEEDLES 31G X 6 MM	1	
ULTICARE MINI PEN NEEDLES 32G X 6 MM	1	
ULTICARE PEN NEEDLES 29G X 12.7MM (OTC)	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
ULTICARE PEN NEEDLES 29G X 12.7MM (RX)	1	
ULTICARE PEN NEEDLES 31G X 5 MM	1	
ULTICARE SHORT PEN NEEDLES 30G X 8 MM	1	
ULTICARE SHORT PEN NEEDLES 31G X 8 MM (OTC)	1	
ULTICARE SHORT PEN NEEDLES 31G X 8 MM (RX)	1	
ULTIGUARD SAFEPACK PEN NEEDLE 29G X 12.7MM	1	
ULTIGUARD SAFEPACK PEN NEEDLE 31G X 5 MM	1	
ULTIGUARD SAFEPACK PEN NEEDLE 31G X 6 MM	1	
ULTIGUARD SAFEPACK PEN NEEDLE 31G X 8 MM	1	
ULTIGUARD SAFEPACK PEN NEEDLE 32G X 4 MM	1	
ULTIGUARD SAFEPACK PEN NEEDLE 32G X 6 MM	1	
ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 0.3 ML	1	PA; ST
ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 0.5 ML	1	PA; ST
ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 1 ML	1	PA; ST
ULTIGUARD SAFEPACK SYR/NEEDLE 31G X 5/16" 0.3 ML	1	PA; ST
ULTIGUARD SAFEPACK SYR/NEEDLE 31G X 5/16" 0.5 ML	1	PA; ST
ULTIGUARD SAFEPACK SYR/NEEDLE 31G X 5/16" 1 ML	1	PA; ST
ULTILET ALCOHOL SWABS PAD	1	PA; ST
ULTILET INSULIN SYRINGE 30G X 1/2" 0.5 ML	1	PA; ST
ULTILET INSULIN SYRINGE 30G X 1/2" 1 ML	1	PA; ST
ULTILET INSULIN SYRINGE 30G X 5/16" 0.3 ML	1	PA; ST

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
ULTILET INSULIN SYRINGE 30G X 5/16" 0.5 ML	1	PA; ST
ULTILET INSULIN SYRINGE 30G X 5/16" 1 ML	1	PA; ST
ULTILET INSULIN SYRINGE 31G X 1/4" 0.3 ML	1	PA; ST
ULTILET INSULIN SYRINGE 31G X 1/4" 1 ML	1	PA; ST
ULTILET INSULIN SYRINGE 31G X 15/64" 0.3 ML (OTC)	1	PA; ST
ULTILET INSULIN SYRINGE 31G X 15/64" 0.3 ML (RX)	1	PA; ST
ULTILET INSULIN SYRINGE 31G X 15/64" 0.5 ML	1	PA; ST
ULTILET INSULIN SYRINGE 31G X 5/16" 0.3 ML	1	PA; ST
ULTILET INSULIN SYRINGE 31G X 5/16" 1 ML	1	PA; ST
ULTILET INSULIN SYRINGE SHORT 30G X 1/2" 0.3 ML	1	PA; ST
ULTILET INSULIN SYRINGE SHORT 30G X 5/16" 0.3 ML	1	PA; ST
ULTILET INSULIN SYRINGE SHORT 30G X 5/16" 0.5 ML	1	PA; ST
ULTILET INSULIN SYRINGE SHORT 30G X 5/16" 1 ML	1	PA; ST
ULTILET INSULIN SYRINGE SHORT 31G X 5/16" 0.3 ML	1	PA; ST
ULTILET INSULIN SYRINGE SHORT 31G X 5/16" 0.5 ML	1	PA; ST
ULTILET INSULIN SYRINGE SHORT 31G X 5/16" 1 ML	1	PA; ST
ULTILET PEN NEEDLE 29G X 12.7MM	1	
ULTILET PEN NEEDLE 31G X 5 MM	1	
ULTILET PEN NEEDLE 31G X 8 MM	1	
ULTILET PEN NEEDLE 32G X 4 MM	1	
ULTRA COMFORT INSULIN SYRINGE 30G X 5/16" 0.3 ML	1	PA; ST
ULTRA FLO INSULIN PEN NEEDLES 29G X 12MM	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
ULTRA FLO INSULIN PEN NEEDLES 31G X 8 MM	1	
ULTRA FLO INSULIN PEN NEEDLES 32G X 4 MM	1	
ULTRA FLO INSULIN PEN NEEDLES 33G X 4 MM	1	
ULTRA FLO INSULIN SYR 1/2 UNIT 30G X 1/2" 0.3 ML	1	PA; ST
ULTRA FLO INSULIN SYR 1/2 UNIT 30G X 5/16" 0.3 ML	1	PA; ST
ULTRA FLO INSULIN SYR 1/2 UNIT 31G X 5/16" 0.3 ML	1	PA; ST
ULTRA FLO INSULIN SYRINGE 29G X 1/2" 0.3 ML	1	PA; ST
ULTRA FLO INSULIN SYRINGE 29G X 1/2" 0.5 ML	1	PA; ST
ULTRA FLO INSULIN SYRINGE 29G X 1/2" 1 ML	1	PA; ST
ULTRA FLO INSULIN SYRINGE 30G X 1/2" 0.3 ML	1	PA; ST
ULTRA FLO INSULIN SYRINGE 30G X 1/2" 0.5 ML	1	PA; ST
ULTRA FLO INSULIN SYRINGE 30G X 1/2" 1 ML	1	PA; ST
ULTRA FLO INSULIN SYRINGE 30G X 5/16" 0.3 ML	1	PA; ST
ULTRA FLO INSULIN SYRINGE 30G X 5/16" 0.5 ML	1	PA; ST
ULTRA FLO INSULIN SYRINGE 30G X 5/16" 1 ML	1	PA; ST
ULTRA FLO INSULIN SYRINGE 31G X 5/16" 0.3 ML	1	PA; ST
ULTRA FLO INSULIN SYRINGE 31G X 5/16" 0.5 ML	1	PA; ST
ULTRA FLO INSULIN SYRINGE 31G X 5/16" 1 ML	1	PA; ST
ULTRA THIN PEN NEEDLES 32G X 4 MM	1	
ULTRACARE INSULIN SYRINGE 30G X 1/2" 0.5 ML	1	PA; ST

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
ULTRACARE INSULIN SYRINGE 30G X 1/2" 1 ML	1	PA; ST
ULTRACARE INSULIN SYRINGE 30G X 5/16" 0.3 ML	1	PA; ST
ULTRACARE INSULIN SYRINGE 30G X 5/16" 0.5 ML	1	PA; ST
ULTRACARE INSULIN SYRINGE 30G X 5/16" 1 ML	1	PA; ST
ULTRACARE INSULIN SYRINGE 31G X 5/16" 0.3 ML	1	PA; ST
ULTRACARE INSULIN SYRINGE 31G X 5/16" 0.5 ML	1	PA; ST
ULTRACARE INSULIN SYRINGE 31G X 5/16" 1 ML	1	PA; ST
ULTRACARE PEN NEEDLES 31G X 5 MM	1	
ULTRACARE PEN NEEDLES 31G X 6 MM	1	
ULTRACARE PEN NEEDLES 31G X 8 MM	1	
ULTRACARE PEN NEEDLES 32G X 4 MM	1	
ULTRACARE PEN NEEDLES 32G X 5 MM	1	
ULTRACARE PEN NEEDLES 32G X 6 MM	1	
ULTRACARE PEN NEEDLES 33G X 4 MM	1	
ULTRA-COMFORT INSULIN SYRINGE 29G X 1/2" 0.5 ML	1	PA; ST
ULTRA-THIN II INS SYR SHORT 30G X 5/16" 0.3 ML	1	PA; ST
ULTRA-THIN II INS SYR SHORT 30G X 5/16" 0.5 ML	1	PA; ST
ULTRA-THIN II INS SYR SHORT 30G X 5/16" 1 ML	1	PA; ST
ULTRA-THIN II INS SYR SHORT 31G X 5/16" 0.3 ML	1	PA; ST
ULTRA-THIN II INS SYR SHORT 31G X 5/16" 0.5 ML	1	PA; ST
ULTRA-THIN II INS SYR SHORT 31G X 5/16" 1 ML	1	PA; ST
ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 0.5 ML	1	PA; ST
ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 1 ML	1	PA; ST

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
ULTRA-THIN II MINI PEN NEEDLE 31G X 5 MM	1	
ULTRA-THIN II PEN NEEDLE SHORT 31G X 8 MM	1	
ULTRA-THIN II PEN NEEDLES 29G X 12.7MM	1	
UNIFINE PEN NEEDLES 32G X 4 MM	1	
UNIFINE PENTIPS 29G X 12MM	1	
UNIFINE PENTIPS 31G X 6 MM	1	
UNIFINE PENTIPS 31G X 8 MM	1	
UNIFINE PENTIPS PLUS 29G X 12MM	1	
UNIFINE PENTIPS PLUS 31G X 6 MM	1	
UNIFINE PENTIPS PLUS 32G X 4 MM	1	
UNIFINE PROTECT PEN NEEDLE 30G X 5 MM	1	
UNIFINE PROTECT PEN NEEDLE 30G X 8 MM	1	
UNIFINE PROTECT PEN NEEDLE 32G X 4 MM	1	
UNIFINE SAFECONTROL PEN NEEDLE 30G X 5 MM	1	
UNIFINE SAFECONTROL PEN NEEDLE 30G X 8 MM	1	
UNIFINE SAFECONTROL PEN NEEDLE 31G X 5 MM	1	
UNIFINE SAFECONTROL PEN NEEDLE 31G X 6 MM	1	
UNIFINE SAFECONTROL PEN NEEDLE 31G X 8 MM	1	
UNIFINE SAFECONTROL PEN NEEDLE 32G X 4 MM	1	
UNIFINE ULTRA PEN NEEDLE 31G X 5 MM	1	
UNIFINE ULTRA PEN NEEDLE 31G X 6 MM	1	
UNIFINE ULTRA PEN NEEDLE 31G X 8 MM	1	
UNIFINE ULTRA PEN NEEDLE 32G X 4 MM	1	
VALUE HEALTH INSULIN SYRINGE 29G X 1/2" 0.5 ML	1	PA; ST
VALUE HEALTH INSULIN SYRINGE 29G X 1/2" 1 ML	1	PA; ST

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
VANISHPOINT INSULIN SYRINGE 29G X 5/16" 1 ML	1	PA; ST
VANISHPOINT INSULIN SYRINGE 30G X 3/16" 0.5 ML	1	PA; ST
VANISHPOINT INSULIN SYRINGE 30G X 3/16" 1 ML	1	PA; ST
VANISHPOINT INSULIN SYRINGE 30G X 5/16" 0.5 ML	1	PA; ST
VANISHPOINT INSULIN SYRINGE 30G X 5/16" 1 ML	1	PA; ST
VERIFINE INSULIN PEN NEEDLE 29G X 12MM	1	
VERIFINE INSULIN PEN NEEDLE 31G X 5 MM	1	
VERIFINE INSULIN PEN NEEDLE 32G X 6 MM	1	
VERIFINE INSULIN SYRINGE 29G X 1/2" 0.5 ML	1	PA; ST
VERIFINE INSULIN SYRINGE 29G X 1/2" 1 ML	1	PA; ST
VERIFINE INSULIN SYRINGE 31G X 5/16" 0.3 ML	1	PA; ST
VERIFINE INSULIN SYRINGE 31G X 5/16" 0.5 ML	1	PA; ST
VERIFINE INSULIN SYRINGE 31G X 5/16" 1 ML	1	PA; ST
VERIFINE PLUS PEN NEEDLE 31G X 5 MM	1	
VERIFINE PLUS PEN NEEDLE 31G X 8 MM	1	
VERIFINE PLUS PEN NEEDLE 32G X 4 MM	1	
V-GO 20 KIT 20 UNIT/24HR	1	QL (30 per 30 days)
V-GO 30 KIT 30 UNIT/24HR	1	QL (30 per 30 days)
V-GO 40 KIT 40 UNIT/24HR	1	QL (30 per 30 days)
VP INSULIN SYRINGE 29G X 1/2" 0.3 ML	1	PA; ST
WEBCOL ALCOHOL PREP LARGE PAD 70 %	1	PA; ST
WEGMANS UNIFINE PENTIPS PLUS 31G X 8 MM	1	
ZEVRX STERILE ALCOHOL PREP PAD PAD 70 %	1	PA; ST

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
ENZYME		
COFACTORS/CHAPERONES		
Enzyme Cofactors/Chaperones		
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG	1	PA; QL (90 per 30 days)
ENZYME		
REPLACEMENT/MODIFIERS		
Enzyme Replacement/Modifiers		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	1	
<i>javygtor oral tablet 100 mg</i>	1	PA
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	1	PA
ORFADIN ORAL SUSPENSION 4 MG/ML	1	PA
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	1	PA BvD
<i>sapropterin dihydrochloride oral tablet 100 mg</i>	1	PA
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML	1	PA
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT	1	
EYE, EAR, NOSE, THROAT AGENTS		
Eye, Ear, Nose, Throat Agents, Miscellaneous		
<i>atropine sulfate ophthalmic solution 1 %</i>	1	
<i>azelastine hcl nasal solution 0.1 %</i>	1	QL (60 per 30 days)
<i>azelastine hcl nasal solution 0.15 %</i>	1	QL (30 per 25 days)
<i>azelastine hcl ophthalmic solution 0.05 %</i>	1	
<i>azelastine hcl solution 137 mcg/spray nasal</i>	1	QL (60 per 30 days)
<i>cromolyn sodium ophthalmic solution 4 %</i>	1	
<i>epinastine hcl ophthalmic solution 0.05 %</i>	1	
<i>ipratropium bromide nasal solution 0.03 %</i>	1	QL (30 per 28 days)
<i>ipratropium bromide nasal solution 0.06 %</i>	1	QL (15 per 10 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
<i>olopatadine hcl ophthalmic solution 0.1 %, 0.2 %</i>	1	
Eye, Ear, Nose, Throat Anti-Infectives Agents		
<i>acetic acid otic solution 2 %</i>	1	
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	1	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	1	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	1	
BESIVANCE OPHTHALMIC SUSPENSION 0.6 %	1	
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	1	
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>	1	QL (7.5 per 7 days)
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	1	QL (3.5 per 4 days)
GENTAK OPHTHALMIC OINTMENT 0.3 %	1	
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	1	
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	1	
<i>levofloxacin ophthalmic solution 0.5 %</i>	1	
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	1	
NATACYN OPHTHALMIC SUSPENSION 5 %	1	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	1	
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	1	
<i>neomycin-polymyxin-hc otic solution 1 %</i>	1	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	1	
<i>neo-polycin hc ophthalmic ointment 1 %</i>	1	
<i>neo-polycin ophthalmic ointment 3.5-400-10000</i>	1	
<i>ofloxacin ophthalmic solution 0.3 %</i>	1	
<i>ofloxacin otic solution 0.3 %</i>	1	
<i>polycin ophthalmic ointment 500-10000 unit/gm</i>	1	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>	1	
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	1	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	1	
<i>tobramycin ophthalmic solution 0.3 %</i>	1	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	1	
<i>trifluridine ophthalmic solution 1 %</i>	1	
XDEMVY OPHTHALMIC SOLUTION 0.25 %	1	PA; QL (10 per 42 days)
ZIRGAN OPHTHALMIC GEL 0.15 %	1	
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 %	1	
Eye, Ear, Nose, Throat Anti-Inflammatory Agents		
<i>alrex ophthalmic suspension 0.2 %</i>	1	ST
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>	1	
<i>bromfenac sodium ophthalmic solution 0.07 %, 0.075 %</i>	1	
<i>cyclosporine ophthalmic emulsion 0.05 %</i>	1	QL (60 per 30 days)
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	1	
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	1	
<i>difluprednate ophthalmic emulsion 0.05 %</i>	1	
EYSUVIS OPHTHALMIC SUSPENSION 0.25 %	1	QL (8.3 per 14 days)
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	1	QL (50 per 25 days)
<i>fluocinolone acetonide otic oil 0.01 %</i>	1	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	1	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	1	
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	1	QL (16 per 30 days)
ILEVRO OPHTHALMIC SUSPENSION 0.3 %	1	
INVELTYS OPHTHALMIC SUSPENSION 1 %	1	QL (5.6 per 14 days)
<i>ketorolac tromethamine ophthalmic solution 0.4 %</i>	1	
<i>ketorolac tromethamine ophthalmic solution 0.5 %</i>	1	QL (10 per 25 days)
LOTEMAX OPHTHALMIC OINTMENT 0.5 %	1	QL (3.5 per 14 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
LOTEMAX SM OPHTHALMIC GEL 0.38 %	1	QL (5 per 16 days)
<i>loteprednol etabonate ophthalmic gel 0.5 %</i>	1	QL (10 per 14 days)
<i>loteprednol etabonate ophthalmic suspension 0.2 %</i>	1	ST
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	1	QL (15 per 19 days)
<i>mometasone furoate nasal suspension 50 mcg/act</i>	1	QL (34 per 30 days)
<i>prednisolone acetate ophthalmic suspension 1 %</i>	1	
XIIDRA OPHTHALMIC SOLUTION 5 %	1	QL (60 per 30 days)
GASTROINTESTINAL AGENTS		
Antiulcer Agents And Acid Suppressants		
<i>amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg</i>	1	
<i>cimetidine hcl oral solution 300 mg/5ml</i>	1	
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	1	
<i>esomeprazole magnesium oral capsule delayed release 20 mg</i>	1	QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule delayed release 40 mg</i>	1	QL (60 per 30 days)
<i>esomeprazole magnesium oral packet 10 mg, 20 mg</i>	1	ST; QL (30 per 30 days)
<i>esomeprazole magnesium oral packet 40 mg</i>	1	ST; QL (60 per 30 days)
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
<i>lansoprazole oral capsule delayed release 15 mg</i>	1	QL (30 per 30 days)
<i>lansoprazole oral capsule delayed release 30 mg</i>	1	QL (60 per 30 days)
<i>lansoprazole oral tablet delayed release dispersible 15 mg, 30 mg</i>	1	ST
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	1	
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>	1	
<i>pantoprazole sodium oral packet 40 mg</i>	1	ST; QL (60 per 30 days)
<i>pantoprazole sodium oral tablet delayed release 20 mg</i>	1	
<i>pantoprazole sodium oral tablet delayed release 40 mg</i>	1	QL (60 per 30 days)
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	1	QL (30 per 30 days)
<i>sucralfate oral suspension 1 gm/10ml</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
<i>sucralfate oral tablet 1 gm</i>	1	
Gastrointestinal Agents, Other		
<i>carglumic acid oral tablet soluble 200 mg</i>	1	PA
<i>constulose oral solution 10 gm/15ml</i>	1	
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	1	
<i>dicyclomine hcl oral capsule 10 mg</i>	1	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	1	
<i>dicyclomine hcl oral tablet 20 mg</i>	1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	1	
<i>enulose oral solution 10 gm/15ml</i>	1	
<i>generlac oral solution 10 gm/15ml</i>	1	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	
<i>kionex combination suspension 15 gm/60ml</i>	1	
<i>lactulose oral solution 10 gm/15ml</i>	1	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	1	QL (30 per 30 days)
LOKELMA ORAL PACKET 10 GM, 5 GM	1	
<i>loperamide hcl oral capsule 2 mg</i>	1	
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	1	QL (60 per 30 days)
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	1	QL (30 per 30 days)
<i>sodium polystyrene sulfonate oral powder</i>	1	
<i>sps (sodium polystyrene sulf) combination suspension 15 gm/60ml</i>	1	
URSODIOL ORAL CAPSULE 200 MG, 400 MG	1	
<i>ursodiol oral capsule 300 mg</i>	1	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	1	
VELTASSA ORAL PACKET 1 GM, 16.8 GM, 25.2 GM, 8.4 GM	1	
XERMELO ORAL TABLET 250 MG	1	PA; QL (84 per 28 days)
Laxatives		
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/160ML, 10-3.5-12 MG-GM -GM/175ML	1	
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
<i>gavilyte-g oral solution reconstituted 236 gm</i>	1	
<i>gavilyte-n with flavor pack oral solution reconstituted 420 gm</i>	1	
<i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml, 17.5-3.13-1.6 gm/177ml 2 pack (480ml)</i>	1	
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	1	
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	1	
SUTAB ORAL TABLET 1479-225-188 MG	1	
Phosphate Binders		
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	1	
<i>calcium acetate oral tablet 667 mg</i>	1	
<i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i>	1	
<i>sevelamer carbonate oral tablet 800 mg</i>	1	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	1	
GENTOURINARY AGENTS		
Antispasmodics, Urinary		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
<i>fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg</i>	1	
<i>flavoxate hcl oral tablet 100 mg</i>	1	
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML	1	QL (300 per 30 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	1	
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	1	
<i>oxybutynin chloride oral solution 5 mg/5ml</i>	1	
<i>oxybutynin chloride oral tablet 5 mg</i>	1	
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	1	
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	1	
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	1	
<i>tropium chloride er oral capsule extended release 24 hour 60 mg</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
<i>tropium chloride oral tablet 20 mg</i>	1	
Genitourinary Agents, Miscellaneous		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	1	QL (30 per 30 days)
<i>dutasteride oral capsule 0.5 mg</i>	1	
<i>finasteride oral tablet 5 mg</i>	1	
<i>tamsulosin hcl oral capsule 0.4 mg</i>	1	
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
HEAVY METAL ANTAGONISTS		
Heavy Metal Antagonists		
<i>deferasirox granules oral packet 180 mg, 360 mg, 90 mg</i>	1	PA
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	1	PA
<i>deferasirox oral tablet soluble 250 mg, 500 mg</i>	1	PA
<i>penicillamine oral tablet 250 mg</i>	1	PA
<i>trientine hcl oral capsule 250 mg</i>	1	PA; QL (240 per 30 days)
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING		
Androgens		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	1	
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	1	PA
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	1	PA
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	1	PA; QL (5 per 28 days)
<i>testosterone gel 1.62 % transdermal</i>	1	PA; QL (150 per 30 days)
<i>testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>	1	PA; QL (300 per 30 days)
<i>testosterone transdermal gel 20.25 mg/act (1.62%)</i>	1	PA; QL (150 per 30 days)
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/0.5ML, 50 MG/0.5ML, 75 MG/0.5ML	1	PA; QL (2 per 28 days)
Estrogens And Antiestrogens		
DUAVEE ORAL TABLET 0.45-20 MG	1	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)</i>	1	
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	1	QL (8 per 28 days)
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	1	QL (4 per 28 days)
<i>estradiol vaginal cream 0.1 mg/gm</i>	1	
<i>estradiol vaginal tablet 10 mcg</i>	1	QL (18 per 28 days)
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%)	1	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	1	
PREMARIN VAGINAL CREAM 0.625 MG/GM	1	
PREMPHASE ORAL TABLET 0.625-5 MG	1	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	1	
<i>raloxifene hcl oral tablet 60 mg</i>	1	
<i>yuvaferm vaginal tablet 10 mcg</i>	1	QL (18 per 28 days)
Glucocorticoids/Mineralocorticoids		
<i>dexamethasone oral solution 0.5 mg/5ml</i>	1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	
<i>dexamethasone sod phosphate pf injection solution 10 mg/ml</i>	1	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 120 mg/30ml, 20 mg/5ml, 4 mg/ml</i>	1	
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	1	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	1	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	1	
<i>methylprednisolone sodium succ injection solution reconstituted 125 mg, 40 mg</i>	1	
<i>prednisolone oral solution 15 mg/5ml</i>	1	PA BvD

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone sodium phosphate oral solution 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	1	PA BvD
<i>prednisolone sodium phosphate solution 15 mg/5ml oral</i>	1	PA BvD
<i>prednisone oral solution 5 mg/5ml</i>	1	PA BvD
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	PA BvD
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	1	
SOLU-MEDROL (PF) INJECTION SOLUTION RECONSTITUTED 125 MG, 40 MG	1	
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	1	
Pituitary		
ACTHAR GEL SUBCUTANEOUS AUTO-INJECTOR 40 UNIT/0.5ML	1	PA; QL (15 per 30 days)
ACTHAR GEL SUBCUTANEOUS AUTO-INJECTOR 80 UNIT/ML	1	PA; QL (30 per 30 days)
ACTHAR INJECTION GEL 80 UNIT/ML	1	PA; QL (35 per 28 days)
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	1	
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	1	
<i>desmopressin acetate spray solution 0.01 % nasal</i>	1	
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	1	PA
LANREOTIDE ACETATE SUBCUTANEOUS SOLUTION 120 MG/0.5ML	1	PA NSO; QL (0.5 per 28 days)
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG	1	PA NSO
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	1	PA NSO
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 30 MG	1	PA
LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT 45 MG	1	PA
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML	1	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	1	
ORGOVYX ORAL TABLET 120 MG	1	PA NSO
ORLISSA ORAL TABLET 150 MG	1	PA; QL (28 per 28 days)
ORLISSA ORAL TABLET 200 MG	1	PA; QL (56 per 28 days)
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	1	PA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	1	PA; QL (60 per 30 days)
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML	1	PA NSO; QL (0.2 per 28 days)
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 90 MG/0.3ML	1	PA NSO; QL (0.3 per 28 days)
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	1	PA
Progestins		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML	1	QL (0.65 per 84 days)
<i>gallifrey oral tablet 5 mg</i>	1	
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	1	QL (1 per 84 days)
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	1	QL (1 per 84 days)
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>megestrol acetate oral suspension 40 mg/ml, 625 mg/5ml</i>	1	
<i>norethindrone acetate oral tablet 5 mg</i>	1	
<i>progesterone oral capsule 100 mg, 200 mg</i>	1	
Thyroid And Antithyroid Agents		
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	1	
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
<i>propylthiouracil oral tablet 50 mg</i>	1	
IMMUNOLOGICAL AGENTS		
Immunological Agents		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML	1	PA
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML	1	PA
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	1	PA
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	1	PA
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG	1	PA BvD
<i>azathioprine oral tablet 50 mg</i>	1	PA BvD
<i>azathioprine sodium injection solution reconstituted 100 mg</i>	1	PA BvD
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	1	PA; QL (8 per 28 days)
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	1	PA; QL (8 per 28 days)
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML	1	PA NSO; QL (2 per 28 days)
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML	1	PA
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	1	PA
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	1	PA
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	1	PA
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	1	PA
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	1	PA
<i>cyclosporine intravenous solution 50 mg/ml</i>	1	PA BvD
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1	PA BvD

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
<i>cyclosporine modified oral solution 100 mg/ml</i>	1	PA BvD
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1	PA BvD
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML, 300 MG/2ML	1	PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML, 200 MG/1.14ML, 300 MG/2ML	1	PA
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	1	PA
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	1	PA
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	1	PA
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG	1	PA
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	1	PA
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	1	PA BvD
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	1	PA BvD
<i>gengraf oral capsule 100 mg, 25 mg</i>	1	PA BvD
<i>gengraf oral solution 100 mg/ml</i>	1	PA BvD
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML	1	PA; Only NDCs starting with 00074
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	1	PA; Only NDCs starting with 00074
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	1	PA; Only NDCs starting with 00074
HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	1	PA; Only NDCs starting with 00074
HUMIRA-PED>/=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	1	PA; Only NDCs starting with 00074

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	1	PA
HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	1	PA; Only NDCs starting with 00074
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	1	PA; Only NDCs starting with 00074
<i>infliximab intravenous solution reconstituted 100 mg</i>	1	PA
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	1	PA
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1	
<i>mycophenolate mofetil hcl intravenous solution reconstituted 500 mg</i>	1	PA BvD
<i>mycophenolate mofetil oral capsule 250 mg</i>	1	PA BvD
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	1	PA BvD
<i>mycophenolate mofetil oral tablet 500 mg</i>	1	PA BvD
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	1	PA BvD
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	1	PA BvD
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML	1	PA
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	1	PA
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML	1	PA
OTEZLA ORAL TABLET 20 MG, 30 MG	1	PA
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG, 4 X 10 & 51 X20 MG	1	PA
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	1	PA BvD
PROGRAF ORAL PACKET 0.2 MG, 1 MG	1	PA BvD
REZUROCK ORAL TABLET 200 MG	1	PA NSO
RINVOQ LQ ORAL SOLUTION 1 MG/ML	1	PA; QL (360 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG	1	PA
SANDIMMUNE ORAL SOLUTION 100 MG/ML	1	PA BvD
<i>sirolimus oral solution 1 mg/ml</i>	1	PA BvD
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	PA BvD
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT 75 MG/0.83ML	1	PA
SKYRIZI INTRAVENOUS SOLUTION 600 MG/10ML	1	PA
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	1	PA
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML, 360 MG/2.4ML	1	PA
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	1	PA
STELARA INTRAVENOUS SOLUTION 130 MG/26ML	1	PA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	1	PA
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	1	PA
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	1	PA BvD
TAVNEOS ORAL CAPSULE 10 MG	1	PA; QL (180 per 30 days)
TREMFYA INTRAVENOUS SOLUTION 200 MG/20ML	1	PA
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 200 MG/2ML	1	PA
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 200 MG/2ML	1	PA
XELJANZ ORAL SOLUTION 1 MG/ML	1	PA
XELJANZ ORAL TABLET 10 MG, 5 MG	1	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG	1	PA
Vaccines		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	1	
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5	1	
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML	1	
BCG VACCINE INJECTION SOLUTION RECONSTITUTED 50 MG	1	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	1	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5	1	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	1	
DENG VAXIA SUBCUTANEOUS SUSPENSION RECONSTITUTED	1	QL (3 per 365 days)
DIPHTHERIA-TETANUS TOXOIDS DT INTRAMUSCULAR SUSPENSION 25-5 LFU/0.5ML	1	
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	1	PA BvD
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML	1	PA BvD
GARDASIL 9 INTRAMUSCULAR SUSPENSION	1	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	1	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML	1	PA BvD
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5 UNIT/ML	1	PA BvD
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	1	
IPOLE INJECTION INJECTABLE	1	
IXCHIQ INTRAMUSCULAR SOLUTION RECONSTITUTED	1	
IXIARO INTRAMUSCULAR SUSPENSION	1	
JYNNEOS SUBCUTANEOUS SUSPENSION 0.5 ML	1	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	1	
MENACTRA INTRAMUSCULAR SOLUTION	1	
MENQUADFI INTRAMUSCULAR SOLUTION	1	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	1	
M-M-R II INJECTION SOLUTION RECONSTITUTED	1	
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML	1	
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	1	
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	
PREHEVBRIO INTRAMUSCULAR SUSPENSION 10 MCG/ML	1	PA BvD
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	1	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	1	
QUADRACEL INTRAMUSCULAR SUSPENSION	1	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	PA BvD
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	1	PA BvD
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML	1	PA BvD
ROTARIX ORAL SUSPENSION	1	
ROTARIX ORAL SUSPENSION RECONSTITUTED	1	
ROTATEQ ORAL SOLUTION	1	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	1	QL (2 per 365 days)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	1	
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU, 5-2 LFU (INJECTION)	1	
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML, 2.4 MCG/0.5ML	1	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	1	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	1	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML	1	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML, 50 UNIT/ML, 50 UNIT/ML 1 ML	1	
VARIVAX INJECTION SUSPENSION RECONSTITUTED 1350 PFU/0.5ML	1	
VAXCHORA ORAL SUSPENSION RECONSTITUTED	1	
YF-VAX SUBCUTANEOUS INJECTABLE , (2.5 ML IN 1 VIAL, MULTI-DOSE)	1	

INFLAMMATORY BOWEL DISEASE AGENTS

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
Inflammatory Bowel Disease Agents		
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	1	
<i>balsalazide disodium oral capsule 750 mg</i>	1	
<i>budesonide oral capsule delayed release particles 3 mg</i>	1	
<i>budesonide rectal foam 2 mg</i>	1	
<i>hydrocortisone rectal enema 100 mg/60ml</i>	1	
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	1	
<i>mesalamine er oral capsule extended release 500 mg</i>	1	
<i>mesalamine oral tablet delayed release 1.2 gm</i>	1	QL (120 per 30 days)
<i>sulfasalazine oral tablet 500 mg</i>	1	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	1	
IRRIGATING SOLUTIONS		
Irrigating Solutions		
<i>acetic acid irrigation solution 0.25 %</i>	1	
<i>sodium chloride irrigation solution 0.9 %</i>	1	
METABOLIC BONE DISEASE AGENTS		
Metabolic Bone Disease Agents		
<i>alendronate sodium oral solution 70 mg/75ml</i>	1	QL (300 per 28 days)
<i>alendronate sodium oral tablet 10 mg</i>	1	QL (30 per 30 days)
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	1	QL (4 per 28 days)
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	1	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	1	
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>	1	QL (60 per 30 days)
<i>cinacalcet hcl oral tablet 90 mg</i>	1	QL (120 per 30 days)
<i>ibandronate sodium oral tablet 150 mg</i>	1	QL (1 per 28 days)
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG	1	PA; QL (2 per 28 days)
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	1	
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	1	QL (1 per 180 days)
RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG	1	QL (60 per 30 days)
TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	1	QL (2.48 per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	1	QL (1.56 per 30 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	1	PA
MISCELLANEOUS THERAPEUTIC AGENTS		
Miscellaneous Therapeutic Agents		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML	1	PA
<i>betaine oral powder</i>	1	PA
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
COSENTYX INTRAVENOUS SOLUTION 125 MG/5ML	1	PA
<i>diazoxide oral suspension 50 mg/ml</i>	1	
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML	1	PA
<i>glucagon emergency injection kit 1 mg</i>	1	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO- INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML	1	
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML	1	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML, 1 MG/0.2ML	1	
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	1	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	
<i>l-glutamine oral packet 5 gm</i>	1	PA; QL (180 per 30 days)
<i>mesna oral tablet 400 mg</i>	1	
MESNEX ORAL TABLET 400 MG	1	
<i>nitroglycerin rectal ointment 0.4 %</i>	1	QL (30 per 30 days)
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	1	PA NSO; QL (56 per 28 days)
TYBOST ORAL TABLET 150 MG	1	QL (30 per 30 days)
VEOZAH ORAL TABLET 45 MG	1	PA; QL (30 per 30 days)
VOWST ORAL CAPSULE	1	PA; QL (12 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML	1	
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML	1	
OPHTHALMIC AGENTS		
Antiglaucoma Agents		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
<i>acetazolamide sodium injection solution reconstituted 500 mg</i>	1	
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	1	
<i>bimatoprost ophthalmic solution 0.03 %</i>	1	QL (2.5 per 25 days)
<i>brimonidine tartrate ophthalmic solution 0.1 %, 0.15 %, 0.2 %</i>	1	
<i>brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %</i>	1	
<i>brinzolamide ophthalmic suspension 1 %</i>	1	
<i>carteolol hcl ophthalmic solution 1 %</i>	1	
<i>dorzolamide hcl ophthalmic solution 2 %</i>	1	
<i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>	1	
<i>latanoprost ophthalmic solution 0.005 %</i>	1	QL (2.5 per 25 days)
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	1	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	1	QL (2.5 per 25 days)
<i>methazolamide oral tablet 25 mg, 50 mg</i>	1	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	1	
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %	1	QL (2.5 per 25 days)
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %	1	QL (2.5 per 25 days)
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	1	
<i>tafluprost (pf) ophthalmic solution 0.0015 %</i>	1	QL (30 per 30 days)
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	1	
<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	1	QL (2.5 per 25 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
VYZULTA OPHTHALMIC SOLUTION 0.024 %	1	QL (5 per 30 days)
REPLACEMENT PREPARATIONS		
Replacement Preparations		
<i>dextrose-sodium chloride intravenous solution 5-0.45 %, 5-0.9 %</i>	1	
<i>klor-con m10 oral tablet extended release 10 meq</i>	1	
<i>klor-con m15 oral tablet extended release 15 meq</i>	1	
<i>klor-con m20 oral tablet extended release 20 meq</i>	1	
LACTATED RINGERS INTRAVENOUS SOLUTION	1	
<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>	1	
<i>potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq</i>	1	
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	1	
<i>potassium chloride er oral tablet extended release 10 meq, 15 meq, 20 meq, 8 meq</i>	1	
<i>potassium chloride intravenous solution 2 meq/ml</i>	1	PA BvD
<i>potassium chloride oral packet 20 meq</i>	1	
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	1	
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	1	
<i>sodium chloride intravenous solution 0.45 %, 0.9 %</i>	1	
RESPIRATORY TRACT AGENTS		
Anti-Inflammatories, Inhaled		
Corticosteroids		
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	1	QL (12 per 30 days)
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT	1	QL (32.1 per 30 days)
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	1	QL (30 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH	1	QL (60 per 30 days)
<i>breyndra inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>	1	QL (30.9 per 30 days)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	1	PA BvD; QL (120 per 30 days)
<i>budesonide inhalation suspension 1 mg/2ml</i>	1	PA BvD; QL (60 per 30 days)
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>	1	QL (30.6 per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act</i>	1	QL (12 per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 220 mcg/act</i>	1	QL (24 per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i>	1	QL (21.2 per 30 days)
<i>fluticasone-salmeterol inhalation aerosol 115-21 mcg/act, 230-21 mcg/act, 45-21 mcg/act</i>	1	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	1	QL (60 per 30 days)
<i>wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	1	QL (60 per 30 days)
Antileukotrienes		
<i>montelukast sodium oral tablet 10 mg</i>	1	
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	1	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	1	
Bronchodilators		
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	1	QL (17 per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020503)</i>	1	QL (13.4 per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020983)</i>	1	QL (36 per 30 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	1	PA BvD

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	1	QL (60 per 30 days)
<i>arformoterol tartrate inhalation nebulization solution 15 mcg/2ml</i>	1	PA BvD; QL (120 per 30 days)
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	1	QL (25.8 per 28 days)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT	1	QL (10.7 per 30 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	1	QL (8 per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	PA BvD
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	1	PA BvD; QL (540 per 30 days)
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	1	PA BvD
<i>levalbuterol tartrate inhalation aerosol 45 mcg/act</i>	1	QL (30 per 30 days)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	1	QL (60 per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	1	QL (4 per 30 days)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	1	QL (4 per 30 days)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	1	QL (4 per 28 days)
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>	1	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	1	
<i>theophylline oral solution 80 mg/15ml</i>	1	
<i>tiotropium bromide monohydrate inhalation capsule 18 mcg</i>	1	QL (30 per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	1	QL (60 per 30 days)
Respiratory Tract Agents, Other		

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	1	PA BvD
ALYFTREK ORAL TABLET 10-50-125 MG	1	PA; QL (60 per 30 days)
ALYFTREK ORAL TABLET 4-20-50 MG	1	PA; QL (90 per 30 days)
BRONCHITOL INHALATION CAPSULE 40 MG	1	QL (560 per 28 days)
BRONCHITOL TOLERANCE TEST CAPSULE 40 MG INHALATION	1	QL (560 per 28 days)
CINQAIR INTRAVENOUS SOLUTION 100 MG/10ML	1	PA
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	1	PA BvD
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML	1	PA; QL (1 per 28 days)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 30 MG/ML	1	PA; QL (1 per 28 days)
KALYDECO ORAL PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	1	PA; QL (56 per 28 days)
KALYDECO ORAL TABLET 150 MG	1	PA; QL (56 per 28 days)
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	1	PA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	1	PA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	1	PA; QL (0.4 per 28 days)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG	1	PA; QL (3 per 28 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	1	PA; QL (60 per 30 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	1	PA; QL (112 per 28 days)
<i>pirfenidone oral capsule 267 mg</i>	1	PA; QL (270 per 30 days)
<i>pirfenidone oral tablet 267 mg</i>	1	PA; QL (270 per 30 days)
<i>pirfenidone oral tablet 534 mg, 801 mg</i>	1	PA; QL (90 per 30 days)
<i>roflumilast oral tablet 250 mcg</i>	1	QL (28 per 28 days)
<i>roflumilast oral tablet 500 mcg</i>	1	QL (30 per 30 days)
WINREVAIR SUBCUTANEOUS KIT 2 X 45 MG, 2 X 60 MG, 45 MG, 60 MG	1	PA; QL (1 per 21 days)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML	1	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML	1	PA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	1	PA
SKELETAL MUSCLE RELAXANTS		
Skeletal Muscle Relaxants		
<i>baclofen oral solution 10 mg/5ml</i>	1	QL (1200 per 30 days)
<i>baclofen oral tablet 10 mg, 15 mg, 20 mg, 5 mg</i>	1	
<i>carisoprodol oral tablet 350 mg</i>	1	QL (120 per 30 days)
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	1	
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	
<i>tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg</i>	1	
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	1	
SLEEP DISORDER AGENTS		
Sleep Disorder Agents		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	1	PA; QL (30 per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	1	QL (30 per 30 days)
<i>doxepin hcl oral tablet 3 mg, 6 mg</i>	1	QL (30 per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	1	QL (30 per 30 days)
<i>modafinil oral tablet 100 mg</i>	1	PA; QL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i>	1	PA; QL (60 per 30 days)
<i>ramelteon oral tablet 8 mg</i>	1	QL (30 per 30 days)
<i>sodium oxybate oral solution 500 mg/ml</i>	1	PA; QL (540 per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	1	QL (30 per 30 days)
<i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i>	1	QL (30 per 30 days)
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	1	QL (30 per 30 days)
VASODILATING AGENTS		
Vasodilating Agents		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	1	PA; QL (90 per 30 days)
<i>alyq oral tablet 20 mg</i>	1	PA; QL (60 per 30 days)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	1	PA; QL (60 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
OPSUMIT ORAL TABLET 10 MG	1	PA; QL (30 per 30 days)
<i>sildenafil citrate oral tablet 20 mg</i>	1	PA; QL (360 per 30 days)
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	1	PA; QL (30 per 30 days)
UPTRAVI INTRAVENOUS SOLUTION RECONSTITUTED 1800 MCG	1	PA; QL (60 per 30 days)
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 400 MCG, 600 MCG, 800 MCG	1	PA; QL (60 per 30 days)
UPTRAVI ORAL TABLET 200 MCG	1	PA; QL (240 per 30 days)
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG	1	PA
VITAMINS AND MINERALS		
Vitamins And Minerals		
C-NATE DHA CAPSULE 28-1-200 MG ORAL	1	
COMPLETENATE TABLET CHEWABLE 29-1 MG ORAL	1	
FOLIVANE-OB CAPSULE 85-1 MG ORAL	1	
KOSHER PRENATAL PLUS IRON TABLET 30-1 MG ORAL	1	
M-NATAL PLUS TABLET 27-1 MG ORAL	1	
NIVA-PLUS TABLET 27-1 MG ORAL	1	
OBSTETRIX DHA 29-1 & 350 MG ORAL	1	
PNV PRENATAL PLUS MULTIVITAMIN TABLET 27-1 MG ORAL (RX)	1	
PNV TABS 29-1 TABLET 29-1 MG ORAL	1	
PNV-DHA+DOCUSATE CAPSULE 27-1.25-300 MG ORAL	1	
PNV-OMEGA CAPSULE 28-0.6-0.4-340 MG ORAL	1	
PRENA 1 TRUE 30-1.4 & 300 MG ORAL	1	
PRENAISSANCE CAPSULE 29-1.25-325 MG ORAL	1	
PRENAISSANCE PLUS CAPSULE 28-1-250 MG ORAL	1	
PRENATABS FA TABLET 29-1 MG ORAL	1	
PRENATAL 19 TABLET CHEWABLE 29-1 MG ORAL	1	
PRENATAL ORAL TABLET 27-1 MG	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Drug Name	Drug Tier	Requirements/Limits
PRENATAL PLUS IRON TABLET 29-1 MG ORAL	1	
PRENATAL-U CAPSULE 106.5-1 MG ORAL	1	
PREPLUS TABLET 27-1 MG ORAL	1	
PRETAB TABLET 29-1 MG ORAL	1	
SELECT-OB TABLET CHEWABLE 29-0.6-0.4 MG ORAL	1	
SELECT-OB TABLET CHEWABLE 29-1 MG ORAL	1	
SE-NATAL 19 TABLET CHEWABLE 29-1 MG ORAL	1	
TARON-C DHA CAPSULE 35-1 MG ORAL	1	
TARON-PREX CAPSULE 30-1.2-265 MG ORAL	1	
TRIVEEN-DUO DHA 29-1-200 & 300 MG ORAL	1	
VIRT-C DHA CAPSULE 53.5-38-1 MG ORAL	1	
VIRT-NATE DHA CAPSULE 28-1-200 MG ORAL	1	
VIRT-PN DHA CAPSULE 27-0.6-0.4-300 MG ORAL	1	
VIRT-PN PLUS CAPSULE 28-0.6-0.4-340 MG ORAL	1	
VITAFOL GUMMIES TABLET CHEWABLE 3.33-0.333-34.8 MG ORAL	1	
VITAFOL-NANO TABLET 18-0.6-0.4 MG ORAL	1	
VITAFOL-OB+DHA 65-1 & 250 MG ORAL	1	
VP-PNV-DHA CAPSULE 28-1-215.8 MG ORAL	1	
ZATEAN-PN DHA CAPSULE 27-0.6-0.4-300 MG ORAL	1	
ZATEAN-PN PLUS CAPSULE 28-0.6-0.4-340 MG ORAL	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 25482. Information last updated 02/07/2025

Alphabetical Listing

A		
<i>abacavir sulfate</i>	47	
<i>abacavir sulfate-lamivudine</i> ...	47	
ABILIFY ASIMTUFII	42	
ABILIFY MAINTENA	42	
<i>abiraterone acetate</i>	14	
ABOUTTIME PEN NEEDLE	71	
ABRYSVO	122	
<i>acamprosate calcium</i>	7	
<i>acarbose</i>	32	
<i>acebutolol hcl</i>	56	
<i>acetaminophen-codeine</i>	4	
<i>acetazolamide</i>	128	
<i>acetazolamide er</i>	128	
<i>acetazolamide sodium</i>	128	
<i>acetic acid</i>	110, 126	
<i>acetylcysteine</i>	132	
<i>acitretin</i>	68	
ACTEMRA	119	
ACTEMRA ACTPEN	119	
ACTHAR	117	
ACTHAR GEL	117	
ACTHIB	123	
ACTIMMUNE	127	
<i>acyclovir</i>	50, 51, 68	
<i>acyclovir sodium</i>	51	
ADACEL	123	
<i>adapalene</i>	71	
<i>adefovir dipivoxil</i>	51	
ADEMPAS	133	
ADVAIR HFA	129	
ADVOCATE INSULIN PEN NEEDLE	72	
ADVOCATE INSULIN PEN NEEDLES	72	
ADVOCATE INSULIN SYRINGE	72	
<i>afirmelle</i>	63	
AIRSUPRA	129	
AJOVY	39	
AKEEGA	14	
<i>ala-cort</i>	70	
<i>albendazole</i>	40	
<i>albuterol sulfate</i>	130	
<i>albuterol sulfate hfa</i>	130	
ALCOHOL PREP	72	
ALCOHOL PREP PADS	72	
ALCOHOL SWABS	72	
ALCOHOL SWABSTICK	72	
ALECENSA	14	
<i>alendronate sodium</i>	126	
<i>alfuzosin hcl er</i>	115	
<i>aliskiren fumarate</i>	60	
<i>allopurinol</i>	38	
<i>alosetron hcl</i>	126	
<i>alprazolam</i>	7	
<i>alrex</i>	111	
<i>altavera</i>	63	
ALTRENO	71	
ALUNBRIG	14	
ALVAIZ	52	
<i>alyacen 1/35</i>	63	
<i>alyacen 7/7/7</i>	63	
ALYFTREK	132	
<i>alyq</i>	133	
<i>amantadine hcl</i>	41	
<i>amethyst</i>	63	
<i>amikacin sulfate</i>	8	
<i>amiloride hcl</i>	58	
<i>amiloride-hydrochlorothiazide</i>	58	
<i>amiodarone hcl</i>	55	
<i>amitriptyline hcl</i>	30	
<i>amlodipine besy-benazepril hcl</i>	58	
<i>amlodipine besylate</i>	58	
<i>amlodipine besylate-valsartan</i>	58	
<i>amlodipine-atorvastatin</i>	59	
<i>amlodipine-olmesartan</i>	58	
<i>amlodipine-valsartan-hctz</i>	58	
<i>ammonium lactate</i>	68, 69	
<i>amoxapine</i>	30	
<i>amoxicill-clarithro-lansopraz</i>	112	
<i>amoxicillin</i>	11	
<i>amoxicillin-pot clavulanate</i> ...	12	
<i>amphetamine-dextroamphet er</i>	61	
<i>amphetamine-</i> <i>dextroamphetamine</i>	61	
<i>amphotericin b</i>	36	
<i>amphotericin b liposome</i>	36	
<i>ampicillin</i>	12	
<i>ampicillin sodium</i>	12	
<i>ampicillin-sulbactam sodium</i> ..	12	
<i>anagrelide hcl</i>	53	
<i>anastrozole</i>	14	
ANKTIVA	14	
ANORO ELLIPTA	131	
APLICARE ALCOHOL SWABSTICK	72	
APO-VARENICLINE	7	
<i>aprepitant</i>	40	
<i>apri</i>	63	
APIOM	26	
APTIVUS	47	
AQ INSULIN SYRINGE	72	
AQINJECT PEN NEEDLE ...	72,	
	73	
ARCALYST	119	

AREXVY	123	<i>aurovela fe 1.5/30</i>	64	BD INSULIN SYRINGE	
<i>arformoterol tartrate</i>	131	<i>aurovela fe 1/20</i>	64	ULTRAFINE.....	74, 75
ARIKAYCE	8	AUSTEDO	61	BD PEN NEEDLE MICRO U/F	
<i>aripiprazole</i>	42	AUSTEDO XR.....	61	.....	75
ARISTADA.....	43	AUSTEDO XR PATIENT		BD PEN NEEDLE MINI U/F	75
ARISTADA INITIO	43	TITRATION.....	61	BD PEN NEEDLE NANO 2ND	
<i>armodafinil</i>	133	AUVELITY.....	30	GEN.....	75
ARNUITY ELLIPTA.....	129	<i>aviane</i>	64	BD PEN NEEDLE NANO U/F	
<i>asenapine maleate</i>	43	AVONEX PEN	61	.....	75
<i>aspirin-dipyridamole er</i>	53	AVONEX PREFILLED	61	BD PEN NEEDLE ORIGINAL	
ASSURE ID DUO PRO PEN		AXTLE.....	14	U/F.....	75
NEEDLES	73	<i>ayuna</i>	64	BD PEN NEEDLE SHORT U/F	
ASSURE ID INSULIN		AYVAKIT.....	14	.....	75
SAFETY SYR.....	73	<i>azacitidine</i>	14	BD SAFETYGLIDE INSULIN	
ASSURE ID PRO PEN		<i>azathioprine</i>	119	SYRINGE.....	75
NEEDLES	73	<i>azathioprine sodium</i>	119	BD SAFETYGLIDE	
ASTAGRAF XL	119	<i>azelastine hcl</i>	109	SYRINGE/NEEDLE	75
<i>atazanavir sulfate</i>	47	<i>azithromycin</i>	11	BD SAFETY-LOK INSULIN	
<i>atenolol</i>	56	<i>aztreonam</i>	11	SYRINGE.....	75
<i>atenolol-chlorthalidone</i>	56	<i>azurette</i>	64	BD SWAB SINGLE USE	
<i>atomoxetine hcl</i>	61	B		REGULAR	75
<i>atorvastatin calcium</i>	59	<i>bacitracin</i>	110	BD SWABS SINGLE USE	
<i>atovaquone</i>	41	<i>bacitracin-polymyxin b</i>	110	BUTTERFLY.....	75
<i>atovaquone-proguanil hcl</i>	41	<i>bacitra-neomycin-polymyxin-hc</i>		BD VEO INSULIN SYR U/F	
<i>atropine sulfate</i>	109	.....	110	1/2UNIT	75
ATROVENT HFA	131	<i>baclofen</i>	133	BD VEO INSULIN SYRINGE	
<i>aubra eq</i>	64	<i>balsalazide disodium</i>	126	U/F.....	76
AUGTYRO	14	BALVERSA.....	14	BELSOMRA	133
AUM ALCOHOL PREP PADS		BCG VACCINE	123	<i>benazepril hcl</i>	55
.....	73	BD AUTOSHIELD	74	<i>benazepril-hydrochlorothiazide</i>	
AUM INSULIN SAFETY PEN		BD AUTOSHIELD DUO	74	.....	55
NEEDLE	73	BD ECLIPSE SYRINGE	74	<i>bendamustine hcl</i>	14
AUM MINI INSULIN PEN		BD INSULIN SYR		BENDAMUSTINE HCL.....	14
NEEDLE	73	ULTRAFINE II	74	BENDEKA	14
AUM PEN NEEDLE	73	BD INSULIN SYRINGE	74	BENLYSTA	119
AUM READYGARD DUO		BD INSULIN SYRINGE		<i>benztropine mesylate</i>	41
PEN NEEDLE.....	73	HALF-UNIT.....	74	BESIVANCE.....	110
AUM SAFETY PEN NEEDLE		BD INSULIN SYRINGE		BESREMI.....	119
.....	74	MICROFINE.....	74	<i>betaine</i>	127
<i>aurovela 1.5/30</i>	64	BD INSULIN SYRINGE U/F	74	<i>betamethasone dipropionate</i> ..	70
<i>aurovela 1/20</i>	64	BD INSULIN SYRINGE U-500		<i>betamethasone dipropionate aug</i>	
<i>aurovela 24 fe</i>	64	.....	74	.....	70

<i>betamethasone valerate</i>	70	<i>budesonide</i>	126, 130	CARETOUCH ALCOHOL	
BETASERON	61	<i>budesonide-formoterol fumarate</i>		PREP.....	76
<i>betaxolol hcl</i>	128	.....	130	CARETOUCH INSULIN	
<i>bethanechol chloride</i>	114	<i>bumetanide</i>	58	SYRINGE.....	76, 77
<i>bexarotene</i>	15	<i>buprenorphine</i>	4	CARETOUCH PEN NEEDLES	
BEXSERO.....	123	<i>buprenorphine hcl</i>	7	.....	77
<i>bicalutamide</i>	15	<i>buprenorphine hcl-naloxone hcl</i>		<i>carglumic acid</i>	113
BICILLIN C-R	12	.....	7	<i>carisoprodol</i>	133
BICILLIN C-R 900/300	12	<i>bupropion hcl</i>	30	<i>carteolol hcl</i>	128
BICILLIN L-A	12	<i>bupropion hcl er (smoking det)</i>	7	<i>cartia xt</i>	57
BIKTARVY	47	<i>bupropion hcl er (sr)</i>	30	<i>carvedilol</i>	56
<i>bimatoprost</i>	128	<i>bupropion hcl er (xl)</i>	30	CAYSTON	11
<i>bisoprolol fumarate</i>	56	<i>buspirone hcl</i>	127	<i>cefaclor</i>	10
<i>bisoprolol-hydrochlorothiazide</i>		<i>butalbital-apap-caff-cod</i>	4	<i>cefadroxil</i>	10
.....	56	<i>butalbital-apap-caffeine</i>	4	<i>cefazolin sodium</i>	10
BIZENGRI (750 MG DOSE). 15		C		CEFAZOLIN SODIUM-	
<i>bleomycin sulfate</i>	15	CABENUVA.....	47	DEXTROSE	10
<i>blisovi 24 fe</i>	64	<i>cabergoline</i>	41	<i>cefdinir</i>	10
<i>blisovi fe 1.5/30</i>	64	CABOMETYX.....	15	<i>cefepime hcl</i>	10
<i>blisovi fe 1/20</i>	64	<i>calcipotriene</i>	69	<i>cefixime</i>	10
BOOSTRIX.....	123	<i>calcitonin (salmon)</i>	126	<i>cefoxitin sodium</i>	10
<i>bortezomib</i>	15	<i>calcitriol</i>	69, 126	<i>cefpodoxime proxetil</i>	10
BORUZU	15	<i>calcium acetate</i>	114	<i>cefprozil</i>	10
<i>bosentan</i>	133	<i>calcium acetate (phos binder)</i>		<i>ceftazidime</i>	10
BOSULIF	15	.....	114	<i>ceftriaxone sodium</i>	10
BRAFTOVI.....	15	CALQUENCE.....	15	<i>cefuroxime axetil</i>	10
BREO ELLIPTA	130	<i>camila</i>	64	<i>cefuroxime sodium</i>	10
<i>breyna</i>	130	<i>candesartan cilexetil</i>	54	<i>celecoxib</i>	5
BREZTRI AEROSPHERE ..	131	<i>candesartan cilexetil-hctz</i>	54	<i>cephalexin</i>	10, 11
BRILINTA	53	CAPLYTA.....	43	<i>cevimeline hcl</i>	68
<i>brimonidine tartrate</i>	128	CAPRELSA.....	15	<i>chateal eq</i>	64
<i>brimonidine tartrate-timolol</i>	128	<i>captopril</i>	55	<i>chlordiazepoxide hcl</i>	7
<i>brinzolamide</i>	128	<i>carbamazepine</i>	26	<i>chlordiazepoxide-clidinium</i>	26
BRIVIACT	26	<i>carbamazepine er</i>	26	<i>chlorhexidine gluconate</i>	68
<i>bromfenac sodium</i>	111	<i>carbidopa-levodopa</i>	41, 42	<i>chloroquine phosphate</i>	41
<i>bromfenac sodium (once-daily)</i>		<i>carbidopa-levodopa er</i>	41	<i>chlorpromazine hcl</i>	43
.....	111	<i>carbidopa-levodopa-entacapone</i>		<i>chlorthalidone</i>	58
<i>bromocriptine mesylate</i>	41	.....	42	<i>cholestyramine</i>	59
BRONCHITOL	132	CAREFINE PEN NEEDLES .	76	<i>cholestyramine light</i>	59
BRONCHITOL TOLERANCE		CAREONE INSULIN		<i>ciclopirox</i>	37
TEST	132	SYRINGE.....	76	<i>ciclopirox olamine</i>	37
BRUKINSA	15			<i>cilostazol</i>	53

CIMDUO.....	47	<i>clopidogrel bisulfate</i>	53	COSENTYX SENSOREADY	
<i>cimetidine</i>	112	<i>clorazepate dipotassium</i>	8	(300 MG).....	119
<i>cimetidine hcl</i>	112	<i>clotrimazole</i>	37	COSENTYX UNOREADY .	119
CIMZIA.....	119	<i>clotrimazole-betamethasone</i> ...	37	COTELLIC.....	15
CIMZIA (2 SYRINGE).....	119	<i>clozapine</i>	43	CREON.....	109
<i>cinacalcet hcl</i>	126	C-NATE DHA.....	134	<i>cromolyn sodium</i> ..	109, 113, 132
CINQAIR	132	COARTEM	41	<i>cryselle-28</i>	64
<i>ciprofloxacin hcl</i>	13, 110	COBENFY	43	CURITY ALCOHOL PREPS	79
<i>ciprofloxacin in d5w</i>	13	COBENFY STARTER PACK		CURITY ALL PURPOSE	
<i>ciprofloxacin-dexamethasone</i>		.....	43	SPONGES	79
.....	110	<i>colchicine</i>	38	CURITY GAUZE.....	79
<i>citalopram hydrobromide</i>	30	<i>colchicine-probenecid</i>	38	CURITY GAUZE SPONGE ..	79
<i>clarithromycin</i>	11	<i>colesevelam hcl</i>	59	CURITY SPONGES	79
CLENPIQ.....	113	<i>colestipol hcl</i>	59	CVS GAUZE.....	79
CLEVER CHOICE COMFORT		<i>colistimethate sodium (cba)</i>	9	CVS GAUZE STERILE.....	79
EZ.....	77	COMBIVENT RESPIMAT .	131	<i>cyclafem 1/35</i>	64
CLICKFINE PEN NEEDLES	77	COMETRIQ (100 MG DAILY		<i>cyclafem 7/7/7</i>	64
<i>clindamycin hcl</i>	8	DOSE)	15	<i>cyclobenzaprine hcl</i>	133
<i>clindamycin palmitate hcl</i>	9	COMETRIQ (140 MG DAILY		<i>cyclophosphamide</i>	15, 16
<i>clindamycin phos-benzoyl perox</i>		DOSE)	15	CYCLOPHOSPHAMIDE	15, 16
.....	69	COMETRIQ (60 MG DAILY		<i>cyclosporine</i>	111, 119, 120
<i>clindamycin phosphate</i> .	9, 38, 69	DOSE)	15	<i>cyclosporine modified</i> ...	119, 120
CLINIMIX E/DEXTROSE		COMFORT ASSIST INSULIN		<i>cyproheptadine hcl</i>	38
(8/10).....	53	SYRINGE.....	77	<i>cyred eq</i>	64
CLINIMIX E/DEXTROSE		COMFORT EZ INSULIN		D	
(8/14).....	53	SYRINGE.....	77, 78	<i>dabigatran etexilate mesylate</i> .	51
CLINIMIX/DEXTROSE (6/5)		COMFORT EZ PEN NEEDLES		<i>dalfampridine er</i>	61
.....	53	.....	78	<i>danazol</i>	115
CLINIMIX/DEXTROSE (8/10)		COMFORT EZ PRO PEN		<i>dantrolene sodium</i>	133
.....	53	NEEDLES	78	DANYELZA	16
CLINIMIX/DEXTROSE (8/14)		COMFORT TOUCH INSULIN		DANZITEN.....	16
.....	53	PEN NEED.....	78, 79	<i>dapsone</i>	39
<i>clinsol sf</i>	53	COMPLERA	47	DAPTACEL	123
<i>clobazam</i>	26	COMPLETENATE	134	<i>daptomycin</i>	9
<i>clobetasol propionate</i>	70	<i>compro</i>	40	DAPTOMYCIN	9
<i>clobetasol propionate e</i>	70	<i>constulose</i>	113	DAPTOMYCIN-SODIUM	
<i>clobetasol propionate emulsion</i>		COPIKTRA	15	CHLORIDE.....	9
.....	70	CORLANOR.....	57	<i>darunavir</i>	47
<i>clomipramine hcl</i>	31	COSENTYX.....	119, 127	<i>dasatinib</i>	16
<i>clonazepam</i>	8	COSENTYX (300 MG DOSE)		<i>dasetta 1/35 (28)</i>	64
<i>clonidine</i>	54	.....	119	<i>dasetta 7/7/7</i>	64
<i>clonidine hcl</i>	54			DAURISMO.....	16

<i>deblitane</i>	64	<i>diclofenac sodium</i>	5, 111	DROPLET INSULIN	
<i>decitabine</i>	16	<i>diclofenac sodium er</i>	5	SYRINGE.....	79, 80
<i>deferasirox</i>	115	<i>diclofenac-misoprostol</i>	5	DROPLET MICRON	80
<i>deferasirox granules</i>	115	<i>dicloxacillin sodium</i>	12	DROPLET PEN NEEDLES ..	80
DELSTRIGO.....	47	<i>dicyclomine hcl</i>	113	DROPSAFE ALCOHOL PREP	
<i>delyla</i>	64	DIFICID	11	.....	81
<i>demeclocycline hcl</i>	13	<i>difluprednate</i>	111	DROPSAFE SAFETY PEN	
DENGVAXIA	123	<i>digoxin</i>	57	NEEDLES	81
<i>denta 5000 plus</i>	68	<i>dihydroergotamine mesylate</i> ..	39	DROPSAFE SAFETY	
<i>dentagel</i>	68	DILANTIN.....	27	SYRINGE/NEEDLE	81
DEPO-SUBQ PROVERA 104		<i>diltiazem hcl</i>	57	<i>droxidopa</i>	54
.....	118	<i>diltiazem hcl er</i>	57	DRUG MART ULTRA	
DERMACEA GAUZE		<i>diltiazem hcl er beads</i>	57	COMFORT SYR.....	81
SPONGE	79	<i>diltiazem hcl er coated beads</i> .	57	DRUG MART UNIFINE	
DERMACEA IV DRAIN		<i>dilt-xr</i>	57	PENTIPS	81
SPONGES	79	<i>dimethyl fumarate</i>	61	DUAVEE.....	115
DERMACEA NON-WOVEN		<i>dimethyl fumarate starter pack</i>	61	<i>duloxetine hcl</i>	31
SPONGES	79	.....	61	DUPIXENT	120
DERMACEA TYPE VII		<i>diphenhydramine hcl</i>	38	<i>dutasteride</i>	115
GAUZE	79	<i>diphenoxylate-atropine</i>	113	E	
DESCOVY	47	DIPHThERIA-TETANUS		EASY COMFORT ALCOHOL	
<i>desipramine hcl</i>	31	TOXOIDS DT	123	PADS.....	81
<i>desloratadine</i>	38	<i>dipyridamole</i>	53	EASY COMFORT INSULIN	
<i>desmopressin ace spray refrig</i>		<i>disulfiram</i>	7	SYRINGE.....	81, 82
.....	117	<i>divalproex sodium</i>	27	EASY COMFORT PEN	
<i>desmopressin acetate</i>	117	<i>divalproex sodium er</i>	27	NEEDLES	82
<i>desmopressin acetate spray</i> ..	117	<i>dofetilide</i>	55	EASY GLIDE PEN NEEDLES	
<i>desogestrel-ethinyl estradiol</i> ..	64	<i>dolishale</i>	64	.....	82
<i>desvenlafaxine succinate er</i>	31	<i>donepezil hcl</i>	30	EASY TOUCH ALCOHOL	
<i>dexamethasone</i>	116	<i>dorzolamide hcl</i>	128	PREP MEDIUM.....	82
<i>dexamethasone sod phosphate pf</i>		<i>dorzolamide hcl-timolol mal</i> 128		EASY TOUCH FLIPLOCK	
.....	116	DOVATO	47	INSULIN SY	82
<i>dexamethasone sodium</i>		<i>doxazosin mesylate</i>	54	EASY TOUCH FLIPLOCK	
<i>phosphate</i>	111, 116	<i>doxepin hcl</i>	31, 133	SAFETY SYR	82
<i>dextrose</i>	53	<i>doxorubicin hcl liposomal</i>	16	EASY TOUCH INSULIN	
<i>dextrose-sodium chloride</i>	129	<i>doxy 100</i>	13	BARRELS 1ML.....	82
DIACOMIT	26, 27	<i>doxycycline hyclate</i>	13	EASY TOUCH INSULIN	
DIATHRIVE PEN NEEDLE .	79	<i>doxycycline monohydrate</i> .	13, 14	SAFETY SYR	83
<i>diazepam</i>	8, 27	DRIZALMA SPRINKLE.....	31	EASY TOUCH INSULIN	
<i>diazepam intensol</i>	8	<i>dronabinol</i>	40	SYRINGE.....	83
<i>diazoxide</i>	127	<i>droperidol</i>	40	EASY TOUCH PEN NEEDLES	
<i>diclofenac potassium</i>	5			.....	84

EASY TOUCH SAFETY PEN NEEDLES	84	ENTRESTO.....	54	EXEL COMFORT POINT PEN NEEDLE.....	84
EASY TOUCH SHEATHLOCK SYRINGE	84	<i>enulose</i>	113	<i>exemestane</i>	17
<i>econazole nitrate</i>	37	EPCLUSA	50	EXTENCILLINE	12
EDURANT.....	47	EPIDIOLEX	27	EYSUVIS	111
<i>efavirenz</i>	47, 48	<i>epinastine hcl</i>	109	<i>ezetimibe</i>	59
<i>efavirenz-emtricitab-tenofo df</i> 48		<i>epinephrine</i>	57	<i>ezetimibe-simvastatin</i>	59
<i>efavirenz-lamivudine-tenofovir</i>	48	<i>epitol</i>	27	F	
ELIGARD	16	EPIVIR HBV.....	48	<i>falmina</i>	65
<i>elinest</i>	64	EPKINLY	16	<i>famciclovir</i>	51
ELIQUIS	51	<i>eplerenone</i>	60	<i>famotidine</i>	112
ELIQUIS DVT/PE STARTER PACK.....	51	EPRONTIA	27	FANAPT.....	44
ELREXFIO.....	16	EQL ALCOHOL SWABS	84	FANAPT TITRATION PACK	44
<i>eluryng</i>	64	EQL GAUZE.....	84	FARXIGA	33
EMBRACE PEN NEEDLES .	84	EQL INSULIN SYRINGE....	84	FASENRA	132
EMCYT.....	16	ERBITUX.....	16	FASENRA PEN	132
EMGALITY	39	<i>ergoloid mesylates</i>	30	<i>febuxostat</i>	38
EMGALITY (300 MG DOSE)	39	ERIVEDGE.....	16	<i>felbamate</i>	27
<i>emoquette</i>	64	ERLEADA	16	<i>felodipine er</i>	58
EMSAM	31	<i>erlotinib hcl</i>	16	<i>femynor</i>	65
<i>emtricitabine</i>	48	<i>errin</i>	64	<i>fenofibrate</i>	59
<i>emtricitabine-tenofovir df</i>	48	<i>ertapenem sodium</i>	11	<i>fenofibrate micronized</i>	59
EMTRIVA.....	48	<i>erythromycin</i> 11, 69, 110		<i>fentanyl</i>	4
<i>emzahh</i>	64	<i>erythromycin base</i>	11	<i>fentanyl citrate</i>	4
<i>enalapril maleate</i>	55	ERZOFRI	43, 44	<i>fesoterodine fumarate er</i>	114
<i>enalapril-hydrochlorothiazide</i> 55		<i>escitalopram oxalate</i>	31	FETZIMA.....	31
ENBREL	120	<i>esomeprazole magnesium</i>	112	FETZIMA TITRATION	31
ENBREL MINI	120	<i>estarylla</i>	64	FIASP	34
ENBREL SURECLICK	120	<i>estradiol</i>	115, 116	FIASP FLEXTOUCH	34
<i>endocet</i>	4	ESTROGEL.....	116	FIASP PENFILL	34
ENGERIX-B	123	<i>eszopiclone</i>	133	FIFTY50 PEN NEEDLES.....	84
<i>enilloring</i>	64	<i>ethambutol hcl</i>	39	<i>finasteride</i>	115
<i>enoxaparin sodium</i>	51	<i>ethosuximide</i>	27	<i>finbolimod hcl</i>	61
<i>enpresse-28</i>	64	<i>ethynodiol diac-eth estradiol</i> ..	64	FINTEPLA	27
<i>enskyce</i>	64	<i>etodolac</i>	5	FIRMAGON.....	17
<i>entacapone</i>	42	<i>etonogestrel-ethinyl estradiol</i> ..	64	FIRMAGON (240 MG DOSE)	17
<i>entecavir</i>	51	ETOPOPHOS.....	16	<i>flavoxate hcl</i>	114
		<i>etoposide</i>	16	<i>flecainide acetate</i>	55
		<i>etravirine</i>	48	<i>floxuridine</i>	17
		EUCRISA.....	70	<i>fluconazole</i>	37
		<i>everolimus</i>	16, 17, 120		
		EVOTAZ.....	48		
		EVRYSDI.....	127		

<i>fluconazole in sodium chloride</i>	37
<i>flucytosine</i>	37
<i>fludrocortisone acetate</i>	116
<i>flunisolide</i>	111
<i>fluocinolone acetonide</i> ...	70, 111
<i>fluocinolone acetonide body</i> ...	70
<i>fluocinolone acetonide scalp</i> ..	70
<i>fluocinonide</i>	70
<i>fluorometholone</i>	111
<i>fluorouracil</i>	17, 69
<i>fluoxetine hcl</i>	31
<i>fluphenazine decanoate</i>	44
<i>fluphenazine hcl</i>	44
<i>flurbiprofen</i>	6
FLURBIPROFEN	6
<i>flurbiprofen sodium</i>	111
FLUTAMIDE	17
<i>fluticasone propionate</i>	70, 111
<i>fluticasone propionate hfa</i>	130
<i>fluticasone-salmeterol</i>	130
<i>fluvastatin sodium</i>	59
<i>fluvastatin sodium er</i>	59
<i>fluvoxamine maleate</i>	31
<i>fluvoxamine maleate er</i>	31
FOLIVANE-OB	134
<i>fondaparinux sodium</i>	51
<i>fosamprenavir calcium</i>	48
<i>fosfomycin tromethamine</i>	9
<i>fosinopril sodium</i>	55
<i>fosinopril sodium-hctz</i>	55
<i>fosphenytoin sodium</i>	27
FOTIVDA	17
FREESTYLE PRECISION INS SYR	85
FRUZAQLA	17
<i>fulvestrant</i>	17
<i>furosemide</i>	58
FUZEON	48
FYARRO	17
FYCOMPA	27

G	
<i>gabapentin</i>	27
<i>galantamine hydrobromide</i>	30
<i>galantamine hydrobromide er</i>	30
<i>gallifrey</i>	118
GAMUNEX-C	120
GARDASIL 9	123
GAUZE PADS	85
GAUZE TYPE VII MEDI-PAK	85
GAVILYTE-C	113
<i>gavilyte-g</i>	114
<i>gavilyte-n with flavor pack</i> ...	114
GAVRETO	17
<i>gefitinib</i>	17
<i>gemfibrozil</i>	59
<i>generlac</i>	113
<i>engraf</i>	120
GENTAK	110
<i>gentamicin sulfate</i>	8, 69, 110
GENVOYA	48
GILOTRIF	17
<i>glatiramer acetate</i>	61, 62
<i>glatopa</i>	62
GLEOSTINE	17
<i>glimepiride</i>	36
<i>glipizide</i>	36
<i>glipizide er</i>	36
<i>glipizide-metformin hcl</i>	36
GLOBAL ALCOHOL PREP EASE	85
GLOBAL EASE INJECT PEN NEEDLES	85
GLOBAL EASY GLIDE INSULIN SYR	85
GLOBAL INJECT EASE INSULIN SYR	85, 86
<i>glucagon emergency</i>	127
GLUCOPRO INSULIN SYRINGE	86
<i>glyburide</i>	36
<i>glyburide micronized</i>	36

<i>glyburide-metformin</i>	36
<i>glycopyrrolate</i>	26, 113
<i>glydo</i>	6
GLYXAMBI	33
GNP ALCOHOL SWABS	86
GNP INSULIN SYRINGE	86
GNP INSULIN SYRINGES	86
GNP INSULIN SYRINGES 29GX1/2	86
GNP INSULIN SYRINGES 30GX5/16	86
GNP INSULIN SYRINGES 31GX5/16	86
GNP STERILE GAUZE	86
GNP ULTRA COM INSULIN SYRINGE	86
GOODSENSE ALCOHOL SWABS	87
<i>griseofulvin microsize</i>	37
<i>griseofulvin ultramicrosize</i>	37
<i>guanfacine hcl</i>	54
<i>guanfacine hcl er</i>	62
GVOKE HYPOPEN 2-PACK	127
GVOKE KIT	127
GVOKE PFS	127
H	
HAEGARDA	52
<i>hailey 24 fe</i>	65
<i>hailey fe 1.5/30</i>	65
<i>hailey fe 1/20</i>	65
<i>halobetasol propionate</i>	70, 71
<i>haloette</i>	65
<i>haloperidol</i>	44
<i>haloperidol decanoate</i>	44
<i>haloperidol lactate</i>	44
HARVONI	50
HAVRIX	123
HEALTHWISE INSULIN SYR/NEEDLE	87
HEALTHWISE MICRON PEN NEEDLES	87

HEALTHWISE SHORT PEN	<i>hydrocortisone valerate</i>	71	INPEN 100-BLUE-
NEEDLES	<i>hydrocortisone-acetic acid</i> ...	110	NOVOLOG-FIASP
HEALTHY ACCENTS	<i>hydromorphone hcl</i>	4	INQOVI.....
UNIFINE PENTIP	<i>hydroxychloroquine sulfate</i> ...	41	INREBIC
<i>heather</i>	<i>hydroxyurea</i>	17	<i>insulin asp prot & asp flexpen</i>
H-E-B INCONTROL	<i>hydroxyzine hcl</i>	38	34
ALCOHOL.....	<i>hydroxyzine pamoate</i>	127	INSULIN ASPART.....
H-E-B INCONTROL PEN	I		INSULIN ASPART FLEXPEN
NEEDLES	<i>ibandronate sodium</i>	126	.....
<i>heparin sodium (porcine)</i>	IBRANCE	17	INSULIN ASPART PENFILL
HEPLISAV-B.....	<i>ibu</i>	6	.....
HERCEPTIN HYLECTA	<i>ibuprofen</i>	6	<i>insulin aspart prot & aspart</i> ...35
HERZUMA	<i>icatibant acetate</i>	57	INSULIN SYRINGE.....
HIBERIX.....	<i>iclevia</i>	65	INSULIN SYRINGE/NEEDLE
HM STERILE PADS	ICLUSIG	17	.....
HM ULTICARE INSULIN	<i>icosapent ethyl</i>	59	INSULIN SYRINGE-NEEDLE
SYRINGE.....	IDHIFA	17	U-100.....
HM ULTICARE SHORT PEN	<i>ifosfamide</i>	17, 18	INSUPEN PEN NEEDLES ...
NEEDLES	ILEVRO	111	89
HUMIRA (2 PEN)	<i>imatinib mesylate</i>	18	INSUPEN ULTRAFIN
HUMIRA (2 SYRINGE).....	IMBRUVICA	18	89
HUMIRA-CD/UC/HS	IMDELLTRA	18	INTELENCE
STARTER	<i>imipenem-cilastatin</i>	11	INTRON A
HUMIRA-PED<40KG	<i>imipramine hcl</i>	31	<i>introvale</i>
CROHNS STARTER.....	<i>imiquimod</i>	69	65
HUMIRA-PED>/=40KG	IMJUDO.....	18	INVEGA HAFYERA.....
CROHNS START	IMKELDI	18	44, 45
HUMIRA-PED>/=40KG UC	IMOVAX RABIES	124	INVEGA TRINZA
STARTER	IMPAVIDO	41	45
HUMIRA-PS/UV/ADOL HS	<i>incassia</i>	65	INVELTYS.....
STARTER	INCONTROL ULTICARE PEN		111
HUMIRA-PSORIASIS/UEVIT	NEEDLES	88	IPOLE
STARTER	INCRELEX	117	<i>ipratropium bromide</i>
HUMULIN R U-500	<i>indapamide</i>	58	109, 131
(CONCENTRATED).....	<i>indomethacin</i>	6	<i>ipratropium-albuterol</i>
HUMULIN R U-500	INFANRIX.....	124	131
KWIKPEN	<i>infliximab</i>	121	<i>irbesartan</i>
<i>hydralazine hcl</i>	INGREZZA.....	62	54
<i>hydrochlorothiazide</i>	INLYTA	18	<i>irbesartan-hydrochlorothiazide</i>
<i>hydrocodone-acetaminophen</i> ...	INPEN 100-BLUE-LILLY-		.....
4	HUMALOG.....	88	ISENTRESS
<i>hydrocortisone</i>			ISENTRESS HD
71, 116, 126			48
<i>hydrocortisone (perianal)</i>			<i>isibloom</i>
71			65

IWILFIN.....	18	KINERET	121	LANREOTIDE ACETATE..	117
IXCHIQ	124	KINRAY INSULIN SYRINGE		<i>lansoprazole</i>	112
IXIARO	124	.....	89	LANTUS	35
J		KINRIX	124	LANTUS SOLOSTAR.....	35
J & J GAUZE	89	<i>kionex</i>	113	<i>lapatinib ditosylate</i>	19
JAKAFI	18	KISQALI (200 MG DOSE) ...	18	<i>larin 1.5/30</i>	65
<i>jantoven</i>	52	KISQALI (400 MG DOSE) ...	18	<i>larin 1/20</i>	65
JANUMET	33	KISQALI (600 MG DOSE) ...	18	<i>larin 24 fe</i>	65
JANUMET XR.....	33	KISQALI FEMARA (200 MG		<i>larin fe 1.5/30</i>	65
JANUVIA.....	33	DOSE)	19	<i>larin fe 1/20</i>	65
JARDIANCE.....	33	KISQALI FEMARA (400 MG		<i>larissia</i>	65
<i>javygtor</i>	109	DOSE)	19	<i>latanoprost</i>	128
JAYPIRCA.....	18	KISQALI FEMARA (600 MG		LAZCLUZE	19
JEMPERLI	18	DOSE)	19	LEADER UNIFINE PENTIPS	
<i>jencycla</i>	65	KLISYRI (250 MG)	69	.....	89
JENTADUETO	33	<i>klor-con m10</i>	129	LEADER UNIFINE PENTIPS	
JENTADUETO XR.....	33	<i>klor-con m15</i>	129	PLUS	89
<i>jolessa</i>	65	<i>klor-con m20</i>	129	<i>leflunomide</i>	121
<i>juleber</i>	65	KLOXXADO	7	<i>lenalidomide</i>	19
JULUCA.....	48	KMART VALU INSULIN		LENTOCILIN	12
<i>junel 1.5/30</i>	65	SYRINGE 29G.....	89	LENVIMA (10 MG DAILY	
<i>junel 1/20</i>	65	KMART VALU INSULIN		DOSE)	19
<i>junel fe 1.5/30</i>	65	SYRINGE 30G.....	89	LENVIMA (12 MG DAILY	
<i>junel fe 1/20</i>	65	KOSELUGO	19	DOSE)	19
<i>junel fe 24</i>	65	KOSHER PRENATAL PLUS		LENVIMA (14 MG DAILY	
JYLAMVO.....	18	IRON	134	DOSE)	19
JYNNEOS	124	KRAZATI	19	LENVIMA (18 MG DAILY	
K		KROGER PEN NEEDLES ...	89	DOSE)	19
KALYDECO.....	132	<i>kurvelo</i>	65	LENVIMA (20 MG DAILY	
<i>kariva</i>	65	KYLEENA	65	DOSE)	19
<i>kelnor 1/35</i>	65	KYNMOBI.....	42	LENVIMA (24 MG DAILY	
<i>kelnor 1/50</i>	65	KYNMOBI TITRATION KIT		DOSE)	19
KENDALL HYDROPHILIC		.....	42	LENVIMA (4 MG DAILY	
FOAM DRESS	89	L		DOSE)	19
KENDALL HYDROPHILIC		<i>labetalol hcl</i>	56	LENVIMA (8 MG DAILY	
FOAM PLUS.....	89	<i>lacosamide</i>	27	DOSE)	19
KERENDIA	60	LACTATED RINGERS	129	<i>lessina</i>	65
KESIMPTA	62	<i>lactulose</i>	113	<i>letrozole</i>	19
<i>ketoconazole</i>	37	<i>lamivudine</i>	48	<i>leucovorin calcium</i>	127
<i>ketorolac tromethamine</i>	6, 111	<i>lamivudine-zidovudine</i>	48	LEUKERAN.....	19
KEYTRUDA	18	<i>lamotrigine</i>	27, 28	<i>leuprolide acetate</i>	19
KIMMTRAK.....	18	<i>lamotrigine er</i>	27		

LEUPROLIDE ACETATE (3 MONTH).....	19	LITHIUM CARBONATE.....	62	LYTGOBI (12 MG DAILY DOSE)	20
levabuterol hcl.....	131	<i>lithium carbonate er</i>	62	LYTGOBI (16 MG DAILY DOSE)	20
levabuterol tartrate	131	LIVTENCITY	50	LYTGOBI (20 MG DAILY DOSE)	20
levetiracetam	28	LOKELMA	113	<i>lyza</i>	66
levetiracetam er.....	28	LONSURF.....	19	M	
levobunolol hcl	128	<i>loperamide hcl</i>	113	MAGELLAN INSULIN SAFETY SYR	90
levocetirizine dihydrochloride	38	<i>lopinavir-ritonavir</i>	48	<i>magnesium sulfate</i>	129
levofloxacin	13, 110	LOQTORZI.....	20	<i>malathion</i>	71
levofloxacin in d5w.....	13	<i>lorazepam</i>	8	<i>maraviroc</i>	48
levonest.....	65	<i>lorazepam intensol</i>	8	MARGENZA	20
levonorgest-eth estrad 91-day	65	LORBRENA	20	<i>marlissa</i>	66
levonorgest-eth estradiol-iron	65	<i>losartan potassium</i>	54	MARPLAN.....	31
levonorgestrel-ethinyl estrad..	66	<i>losartan potassium-hctz</i>	54	MATULANE.....	20
levonorg-eth estrad triphasic .	66	LOTEMAX	111	MAVENCLAD (10 TABS)....	62
levora 0.15/30 (28).....	66	LOTEMAX SM.....	112	MAVENCLAD (4 TABS)....	62
levothyroxine sodium.....	118	<i>loteprednol etabonate</i>	112	MAVENCLAD (5 TABS)....	62
LEXIVA.....	48	<i>lovastatin</i>	59	MAVENCLAD (6 TABS)....	62
<i>l-glutamine</i>	127	<i>low-ogestrel</i>	66	MAVENCLAD (7 TABS)....	62
LIBERVANT	28	<i>loxapine succinate</i>	45	MAVENCLAD (8 TABS)....	62
<i>lidocaine</i>	6	<i>lubiprostone</i>	113	MAVENCLAD (9 TABS)....	62
<i>lidocaine hcl</i>	6	LUMAKRAS.....	20	MAXICOMFORT II PEN NEEDLE.....	90
LIDOCAINE HCL (CARDIAC)	56	LUMIGAN	128	MAXI-COMFORT INSULIN SYRINGE.....	90
<i>lidocaine hcl (pf)</i>	6	LUNSUMIO.....	20	MAXI-COMFORT SAFETY PEN NEEDLE.....	91
<i>lidocaine hcl urethral/mucosal</i> .	6	LUPRON DEPOT (1-MONTH)	20, 117	MAXICOMFORT SYR 27G X 1/2.....	91
<i>lidocaine viscous hcl</i>	6	LUPRON DEPOT (3-MONTH)	20, 117	MAYZENT.....	62
<i>lidocaine-prilocaine</i>	6	LUPRON DEPOT (4-MONTH)	20	MAYZENT STARTER PACK	63
<i>lidocan</i>	6	LUPRON DEPOT (6-MONTH)	20	<i>meclizine hcl</i>	40
LILETTA (52 MG)	66	LUPRON DEPOT (3-MONTH)	117	MEDIC INSULIN SYRINGE	91
<i>lillow</i>	66	LUPRON DEPOT-PED (3-MONTH)	117	MEDICINE SHOPPE PEN NEEDLES	91
<i>linezolid</i>	9	<i>lurasidone hcl</i>	45	MEDPURA ALCOHOL PADS	91
LINZESS.....	113	<i>lutera</i>	66		
<i>liothyronine sodium</i>	118	LYBALVI	45		
<i>lisinopril</i>	55	<i>lyleq</i>	66		
<i>lisinopril-hydrochlorothiazide</i>	55	LYNPARZA.....	20		
LITETOUCH INSULIN SYRINGE.....	89, 90	LYSODREN.....	20		
LITETOUCH PEN NEEDLES	90				
<i>lithium</i>	62				
<i>lithium carbonate</i>	62				

<i>medroxyprogesterone acetate</i>			
.....	118		
<i>mefloquine hcl</i>	41		
<i>megestrol acetate</i>	20, 118		
MEIJER ALCOHOL SWABS			
.....	91		
MEIJER PEN NEEDLES	91		
MEKINIST	20		
MEKTOVI	20		
<i>meloxicam</i>	6		
<i>memantine hcl</i>	30		
<i>memantine hcl er</i>	30		
MENACTRA	124		
MENQUADFI	124		
MENVEO	124		
<i>mercaptapurine</i>	20		
<i>meropenem</i>	11		
<i>mesalamine</i>	126		
<i>mesalamine er</i>	126		
<i>mesna</i>	127		
MESNEX	127		
<i>metformin hcl</i>	33		
<i>metformin hcl er</i>	33		
<i>methadone hcl</i>	4		
<i>methazolamide</i>	128		
<i>methenamine hippurate</i>	9		
<i>methimazole</i>	118		
<i>methocarbamol</i>	133		
<i>methotrexate sodium</i>	21		
METHOTREXATE SODIUM			
.....	20		
<i>methotrexate sodium (pf)</i>	20		
<i>methoxsalen rapid</i>	69		
<i>methsuximide</i>	28		
<i>methylphenidate hcl</i>	63		
<i>methylprednisolone</i>	116		
<i>methylprednisolone acetate</i> ..	116		
<i>methylprednisolone sodium succ</i>			
.....	116		
<i>metoclopramide hcl</i>	113		
<i>metolazone</i>	59		
<i>metoprolol succinate er</i>	56		
<i>metoprolol tartrate</i>	56		
<i>metronidazole</i>	9, 38, 69		
<i>metyrosine</i>	57		
<i>mexiletine hcl</i>	56		
<i>micafungin sodium</i>	37		
MICONAZOLE 3	37		
MICRODOT PEN NEEDLE ..	91		
<i>microgestin 1.5/30</i>	66		
<i>microgestin 1/20</i>	66		
<i>microgestin 24 fe</i>	66		
<i>microgestin fe 1.5/30</i>	66		
<i>microgestin fe 1/20</i>	66		
<i>midodrine hcl</i>	54		
<i>mifepristone</i>	33		
<i>mili</i>	66		
<i>minocycline hcl</i>	14		
<i>minoxidil</i>	60		
MIPLYFFA	109		
MIRASORB SPONGES	91		
MIRENA (52 MG)	66		
<i>mirtazapine</i>	31		
<i>misoprostol</i>	112		
<i>mitoxantrone hcl</i>	21		
MM PEN NEEDLES	91		
M-M-R II	124		
M-NATAL PLUS	134		
<i>modafinil</i>	133		
<i>moexipril hcl</i>	55		
<i>molindone hcl</i>	45		
<i>mometasone furoate</i>	71, 112		
MONOJECT INSULIN			
SYRINGE	91, 92		
MONOJECT ULTRA			
COMFORT SYRINGE	92		
<i>mono-linyah</i>	66		
<i>montelukast sodium</i>	130		
MORPHINE SULFATE	5		
<i>morphine sulfate (concentrate)</i>	4		
<i>morphine sulfate er</i>	4, 5		
MOUNJARO	33		
MOVANTIK	113		
<i>moxifloxacin hcl</i>	13, 110		
MOXIFLOXACIN HCL	13		
MOXIFLOXACIN HCL IN			
NACL	13		
MRESVIA	124		
MULTAQ	56		
<i>mupirocin</i>	69		
MVASI	21		
<i>mycophenolate mofetil</i>	121		
<i>mycophenolate mofetil hcl</i>	121		
<i>mycophenolate sodium</i>	121		
MYRBETRIQ	114		
N			
<i>na sulfate-k sulfate-mg sulf</i> ...	114		
<i>nabumetone</i>	6		
<i>nadolol</i>	56		
<i>nafcillin sodium</i>	12		
<i>naloxone hcl</i>	7		
<i>naltrexone hcl</i>	7		
<i>naproxen</i>	6		
<i>naratriptan hcl</i>	39		
NATACYN	110		
<i>nateglinide</i>	33		
NATPARA	126		
NAYZILAM	28		
<i>nebivolol hcl</i>	56		
<i>nefazodone hcl</i>	32		
NEFAZODONE HCL	31		
<i>neomycin sulfate</i>	8		
<i>neomycin-bacitracin zn-polymyx</i>			
.....	110		
<i>neomycin-polymyxin-dexameth</i>			
.....	110		
<i>neomycin-polymyxin-gramicidin</i>			
.....	110		
<i>neomycin-polymyxin-hc</i>	110		
<i>neo-polycin</i>	110		
<i>neo-polycin hc</i>	110		
NERLYNX	21		
<i>neuac</i>	69		
NEULASTA ONPRO	52		
<i>nevirapine</i>	48		
<i>nevirapine er</i>	48		

NEXLETOL.....	59	NOVOLIN 70/30.....	35	OJJAARA.....	21
NEXLIZET.....	59	NOVOLIN 70/30 FLEXPEN ..	35	<i>olanzapine</i>	45
NEXPLANON	66	NOVOLIN 70/30 RELION	35	<i>olmesartan medoxomil</i>	54
NIACIN		NOVOLIN N.....	35	<i>olmesartan medoxomil-hctz</i>	54
(ANTIHYPERLIPIDEMIC)		NOVOLIN N FLEXPEN	35	<i>olmesartan-amlodipine-hctz</i> ...54	
.....	59	NOVOLIN N RELION	35	<i>olopatadine hcl</i>	110
<i>niacin er (antihyperlipidemic)</i>	60	NOVOLIN R.....	35	<i>omega-3-acid ethyl esters</i>	60
NIACOR.....	60	NOVOLIN R FLEXPEN.....	35	<i>omeprazole</i>	112
NICOTROL NS.....	7	NOVOLIN R RELION	35	OMNIPOD 5 DEXG7G6	
<i>nifedipine</i>	58	NOVOLOG	35	INTRO GEN 5.....	92
<i>nifedipine er</i>	58	NOVOLOG FLEXPEN.....	35	OMNIPOD 5 DEXG7G6 PODS	
<i>nifedipine er osmotic release</i> ..	58	NOVOLOG MIX 70/30	36	GEN 5.....	92
<i>nilutamide</i>	21	NOVOLOG MIX 70/30		OMNIPOD 5 G7 INTRO (GEN	
NINLARO.....	21	FLEXPEN	35	5).....	92
<i>nitazoxanide</i>	41	NOVOLOG PENFILL	36	OMNIPOD 5 G7 PODS (GEN	
<i>nitisinone</i>	109	NOVOTWIST PEN NEEDLE	92	5).....	92
<i>nitrofurantoin</i>	9	NUBEQA	21	OMNIPOD 5 LIBRE2 PLUS	
<i>nitrofurantoin macrocrystal</i>	9	NUCALA	132	G6.....	92
<i>nitrofurantoin monohyd macro</i>	9	NUEDEXTA	63	OMNIPOD 5 LIBRE2 PLUS	
<i>nitroglycerin</i>	60, 127	NULOJIX.....	121	G6 PODS.....	92
NIVA-PLUS.....	134	NUPLAZID.....	45	OMNIPOD CLASSIC PDM	
NIVESTYM	52	NURTEC.....	39	(GEN 3)	93
NORDITROPIN FLEXPRO	117	<i>nyamyc</i>	37	OMNIPOD CLASSIC PODS	
<i>norelgestromin-eth estradiol</i> ..	66	<i>nylia 1/35</i>	67	(GEN 3)	93
<i>norethin ace-eth estrad-fe</i>	66	<i>nylia 7/7/7</i>	67	OMNIPOD DASH INTRO	
<i>norethindrone</i>	66	<i>nymyo</i>	67	(GEN 4)	93
<i>norethindrone acetate</i>	118	<i>nystatin</i>	37	OMNIPOD DASH PDM (GEN	
<i>norethindrone acet-ethinyl est</i>	66	<i>nystatin-triamcinolone</i>	37, 38	4).....	93
<i>norethindron-ethinyl estrad-fe</i>	66	<i>nystop</i>	38	OMNIPOD DASH PODS (GEN	
<i>norgestimate-eth estradiol</i>	66	NYVEPRIA.....	52	4).....	93
<i>norgestim-eth estrad triphasic</i>	66	O		<i>ondansetron</i>	40
<i>norlyda</i>	66	OBSTETRIX DHA	134	<i>ondansetron hcl</i>	40
<i>norlyroc</i>	67	OCREVUS	63	ONTRUZANT.....	21
<i>nortrel 1/35 (21)</i>	67	OCREVUS ZUNOVO	63	ONUREG	21
<i>nortrel 1/35 (28)</i>	67	<i>octreotide acetate</i>	118	OPDIVO.....	21
<i>nortrel 7/7/7</i>	67	ODEFSEY	49	OPDIVO QVANTIG.....	21
<i>nortriptyline hcl</i>	32	ODOMZO	21	OPDUALAG	21
NORVIR.....	48, 49	OFEV.....	132	OPSUMIT.....	134
NOVOFINE AUTOCOVER..	92	<i>ofloxacin</i>	110	ORENCIA	121
NOVOFINE PEN NEEDLE ..	92	OGIVRI.....	21	ORENCIA CLICKJECT	121
NOVOFINE PLUS PEN		OGSIVEO	21	ORFADIN	109
NEEDLE	92	OJEMDA.....	21	ORGOVYX	118

ORLISSA.....	118	<i>penicillin g potassium</i>	12	<i>pirfenidone</i>	132
ORKAMBI.....	132	<i>penicillin g procaine</i>	12	<i>pirmella 1/35</i>	67
ORSERDU.....	21	<i>penicillin v potassium</i>	13	<i>pirmella 7/7/7</i>	67
<i>oseltamivir phosphate</i>	50	PENTACEL.....	124	<i>pitavastatin calcium</i>	60
OTEZLA.....	121	<i>pentamidine isethionate</i>	41	PLEGRIDY.....	63
<i>oxandrolone</i>	115	PENTIPS.....	93	PLEGRIDY STARTER PACK	
<i>oxcarbazepine</i>	28	PENTIPS GENERIC PEN		.....	63
<i>oxybutynin chloride</i>	114	NEEDLES.....	93	<i>plenamine</i>	53
<i>oxybutynin chloride er</i>	114	<i>pentoxifylline er</i>	53	PNV PRENATAL PLUS	
<i>oxycodone hcl</i>	5	<i>perindopril erbumine</i>	55	MULTIVITAMIN.....	134
<i>oxycodone-acetaminophen</i>	5	<i>periogard</i>	68	PNV TABS 29-1.....	134
OZEMPIC (0.25 OR 0.5		<i>permethrin</i>	71	PNV-DHA+DOCUSATE ...	134
MG/DOSE).....	33	<i>perphenazine</i>	45	PNV-OMEGA.....	134
OZEMPIC (1 MG/DOSE).....	33	<i>perphenazine-amitriptyline</i> ...	32	<i>podofilox</i>	69
OZEMPIC (2 MG/DOSE).....	33	PERSERIS.....	45	<i>polycin</i>	110
P		<i>phenelzine sulfate</i>	32	<i>polymyxin b-trimethoprim</i> ...	110
<i>pacerone</i>	56	<i>phenobarbital</i>	28	POMALYST.....	22
PACLITAXEL PROTEIN-		<i>phenytek</i>	28	<i>portia-28</i>	67
BOUND PART.....	21	<i>phenytoin</i>	28	<i>posaconazole</i>	38
<i>paliperidone er</i>	45	<i>phenytoin sodium</i>	28	<i>potassium chloride</i>	129
PANRETIN.....	69	<i>phenytoin sodium extended</i> ...	28	<i>potassium chloride crys er</i>	129
<i>pantoprazole sodium</i>	112	PIFELTRO.....	49	<i>potassium chloride er</i>	129
<i>paricalcitol</i>	126	<i>pilocarpine hcl</i>	68, 128	<i>potassium citrate er</i>	129
<i>paroxetine hcl</i>	32	<i>pimecrolimus</i>	71	<i>pramipexole dihydrochloride</i> .42	
<i>paroxetine hcl er</i>	32	<i>pimozide</i>	46	<i>prasugrel hcl</i>	53
PAXLOVID (150/100).....	50	<i>pimtreea</i>	67	<i>pravastatin sodium</i>	60
PAXLOVID (300/100).....	50	<i>pindolol</i>	56	<i>praziquantel</i>	41
<i>pazopanib hcl</i>	21	<i>pioglitazone hcl</i>	33	<i>prazosin hcl</i>	54
PC UNIFINE PENTIPS.....	93	<i>pioglitazone hcl-metformin hcl</i>		PRECISION SUREDOSE	
PEDIARIX.....	124	.....	33	PLUS SYR.....	93
PEDVAX HIB.....	124	PIP PEN NEEDLES 31G X		PRECISION SURE-DOSE	
<i>peg 3350-kcl-na bicarb-nacl</i> 114		5MM.....	93	SYRINGE.....	93, 94
<i>peg-3350/electrolytes</i>	114	PIP PEN NEEDLES 32G X		<i>prednisolone</i>	116
PEGASYS.....	50	4MM.....	93	<i>prednisolone acetate</i>	112
PEMAZYRE.....	22	<i>piperacillin sod-tazobactam so</i>		<i>prednisolone sodium phosphate</i>	
<i>pemetrexed disodium</i>	22	.....	13	.....	117
PEMETREXED DISODIUM	22	PIQRAY (200 MG DAILY		<i>prednisone</i>	117
<i>pemetrexed ditromethamine</i> ...	22	DOSE).....	22	PREFERRED PLUS INSULIN	
PEMRYDI RTU.....	22	PIQRAY (250 MG DAILY		SYRINGE.....	94
PEN NEEDLES.....	93	DOSE).....	22	PREFERRED PLUS UNIFINE	
PENBRAYA.....	124	PIQRAY (300 MG DAILY		PENTIPS.....	94
<i>penicillamine</i>	115	DOSE).....	22	<i>pregabalin</i>	28

PREHEVBRIO.....	124	<i>proctozone-hc</i>	71	<i>quinidine sulfate</i>	56
PREMARIN.....	116	PRODIGY INSULIN		<i>quinine sulfate</i>	41
PREMPHASE.....	116	SYRINGE.....	94	QULIPTA.....	39
PREMPRO.....	116	<i>progesterone</i>	118	R	
PRENA 1 TRUE.....	134	PROGRAF.....	121	RA ALCOHOL SWABS.....	95
PRENAISSANCE.....	134	PROLIA.....	126	RA INSULIN SYRINGE.....	95
PRENAISSANCE PLUS.....	134	PROMACTA.....	52	<i>ra isopropyl alcohol wipes</i>	95
PRENATABS FA.....	134	<i>promethazine hcl</i>	40	RA PEN NEEDLES.....	95
PRENATAL.....	134	<i>promethegan</i>	40	RA STERILE.....	95
PRENATAL 19.....	134	<i>propafenone hcl</i>	56	RABAVERT.....	125
PRENATAL PLUS IRON ...	135	<i>propafenone hcl er</i>	56	<i>rabeprazole sodium</i>	112
PRENATAL-U.....	135	<i>propranolol hcl</i>	56	<i>raloxifene hcl</i>	116
PREPLUS.....	135	<i>propranolol hcl er</i>	56	<i>ramelteon</i>	133
PRETAB.....	135	<i>propylthiouracil</i>	119	<i>ramipril</i>	55
<i>prevalite</i>	60	PROQUAD.....	124	<i>ranolazine er</i>	58
PREVENT DROPSAFE PEN		<i>protriptyline hcl</i>	32	<i>rasagiline mesylate</i>	42
NEEDLES.....	94	PULMOZYME.....	109	RAYA SURE PEN NEEDLE	95
PREVENT SAFETY PEN		PURE COMFORT ALCOHOL		RAYALDEE.....	126
NEEDLES.....	94	PREP.....	94	REALITY INSULIN SYRINGE	
<i>previfem</i>	67	PURE COMFORT PEN		.....	95
PREVYMIS.....	50	NEEDLE.....	94, 95	REALITY SWABS.....	95
PREZCOBIX.....	49	PURE COMFORT SAFETY		<i>reclipsen</i>	67
PREZISTA.....	49	PEN NEEDLE.....	95	RECOMBIVAX HB.....	125
PRIFTIN.....	39	PURIXAN.....	22	RELENZA DISKHALER.....	50
PRIMAQUINE PHOSPHATE		PX SHORTLENGTH PEN		RELION ALCOHOL SWABS	
.....	41	NEEDLES.....	95	.....	95
<i>primidone</i>	28	<i>pyrazinamide</i>	39	RELION INSULIN SYRINGE	
PRIORIX.....	124	<i>pyridostigmine bromide</i>	127	.....	96
PRO COMFORT ALCOHOL	94	<i>pyrimethamine</i>	41	RELI-ON INSULIN SYRINGE	
PRO COMFORT INSULIN		Q		.....	96
SYRINGE.....	94	QC ALCOHOL.....	95	RELION MINI PEN NEEDLES	
PRO COMFORT PEN		QC ALCOHOL SWABS.....	95	.....	96
NEEDLES.....	94	QC BORDER ISLAND		RELION PEN NEEDLES.....	96
<i>probenecid</i>	38	GAUZE.....	95	<i>repaglinide</i>	34
PROCALAMINE.....	53	QINLOCK.....	22	REPATHA.....	60
<i>prochlorperazine</i>	40	QUADRACEL.....	124	REPATHA PUSHTRONEX	
<i>prochlorperazine edisylate</i>	40	<i>quetiapine fumarate</i>	46	SYSTEM.....	60
<i>prochlorperazine maleate</i>	40	<i>quetiapine fumarate er</i>	46	REPATHA SURECLICK.....	60
PROCRIT.....	52	QUICK TOUCH INSULIN		RESTORE CONTACT LAYER	
PROCTOFOAM HC.....	71	PEN NEEDLE.....	95	.....	96
<i>procto-med hc</i>	71	<i>quinapril hcl</i>	55	RETACRIT.....	53
<i>proctosol hc</i>	71	<i>quinapril-hydrochlorothiazide</i>	55	RETEVMO.....	22

RETROVIR.....	49	SAFETY PEN NEEDLES.....	96	SKYRIZI (150 MG DOSE)..	122
REVUFORJ.....	22	SANDIMMUNE	122	SKYRIZI PEN.....	122
REXULTI.....	46	SANTYL	69	SM ALCOHOL PREP.....	96
REYATAZ	49	<i>sapropterin dihydrochloride</i>	109	SM GAUZE.....	96
REZLIDHIA.....	22	SAVELLA.....	63	<i>sodium chloride</i>	126, 129
REZUROCK	121	SAVELLA TITRATION PACK		<i>sodium fluoride</i>	68
RHOPRESSA.....	128	.....	63	SODIUM FLUORIDE 5000	
RIABNI	22	SB ALCOHOL PREP	96	SENSITIVE.....	68
<i>ribavirin</i>	51	SB INSULIN SYRINGE.....	96	<i>sodium oxybate</i>	133
<i>rifabutin</i>	39	SCEMBLIX.....	23	<i>sodium polystyrene sulfonate</i>	113
<i>rifampin</i>	40	<i>scopolamine</i>	40	<i>solifenacin succinate</i>	114
<i>riluzole</i>	63	SECUADO	46	SOLQUA.....	36
RINVOQ	122	SECURESAFE INSULIN		SOLTAMOX.....	23
RINVOQ LQ.....	121	SYRINGE.....	96	SOLU-MEDROL (PF)	117
<i>risperidone</i>	46	SECURESAFE SAFETY PEN		SOMATULINE DEPOT	118
<i>risperidone microspheres er</i>	46	NEEDLES	96	SOMAVERT	118
<i>ritonavir</i>	49	SELECT-OB	135	<i>sorafenib tosylate</i>	23
RITUXAN HYCELA.....	22	<i>selegiline hcl</i>	42	<i>sorine</i>	56
<i>rivastigmine</i>	30	<i>selenium sulfide</i>	69	<i>sotalol hcl</i>	56
<i>rivastigmine tartrate</i>	30	SELZENTRY	49	<i>sotalol hcl (af)</i>	56
<i>rizatriptan benzoate</i>	39	SEMGLEE (YFGN).....	36	SPIRIVA RESPIMAT	131
ROCKLATAN	128	SE-NATAL 19	135	<i>spironolactone</i>	59
<i>roflumilast</i>	132	SEREVENT DISKUS	131	<i>spironolactone-hctz</i>	59
<i>ropinirole hcl</i>	42	SEROSTIM	118	SPRAVATO (56 MG DOSE)	32
<i>ropinirole hcl er</i>	42	<i>sertraline hcl</i>	32	SPRAVATO (84 MG DOSE)	32
<i>rosadan</i>	69	<i>setlakin</i>	67	<i>sprintec 28</i>	67
<i>rosuvastatin calcium</i>	60	<i>sevelamer carbonate</i>	114	SPRITAM.....	28
ROTARIX	125	<i>sevelamer hcl</i>	114	<i>sps (sodium polystyrene sulf)</i>	113
ROTATEQ	125	SEZABY	28	<i>sronyx</i>	67
ROZLYTREK	22, 23	<i>sf 5000 plus</i>	68	<i>ssd</i>	69
RUBRACA.....	23	<i>sharobel</i>	67	<i>stavudine</i>	49
<i>rufinamide</i>	28	SHINGRIX	125	STELARA	122
RUKOBIA.....	49	SIGNIFOR.....	118	STERILE	97
RUXIENCE.....	23	<i>sildenafil citrate</i>	134	STERILE GAUZE.....	97
RYBELSUS	34	<i>silver sulfadiazine</i>	69	STIOLTO RESPIMAT.....	131
RYBREVANT	23	SIMBRINZA.....	128	STIVARGA	23
RYDAPT	23	<i>simliya</i>	67	STRENSIQ.....	109
RYKINDO	46	<i>simvastatin</i>	60	<i>streptomycin sulfate</i>	8
RYTELO	23	<i>sirolimus</i>	122	STRIBILD	49
S		SIRTURO	40	STRIVERDI RESPIMAT	131
SAFETY INSULIN SYRINGES		SKYLA.....	67	<i>subvenite</i>	28
.....	96	SKYRIZI	122	<i>sucrafate</i>	112, 113

<i>sulfacetamide sodium</i>	111	<i>tarina 24 fe</i>	67	TICE BCG	24
<i>sulfacetamide-prednisolone</i> .	111	<i>tarina fe 1/20 eq</i>	67	TICOVAC	125
<i>sulfadiazine</i>	13	TARON-C DHA.....	135	TIGECYCLINE.....	14
<i>sulfamethoxazole-trimethoprim</i>	13	TARON-PREX.....	135	TIGLUTIK	63
<i>sulfasalazine</i>	126	TASIGNA	23	<i>tilia fe</i>	67
<i>sulindac</i>	6	TAVNEOS	122	<i>timolol maleate</i>	56, 128
<i>sumatriptan</i>	39	<i>tazarotene</i>	71	<i>tinidazole</i>	41
<i>sumatriptan succinate</i>	39	<i>tazicef</i>	11	<i>tiotropium bromide</i> <i>monohydrate</i>	131
<i>sumatriptan succinate refill</i>	39	TAZICEF.....	11	TIVDAK.....	24
<i>sunitinib malate</i>	23	<i>taztia xt</i>	57	TIVICAY	49
SUNLENCA.....	49	TAZVERIK.....	23	TIVICAY PD.....	49
SURE COMFORT ALCOHOL PREP	97	TDVAX	125	<i>tizanidine hcl</i>	133
SURE COMFORT INSULIN SYRINGE.....	97	TECVAYLI.....	23	TOBI PODHALER	8
SURE COMFORT PEN NEEDLES	97, 98	TEFLARO	11	<i>tobramycin</i>	8, 111
SURE-JECT INSULIN SYRINGE.....	98	TEGLUTIK	63	<i>tobramycin pak</i>	8
SURE-PREP ALCOHOL PREP	98	<i>telmisartan</i>	54	<i>tobramycin sulfate</i>	8
SURGICAL GAUZE SPONGE	98	<i>telmisartan-hctz</i>	54	<i>tobramycin-dexamethasone</i> ..	111
SUTAB.....	114	<i>temazepam</i>	8	TODAYS HEALTH PEN NEEDLES	98
SYMPAZAN.....	29	TENIVAC	125	TODAYS HEALTH SHORT PEN NEEDLE	98
SYMTUZA.....	49	<i>tenofovir disoproxil fumarate</i> .	49	<i>tolterodine tartrate</i>	114
SYNJARDY	34	TEPMETKO.....	23	<i>tolterodine tartrate er</i>	114
SYNJARDY XR	34	<i>terazosin hcl</i>	115	TOPCARE CLICKFINE PEN NEEDLES	98
SYNRIBO	23	<i>terbinafine hcl</i>	38	TOPCARE ULTRA COMFORT INS SYR..	98, 99
T		<i>terconazole</i>	38	<i>topiramate</i>	29
TABLOID	23	TERIPARATIDE	126	<i>topiramate er</i>	29
TABRECTA.....	23	TERUMO INSULIN SYRINGE	98	<i>toposar</i>	24
<i>tacrolimus</i>	71, 122	<i>testosterone</i>	115	<i>toremifene citrate</i>	24
<i>tadalafil</i>	134	<i>testosterone cypionate</i>	115	<i>torpenz</i>	24
TAFINLAR	23	<i>testosterone enanthate</i>	115	<i>torse mide</i>	59
<i>tafluprost (pf)</i>	128	<i>tetrabenazine</i>	63	TOUJEO MAX SOLOSTAR .	36
TAGRISSE	23	<i>tetracycline hcl</i>	14	TOUJEO SOLOSTAR	36
TALVEY	23	TEVIMBRA	23	TRADJENTA	34
TALZENNA.....	23	THALOMID.....	127	<i>tramadol hcl</i>	5
<i>tamoxifen citrate</i>	23	<i>theophylline</i>	131	TRAMADOL HCL	5
<i>tamsulosin hcl</i>	115	<i>theophylline er</i>	131	<i>tramadol-acetaminophen</i>	5
		THERAGAUZE	98	<i>trandolapril</i>	55
		<i>thioridazine hcl</i>	46	<i>trandolapril-verapamil hcl er</i> .	55
		<i>thiothixene</i>	46		
		<i>tiadylt er</i>	57		
		<i>tiagabine hcl</i>	29		
		TIBSOVO.....	23		

<i>tranexamic acid</i>	53	<i>trivora (28)</i>	68	ULTICARE MICRO PEN	
<i>tranylcypromine sulfate</i>	32	<i>tri-vylibra</i>	68	NEEDLES	102
<i>travoprost (bak free)</i>	128	<i>tri-vylibra lo</i>	68	ULTICARE MINI PEN	
TRAZIMERA.....	24	TRIZIVIR.....	49	NEEDLES	102
<i>trazodone hcl</i>	32	TROGARZO	49	ULTICARE PEN NEEDLES	
TRECTOR.....	40	<i>trospium chloride</i>	115	.....	102, 103
TRELEGY ELLIPTA	131	<i>trospium chloride er</i>	114	ULTICARE SHORT PEN	
TRELSTAR MIXJECT.....	24	TRUE COMFORT ALCOHOL		NEEDLES	103
TREMFYA.....	122	PREP PADS	99	ULTIGUARD SAFEPACK	
TRESIBA	36	TRUE COMFORT INSULIN		PEN NEEDLE.....	103
TRESIBA FLEXTOUCH	36	SYRINGE.....	99	ULTIGUARD SAFEPACK	
<i>tretinoin</i>	24, 71	TRUE COMFORT PEN		SYR/NEEDLE.....	103
<i>tri femynor</i>	67	NEEDLES	99	ULTILET ALCOHOL SWABS	
<i>triamcinolone acetonide</i> ..	68, 71,	TRUE COMFORT PRO		.....	103
117		ALCOHOL PREP	99	ULTILET INSULIN SYRINGE	
<i>triamterene-hctz</i>	59	TRUE COMFORT PRO		.....	103, 104
<i>triazolam</i>	8	INSULIN SYR	99, 100	ULTILET INSULIN SYRINGE	
<i>tridacaine</i>	6	TRUE COMFORT PRO PEN		SHORT	104
<i>tridacaine ii</i>	6	NEEDLES	100	ULTILET PEN NEEDLE....	104
<i>trientine hcl</i>	115	TRUEPLUS 5-BEVEL PEN		ULTRA COMFORT INSULIN	
<i>tri-estarylla</i>	67	NEEDLES	100	SYRINGE.....	104
<i>trifluoperazine hcl</i>	46	TRUEPLUS INSULIN		ULTRA FLO INSULIN PEN	
<i>trifluridine</i>	111	SYRINGE.....	101	NEEDLES	104, 105
<i>trihexyphenidyl hcl</i>	42	TRUEPLUS PEN NEEDLES		ULTRA FLO INSULIN SYR	
TRIJARDY XR.....	34	.....	101	1/2 UNIT	105
<i>tri-legest fe</i>	67	TRULICITY	34	ULTRA FLO INSULIN	
<i>tri-lynyah</i>	67	TRUMENBA.....	125	SYRINGE.....	105
<i>tri-lo-estarylla</i>	67	TRUQAP	24	ULTRA THIN PEN NEEDLES	
<i>tri-lo-marzia</i>	67	TRUXIMA	24	.....	105
<i>tri-lo-mili</i>	67	TUKYSA.....	24	ULTRACARE INSULIN	
<i>tri-lo-sprintec</i>	67	TURALIO	24	SYRINGE.....	105, 106
<i>trimethobenzamide hcl</i>	40	<i>turqoz</i>	68	ULTRACARE PEN NEEDLES	
<i>trimethoprim</i>	9	TWINRIX.....	125	.....	106
<i>tri-mili</i>	67	TYBOST	127	ULTRA-COMFORT INSULIN	
<i>trimipramine maleate</i>	32	TYMLOS.....	127	SYRINGE.....	106
TRINTELLIX.....	32	TYPHIM VI	125	ULTRA-THIN II INS SYR	
<i>tri-nymyo</i>	67	U		SHORT	106
<i>tri-previfem</i>	68	UBRELVY	39	ULTRA-THIN II INSULIN	
<i>tri-sprintec</i>	68	ULTICARE INSULIN		SYRINGE.....	106
TRIUMEQ.....	49	SAFETY SYR.....	101	ULTRA-THIN II MINI PEN	
TRIUMEQ PD.....	49	ULTICARE INSULIN		NEEDLE.....	107
TRIVEEN-DUO DHA	135	SYRINGE.....	101, 102		

XIFAXAN.....	10	XULTOPHY	36	ZIIHERA	26
XIGDUO XR.....	34	XYOSTED	115	<i>ziprasidone hcl</i>	47
XIIDRA.....	112	Y		<i>ziprasidone mesylate</i>	47
XOLAIR.....	132, 133	YERVOY	25	ZIRABEV	26
XOSPATA	25	YF-VAX.....	125	ZIRGAN.....	111
XPOVIO (100 MG ONCE		YONSA	25	ZOLADEX.....	26
WEEKLY).....	25	<i>yuvafem</i>	116	ZOLINZA.....	26
XPOVIO (40 MG ONCE		Z		<i>zolpidem tartrate</i>	133
WEEKLY).....	25	<i>zafemy</i>	68	<i>zolpidem tartrate er</i>	133
XPOVIO (40 MG TWICE		<i>zafirlukast</i>	130	ZONISADE	29
WEEKLY).....	25	<i>zaleplon</i>	133	<i>zonisamide</i>	30
XPOVIO (60 MG ONCE		ZATEAN-PN DHA.....	135	<i>zovia 1/35 (28)</i>	68
WEEKLY).....	25	ZATEAN-PN PLUS.....	135	ZTALMY	30
XPOVIO (60 MG TWICE		ZEGALOGUE.....	128	ZTLIDO.....	6
WEEKLY).....	25	ZEJULA	25	ZURZUVAE.....	32
XPOVIO (80 MG ONCE		ZELBORAF	26	ZYDELIG.....	26
WEEKLY).....	25	<i>zenatane</i>	69	ZYKADIA.....	26
XPOVIO (80 MG TWICE		ZENPEP	109	ZYLET	111
WEEKLY).....	25	ZEVRX STERILE ALCOHOL		ZYNLONTA	26
XTANDI.....	25	PREP PAD	108	ZYNYZ.....	26
<i>xulane</i>	68	<i>zidovudine</i>	50	ZYPREXA RELPREVV	47

Disclaimers

English

American Health Advantage of Florida, offered American Health Plan of Florida, Inc., is a Health Maintenance Organization Institutional Special Needs Plan (HMO I-SNP) with a Medicare contract. Enrollment in American Health Advantage of Florida depends on contract renewal. American Health Advantage of Florida complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-855-521-0626 (TTY/TDD:1-833-312-0046). Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-855-521-0626(TTY/TDD:1-833-312-0046). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-855-521-0626 (TTY/TDD:1-833-312-0046)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-855-521-06269 (TTY/TDD:1-833-312-0046)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-855-521-0626 (TTY/TDD:1-833-312-0046). Maaari kayong tulungan ng isang nakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-855-521-0626 (TTY/TDD:1-833-312-0046). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sùkhò e và chương trình thỏon. Né u quý vị cần thông dịch viên xin gọi 1-855-521-0626 (TTY/TDD:1-833-312-0046) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-855-521-0626 (TTY/TDD:1-833-312-0046). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-855-521-0626 (TTY/TDD:1-833-312-0046) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-855-521-0626 (TTY/TDD:1-833-312-0046). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، بمساعدتك. ليس عليك سوى الاتصال بنا على 1-855-521-0626 (TTY/TDD: 1-833-312-0046) سيقوم شخص ما يتحدث العربية بهذه خدمة مجانية.)

Hindi: हमारे सवास य या दवा की योजना के बारे में आपके किसी भी पर न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया परापत करने के लिए, बस हमें 1-855-521-0626 (TTY/TDD:1-833-312-0046) पर फोन करें. कोई वयकतकत जो हिनदी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-855-521-0626 (TTY/TDD:1-833-312-0046). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-855-521-0626 (TTY/TDD:1-833-312-0046). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-855-521-0626 (TTY/TDD:1-833-312-0046). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-855-521-0626 (TTY/TDD:1-833-312-0046). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-855-521-0626 (TTY/TDD:1-833-312-0046) にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

This formulary was updated on 02/07/2025. For more recent information or other questions, please contact American Health Advantage of Florida (HMO I-SNP) Member Services, at 855-521-0626 or, for TTY/TDD: 1-833-312-0046, hours of operation: October 1st through March 31st are 8:00 A.M to 8:00 P.M., seven days a week; April 1st through September 30th are 8:00 A.M to 8:00 P.M., Monday through Friday, or visit fl.amhealthplans.com.