

4 Tier Formulary

2025 Formulary (List of Covered Drugs)

For Employer-Sponsored Plans

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

This formulary was updated on **April 1, 2025**. To reach Member Services, please call **800-251-7722** (TTY: **800-833-8134**). Our hours are Monday to Friday 8 a.m. to 6 p.m. A representative will be happy to help.

4 Tier Formulary

2025 Formulary (List of Covered Drugs)

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

Thank you for being a ConnectiCare member. This document is the complete ConnectiCare pharmacy drug list, or formulary, that is covered by your employer-sponsored plan with four-tier drug benefits. This drug list is effective for plan year 2025. It is updated monthly and the last update was on April 1, 2025. Please note: This list may change over time, such as when:

We add a new, less-costly drug.

We remove a drug that may no longer be as effective as other drugs.

Please check the Pharmacy Center on connecticare.com for the most up-to-date drug list covered by your plan.

Which drugs are included in the formulary?

Our list of covered drugs includes both brand-name drugs and generic drugs.

The brand name is the name the drug company gave the drug. For example, the brand name of acetaminophen is Tylenol. Generic drugs are the low-cost version of the brand-name drug.

What if I don't see the drug I need?

If your doctor orders you a drug that is not listed in this formulary, please call **800-251-7722** (TTY: **800-833-8134**). Our hours are Monday to Friday 8 a.m. to 6 p.m. A representative will be happy to help.

How do I use the formulary?

You can look for your drug using the index. This starts on page 140. Or, if you already know what your drug is used for, look for the section name in the Table of Contents. Then, look there for your drug.

Sections are based on what the drugs are used to treat. For example, drugs used for a heart condition are under “Cardiovascular, Hypertension & Lipids.” The first column of the chart lists the drug name. Brand-name drugs are upper-case (for example, SYNTHROID). Generic drugs are shown in lower-case italics (for example, atenolol).

This formulary will also tell you which tier your drug belongs in. The chart below shows you what each tier means.

Tier	What drugs are included
Tier 0	Drugs covered under health care reform
Tier 1	Generic Drugs
Tier 2	Preferred brand-name drugs
Tier 3	Non-preferred brand name drugs
Tier 4	Specialty drugs*

*Specialty drugs — filled by a specialty pharmacy and limited to a 30-day supply — are prescription medications that often require special storage, handling and close monitoring by you, your doctor or pharmacist. These drugs, designated as “limited availability” (LA) in this formulary, are used to treat complex conditions.

If your doctor prescribes a drug that is not listed on this formulary, please contact ConnectiCare for further information on coverage of the product in question. If it’s appropriate, ask your doctor about a generic medication or a more affordable alternative that is included in the drug list. Refer to your benefit summary by logging in on connecticare.com to determine actual cost-share amounts applicable to your plan.

What are generic drugs?

Generic drugs are the low-cost version of a brand-name drug. Generally, a pharmacist will fill the generic type of the drug your doctor ordered if it is available. This may happen **even if** your prescription is written for a brand-name drug.

If you want the brand-name drug, be sure your doctor tells the pharmacist to give you the brand-name drug. When this happens, you may have to pay the copay (the set amount you pay) for the generic drug, plus the cost difference between the brand-name drug and the generic one.

Are there any limitations on my coverage?

A medicine listed in this guide does not mean we will pay for it. For example, some drugs may need prior authorization, or approval, for us to pay for them. In other cases, we may only pay for certain amounts or strengths. These drugs will have initials after their names. Below is a list of abbreviations that explains what the initials mean.

List of abbreviations and what these terms mean to you

ACA: Affordable Care Act. There is no cost-sharing for certain preventive drugs if they are right for your age, condition, and the way the drug is being used.

FF: Frozen Formulary. This product is currently affected by the Frozen Formulary Mandate. Coverage, copay and utilization management may change due to frozen formulary depending on your plan year start date.

LA: Limited Availability. You may only be able to get this drug at some drug stores.

OTC: Over the Counter. An OTC drug is a non-prescription drug.

PA: Prior Authorization. The plan requires you or your doctor to get approval before you fill your prescription. If you don't get approval, we may not cover the drug.

QL: Quantity Limit. For certain drugs, the plan limits the amount of the drug that we will cover.

ST: Step Therapy. In some cases, the plan 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, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B. A trial of an alternative drug would be required for no longer than 30 days.

You can ask us to make an exception to a restriction or limit on a drug. We can also give you a list of other, similar drugs that may work. Speak with your doctor about this first.

Disclaimer

Please see your Contract or Certificate of Coverage for plan details. It will tell you what is covered and how much you pay for your drugs. A drug being listed in this guide does not guarantee that we will pay for it. Some drugs may need approval (prior authorization) before we pay. For some drugs, we will only pay for certain doses and/or strengths. The drugs on this list may change based on a decision by ConnectiCare. As new generic drugs become available, the brand-name version will no longer be a preferred choice.

This is a list of the drugs that are prescribed most often for members that use the National Preferred Formulary.

To help keep your costs down, ask your doctor to prescribe generic drugs when possible.

NOTE: Not all drugs in this list are paid for by all drug benefit plans, so coverage is not guaranteed. Check your benefits for copay and any other requirements you may have under your plan. If you have other questions about your drug benefits, please call the phone number on the back of your ID card.

Can I get my prescriptions delivered to my home?

Our pharmacy benefit manager, Express Scripts, provides convenient home delivery by mail. Home delivery may save you money if you refill drugs every month and think you will be on the

same drug(s) for six months or longer.

Home delivery is as safe as going to your local pharmacy. Express Scripts pharmacists check every order for accuracy and are available 24/7 to answer your questions. To compare costs and sign up for home delivery, visit **express-scripts.com** or call Express Scripts at **877-603-1032**.

How do I contact someone at ConnectiCare?

To reach Member Services:

- Please call **800-251-7722** (TTY: **800-833-8134**). Our hours are Monday to Friday 8 a.m. to 6 p.m. A representative will be happy to help.
- Send a secure message by signing in to connecticare.com.
- For general questions *only*, email us at info@connecticare.com. Please do not use this address to send any personal, confidential or medical information, such as member ID, Social Security number or medical information. This is a regular email address that is not secure.

To reach Provider Services:

- Call **800-828-3407** Monday to Friday, 8 a.m. to 6 p.m.
- For prior authorization requests or any medical management issue, call **844-516-3324** 24/7.
- Use our website at connecticare.com/providers to check benefit eligibility and claims status, review medical criteria, and find forms.

If you need to mail us anything, send to:

ConnectiCare
Attention: Pharmacy Department
175 Scott Swamp Road
P.O. Box 4050
Farmington, CT 06034-4050

More contact information is available at connecticare.com.



Language & Non-Discrimination Notice

ConnectiCare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ConnectiCare does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

ConnectiCare:

- Provides free aids and services to people with disabilities to communicate effectively with us, including qualified interpreters and information in alternate formats.
- Provides free language services to people whose primary language is not English, including translated documents and oral interpretation.

If you need these services, contact The Committee for Civil Rights.

If you believe that ConnectiCare has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

The Committee for Civil Rights, ConnectiCare, 175 Scott Swamp Road, Farmington, CT 06032, Phone: 1-800-251-7722, and TTY: 711. You can file a grievance in person or by mail. If you need help filing a grievance, The Committee for Civil Rights is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Continued →

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-251-7722 (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-251-7722 (TTY: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-251-7722 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-800-251-7722 (TTY: 711)。

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-251-7722 (TTY: 711).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-251-7722 (ATS: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-251-7722 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-251-7722 (телетайп: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-251-7722 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-251-7722 (رقم هاتف الصم والبكم: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-251-7722 (TTY: 711)번으로 전화해 주십시오.

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-251-7722 (TTY: 711).

ध्यान दें: यदद आप द िंदी बोलते हैं तो आपके ललए मुफ्त में भाषा स ायता सेवाएि उपलब्ध हैं। 1-800-251-7722 (TTY: 711) पर कॉल करें।

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-251-7722 (TTY: 711).

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-251-7722 (TTY: 711).

ប្រយ័ត្ន បើសិនជាអ្នកនិយាយភាសាខ្មែរ, បេសវិធីន្តរបស់យើងអាចជួយអ្នកក្នុងការស្វែងយល់មិនគិតថ្លៃ។ 1-800-251-7722 (TTY: 711)។

જાનક: જો તમે ગુજરાતી બોલતા હો, તો નન:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-251-7722 (TTY: 711).

This Guidebook includes information accurate at the time it was collected from Express Scripts' systems and may not reflect actual benefit setup details at later times.

Table of Contents

ANTI - INFECTIVES	2
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS	16
AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH.....	26
AUTONOMIC & CNS DRUGS, NEUROLOGY	49
CARDIOVASCULAR, HYPERTENSION & LIPIDS.....	50
DERMATOLOGICALS/TOPICAL THERAPY	62
DIAGNOSTICS & MISCELLANEOUS AGENTS	75
EAR, NOSE & THROAT MEDICATIONS.....	78
ENDOCRINE/DIABETES	80
GASTROENTEROLOGY	93
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY	101
IMMUNOLOGY	107
MUSCULOSKELETAL & RHEUMATOLOGY	107
OBSTETRICS & GYNECOLOGY.....	110
OPHTHALMOLOGY	119
RESPIRATORY, ALLERGY, COUGH & COLD	124
UROLOGICALS	131
VITAMIN, HEMATINIC & ELECTROLYTES.....	133
VITAMINS, HEMATINICS & ELECTROLYTES	133
Index	140

Drug Name	Drug Tier	Requirements / Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET INTRAVENOUS SUSPENSION	2	
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION	3	*
<i>amphotericin b injection recon soln</i>	1	
<i>amphotericin b liposome intravenous suspension for reconstitution</i>	1	
ANCOBON ORAL CAPSULE	3	PA; *
BREXAFEMME ORAL TABLET	3	ST; QL
<i>clotrimazole mucous membrane troche</i>	1	
CRESEMBA INTRAVENOUS RECON SOLN	2	PA
CRESEMBA ORAL CAPSULE	2	PA
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	3	*
DIFLUCAN ORAL TABLET 100 MG, 200 MG	3	*
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN	2	
<i>fluconazole oral suspension for reconstitution</i>	1	
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>	1	
<i>fluconazole oral tablet 150 mg</i>	1	QL
<i>flucytosine oral capsule</i>	1	PA
<i>griseofulvin microsize oral suspension</i>	1	
<i>griseofulvin microsize oral tablet</i>	1	
<i>griseofulvin ultramicrosize oral tablet</i>	1	
<i>itraconazole oral capsule</i>	1	QL
<i>itraconazole oral solution</i>	1	QL
<i>ketoconazole oral tablet</i>	1	
NOXAFIL INTRAVENOUS SOLUTION	3	PA; *
NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON	2	PA
NOXAFIL ORAL SUSPENSION	3	PA; *
<i>nystatin oral suspension</i>	1	
<i>nystatin oral tablet</i>	1	
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET	3	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>posaconazole intravenous solution</i>	1	PA
<i>posaconazole oral suspension</i>	1	PA
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	1	PA
REZZAYO INTRAVENOUS RECON SOLN	3	
SPORANOX ORAL CAPSULE	3	*; QL
SPORANOX ORAL SOLUTION	3	*; QL
<i>terbinafine hcl oral tablet</i>	1	
VFEND IV INTRAVENOUS RECON SOLN	3	PA; *
VFEND ORAL SUSPENSION FOR RECONSTITUTION	3	PA; *
VFEND ORAL TABLET 50 MG	3	PA; *
VIVJOA ORAL CAPSULE	4	PA; FF; QL
<i>voriconazole intravenous recon soln</i>	1	PA
<i>voriconazole oral suspension for reconstitution</i>	1	PA
<i>voriconazole oral tablet</i>	1	PA
ANTIVIRALS		
<i>abacavir oral solution</i>	4	
<i>abacavir oral tablet</i>	4	
<i>abacavir-lamivudine oral tablet</i>	4	
<i>acyclovir oral capsule</i>	1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	
<i>acyclovir oral tablet</i>	1	
<i>adefovir oral tablet</i>	1	
<i>amantadine hcl oral capsule</i>	1	
<i>amantadine hcl oral solution</i>	1	
<i>amantadine hcl oral tablet</i>	1	
APRETUDE INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE	0	ACA
APTIVUS ORAL CAPSULE	4	
<i>atazanavir oral capsule</i>	4	
BARACLUDE ORAL SOLUTION	2	
BEYFORTUS INTRAMUSCULAR SYRINGE	0	ACA
BIKTARVY ORAL TABLET	4	
<i>cidofovir intravenous solution</i>	1	
CIMDUO ORAL TABLET	4	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>darunavir oral tablet</i>	4	
DESCOVY ORAL TABLET 120-15 MG	4	
DESCOVY ORAL TABLET 200-25 MG	0	ACA
DOVATO ORAL TABLET	4	
EDURANT ORAL TABLET	4	
<i>efavirenz oral tablet</i>	4	
<i>efavirenz-emtricitabin-tenofovir oral tablet</i>	4	
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet</i>	4	
<i>emtricitabine oral capsule</i>	4	
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	4	
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	0	ACA
EMTRIVA ORAL CAPSULE	4	*
EMTRIVA ORAL SOLUTION	4	
<i>entecavir oral tablet</i>	1	
EPCLUSA ORAL PELLETS IN PACKET	4	PA; LA; QL
EPCLUSA ORAL TABLET	4	PA; LA; QL
EPIVIR ORAL SOLUTION	4	*
EPIVIR ORAL TABLET	4	*
<i>etravirine oral tablet</i>	4	
EVOTAZ ORAL TABLET	4	
<i>famciclovir oral tablet</i>	1	QL
FLUMADINE ORAL TABLET	3	*
<i>fosamprenavir oral tablet</i>	4	
FUZEON SUBCUTANEOUS RECON SOLN	4	QL
GENVOYA ORAL TABLET	4	
HARVONI ORAL PELLETS IN PACKET	4	PA; LA; QL
HARVONI ORAL TABLET	4	PA; LA; QL
INTELENCE ORAL TABLET 100 MG, 200 MG	4	*
INTELENCE ORAL TABLET 25 MG	4	
ISENTRESS HD ORAL TABLET	2	
ISENTRESS ORAL POWDER IN PACKET	4	
ISENTRESS ORAL TABLET	4	
ISENTRESS ORAL TABLET,CHEWABLE	4	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
JULUCA ORAL TABLET	4	
KALETRA ORAL SOLUTION	4	*
KALETRA ORAL TABLET	4	*
LAGEVRIO (EUA) ORAL CAPSULE	0	QL
<i>lamivudine oral solution</i>	4	
<i>lamivudine oral tablet</i>	4	
<i>lamivudine-zidovudine oral tablet</i>	4	
LIVTENCITY ORAL TABLET	4	PA; QL
<i>lopinavir-ritonavir oral solution</i>	1	
<i>lopinavir-ritonavir oral tablet</i>	1	
<i>maraviroc oral tablet</i>	4	
<i>nevirapine oral suspension</i>	4	
<i>nevirapine oral tablet</i>	4	
<i>nevirapine oral tablet extended release 24 hr</i>	4	
NORVIR ORAL POWDER IN PACKET	4	
NORVIR ORAL TABLET	4	*
ODEFSEY ORAL TABLET	4	
<i>oseltamivir oral capsule</i>	1	QL
<i>oseltamivir oral suspension for reconstitution</i>	1	QL
PAXLOVID ORAL TABLETS,DOSE PACK	2	QL
PREVYMIS ORAL PELLETS IN PACKET	2	
PREVYMIS ORAL TABLET	2	QL
PREZISTA ORAL SUSPENSION	4	
PREZISTA ORAL TABLET 150 MG, 75 MG	4	
PREZISTA ORAL TABLET 600 MG, 800 MG	4	*
RAPIVAB (PF) INTRAVENOUS SOLUTION	2	
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE	3	QL
RETROVIR ORAL CAPSULE	4	*
RETROVIR ORAL SYRUP	4	*
REYATAZ ORAL CAPSULE 200 MG, 300 MG	4	*
REYATAZ ORAL POWDER IN PACKET	4	
<i>ribavirin inhalation recon soln</i>	1	PA
<i>ribavirin oral capsule</i>	4	PA; LA

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>ribavirin oral tablet 200 mg</i>	4	PA; LA
<i>rimantadine oral tablet</i>	1	
<i>ritonavir oral tablet</i>	4	
SELZENTRY ORAL SOLUTION	4	
SELZENTRY ORAL TABLET 150 MG, 300 MG	4	*
SUNLENCA ORAL TABLET	4	PA
SUNLENCA SUBCUTANEOUS SOLUTION	4	PA
SYMFI LO ORAL TABLET	4	*
SYMFI ORAL TABLET	4	*
SYMTUZA ORAL TABLET	4	
SYNAGIS INTRAMUSCULAR SOLUTION	4	PA; LA
TAMIFLU ORAL CAPSULE	3	*; QL
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION	3	*; QL
TEMBEXA ORAL SUSPENSION	3	
TEMBEXA ORAL TABLET	3	
<i>tenofovir disoproxil fumarate oral tablet</i>	4	
TIVICAY ORAL TABLET 50 MG	4	
TIVICAY PD ORAL TABLET FOR SUSPENSION	4	
TRIUMEQ ORAL TABLET	4	
TRIUMEQ PD ORAL TABLET FOR SUSPENSION	4	
TYBOST ORAL TABLET	4	
<i>valacyclovir oral tablet</i>	1	QL
VALCYTE ORAL RECON SOLN	3	*
VALCYTE ORAL TABLET	3	*
<i>valganciclovir oral recon soln</i>	1	
<i>valganciclovir oral tablet</i>	1	
VEMLIDY ORAL TABLET	2	
VIRACEPT ORAL TABLET	4	
VIRAZOLE INHALATION RECON SOLN	3	PA
VIREAD ORAL POWDER	4	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	4	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
VIREAD ORAL TABLET 300 MG	4	*
VOSEVI ORAL TABLET	4	PA; LA; QL
XOFLUZA ORAL TABLET 40 MG, 80 MG	3	QL
ZEPATIER ORAL TABLET	4	PA; LA; QL
ZIAGEN ORAL SOLUTION	4	*
<i>zidovudine oral capsule</i>	4	
<i>zidovudine oral syrup</i>	4	
<i>zidovudine oral tablet</i>	4	
CEPHALOSPORINS		
AVYCAZ INTRAVENOUS RECON SOLN	2	ST
<i>cefactor oral capsule</i>	1	
<i>cefactor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	1	
<i>cefactor oral tablet extended release 12 hr</i>	1	
<i>cefadroxil oral capsule</i>	1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>cefadroxil oral tablet</i>	1	
<i>cefdinir oral capsule</i>	1	
<i>cefdinir oral suspension for reconstitution</i>	1	
CEFEPIME IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK	3	ST
<i>cefepime in dextrose,iso-osm intravenous piggyback</i>	1	ST
<i>cefepime injection recon soln</i>	1	ST
<i>cefixime oral capsule</i>	1	
<i>cefixime oral suspension for reconstitution</i>	1	
CEFOTAN INJECTION RECON SOLN	3	ST
<i>cefotaxime injection recon soln 1 gram, 2 gram</i>	1	ST
<i>cefotetan injection recon soln</i>	1	ST
<i>cefotetan intravenous recon soln</i>	1	ST
<i>cefoxitin in dextrose, iso-osm intravenous piggyback</i>	1	ST
<i>cefoxitin intravenous recon soln</i>	1	ST
<i>cefpodoxime oral suspension for reconstitution</i>	1	
<i>cefpodoxime oral tablet</i>	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>cefprozil oral suspension for reconstitution</i>	1	
<i>cefprozil oral tablet</i>	1	
<i>ceftazidime injection recon soln</i>	1	ST
<i>ceftriaxone in dextrose,iso-os intravenous piggyback</i>	1	ST
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	1	ST
CEFTRIAZONE INJECTION RECON SOLN 100 GRAM	3	ST
<i>ceftriaxone intravenous recon soln</i>	1	ST
<i>cefuroxime axetil oral tablet</i>	1	
<i>cefuroxime sodium injection recon soln 750 mg</i>	1	ST
<i>cefuroxime sodium intravenous recon soln</i>	1	ST
<i>cephalexin oral capsule</i>	1	
<i>cephalexin oral suspension for reconstitution</i>	1	
<i>cephalexin oral tablet</i>	1	
<i>tazicef injection recon soln</i>	1	ST
TEFLARO INTRAVENOUS RECON SOLN	2	ST
ZERBAXA INTRAVENOUS RECON SOLN	2	ST
ERYTHROMYCINS & OTHER MACROLIDES		
<i>azithromycin intravenous recon soln</i>	1	ST
<i>azithromycin oral packet</i>	1	
<i>azithromycin oral suspension for reconstitution</i>	1	
<i>azithromycin oral tablet</i>	1	
<i>clarithromycin oral suspension for reconstitution</i>	1	
<i>clarithromycin oral tablet</i>	1	
<i>clarithromycin oral tablet extended release 24 hr</i>	1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION	3	QL
DIFICID ORAL TABLET	3	QL
<i>e.e.s. 400 oral tablet</i>	1	
E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION	3	*
ERYPED 200 ORAL SUSPENSION FOR RECONSTITUTION	3	*

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION	3	*
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	1	
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	3	*
<i>erythrocin (as stearate) oral tablet 250 mg</i>	1	
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	3	ST; *
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	1	
<i>erythromycin ethylsuccinate oral tablet</i>	1	
<i>erythromycin lactobionate intravenous recon soln</i>	1	ST
<i>erythromycin oral capsule, delayed release (dr/ec)</i>	1	
<i>erythromycin oral tablet</i>	1	
<i>erythromycin oral tablet, delayed release (dr/ec)</i>	1	
ZITHROMAX INTRAVENOUS RECON SOLN	3	ST; *
ZITHROMAX ORAL PACKET	3	*
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION	3	*
ZITHROMAX ORAL TABLET 250 MG, 500 MG	3	*
ZITHROMAX TRI-PAK ORAL TABLET	3	*
ZITHROMAX Z-PAK ORAL TABLET	3	*
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole oral tablet</i>	1	QL
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	2	QL
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	1	ST
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION	4	PA
<i>atovaquone oral suspension</i>	1	
<i>atovaquone-proguanil oral tablet</i>	1	QL
AZACTAM INJECTION RECON SOLN	3	ST; *
<i>aztreonam injection recon soln</i>	1	ST
<i>bacitracin intramuscular recon soln</i>	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
BENZNIDAZOLE ORAL TABLET	2	QL
BETHKIS INHALATION SOLUTION FOR NEBULIZATION	4	PA; *; LA; QL
BILTRICIDE ORAL TABLET	3	*
CAYSTON INHALATION SOLUTION FOR NEBULIZATION	4	PA; LA; QL
<i>chloramphenicol sod succinate intravenous recon soln</i>	1	
<i>chloroquine phosphate oral tablet</i>	1	
CLEOCIN HCL ORAL CAPSULE	3	*
CLEOCIN PEDIATRIC ORAL RECON SOLN	3	*
<i>clindamycin hcl oral capsule</i>	1	
<i>clindamycin pediatric oral recon soln</i>	1	
COARTEM ORAL TABLET	2	QL
<i>colistin (colistimethate na) injection recon soln</i>	1	ST
COLY-MYCIN M PARENTERAL INJECTION RECON SOLN	3	ST; *
<i>cycloserine oral capsule</i>	1	
DALVANCE INTRAVENOUS SOLUTION	2	ST
<i>dapsone oral tablet</i>	1	
DARAPRIM ORAL TABLET	4	PA; *
EMVERM ORAL TABLET,CHEWABLE	2	QL
<i>ethambutol oral tablet</i>	1	
FLAGYL ORAL CAPSULE	3	*
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml</i>	1	ST
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML	2	ST
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 120 MG/100 ML	3	ST
<i>gentamicin injection solution</i>	1	ST
<i>gentamicin sulfate (ped) (pf) injection solution</i>	1	ST
HUMATIN ORAL CAPSULE	4	LA
<i>hydroxychloroquine oral tablet</i>	1	
<i>imipenem-cilastatin intravenous recon soln</i>	1	ST
IMPAVIDO ORAL CAPSULE	2	PA; QL

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>isoniazid injection solution</i>	1	
<i>isoniazid oral solution</i>	1	
<i>isoniazid oral tablet</i>	1	
<i>ivermectin oral tablet</i>	1	PA; QL
KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION	4	PA; LA; QL
KRINTAFEL ORAL TABLET	3	QL
<i>linezolid oral suspension for reconstitution</i>	1	PA
<i>linezolid oral tablet</i>	1	PA
<i>linezolid-0.9% sodium chloride intravenous parenteral solution</i>	1	ST
MALARONE ORAL TABLET	3	*; QL
MALARONE PEDIATRIC ORAL TABLET	3	*; QL
<i>mefloquine oral tablet</i>	1	QL
MEPRON ORAL SUSPENSION	3	*
<i>metro i.v. intravenous piggyback</i>	1	ST
<i>metronidazole in nacl (iso-os) intravenous piggyback</i>	1	ST
<i>metronidazole oral capsule</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
NEBUPENT INHALATION RECON SOLN	3	*; QL
<i>neomycin oral tablet</i>	1	
<i>nitazoxanide oral tablet</i>	1	QL
<i>paromomycin oral capsule</i>	1	
PASER ORAL GRANULES DR FOR SUSP IN PACKET	3	
<i>pentamidine inhalation recon soln</i>	1	QL
<i>polymyxin b sulfate injection recon soln</i>	1	ST
<i>praziquantel oral tablet</i>	1	
PRETOMANID ORAL TABLET	3	PA
PRIFTIN ORAL TABLET	2	
<i>primaquine oral tablet</i>	1	QL
PRIMAXIN IV INTRAVENOUS RECON SOLN 500 MG	3	ST; *
<i>pyrazinamide oral tablet</i>	1	
<i>pyrimethamine oral tablet</i>	1	PA

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
QUALAQUIN ORAL CAPSULE	3	*; QL
<i>quinine sulfate oral capsule</i>	1	QL
<i>rifabutin oral capsule</i>	1	
RIFADIN INTRAVENOUS RECON SOLN	3	*
<i>rifampin intravenous recon soln</i>	1	
<i>rifampin oral capsule</i>	1	
SIRTURO ORAL TABLET	2	PA
SIVEXTRO INTRAVENOUS RECON SOLN	3	ST
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET	2	QL
STREPTOMYCIN INTRAMUSCULAR RECON SOLN	2	ST
STROMECTOL ORAL TABLET	3	PA; *; QL
<i>tinidazole oral tablet</i>	1	QL
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	4	PA; LA; QL
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization</i>	4	PA; LA; QL
<i>tobramycin inhalation solution for nebulization</i>	4	PA; LA; QL
<i>tobramycin sulfate injection recon soln</i>	1	ST
<i>tobramycin sulfate injection solution</i>	1	ST
TOBRAMYCIN WITH NEBULIZER INHALATION SOLUTION FOR NEBULIZATION	3	PA; LA; QL
TRECTOR ORAL TABLET	3	
XENLETA ORAL TABLET	3	
XIFAXAN ORAL TABLET	2	PA; QL
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION	3	PA; *
ZYVOX ORAL TABLET	3	PA; *
PENICILLINS		
<i>amoxicillin oral capsule</i>	1	
<i>amoxicillin oral suspension for reconstitution</i>	1	
<i>amoxicillin oral tablet</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i>	1	
<i>amoxicillin-pot clavulanate oral tablet</i>	1	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	1	
<i>amoxicillin-pot clavulanate oral tablet,chewable</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	
<i>ampicillin sodium injection recon soln</i>	1	ST
<i>ampicillin sodium intravenous recon soln</i>	1	ST
<i>ampicillin-sulbactam injection recon soln</i>	1	ST
AUGMENTIN ES-600 ORAL SUSPENSION FOR RECONSTITUTION	3	*
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	2	
AUGMENTIN XR ORAL TABLET EXTENDED RELEASE 12 HR	3	*
BICILLIN C-R INTRAMUSCULAR SYRINGE	2	ST
BICILLIN L-A INTRAMUSCULAR SYRINGE	2	ST
<i>dicloxacillin oral capsule</i>	1	
EXTENCILLINE INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.4 MILLION UNIT	3	
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR	3	
<i>nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml</i>	1	ST
<i>nafcillin injection recon soln</i>	1	ST
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml</i>	1	ST
<i>oxacillin injection recon soln</i>	1	ST
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	2	ST
<i>penicillin g potassium injection recon soln</i>	1	ST
<i>penicillin g sodium injection recon soln</i>	1	ST
<i>penicillin v potassium oral recon soln</i>	1	
<i>penicillin v potassium oral tablet</i>	1	
<i>pfizerpen-g injection recon soln</i>	1	ST

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
UNASYN INJECTION RECON SOLN	3	ST; *
QUINOLONES		
BAXDELA ORAL TABLET	2	QL
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON	3	*
CIPRO ORAL TABLET 250 MG, 500 MG	3	*
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback</i>	1	ST
<i>ciprofloxacin oral suspension,microcapsule recon</i>	1	
<i>levofloxacin in d5w intravenous piggyback</i>	1	ST
<i>levofloxacin intravenous solution</i>	1	ST
<i>levofloxacin oral solution</i>	1	
<i>levofloxacin oral tablet</i>	1	
<i>moxifloxacin oral tablet</i>	1	
MOXIFLOXACIN-SOD.ACE,SUL-WATER INTRAVENOUS PIGGYBACK	2	ST
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
SULFA'S & RELATED AGENTS		
BACTRIM DS ORAL TABLET	3	*
BACTRIM ORAL TABLET	3	*
<i>sulfadiazine oral tablet</i>	1	
<i>sulfamethoxazole-trimethoprim intravenous solution</i>	1	ST
<i>sulfamethoxazole-trimethoprim oral suspension</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	
<i>sulfatrim oral suspension</i>	1	
TETRACYCLINES		
ACTICLATE ORAL TABLET	3	ST; *
AVIDOXY DK KIT	3	ST
<i>avidoxy oral tablet</i>	1	
<i>demeclocycline oral tablet</i>	1	
<i>doxy-100 intravenous recon soln</i>	1	ST
<i>doxycycline hyclate intravenous recon soln</i>	1	ST

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>doxycycline hyclate oral capsule</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	
<i>doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg</i>	1	ST
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	1	ST
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>doxycycline monohydrate oral capsule 150 mg</i>	1	ST
<i>doxycycline monohydrate oral capsule, ir - delay rel, biphasic</i>	1	ST; FF
<i>doxycycline monohydrate oral suspension for reconstitution</i>	1	
<i>doxycycline monohydrate oral tablet</i>	1	
MINOCIN INTRAVENOUS RECON SOLN	2	ST
<i>minocycline oral capsule</i>	1	
<i>minocycline oral tablet</i>	1	
<i>minocycline oral tablet extended release 24 hr</i>	1	ST
<i>mondoxynol oral capsule</i>	1	
MONODOX ORAL CAPSULE	3	ST; *
MORGIDOX 1X100 KIT	3	ST
NUZYRA ORAL TABLET	3	QL
SEYSARA ORAL TABLET	3	ST
TARGADOX ORAL TABLET	3	ST; *
<i>tetracycline oral capsule</i>	1	
<i>tetracycline oral tablet</i>	1	ST
URINARY TRACT AGENTS		
<i>fosfomycin tromethamine oral packet</i>	1	
FURADANTIN ORAL SUSPENSION	3	*
MACROBID ORAL CAPSULE	3	*
<i>methenamine hippurate oral tablet</i>	1	
<i>methenamine mandelate oral tablet</i>	1	
<i>nitrofurantoin macrocrystal oral capsule</i>	1	
<i>nitrofurantoin monohydr/m-cryst oral capsule</i>	1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	1	
PRIMSOL ORAL SOLUTION	3	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>trimethoprim oral tablet</i>	1	
VANCOMYCIN		
VANCOCIN ORAL CAPSULE	3	PA; *; QL
<i>vancomycin oral capsule</i>	1	PA; QL
<i>vancomycin oral recon soln</i>	1	QL
VIBATIV INTRAVENOUS RECON SOLN 750 MG	2	ST
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
ELITEK INTRAVENOUS RECON SOLN	4	
ETHYOL INTRAVENOUS RECON SOLN	4	*
KEPIVANCE INTRAVENOUS RECON SOLN 5.16 MG	4	
<i>leucovorin calcium injection recon soln</i>	4	
<i>leucovorin calcium injection solution</i>	4	
<i>leucovorin calcium oral tablet</i>	1	
<i>mesna intravenous solution</i>	4	
MESNEX INTRAVENOUS SOLUTION	4	*
MESNEX ORAL TABLET	3	*
VISTOGARD ORAL GRANULES IN PACKET	4	PA; QL
XGEVA SUBCUTANEOUS SOLUTION	4	PA; LA; QL
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet</i>	4	PA; LA; QL
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION	4	*; LA
ADCETRIS INTRAVENOUS RECON SOLN	4	PA; LA
<i>adrucil intravenous solution 2.5 gram/50 ml</i>	4	
ALECENSA ORAL CAPSULE	4	PA; LA; QL
ALKERAN ORAL TABLET	3	*
ALUNBRIG ORAL TABLET	4	PA; QL
ALUNBRIG ORAL TABLETS,DOSE PACK	4	PA; QL
<i>anastrozole oral tablet</i>	0	ACA
AROMASIN ORAL TABLET	3	*
ARRANON INTRAVENOUS SOLUTION	4	*; LA

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR	4	ST
AUGTYRO ORAL CAPSULE	4	PA; LA
AYVAKIT ORAL TABLET	4	PA; QL
<i>azacitidine injection recon soln</i>	4	LA
AZASAN ORAL TABLET	4	*
<i>azathioprine oral tablet</i>	4	
<i>azathioprine sodium injection recon soln</i>	1	
BALVERSA ORAL TABLET	4	PA
BAVENCIO INTRAVENOUS SOLUTION	4	PA
BELEODAQ INTRAVENOUS RECON SOLN	4	PA
<i>bexarotene oral capsule</i>	4	PA; LA
<i>bexarotene topical gel</i>	1	PA; LA
<i>bicalutamide oral tablet</i>	1	
BIZENGRI INTRAVENOUS SOLUTION	4	PA
<i>bleomycin injection recon soln</i>	4	
BLINCYTO INTRAVENOUS KIT	4	PA
BOSULIF ORAL CAPSULE	4	PA; LA; QL
BOSULIF ORAL TABLET	4	PA; LA; QL
BRAFTOVI ORAL CAPSULE	4	PA; LA; QL
BRUKINSA ORAL CAPSULE	4	PA
<i>busulfan intravenous solution</i>	4	
BUSULFEX INTRAVENOUS SOLUTION	4	*
CABOMETYX ORAL TABLET	4	PA; LA; QL
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET	4	PA; QL
<i>capecitabine oral tablet</i>	4	PA; LA; QL
CAPRELSA ORAL TABLET	4	PA; QL
<i>carboplatin intravenous recon soln</i>	4	
<i>carboplatin intravenous solution</i>	4	
CASODEX ORAL TABLET	3	*
CELLCEPT INTRAVENOUS INTRAVENOUS RECON SOLN	4	*
CELLCEPT ORAL CAPSULE	4	*

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION	4	*
CELLCEPT ORAL TABLET	4	*
<i>cladribine intravenous solution</i>	4	
COMETRIQ ORAL CAPSULE	4	PA; LA; QL
COPIKTRA ORAL CAPSULE	4	PA; QL
COTELLIC ORAL TABLET	4	PA; LA; QL
<i>cyclophosphamide intravenous recon soln</i>	4	
<i>cyclophosphamide oral capsule</i>	1	
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	3	
<i>cyclosporine intravenous solution</i>	4	
<i>cyclosporine modified oral capsule</i>	4	
<i>cyclosporine modified oral solution</i>	4	
<i>cyclosporine oral capsule</i>	4	
<i>cytarabine (pf) injection solution</i>	4	
<i>cytarabine injection solution</i>	4	
<i>dacarbazine intravenous recon soln</i>	4	
<i>dactinomycin intravenous recon soln</i>	4	
DANZITEN ORAL TABLET	4	PA
DARZALEX INTRAVENOUS SOLUTION	4	PA; LA
<i>dasatinib oral tablet</i>	1	PA; LA; QL
<i>daunorubicin intravenous solution</i>	4	
DAURISMO ORAL TABLET	4	PA; LA; QL
<i>decitabine intravenous recon soln</i>	4	PA; LA
DOXIL INTRAVENOUS SUSPENSION	4	*
<i>doxorubicin, peg-liposomal intravenous suspension</i>	1	
DROXIA ORAL CAPSULE	2	
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE	4	PA; LA
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE	4	PA; LA
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE	4	PA; LA
ELIGARD SUBCUTANEOUS SYRINGE	4	PA; LA

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
ELLENCE INTRAVENOUS SOLUTION 200 MG/100 ML	4	*
ELLENCE INTRAVENOUS SOLUTION 50 MG/25 ML	4	
EMPLICITI INTRAVENOUS RECON SOLN	4	PA; LA
ENSPRYNG SUBCUTANEOUS SYRINGE	4	PA; LA
<i>epirubicin intravenous solution 200 mg/100 ml</i>	4	
ERBITUX INTRAVENOUS SOLUTION	4	PA; LA
<i>eribulin intravenous solution</i>	4	PA; FF
ERIVEDGE ORAL CAPSULE	4	PA; LA; QL
ERLEADA ORAL TABLET	4	PA; LA; QL
<i>erlotinib oral tablet</i>	4	PA; LA; QL
ERWINASE INJECTION RECON SOLN	4	
ETOPOPHOS INTRAVENOUS RECON SOLN	4	
<i>etoposide intravenous solution</i>	4	
<i>etoposide oral capsule</i>	1	
EULEXIN ORAL CAPSULE	3	*
<i>everolimus (antineoplastic) oral tablet</i>	4	PA; LA; QL
<i>everolimus (antineoplastic) oral tablet for suspension</i>	4	PA; LA; QL
<i>everolimus (immunosuppressive) oral tablet</i>	4	
<i>exemestane oral tablet</i>	0	ACA
FARESTON ORAL TABLET	3	*
FASLODEX INTRAMUSCULAR SYRINGE	4	PA; *
FEMARA ORAL TABLET	3	*
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN	4	PA; LA
<i>floxuridine injection recon soln</i>	4	
<i>fludarabine intravenous recon soln</i>	4	
<i>fludarabine intravenous solution</i>	4	
<i>fluorouracil intravenous solution</i>	4	
FOLOTYN INTRAVENOUS SOLUTION	4	PA; LA
FRUZAQLA ORAL CAPSULE	4	PA
<i>fulvestrant intramuscular syringe</i>	4	PA
GAVRETO ORAL CAPSULE	4	PA; QL

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
GAZYVA INTRAVENOUS SOLUTION	4	PA; LA
<i>gefitinib oral tablet</i>	4	PA; LA; QL
<i>gengraf oral capsule</i>	4	
<i>gengraf oral solution</i>	4	
GILOTRIF ORAL TABLET	4	PA; LA; QL
GLEOSTINE ORAL CAPSULE	2	
GLIADEL WAFER IMPLANT WAFER	3	
HALAVEN INTRAVENOUS SOLUTION	4	PA; *; LA
HYCANTIN ORAL CAPSULE	4	PA; LA
HYDREA ORAL CAPSULE	3	*
<i>hydroxyurea oral capsule</i>	1	
IBRANCE ORAL CAPSULE	4	PA; LA; QL
IBRANCE ORAL TABLET	4	PA; LA; QL
ICLUSIG ORAL TABLET	4	PA; QL
IDAMYCIN PFS INTRAVENOUS SOLUTION	4	*
<i>idarubicin intravenous solution</i>	4	
IDHIFA ORAL TABLET	4	PA; LA; QL
IFEX INTRAVENOUS RECON SOLN	4	*
<i>ifosfamide intravenous recon soln</i>	4	
<i>ifosfamide intravenous solution</i>	4	
<i>imatinib oral tablet</i>	4	PA; LA; QL
IMBRUVICA ORAL CAPSULE	4	PA; QL
IMBRUVICA ORAL SUSPENSION	4	PA; QL
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	4	PA; QL
IMFINZI INTRAVENOUS SOLUTION	4	PA; LA
IMLYGIC INJECTION SUSPENSION	4	PA
IMURAN ORAL TABLET	4	*
INLYTA ORAL TABLET	4	PA; LA; QL
IODOPEN INTRAVENOUS SOLUTION	2	
IRESSA ORAL TABLET	4	PA; *; LA; QL
ITOVEBI ORAL TABLET	4	PA; FF; LA
IWILFIN ORAL TABLET	4	PA
IXEMPRA INTRAVENOUS RECON SOLN	4	PA; LA

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
JAKAFI ORAL TABLET	4	PA; LA; QL
JEVTANA INTRAVENOUS SOLUTION	4	PA; LA
KADCYLA INTRAVENOUS RECON SOLN	4	PA; LA
KEYTRUDA INTRAVENOUS SOLUTION	4	PA
KISQALI ORAL TABLET	4	PA; LA; QL
KOSELUGO ORAL CAPSULE	4	PA
<i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i>	4	PA; QL
<i>lapatinib oral tablet</i>	4	PA; LA; QL
LAZCLUZE ORAL TABLET	4	PA
<i>lenalidomide oral capsule</i>	4	PA; LA; QL
LENVIMA ORAL CAPSULE	4	PA; LA; QL
<i>letrozole oral tablet</i>	1	
LEUKERAN ORAL TABLET	2	
<i>leuprolide subcutaneous kit</i>	4	PA; LA
LONSURF ORAL TABLET	4	PA; LA
LORBRENA ORAL TABLET	4	PA; LA; QL
LUMAKRAS ORAL TABLET	4	PA; LA
LUPKYNIS ORAL CAPSULE	4	PA; QL
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT	4	PA; LA
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT	4	PA; LA
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT	4	PA; LA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT	4	PA; LA
LYNPARZA ORAL TABLET	4	PA; LA; QL
LYSODREN ORAL TABLET	4	
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	4	PA
MATULANE ORAL CAPSULE	4	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	1	
<i>megestrol oral tablet</i>	1	
MEKINIST ORAL RECON SOLN	4	PA; LA; QL

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
MEKINIST ORAL TABLET	4	PA; LA; QL
MEKTOVI ORAL TABLET	4	PA; LA; QL
<i>mercaptopurine oral tablet</i>	1	
<i>methotrexate sodium (pf) injection recon soln</i>	4	
<i>methotrexate sodium (pf) injection solution</i>	4	
<i>methotrexate sodium injection solution</i>	4	
<i>methotrexate sodium oral tablet</i>	1	
<i>mitoxantrone intravenous concentrate</i>	4	LA
MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC)	4	PA; QL
<i>mycophenolate mofetil (hcl) intravenous recon soln</i>	1	
<i>mycophenolate mofetil oral capsule</i>	4	
<i>mycophenolate mofetil oral suspension for reconstitution</i>	4	
<i>mycophenolate mofetil oral tablet</i>	4	
<i>mycophenolate sodium oral tablet, delayed release (dr/ec)</i>	4	
MYFORTIC ORAL TABLET,DELAYED RELEASE (DR/EC)	4	*
MYHIBBIN ORAL SUSPENSION	4	
MYLERAN ORAL TABLET	2	
<i>nelarabine intravenous solution</i>	4	LA
NEMLUVIO SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL
NEORAL ORAL CAPSULE	4	*
NEORAL ORAL SOLUTION	4	*
NERLYNX ORAL TABLET	4	PA; LA
NEXAVAR ORAL TABLET	4	PA; *, LA; QL
NILANDRON ORAL TABLET	3	PA; *
<i>nilutamide oral tablet</i>	1	PA
NINLARO ORAL CAPSULE	4	PA; LA; QL
NIPENT INTRAVENOUS RECON SOLN	4	
NUBEQA ORAL TABLET	4	PA; LA; QL
NULOJIX INTRAVENOUS RECON SOLN	4	
<i>octreotide acetate injection solution</i>	4	PA; LA

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>octreotide acetate injection syringe</i>	4	PA; LA
<i>octreotide,microspheres intramuscular suspension,extended rel recon</i>	4	PA; LA; QL
ODOMZO ORAL CAPSULE	4	PA; LA; QL
OGSIVEO ORAL TABLET	4	PA
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION	4	PA
OJEMDA ORAL TABLET	4	PA
ONCASPAR INJECTION SOLUTION	4	PA
ORGOVYX ORAL TABLET	4	PA; QL
ORSERDU ORAL TABLET	4	PA; QL
<i>oxaliplatin intravenous recon soln</i>	4	
<i>oxaliplatin intravenous solution</i>	4	
<i>paclitaxel intravenous concentrate</i>	4	
<i>paclitaxel protein-bound intravenous suspension for reconstitution</i>	4	
<i>paraplatin intravenous solution</i>	1	
<i>pazopanib oral tablet</i>	4	PA; LA; QL
PEMAZYRE ORAL TABLET	4	PA; QL
PERJETA INTRAVENOUS SOLUTION	4	PA; LA
PHOTOFRIN INTRAVENOUS RECON SOLN	4	
PIQRAY ORAL TABLET	4	PA; LA
POMALYST ORAL CAPSULE	4	PA; LA
PRALATREXATE INTRAVENOUS SOLUTION	4	PA; LA
PROGRAF INTRAVENOUS SOLUTION	4	
PROGRAF ORAL CAPSULE	4	*
PROGRAF ORAL GRANULES IN PACKET	4	
PURIXAN ORAL SUSPENSION	4	
RETEVMO ORAL TABLET	4	PA; FF; LA; QL
REVLIMID ORAL CAPSULE	4	PA; LA; QL
REVUFORJ ORAL TABLET	4	PA
REZUROCK ORAL TABLET	4	PA; QL
ROZLYTREK ORAL CAPSULE	4	PA; LA; QL
ROZLYTREK ORAL PELLETS IN PACKET	4	PA; LA; QL
RUBRACA ORAL TABLET	4	PA; FF; LA; QL

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
RYDAPT ORAL CAPSULE	4	PA; LA; QL
RYLAZE INTRAMUSCULAR SOLUTION	4	PA
SANDIMMUNE INTRAVENOUS SOLUTION	4	*
SANDIMMUNE ORAL CAPSULE	4	*
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	4	PA; *; LA
SCSEMBLIX ORAL TABLET	4	PA; QL
SIGNIFOR SUBCUTANEOUS SOLUTION	4	PA
SIMULECT INTRAVENOUS RECON SOLN	4	
<i>sirolimus oral solution</i>	4	
<i>sirolimus oral tablet</i>	4	
SOLTAMOX ORAL SOLUTION	0	ACA
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE	4	PA; LA; QL
<i>sorafenib oral tablet</i>	4	PA; LA; QL
SPRYCEL ORAL TABLET	4	PA; *; LA; QL
STIVARGA ORAL TABLET	4	PA; LA; QL
<i>sunitinib malate oral capsule</i>	4	PA; LA; QL
SUTENT ORAL CAPSULE	4	PA; *; LA; QL
SYLVANT INTRAVENOUS RECON SOLN	4	PA; LA
TABLOID ORAL TABLET	3	
TABRECTA ORAL TABLET	4	PA; LA
<i>tacrolimus oral capsule</i>	4	
TAFINLAR ORAL CAPSULE	4	PA; LA; QL
TAFINLAR ORAL TABLET FOR SUSPENSION	4	PA; LA; QL
TAGRISSO ORAL TABLET	4	PA; LA; QL
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	4	PA; FF; LA; QL
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	4	PA; LA; QL
<i>tamoxifen oral tablet</i>	0	ACA
TARCEVA ORAL TABLET 100 MG	4	PA; *; LA; QL
TARGRETIN TOPICAL GEL	3	PA; *; LA
TASIGNA ORAL CAPSULE	4	PA; LA; QL
TAZVERIK ORAL TABLET	4	PA
TEMODAR INTRAVENOUS RECON SOLN	4	LA

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>temozolomide oral capsule</i>	4	PA; LA
THALOMID ORAL CAPSULE 100 MG, 50 MG	4	PA; LA; QL
TIBSOVO ORAL TABLET	4	PA
<i>topotecan intravenous recon soln</i>	4	PA; LA
<i>topotecan intravenous solution</i>	4	PA; LA
<i>toremifene oral tablet</i>	1	
<i>torpenz oral tablet</i>	4	PA; QL
<i>tretinoin (antineoplastic) oral capsule</i>	1	
TREXALL ORAL TABLET	3	
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	4	PA
TRUQAP ORAL TABLET	4	PA
TUKYSA ORAL TABLET	4	PA; QL
TURALIO ORAL CAPSULE 125 MG	4	PA; QL
TYKERB ORAL TABLET	4	PA; *; LA; QL
UNITUXIN INTRAVENOUS SOLUTION	4	PA
VECTIBIX INTRAVENOUS SOLUTION	4	PA; LA
VENCLEXTA ORAL TABLET	4	PA; QL
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK	4	PA; QL
VERZENIO ORAL TABLET	4	PA; LA; QL
VIDAZA INJECTION RECON SOLN	4	*; LA
VIJOICE ORAL GRANULES IN PACKET	4	PA; QL
VIJOICE ORAL TABLET	4	PA; QL
<i>vinblastine intravenous solution</i>	4	
<i>vincasar pfs intravenous solution</i>	4	
<i>vincristine intravenous solution</i>	4	
<i>vinorelbine intravenous solution</i>	4	
VITRAKVI ORAL CAPSULE	4	PA; LA; QL
VITRAKVI ORAL SOLUTION	4	PA; LA; QL
VIZIMPRO ORAL TABLET	4	PA; LA; QL
VONJO ORAL CAPSULE	4	PA; QL
VORANIGO ORAL TABLET	4	PA
VOTRIENT ORAL TABLET	4	PA; *; LA; QL
WELIREG ORAL TABLET	4	PA

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
XALKORI ORAL CAPSULE	4	PA; LA; QL
XALKORI ORAL PELLET	4	PA; FF; LA; QL
XELODA ORAL TABLET	4	PA; *; LA; QL
XERMELO ORAL TABLET	4	PA; QL
XOSPATA ORAL TABLET	4	PA; QL
XTANDI ORAL CAPSULE	4	PA; LA; QL
XTANDI ORAL TABLET	4	PA; LA; QL
YERVOY INTRAVENOUS SOLUTION	4	PA; LA
YONDELIS INTRAVENOUS RECON SOLN	4	
YONSA ORAL TABLET	4	PA; LA; QL
ZALTRAP INTRAVENOUS SOLUTION	4	PA; LA
ZANOSAR INTRAVENOUS RECON SOLN	4	
ZEJULA ORAL TABLET 100 MG	4	PA; FF; LA; QL
ZELBORAF ORAL TABLET	4	PA; LA; QL
ZEVALIN (Y-90) INTRAVENOUS KIT	4	
ZOLADEX SUBCUTANEOUS IMPLANT	4	PA; LA
ZOLINZA ORAL CAPSULE	4	PA; LA; QL
ZORTRESS ORAL TABLET	4	*
ZYDELIG ORAL TABLET	4	PA; LA; QL
ZYKADIA ORAL TABLET	4	PA; LA; QL
ZYNYZ INTRAVENOUS SOLUTION	4	PA

AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH

ANTICONVULSANTS

APTOM ORAL TABLET	3	
BRIVIACT INTRAVENOUS SOLUTION	3	
BRIVIACT ORAL SOLUTION	3	ST
BRIVIACT ORAL TABLET	3	ST
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	1	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	1	
<i>carbamazepine oral tablet</i>	1	
<i>carbamazepine oral tablet extended release 12 hr</i>	1	
<i>carbamazepine oral tablet, chewable 100 mg</i>	1	
CARBAMAZEPINE ORAL TABLET, CHEWABLE 200 MG	3	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR	3	*
CELONTIN ORAL CAPSULE 300 MG	3	*
CEREBYX INJECTION SOLUTION	3	*
<i>clobazam oral suspension</i>	1	PA
<i>clobazam oral tablet</i>	1	PA
<i>clonazepam oral tablet</i>	1	
<i>clonazepam oral tablet,disintegrating</i>	1	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR	3	ST; *
DEPAKOTE ORAL TABLET,DELAYED RELEASE (DR/EC)	3	ST; *
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE	3	ST; *
DIACOMIT ORAL CAPSULE	4	PA
DIACOMIT ORAL POWDER IN PACKET	4	PA
<i>diazepam rectal kit</i>	1	
DILANTIN EXTENDED ORAL CAPSULE	3	*
DILANTIN INFATABS ORAL TABLET,CHEWABLE	3	*
DILANTIN ORAL CAPSULE	2	
DILANTIN-125 ORAL SUSPENSION	3	*
<i>divalproex oral capsule, delayed rel sprinkle</i>	1	
<i>divalproex oral tablet extended release 24 hr</i>	1	
<i>divalproex oral tablet,delayed release (dr/ec)</i>	1	
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR	3	ST
EPIDIOLEX ORAL SOLUTION	4	PA; LA
<i>epitol oral tablet</i>	1	
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR	3	
<i>ethosuximide oral capsule</i>	1	
<i>ethosuximide oral solution</i>	1	
<i>felbamate oral suspension</i>	1	
<i>felbamate oral tablet</i>	1	
FELBATOL ORAL TABLET	3	*

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>fosphenytoin injection solution</i>	1	
FYCOMPA ORAL SUSPENSION	2	
FYCOMPA ORAL TABLET	2	
<i>gabapentin oral capsule</i>	1	
<i>gabapentin oral solution 250 mg/5 ml</i>	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	
<i>gabapentin oral tablet extended release 24 hr</i>	1	ST; FF
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 600 MG	3	ST; *
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 450 MG, 750 MG, 900 MG	3	ST
<i>lacosamide intravenous solution</i>	1	
<i>lacosamide oral solution</i>	1	
<i>lacosamide oral tablet</i>	1	
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK	3	ST
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK	3	ST
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK	3	ST
<i>lamotrigine oral tablet</i>	1	
<i>lamotrigine oral tablet disintegrating, dose pk</i>	1	
<i>lamotrigine oral tablet extended release 24hr</i>	1	
<i>lamotrigine oral tablet, chewable dispersible</i>	1	
<i>lamotrigine oral tablet,disintegrating</i>	1	
<i>lamotrigine oral tablets,dose pack</i>	1	
<i>levetiracetam intravenous solution</i>	1	
<i>levetiracetam oral solution</i>	1	
<i>levetiracetam oral tablet</i>	1	
<i>levetiracetam oral tablet extended release 24 hr</i>	1	
LEVETIRACETAM ORAL TABLET FOR SUSPENSION	3	PA
<i>methsuximide oral capsule</i>	1	
MYSOLINE ORAL TABLET	3	*
NAYZILAM NASAL SPRAY, NON-AEROSOL	2	PA; QL
<i>oxcarbazepine oral suspension</i>	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>oxcarbazepine oral tablet</i>	1	
<i>oxcarbazepine oral tablet extended release 24 hr</i>	1	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR	3	ST; *
<i>phenobarbital oral elixir</i>	1	
<i>phenobarbital oral tablet</i>	1	
PHENYTEK ORAL CAPSULE	3	*
<i>phenytoin oral suspension 125 mg/5 ml</i>	1	
<i>phenytoin oral tablet, chewable</i>	1	
<i>phenytoin sodium extended oral capsule</i>	1	
<i>phenytoin sodium intravenous solution</i>	1	
<i>phenytoin sodium intravenous syringe</i>	1	
<i>pregabalin oral capsule</i>	1	
<i>pregabalin oral solution</i>	1	
<i>pregabalin oral tablet extended release 24 hr</i>	1	ST
<i>primidone oral tablet 250 mg, 50 mg</i>	1	
QUDEXY XR ORAL CAPSULE, SPRINKLE, ER 24HR	3	ST; *
<i>roweepra oral tablet 500 mg</i>	1	
<i>rufinamide oral suspension</i>	1	PA
<i>rufinamide oral tablet</i>	1	PA
SPRITAM ORAL TABLET FOR SUSPENSION	3	ST
<i>subvenite oral tablet</i>	1	
<i>subvenite starter (blue) kit oral tablets, dose pack</i>	1	
<i>subvenite starter (green) kit oral tablets, dose pack</i>	1	
<i>subvenite starter (orange) kit oral tablets, dose pack</i>	1	
SYMPAZAN ORAL FILM	3	PA
TEGRETOL ORAL SUSPENSION	3	*
TEGRETOL ORAL TABLET	3	*
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR	3	*
<i>tiagabine oral tablet</i>	1	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	1	
<i>topiramate oral capsule, extended release 24hr</i>	1	ST

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>topiramate oral capsule,sprinkle,er 24hr</i>	1	ST
<i>topiramate oral tablet</i>	1	
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR	3	ST; *
<i>valproate sodium intravenous solution</i>	1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	1	
<i>valproic acid oral capsule</i>	1	
VALTOCO NASAL SPRAY,NON-AEROSOL	2	PA; QL
<i>vigabatrin oral powder in packet</i>	4	PA; LA; QL
<i>vigabatrin oral tablet</i>	4	PA; LA; QL
<i>vigadrone oral powder in packet</i>	4	PA; QL
<i>vigadrone oral tablet</i>	4	PA; QL
<i>vigpoder oral powder in packet</i>	4	PA; QL
XCOPRI MAINTENANCE PACK ORAL TABLET	3	QL
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	3	QL
XCOPRI ORAL TABLET 25 MG	3	FF; QL
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK	3	QL
ZARONTIN ORAL CAPSULE	3	*
ZARONTIN ORAL SOLUTION	3	*
<i>zonisamide oral capsule</i>	1	
ZTALMY ORAL SUSPENSION	4	PA
ANTIPARKINSONISM AGENTS		
<i>apomorphine subcutaneous cartridge</i>	4	PA; QL
AZILECT ORAL TABLET	3	PA; *
<i>benztropine injection solution</i>	1	
<i>benztropine oral tablet</i>	1	
<i>bromocriptine oral capsule</i>	1	
<i>bromocriptine oral tablet</i>	1	
<i>carbidopa oral tablet</i>	1	PA
<i>carbidopa-levodopa oral tablet</i>	1	
<i>carbidopa-levodopa oral tablet extended release</i>	1	
<i>carbidopa-levodopa oral tablet,disintegrating</i>	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>carbidopa-levodopa-entacapone oral tablet</i>	1	
CREXONT ORAL CAPSULE,IR -EXTEND REL,BIPHASE	3	ST; FF
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION	4	PA; LA
<i>entacapone oral tablet</i>	1	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	4	PA; QL
LODOSYN ORAL TABLET	3	PA; *
NEUPRO TRANSDERMAL PATCH 24 HOUR	3	
NOURIANZ ORAL TABLET	4	PA; LA; QL
ONGENTYS ORAL CAPSULE	3	PA; QL
<i>pramipexole oral tablet</i>	1	
<i>pramipexole oral tablet extended release 24 hr</i>	1	
<i>rasagiline oral tablet</i>	1	
<i>ropinirole oral tablet</i>	1	
<i>ropinirole oral tablet extended release 24 hr</i>	1	
RYTARY ORAL CAPSULE, EXTENDED RELEASE	3	ST; FF
<i>selegiline hcl oral capsule</i>	1	
<i>selegiline hcl oral tablet</i>	1	
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	3	*
TASMAR ORAL TABLET 100 MG	3	PA; *
<i>tolcapone oral tablet</i>	1	PA
<i>trihexyphenidyl oral elixir</i>	1	
<i>trihexyphenidyl oral tablet</i>	1	
MIGRAINE & CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	2	PA; QL
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	2	PA; QL
AJOVY SYRINGE SUBCUTANEOUS SYRINGE	2	PA; QL
<i>almotriptan malate oral tablet</i>	1	QL
<i>dihydroergotamine injection solution</i>	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>dihydroergotamine nasal spray,non-aerosol</i>	1	ST; QL
<i>eletriptan oral tablet</i>	1	QL
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR	2	PA; QL
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE	2	PA; QL
ERGOMAR SUBLINGUAL TABLET	3	
<i>ergotamine-caffeine oral tablet</i>	1	
FROVA ORAL TABLET	3	ST; *; QL
<i>frovatriptan oral tablet</i>	1	QL
<i>migergot rectal suppository</i>	1	
MIGRANAL NASAL SPRAY, NON-AEROSOL	3	ST; *; QL
<i>naratriptan oral tablet</i>	1	QL
NURTEC ODT ORAL TABLET, DISINTEGRATING	2	PA; QL
QULIPTA ORAL TABLET	2	PA; QL
REYVOW ORAL TABLET	3	PA; QL
<i>rizatriptan oral tablet</i>	1	QL
<i>rizatriptan oral tablet, disintegrating</i>	1	QL
<i>sumatriptan nasal spray, non-aerosol</i>	1	QL
<i>sumatriptan succinate oral tablet</i>	1	QL
<i>sumatriptan succinate subcutaneous cartridge</i>	1	QL
<i>sumatriptan succinate subcutaneous pen injector</i>	1	QL
<i>sumatriptan succinate subcutaneous solution</i>	1	QL
<i>sumatriptan-naproxen oral tablet</i>	1	ST; QL
TOSYMRA NASAL SPRAY, NON-AEROSOL	3	ST; QL
TRUDHESA NASAL SPRAY, NON-AEROSOL	3	ST; FF; QL
UBRELVY ORAL TABLET	2	PA; QL
ZEMBRACE SYMTOUCH SUBCUTANEOUS PEN INJECTOR	3	ST; QL
ZOLMITRIPTAN NASAL SPRAY, NON-AEROSOL 2.5 MG	3	ST; QL
<i>zolmitriptan nasal spray, non-aerosol 5 mg</i>	1	ST; QL
<i>zolmitriptan oral tablet</i>	1	QL
<i>zolmitriptan oral tablet, disintegrating</i>	1	QL

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
ZOMIG NASAL SPRAY, NON-AEROSOL 2.5 MG	2	ST; QL
ZOMIG NASAL SPRAY, NON-AEROSOL 5 MG	3	ST; *; QL
MISCELLANEOUS NEUROLOGICAL THERAPY		
ADLARTY TRANSDERMAL PATCH WEEKLY	3	ST
ARICEPT ORAL TABLET	3	ST; *
AUSTEDO ORAL TABLET	4	PA; LA; QL
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 18 MG, 24 MG, 6 MG	4	PA; LA; QL
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 30 MG, 36 MG, 42 MG, 48 MG	4	PA; FF; LA; QL
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	4	PA; LA; QL
<i>dalfampridine oral tablet extended release 12 hr</i>	4	PA; LA; QL
<i>dichlorphenamide oral tablet</i>	4	PA; LA
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	
<i>donepezil oral tablet 23 mg</i>	1	ST
<i>donepezil oral tablet, disintegrating</i>	1	
EVRYSDI ORAL RECON SOLN	4	PA; LA; QL
EXELON PATCH TRANSDERMAL PATCH 24 HOUR	3	ST; *
FIRDAPSE ORAL TABLET	4	PA
<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	1	
<i>galantamine oral solution</i>	1	
<i>galantamine oral tablet</i>	1	
HORIZANT ORAL TABLET EXTENDED RELEASE	3	ST
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE, DOSE PACK	4	PA; QL
INGREZZA ORAL CAPSULE	4	PA; QL
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE	4	PA; FF; QL
<i>memantine oral capsule, sprinkle, er 24hr</i>	1	
<i>memantine oral solution</i>	1	
<i>memantine oral tablet</i>	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
MEMANTINE ORAL TABLETS,DOSE PACK	3	
<i>memantine-donepezil oral capsule,sprinkle,er 24hr 14-10 mg, 28-10 mg</i>	1	
NAMENDA TITRATION PAK ORAL TABLETS,DOSE PACK	3	
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK	3	
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 28-10 MG	3	ST; *
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 21-10 MG, 7-10 MG	2	ST
NUEDEXTA ORAL CAPSULE	2	PA
<i>ormalvi oral tablet</i>	4	PA
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION	4	PA; LA
<i>rivastigmine tartrate oral capsule</i>	1	
<i>rivastigmine transdermal patch 24 hour</i>	1	
<i>tetrabenazine oral tablet</i>	4	PA; LA; QL
TYSABRI INTRAVENOUS SOLUTION	4	PA; LA; QL
ZEPOSIA ORAL CAPSULE	4	PA; LA; QL
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK	4	PA; LA; QL
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK	4	PA; LA; QL
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
<i>atracurium intravenous solution</i>	1	
<i>baclofen oral solution 5 mg/5 ml</i>	1	
<i>baclofen oral suspension</i>	1	
<i>baclofen oral tablet</i>	1	
BLOXIVERZ INTRAVENOUS SOLUTION	3	*
<i>carisoprodol oral tablet</i>	1	
<i>carisoprodol-aspirin oral tablet</i>	1	
<i>carisoprodol-aspirin-codeine oral tablet</i>	1	QL
<i>chlorzoxazone oral tablet</i>	1	
<i>cyclobenzaprine oral capsule,extended release 24hr</i>	1	ST
<i>cyclobenzaprine oral tablet</i>	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
DANTRIUM ORAL CAPSULE 25 MG	3	*
<i>dantrolene oral capsule</i>	1	
FEXMID ORAL TABLET	3	ST; *
LORZONE ORAL TABLET	3	ST; *
<i>meprobamate oral tablet</i>	1	
<i>metaxalone oral tablet 400 mg, 800 mg</i>	1	
<i>methocarbamol injection solution</i>	1	
<i>methocarbamol oral tablet</i>	1	
<i>neostigmine methylsulfate intravenous solution</i>	1	
NORGESIC FORTE ORAL TABLET	3	*
NORGESIC ORAL TABLET	3	*
<i>orphenadrine citrate injection solution</i>	1	
<i>orphenadrine citrate oral tablet extended release</i>	1	
<i>orphenadrine-asa-caffeine oral tablet 25-385-30 mg</i>	1	
<i>orphengesic forte oral tablet</i>	1	
PREVDUO INTRAVENOUS SYRINGE	3	
<i>pyridostigmine bromide oral syrup</i>	1	
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	3	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
<i>pyridostigmine bromide oral tablet extended release</i>	1	
<i>regonol injection solution</i>	1	
ROBAXIN INJECTION SOLUTION	3	*
SOMA ORAL TABLET	3	*
<i>tanlor oral tablet</i>	1	
<i>tizanidine oral capsule</i>	1	
<i>tizanidine oral tablet</i>	1	
<i>vanadom oral tablet</i>	1	
VYVGART HYTRULO SUBCUTANEOUS SOLUTION	4	PA; LA
ZANAFLEX ORAL CAPSULE	3	*
ZANAFLEX ORAL TABLET	3	*

NARCOTIC ANALGESICS

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>acetaminophen-caff-dihydrocod oral capsule</i>	1	QL
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	QL
<i>acetaminophen-codeine oral tablet</i>	1	QL
<i>ascomp with codeine oral capsule</i>	1	QL
BELBUCA BUCCAL FILM	2	PA; QL
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE	4	LA
<i>buprenorphine hcl injection solution</i>	1	QL
<i>buprenorphine hcl injection syringe</i>	1	QL
<i>buprenorphine hcl sublingual tablet</i>	1	
<i>buprenorphine transdermal patch weekly</i>	1	PA
<i>butalbital-acetaminop-caf-cod oral capsule</i>	1	QL
<i>butalbital-acetaminophen oral tablet</i>	1	
<i>butalbital-acetaminophen-caff oral capsule</i>	1	
<i>butalbital-acetaminophen-caff oral tablet</i>	1	
<i>butalbital-aspirin-caffeine oral capsule</i>	1	
<i>butalbital-aspirin-caffeine oral tablet</i>	1	
<i>codeine sulfate oral tablet 30 mg, 60 mg</i>	1	QL
<i>codeine-bitalbital-asa-caff oral capsule</i>	1	QL
DEMEROL (PF) INJECTION SYRINGE	3	QL
DEMEROL INJECTION SOLUTION	3	QL
DILAUDID ORAL LIQUID	3	*; QL
DILAUDID ORAL TABLET	3	*; QL
<i>diskets oral tablet,soluble</i>	1	PA; QL
<i>endocet oral tablet</i>	1	QL
ESGIC ORAL TABLET	3	ST; *
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	1	PA; QL
<i>fentanyl transdermal patch 72 hour</i>	1	PA; QL
FIORICET ORAL CAPSULE	3	ST; *
FIORICET WITH CODEINE ORAL CAPSULE	3	*; QL
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr</i>	1	PA; QL
<i>hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr</i>	1	PA; QL

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>hydrocodone-acetaminophen oral solution</i>	1	QL
<i>hydrocodone-acetaminophen oral tablet</i>	1	QL
<i>hydrocodone-ibuprofen oral tablet</i>	1	QL
<i>hydromorphone oral liquid</i>	1	QL
<i>hydromorphone oral tablet</i>	1	QL
<i>hydromorphone oral tablet extended release 24 hr</i>	1	PA; QL
<i>hydromorphone rectal suppository</i>	1	QL
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR	3	PA; *; QL
<i>levorphanol tartrate oral tablet</i>	1	QL
<i>meperidine (pf) injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml</i>	1	QL
<i>meperidine oral solution</i>	1	QL
<i>meperidine oral tablet 50 mg</i>	1	QL
<i>methadone injection solution</i>	1	PA; QL
<i>methadone oral concentrate</i>	1	PA; QL
<i>methadone oral solution</i>	1	PA; QL
<i>methadone oral tablet</i>	1	PA; QL
<i>methadone oral tablet,soluble</i>	1	PA; QL
<i>methadose oral concentrate</i>	1	PA; QL
<i>methadose oral tablet,soluble</i>	1	PA; QL
<i>morphine concentrate oral solution</i>	1	QL
MORPHINE INJECTION SYRINGE 2 MG/ML	3	QL
<i>morphine injection syringe 4 mg/ml</i>	1	QL
MORPHINE INTRAMUSCULAR PEN INJECTOR	3	QL
<i>morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml</i>	1	QL
MORPHINE INTRAVENOUS SYRINGE 8 MG/ML	3	QL
<i>morphine oral capsule, er multiphase 24 hr</i>	1	PA; QL
<i>morphine oral capsule,extend.release pellets</i>	1	PA; QL
<i>morphine oral solution</i>	1	QL
<i>morphine oral tablet</i>	1	QL
<i>morphine oral tablet extended release</i>	1	PA; QL
<i>morphine rectal suppository</i>	1	QL

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
MS CONTIN ORAL TABLET EXTENDED RELEASE	3	PA; *; QL
NALOCET ORAL TABLET	3	QL
<i>oxycodone oral capsule</i>	1	QL
<i>oxycodone oral concentrate</i>	1	QL
<i>oxycodone oral solution</i>	1	QL
<i>oxycodone oral tablet</i>	1	QL
<i>oxycodone-acetaminophen oral solution</i>	1	QL
<i>oxycodone-acetaminophen oral tablet</i>	1	QL
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR	2	PA; QL
<i>oxymorphone oral tablet</i>	1	QL
<i>oxymorphone oral tablet extended release 12 hr</i>	1	PA; QL
<i>prolate oral tablet</i>	1	QL
ROXICODONE ORAL TABLET 15 MG, 30 MG	3	*; QL
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE	4	LA
<i>tencon oral tablet</i>	1	
TREZIX ORAL CAPSULE	3	QL
NON-NARCOTIC ANALGESICS		
<i>adult aspirin regimen oral tablet,delayed release (dr/ec)</i>	0	ACA; OTC
ANAPROX DS ORAL TABLET	3	ST; *
ARTHROTEC 50 ORAL TABLET,IR,DELAYED REL,BIPHASIC	3	ST; *
ARTHROTEC 75 ORAL TABLET,IR,DELAYED REL,BIPHASIC	3	ST; *
<i>aspirin childrens oral tablet,chewable</i>	0	ACA; OTC
<i>aspirin oral tablet,chewable</i>	0	ACA; OTC
<i>aspirin oral tablet,delayed release (dr/ec) 81 mg</i>	0	ACA; OTC
<i>bayer low dose aspirin oral tablet,delayed release (dr/ec)</i>	0	ACA; OTC
<i>buprenorphine-naloxone sublingual film</i>	1	
<i>buprenorphine-naloxone sublingual tablet</i>	1	
<i>butorphanol injection solution</i>	1	QL
<i>butorphanol nasal spray,non-aerosol</i>	1	QL

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
CAMBIA ORAL POWDER IN PACKET	3	ST; *; QL
<i>celecoxib oral capsule</i>	1	
DAYPRO ORAL TABLET	3	ST; *
<i>diclofenac potassium oral capsule</i>	1	
<i>diclofenac potassium oral powder in packet</i>	1	ST; QL
<i>diclofenac potassium oral tablet 25 mg</i>	1	ST
<i>diclofenac potassium oral tablet 50 mg</i>	1	
<i>diclofenac sodium oral tablet extended release 24 hr</i>	1	
<i>diclofenac sodium oral tablet, delayed release (dr/ec)</i>	1	
<i>diclofenac sodium topical drops</i>	1	QL
<i>diclofenac sodium topical solution in metered-dose pump</i>	1	ST; QL
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic</i>	1	
<i>diflunisal oral tablet</i>	1	
DISALCID ORAL TABLET	3	*
EC-NAPROSYN ORAL TABLET, DELAYED RELEASE (DR/EC)	3	ST; *
<i>ecotrin low strength oral tablet, delayed release (dr/ec)</i>	0	ACA; OTC
<i>etodolac oral capsule</i>	1	
<i>etodolac oral tablet</i>	1	
<i>etodolac oral tablet extended release 24 hr</i>	1	
EUFLEXXA INTRA-ARTICULAR SYRINGE	4	PA; FF; LA
<i>fenoprofen oral capsule 400 mg</i>	1	ST
<i>fenoprofen oral tablet</i>	1	ST
FLECTOR TRANSDERMAL PATCH 12 HOUR	2	ST; QL
<i>flurbiprofen oral tablet 100 mg</i>	1	
<i>ibu oral tablet</i>	1	
<i>ibuprofen oral suspension</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>ibuprofen-famotidine oral tablet</i>	1	ST
<i>indomethacin oral capsule</i>	1	
<i>indomethacin oral capsule, extended release</i>	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>indomethacin oral suspension</i>	1	ST; FF
<i>indomethacin rectal suppository 50 mg</i>	1	
<i>ketoprofen oral capsule 25 mg</i>	1	ST
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	1	
<i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i>	1	ST
<i>ketorolac oral tablet</i>	1	QL
<i>kiprofen oral capsule</i>	1	ST
KLOXXADO NASAL SPRAY, NON-AEROSOL	2	QL
LICART TRANSDERMAL PATCH 24 HOUR	2	ST; QL
LODINE ORAL TABLET	3	ST; *
<i>lofena oral tablet</i>	1	ST
<i>lofexidine oral tablet</i>	1	PA; QL
<i>meclofenamate oral capsule</i>	1	
<i>mefenamic acid oral capsule</i>	1	
<i>meloxicam oral tablet</i>	1	QL
<i>meloxicam submicronized oral capsule</i>	1	ST; QL
MONOVISC INTRA-ARTICULAR SYRINGE	4	PA; LA
<i>nabumetone oral tablet</i>	1	
<i>nalbuphine injection solution</i>	1	QL
NALFON ORAL TABLET	3	ST; *
NALMEFENE INJECTION SOLUTION	3	
<i>naloxone injection solution</i>	1	
<i>naloxone injection syringe</i>	1	
<i>naloxone nasal spray, non-aerosol</i>	1	OTC; QL
<i>naltrexone oral tablet</i>	1	
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR	3	ST; *
NAPROSYN ORAL SUSPENSION	3	ST; *
NAPROSYN ORAL TABLET 500 MG	3	ST; *
<i>naproxen oral suspension</i>	1	ST
<i>naproxen oral tablet</i>	1	
<i>naproxen oral tablet, delayed release (dr/ec)</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
<i>naproxen sodium oral tablet, er multiphase 24 hr</i>	1	ST

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>naproxen-esomeprazole oral tablet,ir,delayed rel,biphasic</i>	1	ST
NARCAN NASAL SPRAY,NON-AEROSOL	3	*; QL
OPVEE NASAL SPRAY,NON-AEROSOL	3	
ORTHOVISC INTRA-ARTICULAR SYRINGE	4	PA; LA
<i>oxaprozin oral tablet</i>	1	
<i>pentazocine-naloxone oral tablet</i>	1	QL
<i>piroxicam oral capsule</i>	1	
REXTOVY NASAL SPRAY,NON-AEROSOL	2	QL
<i>salsalate oral tablet</i>	1	
SPRIX NASAL SPRAY,NON-AEROSOL	4	ST; QL
<i>st joseph aspirin oral tablet,chewable</i>	0	ACA; OTC
<i>st. joseph aspirin oral tablet,delayed release (dr/ec)</i>	0	ACA; OTC
<i>sulindac oral tablet</i>	1	
TOLECTIN 600 ORAL TABLET	3	ST; *
<i>tolmetin oral capsule</i>	1	ST
<i>tramadol oral tablet 100 mg, 50 mg</i>	1	QL
<i>tramadol oral tablet extended release 24 hr</i>	1	PA; QL
<i>tramadol oral tablet, er multiphase 24 hr</i>	1	PA; QL
<i>tramadol-acetaminophen oral tablet</i>	1	QL
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	4	LA
ZUBSOLV SUBLINGUAL TABLET	2	
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING	2	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	2	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING	2	
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET WITH SENSOR AND STRIP	3	QL
ABILIFY MYCITE STARTER KIT ORAL TABLET WITH SENSOR, STRIP, POD	3	QL
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED	3	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
ADZENYS XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H	3	ST
<i>alprazolam intensol oral concentrate</i>	1	
<i>alprazolam oral tablet</i>	1	
<i>alprazolam oral tablet extended release 24 hr</i>	1	
<i>alprazolam oral tablet,disintegrating</i>	1	
<i>amitriptyline oral tablet</i>	1	
<i>amitriptyline-chlordiazepoxide oral tablet</i>	1	
<i>amoxapine oral tablet</i>	1	
<i>amphetamine sulfate oral tablet</i>	1	
ANAFRANIL ORAL CAPSULE	3	*
<i>aripiprazole oral solution</i>	1	
<i>aripiprazole oral tablet</i>	1	QL
<i>aripiprazole oral tablet,disintegrating</i>	1	QL
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING	2	
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING	2	
<i>armodafinil oral tablet</i>	1	ST; QL
<i>asenapine maleate sublingual tablet</i>	1	QL
ATIVAN INJECTION SOLUTION	3	*
ATIVAN ORAL TABLET	3	*
<i>atomoxetine oral capsule</i>	1	
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC	3	ST; QL
AZSTARYS ORAL CAPSULE	2	ST
BELSOMRA ORAL TABLET	3	ST; QL
<i>bupropion hcl oral tablet</i>	1	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	1	QL
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	1	QL
<i>buspirone oral tablet</i>	1	
CAPLYTA ORAL CAPSULE	3	QL
<i>chlordiazepoxide hcl oral capsule</i>	1	
<i>chlorpromazine oral concentrate</i>	1	
<i>chlorpromazine oral tablet</i>	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>citalopram oral solution</i>	1	
<i>citalopram oral tablet</i>	1	QL
<i>clomipramine oral capsule</i>	1	
<i>clonidine hcl oral tablet extended release 12 hr</i>	1	
<i>clorazepate dipotassium oral tablet</i>	1	
<i>clozapine oral tablet</i>	1	
<i>clozapine oral tablet,disintegrating</i>	1	
CLOZARIL ORAL TABLET 100 MG, 25 MG	3	*
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H	3	ST
DAYTRANA TRANSDERMAL PATCH 24 HOUR	3	ST; *
DAYVIGO ORAL TABLET	3	ST; QL
<i>desipramine oral tablet</i>	1	
DESOXYN ORAL TABLET	3	*
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR	3	ST; QL
<i>desvenlafaxine succinate oral tablet extended release 24 hr</i>	1	ST; QL
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG	3	ST; *
<i>dexmethylphenidate oral capsule,er biphasic 50-50</i>	1	
<i>dexmethylphenidate oral tablet</i>	1	
<i>dextroamphetamine sulfate oral capsule, extended release</i>	1	
<i>dextroamphetamine sulfate oral solution</i>	1	
<i>dextroamphetamine sulfate oral tablet</i>	1	
<i>dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr</i>	1	
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr</i>	1	
<i>dextroamphetamine-amphetamine oral tablet</i>	1	
<i>diazepam injection solution</i>	1	
<i>diazepam injection syringe</i>	1	
<i>diazepam intensol oral concentrate</i>	1	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>diazepam oral tablet</i>	1	
<i>doxepin oral capsule</i>	1	
<i>doxepin oral concentrate</i>	1	
<i>doxepin oral tablet</i>	1	ST; QL
<i>duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1	QL
<i>duloxetine oral capsule,delayed release(dr/ec) 40 mg</i>	1	ST; QL
EMSAM TRANSDERMAL PATCH 24 HOUR	3	
<i>ergoloid oral tablet</i>	1	
ERZOFRI INTRAMUSCULAR SYRINGE	2	
<i>escitalopram oxalate oral solution</i>	1	ST
<i>escitalopram oxalate oral tablet</i>	1	QL
<i>estazolam oral tablet</i>	1	QL
<i>eszopiclone oral tablet</i>	1	QL
FANAPT ORAL TABLET	3	FF; QL
FANAPT ORAL TABLETS,DOSE PACK	3	FF; QL
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	2	ST; QL
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	2	ST; QL
<i>fluoxetine oral capsule 10 mg, 40 mg</i>	1	QL
<i>fluoxetine oral capsule 20 mg</i>	1	
<i>fluoxetine oral capsule,delayed release(dr/ec)</i>	1	ST; QL
<i>fluoxetine oral solution</i>	1	
<i>fluoxetine oral tablet 10 mg</i>	1	ST; QL
<i>fluoxetine oral tablet 20 mg, 60 mg</i>	1	ST
<i>fluphenazine decanoate injection solution</i>	1	
<i>fluphenazine hcl injection solution</i>	1	
<i>fluphenazine hcl oral concentrate</i>	1	
<i>fluphenazine hcl oral elixir</i>	1	
<i>fluphenazine hcl oral tablet</i>	1	
<i>flurazepam oral capsule</i>	1	QL
<i>fluvoxamine oral capsule,extended release 24hr</i>	1	ST; QL
<i>fluvoxamine oral tablet</i>	1	QL

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
GEODON ORAL CAPSULE	3	*; QL
<i>guanfacine oral tablet extended release 24 hr</i>	1	
HALCION ORAL TABLET 0.25 MG	3	*; QL
HALDOL DECANOATE INTRAMUSCULAR SOLUTION	3	*
<i>haloperidol decanoate intramuscular solution</i>	1	
<i>haloperidol lactate injection solution</i>	1	
<i>haloperidol lactate oral concentrate</i>	1	
<i>haloperidol oral tablet</i>	1	
HETLIOZ LQ ORAL SUSPENSION	4	PA; LA; QL
HETLIOZ ORAL CAPSULE	4	PA; *; LA; QL
<i>imipramine hcl oral tablet</i>	1	
<i>imipramine pamoate oral capsule</i>	1	
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG, 6 MG, 9 MG	3	*; QL
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE	3	
INVEGA TRINZA INTRAMUSCULAR SYRINGE	3	
JORNAY PM ORAL CAPSULE,DEL REL,EXT REL SPRINK	3	ST
<i>lisdexamfetamine oral capsule</i>	1	
<i>lisdexamfetamine oral tablet,chewable</i>	1	ST
<i>lithium carbonate oral capsule</i>	1	
<i>lithium carbonate oral tablet</i>	1	
<i>lithium carbonate oral tablet extended release</i>	1	
<i>lithium citrate oral solution</i>	1	
LITHOBID ORAL TABLET EXTENDED RELEASE	3	*
<i>lorazepam injection solution</i>	1	
<i>lorazepam injection syringe</i>	1	
<i>lorazepam intensol oral concentrate</i>	1	
<i>lorazepam oral concentrate</i>	1	
<i>lorazepam oral tablet</i>	1	
<i>loxapine succinate oral capsule</i>	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
LUMRYZ ORAL EXTEND RELEASE GRANULES,PACKET	4	PA; LA; QL
LUMRYZ STARTER PACK ORAL GRANULES ER PACKET, DOSE PACK	4	PA; FF
<i>lurasidone oral tablet</i>	1	QL
LYBALVI ORAL TABLET	3	QL
MARPLAN ORAL TABLET	3	
METADATE CD ORAL CAPSULE, ER BIPHASIC 30-70	3	ST; *
<i>methamphetamine oral tablet</i>	1	
METHYLIN ORAL SOLUTION	3	*
<i>methylphenidate hcl oral cap,er sprinkle,biphasic 40-60</i>	1	ST
<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	1	
<i>methylphenidate hcl oral capsule,er biphasic 50-50</i>	1	
<i>methylphenidate hcl oral solution</i>	1	
<i>methylphenidate hcl oral tablet</i>	1	
<i>methylphenidate hcl oral tablet extended release</i>	1	
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg, 72 mg</i>	1	
<i>methylphenidate hcl oral tablet,chewable</i>	1	
<i>methylphenidate transdermal patch 24 hour</i>	1	ST
<i>mirtazapine oral tablet</i>	1	
<i>mirtazapine oral tablet,disintegrating</i>	1	
<i>modafinil oral tablet</i>	1	ST; QL
<i>molindone oral tablet</i>	1	
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR	3	ST; *
NARDIL ORAL TABLET	3	*
<i>nefazodone oral tablet</i>	1	
<i>nortriptyline oral capsule</i>	1	
<i>nortriptyline oral solution</i>	1	
NUPLAZID ORAL CAPSULE	4	PA; LA; QL
NUPLAZID ORAL TABLET	4	PA; LA; QL
<i>olanzapine intramuscular recon soln</i>	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>olanzapine oral tablet</i>	1	QL
<i>olanzapine oral tablet,disintegrating</i>	1	QL
<i>olanzapine-fluoxetine oral capsule</i>	1	
<i>oxazepam oral capsule</i>	1	
<i>paliperidone oral tablet extended release 24hr</i>	1	QL
PAMELOR ORAL CAPSULE	3	*
PARNATE ORAL TABLET	3	*
<i>paroxetine hcl oral suspension</i>	1	ST
<i>paroxetine hcl oral tablet</i>	1	QL
<i>paroxetine hcl oral tablet extended release 24 hr</i>	1	ST; QL
<i>paroxetine mesylate(menop.sym) oral capsule</i>	1	ST; QL
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR	3	ST; *; QL
PAXIL ORAL SUSPENSION	3	ST; *
PAXIL ORAL TABLET	3	ST; *; QL
<i>perphenazine oral tablet</i>	1	
<i>perphenazine-amitriptyline oral tablet</i>	1	
<i>phenelzine oral tablet</i>	1	
<i>pimozide oral tablet</i>	1	
<i>procentra oral solution</i>	1	
<i>protriptyline oral tablet</i>	1	
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR	3	ST
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	1	QL
<i>quetiapine oral tablet extended release 24 hr</i>	1	QL
QUVIVIQ ORAL TABLET	3	ST; QL
<i>ramelteon oral tablet</i>	1	QL
REMERON ORAL TABLET 15 MG, 30 MG	3	*
REMERON SOLTAB ORAL TABLET,DISINTEGRATING	3	*
RESTORIL ORAL CAPSULE	3	*; QL
REXULTI ORAL TABLET	3	QL
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	3	*
RISPERDAL ORAL SOLUTION	3	*

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	*; QL
<i>risperidone microspheres intramuscular suspension,extended rel recon</i>	1	
<i>risperidone oral solution</i>	1	
<i>risperidone oral tablet</i>	1	QL
<i>risperidone oral tablet,disintegrating</i>	1	QL
RYKINDO INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	2	
SECUADO TRANSDERMAL PATCH 24 HOUR	3	QL
<i>sertraline oral concentrate</i>	1	
<i>sertraline oral tablet</i>	1	QL
SILENOR ORAL TABLET	3	ST; *; QL
SODIUM OXYBATE ORAL SOLUTION	4	PA; QL
SUNOSI ORAL TABLET	2	ST; QL
SYMBYAX ORAL CAPSULE 6-25 MG	3	*
<i>tasimelteon oral capsule</i>	4	PA; LA; QL
<i>temazepam oral capsule</i>	1	QL
<i>thioridazine oral tablet</i>	1	
<i>thiothixene oral capsule</i>	1	
<i>tranylcypromine oral tablet</i>	1	
<i>trazodone oral tablet</i>	1	
<i>triazolam oral tablet</i>	1	QL
<i>trifluoperazine oral tablet</i>	1	
<i>trimipramine oral capsule</i>	1	
TRINTELLIX ORAL TABLET	3	ST; QL
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING	2	
<i>venlafaxine oral capsule,extended release 24hr</i>	1	QL
<i>venlafaxine oral tablet</i>	1	QL
<i>venlafaxine oral tablet extended release 24hr</i>	1	ST; QL
VERSACLOZ ORAL SUSPENSION	3	
<i>vilazodone oral tablet</i>	1	ST; QL
VRAYLAR ORAL CAPSULE	3	QL
VYVANSE ORAL CAPSULE	3	ST; *

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
VYVANSE ORAL TABLET,CHEWABLE	3	ST; *
WAKIX ORAL TABLET	4	ST; LA; QL
XYWAV ORAL SOLUTION	4	PA; QL
<i>zaleplon oral capsule</i>	1	QL
<i>zenzedi oral tablet 10 mg, 5 mg</i>	1	
ZENZEDI ORAL TABLET 15 MG, 20 MG, 30 MG, 7.5 MG	3	*
ZENZEDI ORAL TABLET 2.5 MG	3	
<i>ziprasidone hcl oral capsule</i>	1	QL
<i>zolpidem oral tablet</i>	1	QL
<i>zolpidem oral tablet,ext release multiphase</i>	1	QL
<i>zolpidem sublingual tablet</i>	1	QL
ZURZUVAE ORAL CAPSULE	4	QL
ZYPREXA INTRAMUSCULAR RECON SOLN	3	*
ZYPREXA ORAL TABLET	3	*; QL
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	3	
ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING	3	*; QL

AUTONOMIC & CNS DRUGS, NEUROLOGY

MULTIPLE SCLEROSIS AGENTS

AVONEX INTRAMUSCULAR PEN INJECTOR KIT	4	PA; LA; QL
AVONEX INTRAMUSCULAR SYRINGE KIT	4	PA; LA; QL
BAFIERTAM ORAL CAPSULE,DELAYED RELEASE(DR/EC)	4	PA; LA; QL
BETASERON SUBCUTANEOUS KIT	4	PA; LA; QL
COPAXONE SUBCUTANEOUS SYRINGE	4	PA; *; FF; LA; QL
<i>dimethyl fumarate oral capsule,delayed release(dr/ec)</i>	4	PA; LA; QL
<i>fingolimod oral capsule</i>	4	PA; LA; QL
<i>glatiramer subcutaneous syringe</i>	4	PA; LA; QL
<i>glatopa subcutaneous syringe</i>	4	PA; LA; QL
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL
LEMTRADA INTRAVENOUS SOLUTION	4	PA; LA; QL

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
MAVENCLAD (10 TABLET PACK) ORAL TABLET	4	PA; LA; QL
MAVENCLAD (4 TABLET PACK) ORAL TABLET	4	PA; LA; QL
MAVENCLAD (5 TABLET PACK) ORAL TABLET	4	PA; LA; QL
MAVENCLAD (6 TABLET PACK) ORAL TABLET	4	PA; LA; QL
MAVENCLAD (7 TABLET PACK) ORAL TABLET	4	PA; LA; QL
MAVENCLAD (8 TABLET PACK) ORAL TABLET	4	PA; LA; QL
MAVENCLAD (9 TABLET PACK) ORAL TABLET	4	PA; LA; QL
MAYZENT ORAL TABLET	4	PA; LA; QL
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK	4	PA; LA; QL
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK	4	PA; LA; QL
OCREVUS INTRAVENOUS SOLUTION	4	PA; LA; QL
OCREVUS ZUNOVO SUBCUTANEOUS SOLUTION	4	PA; FF; LA; QL
PLEGRIDY INTRAMUSCULAR SYRINGE	4	PA; LA; QL
PLEGRIDY SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL
PLEGRIDY SUBCUTANEOUS SYRINGE	4	PA; LA; QL
PONVORY ORAL TABLET	4	PA; LA; QL
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE	4	PA; LA; QL
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE	4	PA; LA; QL
<i>teriflunomide oral tablet</i>	4	PA; LA; QL
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC)	4	PA; LA; QL

CARDIOVASCULAR, HYPERTENSION & LIPIDS

ANTIARRHYTHMIC AGENTS

<i>adenosine intravenous solution</i>	1	
---------------------------------------	---	--

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>amiodarone intravenous solution</i>	1	
<i>amiodarone oral tablet</i>	1	
BETAPACE AF ORAL TABLET	3	ST; *
BETAPACE ORAL TABLET	3	ST; *
<i>disopyramide phosphate oral capsule</i>	1	
<i>dofetilide oral capsule</i>	1	
<i>flecainide oral tablet</i>	1	
<i>lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)</i>	1	
<i>mexiletine oral capsule</i>	1	
MULTAQ ORAL TABLET	2	
NEXTERONE INTRAVENOUS SOLUTION	3	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1	
<i>procainamide injection solution</i>	1	
<i>propafenone oral capsule,extended release 12 hr</i>	1	
<i>propafenone oral tablet</i>	1	
<i>quinidine gluconate oral tablet extended release</i>	1	
<i>quinidine sulfate oral tablet</i>	1	
<i>sotalol af oral tablet</i>	1	
SOTALOL INTRAVENOUS SOLUTION	3	
<i>sotalol oral tablet</i>	1	
SOTYLIZE ORAL SOLUTION	2	
ANTIHYPERTENSIVE THERAPY		
ACCUPRIL ORAL TABLET	3	*
ACCURETIC ORAL TABLET	3	*
<i>acebutolol oral capsule</i>	1	
ALDACTONE ORAL TABLET	3	*
<i>aliskiren oral tablet</i>	1	
ALTACE ORAL CAPSULE	3	*
<i>amiloride oral tablet</i>	1	
<i>amiloride-hydrochlorothiazide oral tablet</i>	1	
<i>amlodipine oral tablet</i>	1	
<i>amlodipine-benazepril oral capsule</i>	1	
<i>amlodipine-olmesartan oral tablet</i>	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>amlodipine-valsartan oral tablet</i>	1	
<i>amlodipine-valsartan-hcthiazyd oral tablet</i>	1	
<i>atenolol oral tablet</i>	1	
<i>atenolol-chlorthalidone oral tablet</i>	1	
<i>benazepril oral tablet</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet</i>	1	
<i>betaxolol oral tablet</i>	1	
<i>bisoprolol fumarate oral tablet</i>	1	
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	1	
<i>bumetanide injection solution</i>	1	
<i>bumetanide oral tablet</i>	1	
<i>candesartan oral tablet</i>	1	
<i>candesartan-hydrochlorothiazid oral tablet</i>	1	
<i>captopril oral tablet</i>	1	
<i>captopril-hydrochlorothiazide oral tablet</i>	1	
CARDIZEM CD ORAL CAPSULE,EXTENDED RELEASE 24HR	3	*
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR	3	*
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3	*
CARDURA ORAL TABLET	3	ST; *; QL
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR	3	ST; QL
<i>cartia xt oral capsule,extended release 24hr</i>	1	
<i>carvedilol oral tablet</i>	1	
<i>carvedilol phosphate oral capsule, er multiphase 24 hr</i>	1	
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY	3	*; QL
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY	3	*; QL
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY	3	*; QL
<i>chlorothiazide sodium intravenous recon soln</i>	1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>clonidine hcl oral tablet</i>	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>clonidine transdermal patch weekly</i>	1	QL
CONSENSI ORAL TABLET	3	
COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR	3	ST; *
DEMSER ORAL CAPSULE	3	PA; *
DIBENZYLINE ORAL CAPSULE	3	PA; *
<i>diltiazem hcl oral capsule,ext.rel 24h degradable</i>	1	
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	1	
<i>diltiazem hcl oral capsule,extended release 24 hr</i> 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
<i>diltiazem hcl oral capsule,extended release 24hr</i>	1	
<i>diltiazem hcl oral tablet</i>	1	
<i>diltiazem hcl oral tablet extended release 24 hr</i>	1	
<i>dilt-xr oral capsule,ext.rel 24h degradable</i>	1	
DIURIL ORAL SUSPENSION	3	
<i>doxazosin oral tablet</i>	1	QL
DYRENIUM ORAL CAPSULE	3	*
EDECRIN ORAL TABLET	3	ST; *
<i>enalapril maleate oral solution</i>	1	
<i>enalapril maleate oral tablet</i>	1	
<i>enalaprilat intravenous solution</i>	1	
<i>enalapril-hydrochlorothiazide oral tablet</i>	1	
<i>eplerenone oral tablet</i>	1	
<i>eprosartan oral tablet</i>	1	
<i>ethacrynate sodium intravenous recon soln</i>	1	
<i>ethacrynic acid oral tablet</i>	1	
<i>felodipine oral tablet extended release 24 hr</i>	1	
FLOLAN INTRAVENOUS RECON SOLN	4	PA; LA
<i>fosinopril oral tablet</i>	1	
<i>fosinopril-hydrochlorothiazide oral tablet</i>	1	
<i>furosemide injection solution</i>	1	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	
<i>furosemide oral tablet</i>	1	
<i>guanfacine oral tablet</i>	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
HEMANGEOL ORAL SOLUTION	4	ST
<i>hydralazine injection solution</i>	1	
<i>hydralazine oral tablet</i>	1	
<i>hydrochlorothiazide oral capsule</i>	1	
<i>hydrochlorothiazide oral tablet</i>	1	
<i>indapamide oral tablet</i>	1	
INSPRA ORAL TABLET	3	*
<i>irbesartan oral tablet</i>	1	
<i>irbesartan-hydrochlorothiazide oral tablet</i>	1	
<i>isosorbide-hydralazine oral tablet</i>	1	
<i>isradipine oral capsule</i>	1	
KERENDIA ORAL TABLET	2	PA; QL
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1	
LASIX ORAL TABLET	3	ST; *
<i>lisinopril oral tablet</i>	1	
<i>lisinopril-hydrochlorothiazide oral tablet</i>	1	
LOPRESSOR ORAL TABLET	3	ST; *
<i>losartan oral tablet</i>	1	
<i>losartan-hydrochlorothiazide oral tablet</i>	1	
LOTENSIN HCT ORAL TABLET	3	*
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	3	*
<i>matzim la oral tablet extended release 24 hr</i>	1	
<i>methyldopa oral tablet</i>	1	
<i>methyldopa-hydrochlorothiazide oral tablet</i>	1	
<i>methyldopate intravenous solution</i>	1	
<i>metolazone oral tablet</i>	1	
<i>metoprolol succinate oral tablet extended release 24 hr</i>	1	
<i>metoprolol ta-hydrochlorothiaz oral tablet</i>	1	
<i>metoprolol tartrate intravenous solution</i>	1	
<i>metoprolol tartrate oral tablet</i>	1	
<i>metyrosine oral capsule</i>	1	PA
<i>minoxidil oral tablet</i>	1	
<i>moexipril oral tablet</i>	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>nadolol oral tablet</i>	1	
<i>nebivolol oral tablet</i>	1	
<i>nicardipine oral capsule</i>	1	
<i>nifedipine oral capsule</i>	1	
<i>nifedipine oral tablet extended release</i>	1	
<i>nifedipine oral tablet extended release 24hr</i>	1	
<i>nimodipine oral capsule</i>	1	
<i>nimodipine oral solution</i>	1	
<i>nisoldipine oral tablet extended release 24 hr</i>	1	
NYMALIZE ORAL SOLUTION	3	
NYMALIZE ORAL SYRINGE	3	
<i>olmesartan oral tablet</i>	1	
<i>olmesartan-amlodipin-hcthiiazid oral tablet</i>	1	
<i>olmesartan-hydrochlorothiazide oral tablet</i>	1	
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK	4	PA; LA; QL
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK	4	PA; LA; QL
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK	4	PA; LA; QL
ORENITRAM ORAL TABLET EXTENDED RELEASE	4	PA; LA; QL
<i>papaverine injection solution</i>	1	
<i>perindopril erbumine oral tablet</i>	1	
<i>phenoxybenzamine oral capsule</i>	1	PA
<i>pindolol oral tablet</i>	1	
<i>prazosin oral capsule</i>	1	
PRESTALIA ORAL TABLET	3	ST
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR	3	ST; *
<i>propranolol intravenous solution</i>	1	
<i>propranolol oral capsule,extended release 24 hr</i>	1	
<i>propranolol oral solution</i>	1	
<i>propranolol oral tablet</i>	1	
<i>propranolol-hydrochlorothiazid oral tablet</i>	1	
<i>quinapril oral tablet</i>	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>quinapril-hydrochlorothiazide oral tablet</i>	1	
<i>ramipril oral capsule</i>	1	
REMODULIN INJECTION SOLUTION	4	PA; *; LA
<i>spironolactone oral suspension</i>	1	
<i>spironolactone oral tablet</i>	1	
<i>spironolacton-hydrochlorothiaz oral tablet</i>	1	
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	3	ST; *
<i>telmisartan oral tablet</i>	1	
<i>telmisartan-amlodipine oral tablet</i>	1	
<i>telmisartan-hydrochlorothiazid oral tablet</i>	1	
TENORETIC 100 ORAL TABLET	3	ST; *
TENORETIC 50 ORAL TABLET	3	ST; *
TENORMIN ORAL TABLET	3	ST; *
<i>terazosin oral capsule</i>	1	QL
<i>tiadylt er oral capsule,extended release 24 hr</i>	1	
TIAZAC ORAL CAPSULE,EXTENDED RELEASE 24 HR	3	*
<i>timolol maleate oral tablet</i>	1	
<i>torse mide oral tablet</i>	1	
<i>trandolapril oral tablet</i>	1	
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr</i>	1	
<i>treprostinil sodium injection solution</i>	4	PA; LA
<i>triamterene oral capsule</i>	1	
<i>triamterene-hydrochlorothiazid oral capsule</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet</i>	1	
UPTRAVI INTRAVENOUS RECON SOLN	4	
UPTRAVI ORAL TABLET	4	PA; LA; QL
UPTRAVI ORAL TABLETS,DOSE PACK	4	PA; LA; QL
<i>valsartan oral tablet</i>	1	
<i>valsartan-hydrochlorothiazide oral tablet</i>	1	
VASERETIC ORAL TABLET	3	*
VASOTEC ORAL TABLET	3	*
<i>veletri intravenous recon soln</i>	4	PA; LA

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>verapamil oral capsule, 24 hr er pellet ct</i>	1	
<i>verapamil oral capsule,ext rel. pellets 24 hr</i>	1	
<i>verapamil oral tablet</i>	1	
<i>verapamil oral tablet extended release</i>	1	
VERELAN PM ORAL CAPSULE, 24 HR ER PELLET CT	3	ST; *
ZESTORETIC ORAL TABLET	3	*
ZESTRIL ORAL TABLET	3	*
CARDIAC GLYCOSIDES		
<i>digoxin oral solution</i>	1	
<i>digoxin oral tablet</i>	1	
LANOXIN ORAL TABLET	3	*
COAGULATION THERAPY		
AMICAR ORAL SOLUTION	3	*
AMICAR ORAL TABLET	3	*
<i>aminocaproic acid intravenous solution</i>	1	
<i>aminocaproic acid oral solution</i>	1	
<i>aminocaproic acid oral tablet</i>	1	
ARIXTRA SUBCUTANEOUS SYRINGE	4	*
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr</i>	1	
BRILINTA ORAL TABLET	2	
CABLIVI INJECTION KIT	4	PA
CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN	4	PA; LA
CEPROTIN (GREEN BAR) INTRAVENOUS RECON SOLN	4	PA; LA
<i>cilostazol oral tablet</i>	1	
<i>clopidogrel oral tablet</i>	1	
CYKLOKAPRON INTRAVENOUS SOLUTION	3	*
<i>dabigatran etexilate oral capsule</i>	1	
<i>dipyridamole oral tablet</i>	1	
DOPTELET (15 TAB PACK) ORAL TABLET	4	PA; LA; QL
EFFIENT ORAL TABLET	3	*

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK	2	
ELIQUIS ORAL TABLET	2	
<i>enoxaparin subcutaneous solution</i>	4	
<i>enoxaparin subcutaneous syringe</i>	4	
<i>fondaparinux subcutaneous syringe</i>	4	
FRAGMIN SUBCUTANEOUS SOLUTION	4	
FRAGMIN SUBCUTANEOUS SYRINGE	4	
HEMGENIX INTRAVENOUS SUSPENSION	4	PA; LA
<i>hep flush-10 (pf) intravenous solution</i>	1	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution</i>	1	
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution</i>	1	
<i>heparin (porcine) injection cartridge</i>	1	
<i>heparin (porcine) injection solution</i>	1	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	1	
<i>heparin lock flush (porcine) intravenous solution</i>	1	
<i>heparin lockflush(porcine)(pf) intravenous syringe</i>	1	
<i>heparin, porcine (pf) injection solution</i>	1	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	1	
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	3	
<i>heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)</i>	1	
<i>heparin, porcine (pf) intravenous syringe 1 unit/ml, 100 unit/ml</i>	1	
HEPARIN, PORCINE (PF) SUBCUTANEOUS SYRINGE	3	
<i>jantoven oral tablet</i>	1	
KENGREAL INTRAVENOUS RECON SOLN	3	
NPLATE SUBCUTANEOUS RECON SOLN	4	PA; LA
<i>pentoxifylline oral tablet extended release</i>	1	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	1	QL
<i>prasugrel hcl oral tablet</i>	1	
PROMACTA ORAL POWDER IN PACKET	4	PA; LA

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
PROMACTA ORAL TABLET	4	PA; LA
<i>protamine intravenous solution</i>	1	
TAVALISSE ORAL TABLET	4	PA; QL
<i>tranexamic acid intravenous solution</i>	1	
<i>warfarin oral tablet</i>	1	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK	2	
XARELTO ORAL SUSPENSION FOR RECONSTITUTION	2	
XARELTO ORAL TABLET	2	
ZONTIVITY ORAL TABLET	3	PA
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>amlodipine-atorvastatin oral tablet</i>	1	QL
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	0	ACA; QL
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	1	QL
CADUET ORAL TABLET	3	ST; *; QL
<i>cholestyramine (with sugar) oral powder</i>	1	
<i>cholestyramine (with sugar) oral powder in packet</i>	1	
<i>cholestyramine light oral powder</i>	1	
<i>cholestyramine light oral powder in packet</i>	1	
<i>colesevelam oral powder in packet</i>	1	
<i>colesevelam oral tablet</i>	1	
COLESTID ORAL GRANULES	3	ST; *
COLESTID ORAL TABLET	3	ST; *
<i>colestipol oral granules</i>	1	
<i>colestipol oral packet</i>	1	
<i>colestipol oral tablet</i>	1	
<i>ezetimibe oral tablet</i>	1	
<i>ezetimibe-simvastatin oral tablet</i>	1	QL
<i>fenofibrate micronized oral capsule 130 mg</i>	1	ST; FF
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	1	
<i>fenofibrate nanocrystallized oral tablet</i>	1	
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	1	ST
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec)</i>	1	
<i>fenofibric acid oral tablet</i>	1	
FENOGLIDE ORAL TABLET	3	ST; *
FIBRICOR ORAL TABLET 105 MG	3	ST; *
FLOLIPID ORAL SUSPENSION	3	ST; QL
<i>fluvastatin oral capsule</i>	0	ACA; QL
<i>fluvastatin oral tablet extended release 24 hr</i>	0	ACA; QL
<i>gemfibrozil oral tablet</i>	1	
<i>icosapent ethyl oral capsule</i>	1	PA
JUXTAPID ORAL CAPSULE	4	LA
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HR	3	ST; *, QL
LIVALO ORAL TABLET	3	ST; *, QL
LOPID ORAL TABLET	3	*
<i>lovastatin oral tablet</i>	0	ACA; QL
NEXLETOL ORAL TABLET	2	PA
NEXLIZET ORAL TABLET	2	PA
<i>niacin oral tablet extended release 24 hr</i>	1	
<i>omega-3 acid ethyl esters oral capsule</i>	1	PA
<i>pitavastatin calcium oral tablet</i>	0	ACA; QL
<i>pravastatin oral tablet</i>	0	ACA; QL
<i>prevalite oral powder</i>	1	
<i>prevalite oral powder in packet</i>	1	
QUESTRAN LIGHT ORAL POWDER	3	ST; *
QUESTRAN ORAL POWDER	3	ST; *
QUESTRAN ORAL POWDER IN PACKET	3	ST; *
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR	2	
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR	2	
REPATHA SYRINGE SUBCUTANEOUS SYRINGE	2	
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	0	ACA; QL
<i>rosuvastatin oral tablet 20 mg, 40 mg</i>	1	QL
ROSZET ORAL TABLET	3	ST; QL

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	0	ACA; QL
<i>simvastatin oral tablet 80 mg</i>	1	QL
TRILIPIX ORAL CAPSULE,DELAYED RELEASE(DR/EC) 45 MG	3	ST; *
TRYNGOLZA SUBCUTANEOUS AUTO-INJECTOR	4	PA
VASCEPA ORAL CAPSULE	3	PA; *
ZYPITAMAG ORAL TABLET	3	ST; QL
MISCELLANEOUS CARDIOVASCULAR AGENTS		
ATTRUBY ORAL TABLET	4	PA
CAMZYOS ORAL CAPSULE	4	PA; LA; QL
ENTRESTO ORAL TABLET	2	QL
ENTRESTO SPRINKLE ORAL PELLET	2	QL
<i>ivabradine oral tablet</i>	1	PA
<i>ranolazine oral tablet extended release 12 hr</i>	1	
VERQUVO ORAL TABLET	2	QL
VYNDAMAX ORAL CAPSULE	4	PA; LA
VYNDAQEL ORAL CAPSULE	4	PA; LA
NITRATES		
GONITRO SUBLINGUAL POWDER IN PACKET	3	
ISORDIL ORAL TABLET	3	*
ISORDIL TITRADOSE ORAL TABLET 5 MG	3	*
<i>isosorbide dinitrate oral tablet</i>	1	
<i>isosorbide mononitrate oral tablet</i>	1	
<i>isosorbide mononitrate oral tablet extended release 24 hr</i>	1	
<i>nitro-bid transdermal ointment</i>	1	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR	3	
<i>nitroglycerin sublingual tablet</i>	1	
<i>nitroglycerin transdermal patch 24 hour</i>	1	
<i>nitroglycerin translingual spray,non-aerosol</i>	1	
NITROLINGUAL TRANSLINGUAL SPRAY,NON-AEROSOL	3	*

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
NITROMIST TRANSLINGUAL AEROSOL, SPRAY	3	*
NITROSTAT SUBLINGUAL TABLET	3	*
<i>nitro-time oral capsule, extended release</i>	1	

DERMATOLOGICALS/TOPICAL THERAPY

ANTIPSORIATIC / ANTISEBORRHEIC

<i>acitretin oral capsule</i>	1	
ANALPRAM-HC TOPICAL LOTION	3	ST; *
<i>calcipotriene scalp solution</i>	1	QL
<i>calcipotriene topical cream</i>	1	QL
<i>calcipotriene topical ointment</i>	1	QL
<i>calcipotriene-betamethasone topical ointment</i>	1	ST; QL
<i>calcipotriene-betamethasone topical suspension</i>	1	QL
<i>calcitriol topical ointment</i>	1	
ENSTILAR TOPICAL FOAM	2	ST; QL
EPIFOAM TOPICAL FOAM	3	ST
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	1	ST
OVACE PLUS SHAMPOO TOPICAL SHAMPOO	3	
OVACE PLUS TOPICAL CLEANSER	3	
OVACE PLUS TOPICAL CREAM	3	
OVACE PLUS TOPICAL LOTION	3	
OVACE PLUS WASH TOPICAL CLEANSER, GEL	3	
OVACE TOPICAL CLEANSER	3	*
PLEXION NS TOPICAL SHAMPOO	3	
PRAMOSONE TOPICAL CREAM 1-1 %	3	ST
PRAMOSONE TOPICAL LOTION	3	ST
PRAMOSONE TOPICAL OINTMENT	3	ST
<i>selenium sulfide topical lotion</i>	1	
<i>selenium sulfide topical shampoo 2.25 %, 2.3 %</i>	1	
SKYRIZI SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; LA; QL
SOTYKTU ORAL TABLET	4	PA; LA; QL

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
SPEVIGO SUBCUTANEOUS SYRINGE	4	PA; LA
STELARA INTRAVENOUS SOLUTION	4	PA; LA
STELARA SUBCUTANEOUS SOLUTION	4	PA; LA; QL
STELARA SUBCUTANEOUS SYRINGE	4	PA; LA; QL
<i>sulfacetamide sodium topical cleanser</i>	1	
<i>sulfacetamide sodium topical cleanser, gel</i>	1	
<i>sulfacetamide sodium topical shampoo</i>	1	
TACLONEX TOPICAL SUSPENSION	3	*; QL
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR	4	PA; LA; QL
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR	4	PA; LA; QL
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	4	PA; LA; QL
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML, 40 MG/0.5 ML	4	PA; FF; LA; QL
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	4	PA; LA; QL
TERSI FOAM TOPICAL FOAM	3	
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR	4	PA; FF; LA; QL
TREMFYA SUBCUTANEOUS AUTO- INJECTOR	4	PA; LA; QL
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; LA; QL
TREMFYA SUBCUTANEOUS SYRINGE 200 MG/2 ML	4	PA; FF; LA; QL
VECTICAL TOPICAL OINTMENT	3	*
VTAMA TOPICAL CREAM	2	PA; QL
WYNZORA TOPICAL CREAM	3	ST; QL
ZORYVE TOPICAL CREAM 0.15 %	2	ST; QL
ZORYVE TOPICAL CREAM 0.3 %	3	PA; QL
ZORYVE TOPICAL FOAM	3	ST; FF; QL
BURN THERAPY		
SILVADENE TOPICAL CREAM	3	*
<i>silver sulfadiazine topical cream</i>	1	
<i>ssd topical cream</i>	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
MISCELLANEOUS DERMATOLOGICALS		
ADBRY SUBCUTANEOUS AUTO-INJECTOR	4	PA; LA; QL
ADBRY SUBCUTANEOUS SYRINGE	4	PA; LA; QL
CIBINQO ORAL TABLET	4	PA; LA; QL
CORTANE-B TOPICAL LOTION	3	*
<i>diclofenac sodium topical gel 3 %</i>	1	PA; QL
<i>doxepin topical cream</i>	1	ST; QL
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	4	PA; LA; QL
EBGLYSS PEN SUBCUTANEOUS PEN INJECTOR	4	PA; FF; LA; QL
EBGLYSS SYRINGE SUBCUTANEOUS SYRINGE	4	PA; LA
EFUDEX TOPICAL CREAM	3	*
EUCRISA TOPICAL OINTMENT	2	ST; QL
<i>fluorouracil topical cream 5 %</i>	1	
<i>fluorouracil topical solution</i>	1	
HYFTOR TOPICAL GEL	4	PA
IODOFLEX TOPICAL PADS, MEDICATED	3	
IODOSORB TOPICAL GEL	3	
LEVULAN TOPICAL SOLUTION	3	
<i>methoxsalen oral capsule,liqd-filled,rapid rel</i>	1	
<i>methyl salicylate oil</i>	1	
<i>methyl salicylate topical liquid</i>	1	
OPZELURA TOPICAL CREAM	3	PA; QL
PANRETIN TOPICAL GEL	4	PA
<i>pimecrolimus topical cream</i>	1	ST; QL
<i>podofilox topical gel</i>	1	ST; QL
<i>podofilox topical solution</i>	1	
<i>pradoxin topical cream</i>	1	ST; QL
REGRANEX TOPICAL GEL	2	QL
<i>tacrolimus topical ointment</i>	1	ST; QL
TOLAK TOPICAL CREAM	3	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
UVADEX INJECTION SOLUTION	2	
VALCHLOR TOPICAL GEL	4	PA; LA
VYJUVEK TOPICAL GEL	4	PA
wintergreen oil oil	1	
ZONALON TOPICAL CREAM	3	ST; *; QL
THERAPY FOR ACNE		
ABSORICA ORAL CAPSULE	3	ST; *
accutane oral capsule	1	
ACZONE TOPICAL GEL	3	ST; *
ACZONE TOPICAL GEL WITH PUMP	3	ST; *
adapalene topical cream	1	
adapalene topical gel 0.3 %	1	
adapalene topical gel with pump	1	
ADAPALENE TOPICAL LOTION	3	ST
adapalene topical solution	1	
adapalene-benzoyl peroxide topical gel with pump	1	
AKLIEF TOPICAL CREAM	3	PA
ALTRENO TOPICAL LOTION	3	
amnestem oral capsule	1	
AMZEEQ TOPICAL FOAM	3	ST
ARAZLO TOPICAL LOTION	3	PA
AVAR LS TOPICAL CLEANSER	3	ST
avar topical cleanser	1	
azelaic acid topical gel	1	
AZELEX TOPICAL CREAM	3	ST
BENZAMYCIN TOPICAL GEL	3	ST; *
BENZEPRO (MICROSPHERES) TOPICAL CLEANSER	3	ST; *
benzepto topical towelette	1	
benzoyl peroxide topical cleanser 7 %	1	
benzoyl peroxide topical foam	1	
bp 10-1 topical cleanser	1	ST
brimonidine topical gel with pump	1	PA
claravis oral capsule	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
CLEOCIN T TOPICAL LOTION	3	ST; *, QL
CLINDACIN ETZ TOPICAL KIT	3	ST
<i>clindacin etz topical swab</i>	1	
<i>clindacin p topical swab</i>	1	
CLINDACIN PAC TOPICAL KIT	3	ST
<i>clindacin topical foam</i>	1	QL
<i>clindamycin phosphate topical foam</i>	1	QL
<i>clindamycin phosphate topical gel</i>	1	QL
<i>clindamycin phosphate topical gel, once daily</i>	1	ST; QL
<i>clindamycin phosphate topical lotion</i>	1	QL
<i>clindamycin phosphate topical solution</i>	1	QL
<i>clindamycin phosphate topical swab</i>	1	
<i>clindamycin-benzoyl peroxide topical gel</i>	1	
<i>clindamycin-benzoyl peroxide topical gel with pump</i>	1	
<i>clindamycin-tretinoin topical gel</i>	1	
<i>dapsone topical gel</i>	1	
<i>dapsone topical gel with pump</i>	1	
DIFFERIN TOPICAL CREAM	3	ST; *
DIFFERIN TOPICAL GEL WITH PUMP	3	ST; *
DIFFERIN TOPICAL LOTION	3	ST
EPIDUO FORTE TOPICAL GEL WITH PUMP	3	ST; *
EPSOLAY TOPICAL CREAM	3	ST
<i>ery pads topical swab</i>	1	
<i>erygel topical gel</i>	1	
<i>erythromycin with ethanol topical gel</i>	1	
<i>erythromycin with ethanol topical solution</i>	1	
<i>erythromycin-benzoyl peroxide topical gel</i>	1	
EVOCLIN TOPICAL FOAM	3	ST; *, QL
FINACEA TOPICAL FOAM	2	ST
<i>isotretinoin oral capsule</i>	1	
<i>ivermectin topical cream</i>	1	QL
METROCREAM TOPICAL CREAM	3	ST; *
METROGEL TOPICAL GEL 1 %	3	ST; *

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>metronidazole topical cream</i>	1	
<i>metronidazole topical gel</i>	1	
<i>metronidazole topical gel with pump</i>	1	
<i>metronidazole topical lotion</i>	1	
MIRVASO TOPICAL GEL WITH PUMP	3	PA; *
NEUAC KIT TOPICAL COMBO PACK, CREAM AND GEL	3	ST
<i>neuac topical gel</i>	1	
ONEXTON TOPICAL GEL WITH PUMP	3	ST; *
PLEXION TOPICAL CLEANSER	3	ST
PR BENZOYL PEROXIDE TOPICAL CLEANSER	3	ST; *
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 %	3	
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.08 %	3	*
RETIN-A TOPICAL CREAM	3	*
RETIN-A TOPICAL GEL	3	*
RHOFADE TOPICAL CREAM	3	PA
<i>rosadan topical cream</i>	1	
<i>rosadan topical gel</i>	1	
ROSDAN TOPICAL KIT, CLEANSER AND GEL	3	ST
ROSDAN TOPICAL KIT, CLEANSER AND CREAM	3	ST
<i>rosula cleansing cloths topical pads, medicated</i>	1	
ROSULA TOPICAL CLEANSER	3	ST
SOOLANTRA TOPICAL CREAM	3	ST; *; QL
<i>sss 10-5 topical cream</i>	1	
<i>sss 10-5 topical foam</i>	1	
<i>sulfacetamide sodium-sulfur topical cleanser 10-2 %, 10-5 % (w/w), 9-4 %, 9-4.5 %, 9.8-4.8 %</i>	1	
<i>sulfacetamide sodium-sulfur topical cream</i>	1	
<i>sulfacetamide sodium-sulfur topical lotion</i>	1	
<i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %</i>	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %, 8-4 %</i>	1	
<i>sulfacleanse 8-4 topical suspension</i>	1	ST
SUMADAN TOPICAL CLEANSER	3	ST
SUMADAN TOPICAL KIT	3	ST
SUMADAN XLT TOPICAL COMBO PACK,CLEANSER AND CREAM	3	ST
<i>tazarotene topical cream</i>	1	PA
<i>tazarotene topical gel</i>	1	PA
<i>tretinoin microspheres topical gel</i>	1	
<i>tretinoin microspheres topical gel with pump</i>	1	
<i>tretinoin topical cream</i>	1	
<i>tretinoin topical gel</i>	1	
TWYNEO TOPICAL CREAM	3	ST
VANOXIDE-HC TOPICAL SUSPENSION	3	ST
<i>zenatane oral capsule</i>	1	
ZIANA TOPICAL GEL	3	ST; *
TOPICAL ANESTHETICS		
<i>bupivacaine-epinephrine (pf) injection solution</i>	1	
<i>chloroprocaine (pf) injection solution 20 mg/ml (2 %)</i>	1	
<i>dermacinrx lidocan topical adhesive patch,medicated</i>	1	PA
EXPAREL (PF) LOCAL INFILTRATION SUSPENSION	3	
<i>lidocaine hcl laryngotracheal solution</i>	1	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	
<i>lidocaine hcl-hydrocortison ac topical cream</i>	1	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	1	PA
<i>lidocaine topical ointment</i>	1	QL
<i>lidocaine viscous mucous membrane solution</i>	1	
<i>lidocaine-epinephrine (pf) injection solution 1.5 %-1:200,000</i>	1	
<i>lidocaine-prilocaine topical cream</i>	1	QL
<i>lidocaine-prilocaine topical kit</i>	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>lidocan iii topical adhesive patch,medicated</i>	1	PA
<i>lidocan iv topical adhesive patch,medicated</i>	1	PA
<i>lidocan v topical adhesive patch,medicated</i>	1	PA
<i>lidocort topical cream</i>	1	
NYNUTEY TOPICAL CREAM	3	
<i>polocaine-mpf injection solution 10 mg/ml (1 %), 20 mg/ml (2 %)</i>	1	
XYLOCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 1 %-1:200,000	3	
XYLOCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 2 %-1:200,000	3	*
ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED	2	PA
TOPICAL ANTIBACTERIALS		
ALTABAX TOPICAL OINTMENT	3	ST; QL
CENTANY AT TOPICAL OINTMENT KIT	3	ST; QL
CENTANY TOPICAL OINTMENT	3	ST; QL
<i>gentamicin topical cream</i>	1	QL
<i>gentamicin topical ointment</i>	1	QL
KLARON TOPICAL SUSPENSION	3	ST; *
<i>lugols topical solution</i>	1	
<i>mafenide acetate topical packet</i>	1	
<i>mupirocin calcium topical cream</i>	1	ST; QL
<i>mupirocin topical ointment</i>	1	QL
NEO-SYNALAR KIT TOPICAL CREAM	3	
NEO-SYNALAR TOPICAL CREAM	3	
<i>strong iodine topical solution</i>	1	
<i>sulfacetamide sodium (acne) topical suspension</i>	1	
SULFAMYLON TOPICAL CREAM	2	
XEPI TOPICAL CREAM	3	ST; QL
TOPICAL ANTIFUNGALS		
CICLODAN KIT TOPICAL COMBO PACK	3	
CICLODAN KIT TOPICAL SOLUTION	3	ST
<i>ciclodan topical cream</i>	1	QL
<i>ciclodan topical solution</i>	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>ciclopirox topical cream</i>	1	QL
<i>ciclopirox topical gel</i>	1	QL
<i>ciclopirox topical shampoo</i>	1	QL
<i>ciclopirox topical solution</i>	1	
<i>ciclopirox topical suspension</i>	1	QL
<i>ciclopirox-ure-camph-menth-euc topical solution</i>	1	
<i>clotrimazole topical cream</i>	1	QL
<i>clotrimazole topical solution</i>	1	QL
<i>clotrimazole-betamethasone topical cream</i>	1	QL
<i>clotrimazole-betamethasone topical lotion</i>	1	QL
<i>econazole nitrate topical cream</i>	1	QL
EXELDERM TOPICAL CREAM	3	QL
EXELDERM TOPICAL SOLUTION	3	QL
EXTINA TOPICAL FOAM	3	ST; *; QL
JUBLIA TOPICAL SOLUTION WITH APPLICATOR	3	ST
<i>ketoconazole topical cream</i>	1	QL
<i>ketoconazole topical foam</i>	1	ST; QL
<i>ketoconazole topical shampoo</i>	1	QL
<i>ketodan topical foam</i>	1	ST; QL
<i>klayesta topical powder</i>	1	QL
LOPROX (AS OLAMINE) TOPICAL CREAM	3	*; QL
LOPROX (AS OLAMINE) TOPICAL SUSPENSION	3	*; QL
<i>naftifine topical cream</i>	1	QL
<i>naftifine topical gel</i>	1	QL
NAFTIN TOPICAL GEL 2 %	3	*; QL
<i>nyamyc topical powder</i>	1	QL
<i>nystatin topical cream</i>	1	QL
<i>nystatin topical ointment</i>	1	QL
<i>nystatin topical powder</i>	1	QL
<i>nystatin-triamcinolone topical cream</i>	1	QL
<i>nystatin-triamcinolone topical ointment</i>	1	QL
<i>nystop topical powder</i>	1	QL
<i>oxiconazole topical cream</i>	1	QL

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>tavaborole topical solution with applicator</i>	1	ST
TOPICAL ANTIVIRALS		
<i>acyclovir topical cream</i>	1	PA; QL
<i>acyclovir topical ointment</i>	1	PA; QL
DENAVIR TOPICAL CREAM	3	*
<i>penciclovir topical cream</i>	1	
ZOVIRAX TOPICAL CREAM	3	PA; *, QL
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream 1 %</i>	1	
ALA-SCALP TOPICAL LOTION	3	ST; *
<i>alclometasone topical cream</i>	1	
<i>alclometasone topical ointment</i>	1	
<i>amcinonide topical cream</i>	1	ST
<i>amcinonide topical ointment</i>	1	ST
<i>apexicon e topical cream</i>	1	ST
<i>beser topical lotion</i>	1	ST
<i>betamethasone dipropionate topical cream</i>	1	
<i>betamethasone dipropionate topical lotion</i>	1	
<i>betamethasone dipropionate topical ointment</i>	1	
<i>betamethasone valerate topical cream</i>	1	
<i>betamethasone valerate topical foam</i>	1	ST
<i>betamethasone valerate topical lotion</i>	1	
<i>betamethasone valerate topical ointment</i>	1	
<i>betamethasone, augmented topical cream</i>	1	
<i>betamethasone, augmented topical gel</i>	1	
<i>betamethasone, augmented topical lotion</i>	1	
<i>betamethasone, augmented topical ointment</i>	1	
BRYHALI TOPICAL LOTION	3	ST
CAPEX TOPICAL SHAMPOO	3	ST
<i>clobetasol scalp solution</i>	1	QL
<i>clobetasol topical cream 0.05 %</i>	1	QL
<i>clobetasol topical foam</i>	1	ST; QL
<i>clobetasol topical gel</i>	1	QL
<i>clobetasol topical lotion</i>	1	ST; QL

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>clobetasol topical ointment</i>	1	QL
<i>clobetasol topical shampoo</i>	1	ST; QL
<i>clobetasol topical spray,non-aerosol</i>	1	ST; QL
<i>clobetasol-emollient topical cream</i>	1	QL
<i>clobetasol-emollient topical foam</i>	1	ST; QL
CLOBEX TOPICAL SHAMPOO	3	ST; *; QL
CLOBEX TOPICAL SPRAY,NON-AEROSOL	3	ST; *; QL
<i>clocortolone pivalate topical cream</i>	1	
CLODAN KIT TOPICAL KIT,SHAMPOO AND CLEANSER	3	ST; QL
<i>clodan topical shampoo</i>	1	ST; QL
CORDRAN TAPE LARGE ROLL TOPICAL TAPE	3	ST
CORDRAN TOPICAL CREAM 0.025 %	3	ST; QL
CORDRAN TOPICAL CREAM 0.05 %	3	ST; *; QL
CORDRAN TOPICAL LOTION	3	ST; *; QL
CORDRAN TOPICAL OINTMENT	3	ST; *; QL
DERMA-SMOOTH/FS BODY OIL TOPICAL OIL	3	ST; *
DERMA-SMOOTH/FS SCALP OIL SCALP OIL	3	ST; *
<i>desonide topical cream</i>	1	
<i>desonide topical gel</i>	1	ST
<i>desonide topical lotion</i>	1	ST
<i>desonide topical ointment</i>	1	
DESOWEN TOPICAL CREAM	3	ST; *
<i>desoximetasone topical cream</i>	1	ST
<i>desoximetasone topical gel</i>	1	ST
<i>desoximetasone topical ointment</i>	1	ST
<i>desoximetasone topical spray,non-aerosol</i>	1	ST
<i>diflorasone topical cream</i>	1	ST; QL
<i>diflorasone topical ointment</i>	1	ST; QL
DIPROLENE (AUGMENTED) TOPICAL OINTMENT	3	ST; *
DUOBRII TOPICAL LOTION	3	ST; QL
<i>fluocinolone and shower cap scalp oil</i>	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>fluocinolone topical cream</i>	1	
<i>fluocinolone topical oil</i>	1	
<i>fluocinolone topical ointment</i>	1	
<i>fluocinolone topical solution</i>	1	
<i>fluocinonide topical cream 0.05 %</i>	1	QL
<i>fluocinonide topical cream 0.1 %</i>	1	ST; QL
<i>fluocinonide topical gel</i>	1	QL
<i>fluocinonide topical ointment</i>	1	QL
<i>fluocinonide topical solution</i>	1	QL
<i>fluocinonide-e topical cream</i>	1	QL
<i>flurandrenolide topical cream</i>	1	ST; QL
<i>flurandrenolide topical lotion</i>	1	ST; QL
<i>flurandrenolide topical ointment</i>	1	ST; QL
<i>fluticasone propionate topical cream</i>	1	
<i>fluticasone propionate topical lotion</i>	1	ST
<i>fluticasone propionate topical ointment</i>	1	
<i>halcinonide topical cream</i>	1	ST
<i>halcinonide topical solution</i>	1	
<i>halobetasol propionate topical cream</i>	1	
<i>halobetasol propionate topical foam</i>	1	ST
<i>halobetasol propionate topical ointment</i>	1	
HALOG TOPICAL CREAM	3	ST; *
HALOG TOPICAL OINTMENT	3	ST
HALOG TOPICAL SOLUTION	3	ST
<i>hydrocortisone butyrate topical cream</i>	1	QL
<i>hydrocortisone butyrate topical lotion</i>	1	ST; QL
<i>hydrocortisone butyrate topical ointment</i>	1	ST; QL
<i>hydrocortisone butyrate topical solution</i>	1	ST; QL
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone topical lotion 2 %, 2.5 %</i>	1	
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	
<i>hydrocortisone topical solution</i>	1	
<i>hydrocortisone valerate topical cream</i>	1	
<i>hydrocortisone valerate topical ointment</i>	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
KENALOG TOPICAL AEROSOL	3	ST; *, QL
<i>mometasone topical cream</i>	1	
<i>mometasone topical ointment</i>	1	
<i>mometasone topical solution</i>	1	
NUCORT TOPICAL LOTION	3	ST
OLUX TOPICAL FOAM	3	ST; *, QL
PANDEL TOPICAL CREAM	3	ST
<i>prednicarbate topical cream</i>	1	
<i>prednicarbate topical ointment</i>	1	
PROCTOCORT TOPICAL CREAM	3	ST; *
SCALACORT DK TOPICAL COMBO PACK	3	ST
<i>scalacort topical lotion</i>	1	
SYNALAR CREAM KIT TOPICAL CREAM	3	ST
SYNALAR OINTMENT KIT TOPICAL COMBO PACK,OINTMENT AND CREAM	3	ST
SYNALAR TOPICAL CREAM	3	ST; *
SYNALAR TOPICAL OINTMENT	3	ST; *
SYNALAR TOPICAL SOLUTION	3	ST; *
SYNALAR TS TOPICAL KIT	3	ST
TEXACORT TOPICAL SOLUTION	3	ST
TOPICORT TOPICAL CREAM	3	ST; *
TOPICORT TOPICAL GEL	3	ST; *
TOPICORT TOPICAL OINTMENT	3	ST; *
<i>tovet emollient topical foam</i>	1	ST; QL
<i>triamcinolone acetonide topical aerosol</i>	1	ST; QL
<i>triamcinolone acetonide topical cream</i>	1	
<i>triamcinolone acetonide topical lotion</i>	1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide topical ointment 0.05 %</i>	1	ST
<i>triderm topical cream 0.5 %</i>	1	ST
TOPICAL ENZYMES		
NEXOBRID TOPICAL GEL	3	
SANTYL TOPICAL OINTMENT	2	QL
TOPICAL SCABICIDES / PEDICULICIDES		

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>crotan topical lotion</i>	1	
ELIMITE TOPICAL CREAM	3	*
EURAX TOPICAL CREAM	3	
EURAX TOPICAL LOTION	3	
<i>malathion topical lotion</i>	1	
OVIDE TOPICAL LOTION	3	*
<i>permethrin topical cream</i>	1	
<i>spinosad topical suspension</i>	1	
ULESFIA TOPICAL LOTION	3	

DIAGNOSTICS & MISCELLANEOUS AGENTS

IRRIGATING SOLUTIONS

<i>lactated ringers irrigation solution</i>	1	
<i>neomycin-polymyxin b gu irrigation solution</i>	1	
PHYSIOLYTE IRRIGATION SOLUTION	3	*
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION	3	*
<i>ringer's irrigation solution</i>	1	
SORBITOL IRRIGATION SOLUTION	3	
SORBITOL-MANNITOL TRANSURETHRAL SOLUTION	3	
<i>tis-u-sol pentalyte irrigation irrigation solution</i>	1	

MISCELLANEOUS AGENTS

<i>acamprosate oral tablet,delayed release (dr/ec)</i>	1	
<i>acetic acid irrigation solution</i>	1	
AGRYLIN ORAL CAPSULE	3	*
AMPHADASE INJECTION SOLUTION	3	
<i>anagrelide oral capsule</i>	1	
BUPHENYL ORAL POWDER	4	PA; *
BUPHENYL ORAL TABLET	4	PA; *
<i>caffeine citrate oral solution</i>	1	
CARBAGLU ORAL TABLET, DISPERSIBLE	4	PA; *, LA
<i>carglumic acid oral tablet, dispersible</i>	4	PA
CARNITOR (SUGAR-FREE) ORAL SOLUTION	3	*
CARNITOR INTRAVENOUS SOLUTION	3	*

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
CARNITOR ORAL SOLUTION	3	*
CARNITOR ORAL TABLET	3	*
<i>cevimeline oral capsule</i>	1	
CHEMET ORAL CAPSULE	2	PA
<i>deferasirox oral granules in packet</i>	4	PA; LA
<i>deferasirox oral tablet</i>	4	PA; LA
<i>deferasirox oral tablet, dispersible</i>	4	PA; LA
<i>deferiprone oral tablet</i>	4	PA; LA
<i>disulfiram oral tablet</i>	1	
<i>droxidopa oral capsule</i>	4	PA; LA
EMPAVELI SUBCUTANEOUS SOLUTION	4	PA
ENDARI ORAL POWDER IN PACKET	4	PA; LA
EVOXAC ORAL CAPSULE	3	*
FABHALTA ORAL CAPSULE	4	PA
FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE	4	PA
FERRIPROX ORAL SOLUTION	4	PA
FERRIPROX ORAL TABLET	4	PA; *
FERRLECIT INTRAVENOUS SOLUTION	3	PA; *
<i>glutamine (sickle cell) oral powder in packet</i>	4	PA; FF; LA
HYLENEX INJECTION SOLUTION	3	
INCRELEX SUBCUTANEOUS SOLUTION	4	PA
JOENJA ORAL TABLET	4	PA; QL
LAMZEDE INTRAVENOUS RECON SOLN	4	PA
<i>levocarnitine (with sugar) oral solution</i>	1	
<i>levocarnitine intravenous solution</i>	1	
<i>levocarnitine oral solution 100 mg/ml</i>	1	
<i>levocarnitine oral tablet</i>	1	
LITFULO ORAL CAPSULE	4	PA; LA; QL
LITHOSTAT ORAL TABLET	3	
METOPIRONE ORAL CAPSULE	3	
<i>midodrine oral tablet</i>	1	
<i>nitisinone oral capsule</i>	4	PA; LA
NITYR ORAL TABLET	4	PA; LA

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
OLPRUVA ORAL PELLETS IN PACKET	4	PA
ORFADIN ORAL CAPSULE	4	PA; *
ORFADIN ORAL SUSPENSION	4	PA
PHEBURANE ORAL GRANULES	4	PA; LA
PYRUKYND ORAL TABLET	4	PA; QL
PYRUKYND ORAL TABLETS,DOSE PACK	4	PA; QL
RADIOGARDASE ORAL CAPSULE	3	
REZDIFFRA ORAL TABLET	4	PA; FF; LA; QL
RILUTEK ORAL TABLET	3	PA; *
<i>riluzole oral tablet</i>	1	PA
<i>risedronate oral tablet 30 mg</i>	1	QL
<i>sodium chlor 0.9% bacteriostat injection solution</i>	1	
<i>sodium chloride 0.9 % injection solution</i>	1	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	1	
<i>sodium chloride 0.9 % intravenous piggyback</i>	1	
<i>sodium ferric gluconat-sucrose intravenous solution</i>	1	PA
<i>sodium phenylbutyrate oral powder</i>	1	PA
<i>sodium phenylbutyrate oral tablet</i>	1	PA
SOHONOS ORAL CAPSULE	4	PA; QL
SOLIRIS INTRAVENOUS SOLUTION	4	PA; LA
SYPRINE ORAL CAPSULE	3	PA; *
TAVNEOS ORAL CAPSULE	4	PA; QL
TEGLUTIK ORAL SUSPENSION	4	PA
THIOLA EC ORAL TABLET,DELAYED RELEASE (DR/EC)	4	PA; *
TIGLUTIK ORAL SUSPENSION	4	PA
<i>tiopronin oral tablet</i>	4	PA; LA
<i>tiopronin oral tablet,delayed release (dr/ec)</i>	4	PA
<i>trientine oral capsule 250 mg</i>	1	PA
VELTASSA ORAL POWDER IN PACKET 1 GRAM	2	
<i>venxxiva oral tablet,delayed release (dr/ec)</i>	4	PA
VOYDEYA ORAL TABLET	4	PA

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>water for irrigation, sterile irrigation solution</i>	1	
XURIDEN ORAL GRANULES IN PACKET	4	PA
ZOKINVY ORAL CAPSULE	4	PA; QL
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr</i>	0	ACA
CHANTIX CONTINUING MONTH BOX ORAL TABLET	0	ACA
CHANTIX ORAL TABLET	0	ACA
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK	0	ACA
NICODERM CQ TRANSDERMAL PATCH 24 HOUR	0	*, ACA; OTC
NICORETTE BUCCAL GUM 2 MG	0	*, ACA; OTC
<i>nicorette buccal gum 4 mg</i>	0	ACA; OTC
NICORETTE BUCCAL LOZENGE	0	ACA; OTC
NICORETTE BUCCAL MINI LOZENGE	0	ACA; OTC
<i>nicotine (polacrilex) buccal gum</i>	0	ACA; OTC
<i>nicotine (polacrilex) buccal lozenge</i>	0	ACA; OTC
<i>nicotine (polacrilex) buccal mini lozenge</i>	0	ACA; OTC
<i>nicotine transdermal patch 24 hour</i>	0	ACA; OTC
<i>nicotine transdermal patch, td daily, sequential</i>	0	ACA; OTC
NICOTROL NS NASAL SPRAY, NON-AEROSOL	0	ACA
<i>quit 2 buccal gum</i>	0	ACA; OTC
<i>quit 2 buccal lozenge</i>	0	ACA; OTC
<i>quit 4 buccal gum</i>	0	ACA; OTC
<i>quit 4 buccal lozenge</i>	0	ACA; OTC
<i>stop smoking aid buccal lozenge</i>	0	ACA; OTC
<i>varenicline tartrate oral tablet</i>	0	ACA
<i>varenicline tartrate oral tablets,dose pack</i>	0	ACA
EAR, NOSE & THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
<i>azelastine nasal spray,non-aerosol 137 mcg (0.1 %)</i>	1	QL

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)</i>	1	
CLINPRO 5000 DENTAL PASTE	3	
<i>denta 5000 plus dental cream</i>	1	
<i>denta 5000 plus sensitive dental paste</i>	1	
<i>dentagel dental gel</i>	1	
<i>fluoride (sodium) dental cream</i>	1	
<i>fluoride (sodium) dental gel</i>	1	
<i>fluoride (sodium) dental paste</i>	1	
<i>fluoride (sodium) dental solution</i>	1	
FLUORIDEX DAILY DEFENSE DENTAL PASTE	3	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE	3	
FLUORIMAX 5000 DENTAL PASTE	3	
FLUORIMAX 5000 SENSITIVE DENTAL PASTE	3	
<i>fraiche 5000 dental gel</i>	1	
FRAICHE 5000 PREVI DENTAL GEL	3	
FRAICHE 5000 SENSITIVE DENTAL GEL	3	
GELCLAIR MUCOUS MEMBRANE GEL IN PACKET	3	
<i>ipratropium bromide nasal spray,non-aerosol</i>	1	QL
JUST RIGHT 5000 DENTAL PASTE	3	
<i>kourzeq dental paste</i>	1	
MUGARD MUCOUS MEMBRANE SOLUTION	4	
<i>olopatadine nasal spray,non-aerosol</i>	1	QL
<i>oralone dental paste</i>	1	
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH	3	
<i>pilocarpine hcl oral tablet</i>	1	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE	3	
PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE	3	
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE	3	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
PREVIDENT 5000 PLUS DENTAL CREAM	3	*
PREVIDENT 5000 SENSITIVE DENTAL PASTE	3	
PREVIDENT DENTAL GEL	3	*
PREVIDENT DENTAL SOLUTION	3	*
PREVIDENT KIDS DENTAL PASTE	3	
Q-CARE RX Q4 KIT	3	
SALAGEN (PILOCARPINE) ORAL TABLET	3	*
<i>sf 5000 plus dental cream</i>	1	
<i>sf dental gel</i>	1	
<i>sodium fluoride 5000 plus dental cream</i>	1	
<i>sodium fluoride-pot nitrate dental paste</i>	1	
<i>triamcinolone acetonide dental paste</i>	1	
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear) solution</i>	1	
<i>ciprofloxacin hcl otic (ear) dropperette</i>	1	
DERMOTIC OIL OTIC (EAR) DROPS	3	*
<i>flac otic oil otic (ear) drops</i>	1	
<i>fluocinolone acetonide oil otic (ear) drops</i>	1	
<i>hydrocortisone-acetic acid otic (ear) drops</i>	1	
<i>ofloxacin otic (ear) drops</i>	1	
OTIC STEROID / ANTIBIOTIC		
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension</i>	1	
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION	3	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension</i>	1	
<i>neomycin-polymyxin-hc otic (ear) solution</i>	1	
OTOVEL OTIC (EAR) SOLUTION	3	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ACTHAR INJECTION GEL	4	PA; LA
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR	4	PA; LA

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
CORTEF ORAL TABLET	3	*
<i>cortisone oral tablet</i>	1	
CORTROSYN INJECTION RECON SOLN	3	*
<i>cosyntropin injection recon soln</i>	1	
<i>deflazacort oral suspension</i>	4	PA
<i>deflazacort oral tablet</i>	4	PA; LA
DEPO-MEDROL INJECTION SUSPENSION	3	
<i>dexabliss oral tablets,dose pack</i>	1	ST
<i>dexamethasone intensol oral drops</i>	1	
<i>dexamethasone oral elixir</i>	1	
<i>dexamethasone oral solution</i>	1	
<i>dexamethasone oral tablet</i>	1	
<i>dexamethasone oral tablets,dose pack</i>	1	ST
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	1	
<i>dexamethasone sodium phosphate injection solution</i>	1	
<i>fludrocortisone oral tablet</i>	1	
<i>hydrocortisone oral tablet</i>	1	
KENALOG INJECTION SUSPENSION 10 MG/ML	3	
KENALOG INJECTION SUSPENSION 40 MG/ML	3	*
KENALOG-80 INJECTION SUSPENSION	3	
MEDROL (PAK) ORAL TABLETS,DOSE PACK	3	*
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	3	*
MEDROL ORAL TABLET 2 MG	3	
<i>methylprednisolone acetate injection suspension</i>	1	
<i>methylprednisolone oral tablet</i>	1	
<i>methylprednisolone oral tablets,dose pack</i>	1	
<i>millipred dp oral tablets,dose pack</i>	1	
<i>millipred oral tablet</i>	1	
ORAPRED ODT ORAL TABLET,DISINTEGRATING	3	*
<i>prednisolone oral solution</i>	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>prednisolone oral tablet</i>	1	
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	
<i>prednisolone sodium phosphate oral tablet,disintegrating</i>	1	
<i>prednisone intensol oral concentrate</i>	1	
<i>prednisone oral solution</i>	1	
<i>prednisone oral tablet</i>	1	
<i>prednisone oral tablets,dose pack</i>	1	
RAYOS ORAL TABLET,DELAYED RELEASE (DR/EC)	3	ST
TAPERDEX ORAL TABLETS,DOSE PACK	3	ST
TARPEYO ORAL CAPSULE,DELAYED RELEASE(DR/EC)	4	PA; QL
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	1	
TRIESENCE (PF) INTRAOCULAR SUSPENSION	3	
XIPERE (PF) SUPRACHOROIDAL SUSPENSION	4	LA
ZCORT ORAL TABLETS,DOSE PACK	3	ST
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>potassium iodide oral solution</i>	1	
<i>propylthiouracil oral tablet</i>	1	
SSKI ORAL SOLUTION	3	
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
ACCU-CHEK AVIVA CONTROL SOLN SOLUTION	3	OTC
ACCU-CHEK SMARTVIEW CONTRL SOL SOLUTION	3	OTC
ACCUTREND GLUCOSE CONTROL SOLUTION	3	OTC
DEXCOM G6 RECEIVER	2	QL
DEXCOM G6 SENSOR DEVICE	2	QL
DEXCOM G6 TRANSMITTER DEVICE	2	QL

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
DEXCOM G7 RECEIVER	2	QL
DEXCOM G7 SENSOR DEVICE	2	QL
FREESTYLE FREEDOM KIT	0	OTC
FREESTYLE FREEDOM LITE KIT	0	OTC
FREESTYLE INSULINX	0	OTC
FREESTYLE INSULINX STRIP	2	OTC
FREESTYLE INSULINX TEST STRIPS STRIP	2	OTC
FREESTYLE LIBRE 14 DAY READER	2	
FREESTYLE LIBRE 14 DAY SENSOR KIT	2	QL
FREESTYLE LIBRE 2 PLUS SENSOR DEVICE	2	FF; QL
FREESTYLE LIBRE 2 READER	2	FF; QL
FREESTYLE LIBRE 2 SENSOR KIT	2	QL
FREESTYLE LIBRE 3 PLUS SENSOR DEVICE	2	QL
FREESTYLE LIBRE 3 READER	2	QL
FREESTYLE LIBRE 3 SENSOR DEVICE	2	QL
FREESTYLE LITE METER KIT	0	OTC
FREESTYLE LITE STRIPS STRIP	2	OTC
FREESTYLE PRECISION NEO STRIPS STRIP	2	OTC
FREESTYLE TEST STRIP	2	OTC
ONETOUCH ULTRA TEST STRIP	2	OTC
ONETOUCH ULTRA2 METER	2	OTC
ONETOUCH VERIO FLEX METER	2	OTC
ONETOUCH VERIO REFLECT METER	2	OTC
ONETOUCH VERIO TEST STRIPS STRIP	2	OTC
PRECISION XTRA MONITOR	0	OTC
PRECISION XTRA TEST STRIP	2	OTC
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		
ACE AEROSOL CLOUD ENHANCER SPACER	2	
AEROCHAMBER MECHANICAL VENT SPACER	2	
AEROCHAMBER MINI SPACER	2	
AEROCHAMBER PLUS FLOW-VU SPACER	2	
AEROCHAMBER PLUS Z STAT SPACER	2	
AEROTRACH PLUS SPACER	2	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
AEROVENT PLUS SPACER	2	
BREATHRITE MDI SPACER SPACER	2	
COMPACT SPACE CHAMBER SPACER	2	
EASIVENT HOLDING CHAMBER SPACER	2	
EUA PATIENT ASSESSMENT	2	
FLEXICHAMBER SPACER	2	
GLUCAGON HCL INJECTION RECON SOLN 1 MG/ML	3	
LITEAIRE MDI CHAMBER SPACER	2	
<i>metformin oral tablet 750 mg</i>	1	
MICROCHAMBER SPACER	2	
MICROSPACER SPACER	2	
OPTICHAMBER DIAMOND VHC SPACER	2	
POCKET CHAMBER SPACER	2	
PRIMEAIRE SPACER	2	
PROCHAMBER SPACER	2	
RITEFLO AEROCHAMBER SPACER	2	
RYBELSUS ORAL TABLET 1.5 MG, 4 MG, 9 MG	2	PA; QL
SPACE CHAMBER SPACER	2	
VORTEX HOLDING CHAMBER SPACER	2	
GLUCOSE ELEVATING AGENTS		
BAQSIMI NASAL SPRAY, NON-AEROSOL	2	QL
<i>diazoxide oral suspension</i>	1	
<i>glucagon emergency kit (human) injection recon soln</i>	1	QL
GVOKE HYOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR	2	QL
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	2	QL
GVOKE SUBCUTANEOUS SOLUTION	2	QL
PROGLYCEM ORAL SUSPENSION	3	*
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN	2	OTC

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS INSULIN PEN	2	OTC
BD INTEGRA NEEDLE NEEDLE	2	
BD MICROTAINER LANCET 30 GAUGE	2	OTC
BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2"	2	
CEQUR SIMPLICITY DEVICE	2	
GENTEEL VACUUM LANCING DEVICE COMBO PACK	3	OTC
INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN	3	
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN	3	
INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN	3	
LANCETS 33 GAUGE	2	OTC
LANCING DEVICE	2	OTC
NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN	3	
OMNIPOD 5 (G6/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE	2	
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	2	QL
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	2	QL
OMNIPOD 5 INTRO(G6/LIBRE2PLUS) SUBCUTANEOUS CARTRIDGE	2	
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	2	QL
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	2	QL
T:FLEX SUBCUTANEOUS CARTRIDGE	2	
T:SLIM X2 SUBCUTANEOUS CARTRIDGE	2	
TWIIIST REFILL KT(CSST-NDL-SYR) KIT	2	
TWIIIST RFL(INFUS-CSST-NDL-SYR) KIT	2	
TWIIIST STARTER KIT KIT	2	
V-GO 20 DEVICE	2	
V-GO 30 DEVICE	2	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
V-GO 40 DEVICE	2	
INSULIN THERAPY		
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN	3	FF
BASAGLAR TEMPO PEN(U-100)INSLN SUBCUTANEOUS INSULIN PEN, SENSOR	3	FF
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT	2	
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN	2	
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN	2	
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN	2	
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION	2	
HUMALOG TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR	2	
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE	2	
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION	2	FF
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION	2	
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN	2	
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN	2	
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION	2	
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION	2	
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION	2	
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN	2	
INSULIN GLARGINE-YFGN SUBCUTANEOUS INSULIN PEN	2	
INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION	2	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
INSULIN LISPRO PROTAMIN-LISPRO SUBCUTANEOUS INSULIN PEN	2	
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN	2	
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN, HALF-UNIT	2	
INSULIN LISPRO SUBCUTANEOUS SOLUTION	2	
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN	2	
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN	2	
LYUMJEV TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR	2	
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION	2	
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION	2	
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN	2	
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN	2	QL
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN	2	
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN	2	
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN	2	
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN	2	
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION	2	
MISCELLANEOUS HORMONES		
ALDURAZYME INTRAVENOUS SOLUTION	4	PA; LA
<i>cabergoline oral tablet</i>	1	QL
<i>calcitonin (salmon) injection solution</i>	1	
<i>calcitonin (salmon) nasal spray,non-aerosol</i>	1	
<i>calcitriol intravenous solution 1 mcg/ml</i>	1	
<i>calcitriol oral capsule</i>	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>calcitriol oral solution</i>	1	
CERDELGA ORAL CAPSULE	4	PA; LA; QL
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	4	PA; LA
<i>cetrorelix subcutaneous kit</i>	4	PA
CETROTIDE SUBCUTANEOUS KIT	4	PA; *; LA
CHORIONIC GONADOTROPIN, HUMAN INJECTION RECON SOLN	4	PA
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR RECON SOLN	4	PA; LA; QL
<i>cinacalcet oral tablet</i>	1	PA
<i>clomid oral tablet</i>	1	
<i>clomiphene citrate oral tablet</i>	1	
CRENESSITY ORAL CAPSULE	4	PA
CRENESSITY ORAL SOLUTION	4	PA
<i>danazol oral capsule</i>	1	
DDAVP ORAL TABLET	3	*
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 100 MG/ML	3	
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 200 MG/ML	3	*
<i>desmopressin injection solution</i>	4	LA
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	1	
DESMOPRESSIN NASAL SPRAY,NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	2	
<i>desmopressin oral tablet</i>	1	
<i>doxercalciferol intravenous solution</i>	1	
<i>doxercalciferol oral capsule</i>	1	ST
ELAPRASE INTRAVENOUS SOLUTION	4	PA; LA
FABRAZYME INTRAVENOUS RECON SOLN	4	PA; FF; LA
FOLLISTIM AQ SUBCUTANEOUS CARTRIDGE	4	PA; LA
<i>fyremadel subcutaneous syringe</i>	4	PA; LA
GALAFOLD ORAL CAPSULE	4	PA; LA; QL
<i>ganirelix subcutaneous syringe</i>	4	PA; LA

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR	4	PA; LA
GONAL-F RFF SUBCUTANEOUS RECON SOLN	4	PA; LA
GONAL-F SUBCUTANEOUS RECON SOLN	4	PA; LA
HECTOROL INTRAVENOUS SOLUTION	3	*
JATENZO ORAL CAPSULE	3	QL
<i>javygtor oral powder in packet</i>	4	PA; LA
<i>javygtor oral tablet,soluble</i>	4	PA; LA
JYNARQUE ORAL TABLET	4	PA; QL
JYNARQUE ORAL TABLETS, SEQUENTIAL	4	PA; QL
KANUMA INTRAVENOUS SOLUTION	4	PA; LA
LUMIZYME INTRAVENOUS RECON SOLN	4	PA; LA
MENOPUR SUBCUTANEOUS RECON SOLN	4	PA; LA
METHITEST ORAL TABLET	2	
<i>methyltestosterone oral capsule</i>	1	
MIACALCIN INJECTION SOLUTION	3	*
<i>mifepristone oral tablet 300 mg</i>	4	PA; LA
<i>miglustat oral capsule</i>	4	PA; LA; QL
MYALEPT SUBCUTANEOUS RECON SOLN	4	PA; LA
NAGLAZYME INTRAVENOUS SOLUTION	4	PA; LA
NEXVIAZYME INTRAVENOUS RECON SOLN	4	PA; LA
NOC DURNA (MEN) SUBLINGUAL TABLET,DISINTEGRATING	3	PA; QL
NOC DURNA (WOMEN) SUBLINGUAL TABLET,DISINTEGRATING	3	PA; QL
NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT	4	PA; LA; QL
ORILISSA ORAL TABLET	2	PA
OVIDREL SUBCUTANEOUS SYRINGE	4	PA; LA
PALYNZIQ SUBCUTANEOUS SYRINGE	4	PA; LA; QL
<i>pamidronate intravenous solution</i>	4	
PARICALCITOL HEMODIALYSIS PORT INJECTION SOLUTION	3	
<i>paricalcitol intravenous solution</i>	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>paricalcitol oral capsule</i>	1	ST
PREGNYL INTRAMUSCULAR RECON SOLN	4	PA; LA; QL
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR	3	ST
ROCALTROL ORAL SOLUTION	3	ST; *
<i>sapropterin oral powder in packet</i>	4	PA; LA
<i>sapropterin oral tablet,soluble</i>	4	PA; LA
SOMAVERT SUBCUTANEOUS RECON SOLN	4	PA; LA
STRENSIQ SUBCUTANEOUS SOLUTION	4	PA
SYNAREL NASAL SPRAY,NON-AEROSOL	2	PA
TESTOPEL IMPLANT PELLETT	4	
<i>testosterone cypionate intramuscular oil</i>	1	
<i>testosterone enanthate intramuscular oil</i>	1	
TESTOSTERONE IMPLANT PELLETT 100 MG, 200 MG, 50 MG	3	
<i>testosterone transdermal gel</i>	1	QL
<i>testosterone transdermal gel in metered-dose pump</i>	1	QL
<i>testosterone transdermal gel in packet</i>	1	QL
<i>testosterone transdermal solution in metered pump w/app</i>	1	QL
<i>tolvaptan oral tablet</i>	4	PA; LA; QL
VIMIZIM INTRAVENOUS SOLUTION	4	PA; LA
VOGELXO TRANSDERMAL GEL	3	*; QL
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP	3	QL
VOGELXO TRANSDERMAL GEL IN PACKET	3	QL
VOXZOGO SUBCUTANEOUS RECON SOLN	4	PA; LA
XYOSTED SUBCUTANEOUS AUTO-INJECTOR	2	QL
YORVIPATH SUBCUTANEOUS PEN INJECTOR	4	PA
ZEMPLAR INTRAVENOUS SOLUTION	3	*
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	ST; *
NON-INSULIN HYPOGLYCEMIC AGENTS		
<i>acarbose oral tablet</i>	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
ACTOPLUS MET ORAL TABLET 15-850 MG	3	*; QL
ACTOS ORAL TABLET	3	*; QL
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR	2	PA; QL
CYCLOSET ORAL TABLET	3	
DUETACT ORAL TABLET	3	*; QL
FARXIGA ORAL TABLET	2	ST; QL
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	
<i>glipizide oral tablet extended release 24hr</i>	1	
<i>glipizide-metformin oral tablet</i>	1	
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR	3	*
<i>glyburide micronized oral tablet</i>	1	
<i>glyburide oral tablet</i>	1	
<i>glyburide-metformin oral tablet</i>	1	
GLYXAMBI ORAL TABLET	2	ST; QL
JANUMET ORAL TABLET	2	ST; QL
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR	2	ST; QL
JANUVIA ORAL TABLET	2	ST; QL
JARDIANCE ORAL TABLET	2	ST; QL
<i>liraglutide subcutaneous pen injector</i>	1	PA; QL
<i>metformin oral solution</i>	1	ST
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	1	
<i>metformin oral tablet extended release 24 hr</i>	1	QL
<i>metformin oral tablet extended release 24 hr (osm er)</i>	1	ST; QL
<i>metformin oral tablet,er gast.retention 24 hr</i>	1	ST; QL
<i>miglitol oral tablet</i>	1	
MOUNJARO SUBCUTANEOUS PEN INJECTOR	2	PA; QL
<i>nateglinide oral tablet</i>	1	
OSENI ORAL TABLET 12.5-30 MG, 25-45 MG	3	ST; QL

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	2	PA; QL
<i>pioglitazone oral tablet</i>	1	QL
<i>pioglitazone-glimepiride oral tablet</i>	1	QL
<i>pioglitazone-metformin oral tablet</i>	1	QL
PRECOSE ORAL TABLET	3	*
<i>repaglinide oral tablet</i>	1	
RIOMET ORAL SOLUTION	3	ST; *
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	2	PA; QL
<i>saxagliptin oral tablet</i>	1	ST; QL
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr</i>	1	ST; QL
SEGLUROMET ORAL TABLET	3	ST; FF; QL
STEGLATRO ORAL TABLET	3	ST; FF; QL
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR	2	PA; QL
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR	2	PA; QL
SYNJARDY ORAL TABLET	2	ST; QL
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR	2	ST; QL
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR	2	ST
TRULICITY SUBCUTANEOUS PEN INJECTOR	2	PA; QL
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR	2	ST; QL
THYROID HORMONES		
<i>adthyza oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	1	
ARMOUR THYROID ORAL TABLET	2	
ERMEZA ORAL SOLUTION	3	ST
<i>euthyrox oral tablet</i>	1	
<i>levo-t oral tablet</i>	1	
<i>levothyroxine oral tablet</i>	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>liothyronine intravenous solution</i>	1	
<i>liothyronine oral tablet</i>	1	
<i>niva thyroid oral tablet</i>	1	
<i>np thyroid oral tablet</i>	1	
<i>thyroid (pork) oral tablet</i>	1	
<i>unithroid oral tablet</i>	1	

GASTROENTEROLOGY

ANTIDIARRHEALS & ANTISPASMODICS

<i>anaspaz oral tablet,disintegrating</i>	1	
<i>atropine injection solution 0.4 mg/ml</i>	1	
<i>atropine injection syringe 0.1 mg/ml</i>	1	
<i>belladonna alkaloids-opium rectal suppository</i>	1	QL
<i>chlordiazepoxide-clidinium oral capsule</i>	1	
<i>dicyclomine oral capsule</i>	1	
<i>dicyclomine oral solution</i>	1	
<i>dicyclomine oral tablet</i>	1	
<i>diphenoxylate-atropine oral liquid</i>	1	
<i>diphenoxylate-atropine oral tablet</i>	1	
DONNATAL ORAL ELIXIR 16.2-0.1037 -0.0194 MG/5 ML	3	*
DONNATAL ORAL TABLET	3	
<i>ed-spaz oral tablet,disintegrating</i>	1	
GLYCATATE ORAL TABLET	3	
<i>glycopyrrolate injection solution</i>	1	
<i>glycopyrrolate oral solution</i>	1	
<i>glycopyrrolate oral tablet</i>	1	
<i>hyoscyamine sulfate oral drops</i>	1	
<i>hyoscyamine sulfate oral elixir</i>	1	
<i>hyoscyamine sulfate oral tablet</i>	1	
<i>hyoscyamine sulfate oral tablet extended release 12 hr</i>	1	
<i>hyoscyamine sulfate oral tablet,disintegrating</i>	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>hyoscyamine sulfate sublingual tablet</i>	1	
<i>hyosyne oral drops</i>	1	
<i>hyosyne oral elixir</i>	1	
LEVBIID ORAL TABLET EXTENDED RELEASE 12 HR	3	*
LEVSIN ORAL TABLET	3	*
LEVSIN/SL SUBLINGUAL TABLET	3	*
LOMOTIL ORAL TABLET	3	*
<i>loperamide oral capsule</i>	1	
<i>methscopolamine oral tablet</i>	1	
MOTOFEN ORAL TABLET	3	
NULEV ORAL TABLET,DISINTEGRATING	3	*
<i>opium tincture oral tincture</i>	1	
<i>oscimin oral tablet</i>	1	
<i>oscimin sl sublingual tablet</i>	1	
<i>phenobarb-hyoscy-atropine-scop oral elixir</i>	1	
<i>phenobarb-hyoscy-atropine-scop oral tablet</i>	1	
<i>phenohydro oral elixir 16.2-0.1037 -0.0194 mg/5 ml</i>	1	
<i>phenohydro oral tablet</i>	1	
ROBINUL FORTE ORAL TABLET	3	*
ROBINUL ORAL TABLET	3	*
SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE	3	
<i>symax fastabs oral tablet,disintegrating</i>	1	
<i>symax-sl sublingual tablet</i>	1	
<i>symax-sr oral tablet extended release 12 hr</i>	1	
MISCELLANEOUS GASTROINTESTINAL AGENTS		
<i>alosetron oral tablet</i>	1	
ANALPRAM-HC RECTAL CREAM 1-1 %	3	
ANALPRAM-HC RECTAL CREAM 2.5-1 %	3	ST; *
<i>anucort-hc rectal suppository</i>	1	
<i>aprepitant oral capsule</i>	1	QL
<i>aprepitant oral capsule,dose pack</i>	1	QL

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR	3	*
AZULFIDINE EN-TABS ORAL TABLET,DELAYED RELEASE (DR/EC)	3	*
AZULFIDINE ORAL TABLET	3	*
<i>balsalazide oral capsule</i>	1	
<i>betaine oral powder</i>	4	PA
<i>budesonide oral capsule,delayed,extend.release</i>	1	
<i>budesonide oral tablet,delayed and ext.release</i>	1	
<i>budesonide rectal foam</i>	1	
BYLVAY ORAL CAPSULE	4	PA; LA; QL
BYLVAY ORAL PELLETT	4	PA; LA; QL
CHENODAL ORAL TABLET	4	PA
CHOLBAM ORAL CAPSULE 250 MG	4	PA
CHOLBAM ORAL CAPSULE 50 MG	4	PA; QL
<i>citrate of magnesia oral solution</i>	0	ACA; OTC
<i>citroma oral solution</i>	0	ACA; OTC
<i>clearlax oral powder</i>	0	ACA; OTC
COLAZAL ORAL CAPSULE	3	*
COMPAZINE ORAL TABLET	3	*
COMPAZINE RECTAL SUPPOSITORY	3	*
<i>compro rectal suppository</i>	1	
<i>constulose oral solution</i>	1	
CORTENEMA RECTAL ENEMA	3	*
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC)	2	
<i>cromolyn oral concentrate</i>	1	
DICLEGIS ORAL TABLET,DELAYED RELEASE (DR/EC)	3	*, QL
<i>dimenhydrinate injection solution</i>	1	
<i>doxylamine-pyridoxine (vit b6) oral tablet,delayed release (dr/ec)</i>	1	QL
<i>dronabinol oral capsule</i>	1	PA
<i>droperidol injection solution</i>	1	
<i>dulcolax (magnesium hydroxide) oral suspension</i>	0	ACA; OTC
ENTYVIO INTRAVENOUS RECON SOLN	4	PA; LA

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>enulose oral solution</i>	1	
GASTROCROM ORAL CONCENTRATE	3	*
GATTEX 30-VIAL SUBCUTANEOUS KIT	4	PA; LA
<i>gavilax oral powder</i>	0	ACA; OTC
<i>gavilyte-c oral recon soln</i>	0	ACA
<i>gavilyte-g oral recon soln</i>	0	ACA
<i>gavilyte-n oral recon soln</i>	0	ACA
<i>generlac oral solution</i>	1	
<i>gentle laxative (bisacodyl) oral tablet, delayed release (dr/ec)</i>	0	ACA; OTC
<i>gentle laxative (mag hydrox) oral suspension</i>	0	ACA; OTC
<i>gentlelax oral powder</i>	0	ACA; OTC
GOLYTELY ORAL RECON SOLN	3	*
<i>granisetron hcl oral tablet</i>	1	QL
<i>hemmorex-hc rectal suppository</i>	1	
<i>hydrocortisone acetate rectal suppository</i>	1	
<i>hydrocortisone rectal enema</i>	1	
<i>hydrocortisone topical cream with perineal applicator</i>	1	
<i>hydrocortisone-pramoxine rectal cream 1-1 %</i>	1	
<i>hydrocortisone-pramoxine rectal cream 2.5-1 %, 2.5-1 % (4g)</i>	1	ST
INFLECTRA INTRAVENOUS RECON SOLN	4	PA; LA
IQIRVO ORAL TABLET	4	PA; LA
KINEVAC INJECTION RECON SOLN	2	
KRISTALOSE ORAL PACKET	3	
<i>lactulose oral packet</i>	1	
<i>lactulose oral solution</i>	1	
<i>laxative (bisacodyl) oral tablet, delayed release (dr/ec)</i>	0	ACA; OTC
<i>laxative peg 3350 oral powder</i>	0	ACA; OTC
<i>lidocaine hcl-hydrocortison ac rectal cream</i>	1	
LIDOCAINE HCL-HYDROCORTISON AC RECTAL GEL	3	
<i>lidocaine hcl-hydrocortison ac rectal kit 2 %-2 % (7 gram), 3-0.5 %, 3-1 % (7 gram)</i>	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>lidocaine-hydrocortisone-aloe rectal gel</i>	1	
<i>lidocaine-hydrocortisone-aloe rectal kit</i>	1	
LINZESS ORAL CAPSULE	2	QL
LIVDELZI ORAL CAPSULE	4	PA
LIVMARLI ORAL SOLUTION	4	PA
<i>lubiprostone oral capsule</i>	1	QL
<i>magnesium citrate oral solution</i>	0	ACA; OTC
MARINOL ORAL CAPSULE 10 MG, 5 MG	3	PA; *
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	
<i>mesalamine oral capsule (with del rel tablets)</i>	1	
<i>mesalamine oral capsule, extended release</i>	1	
<i>mesalamine oral capsule,extended release 24hr</i>	1	
<i>mesalamine oral tablet,delayed release (dr/ec)</i>	1	
<i>mesalamine rectal enema</i>	1	
<i>mesalamine rectal suppository</i>	1	
<i>mesalamine with cleansing wipe rectal enema kit</i>	1	
<i>metoclopramide hcl injection solution</i>	1	
<i>metoclopramide hcl injection syringe</i>	1	
<i>metoclopramide hcl oral solution</i>	1	
<i>metoclopramide hcl oral tablet</i>	1	
<i>milk of magnesia oral suspension</i>	0	ACA; OTC
MOVANTIK ORAL TABLET	2	QL
<i>natura-lax oral powder</i>	0	ACA; OTC
<i>nitroglycerin rectal ointment</i>	1	
OALIVA ORAL TABLET	4	PA; LA; QL
OMVOH INTRAVENOUS SOLUTION	4	PA; LA
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML	4	PA; LA; QL
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 300MG/3ML(100MG /ML-200 MG/2ML)	4	PA
OMVOH SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; FF; LA; QL
OMVOH SUBCUTANEOUS SYRINGE 300MG/3ML(100MG /ML-200 MG/2ML)	4	PA
<i>ondansetron hcl (pf) injection solution</i>	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>ondansetron hcl (pf) injection syringe</i>	1	
<i>ondansetron hcl intravenous solution</i>	1	
<i>ondansetron hcl oral solution</i>	1	QL
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	QL
<i>ondansetron oral tablet,disintegrating 4 mg, 8 mg</i>	1	QL
<i>onelix magnesium citrate oral solution</i>	0	ACA; OTC
<i>oral saline laxative oral liquid</i>	0	ACA; OTC
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700- 83,900 UNIT, 37,000- 97,300- 149,900 UNIT, 4,200-14,200- 24,600 UNIT	2	
<i>peg 3350-electrolytes oral recon soln</i>	0	ACA
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet</i>	0	ACA
<i>peg-electrolyte soln oral recon soln</i>	0	ACA
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	2	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	3	*
<i>phosphate laxative oral liquid</i>	0	ACA; OTC
<i>polyethylene glycol 3350 oral powder</i>	0	ACA; OTC
<i>powderlax oral powder</i>	0	ACA; OTC
<i>prochlorperazine edisylate injection solution</i>	1	
<i>prochlorperazine maleate oral tablet</i>	1	
<i>prochlorperazine rectal suppository</i>	1	
PROCORT RECTAL CREAM	3	
PROCTOCORT RECTAL SUPPOSITORY	3	ST; *
<i>procto-med hc topical cream with perineal applicator</i>	1	
<i>proctosol hc topical cream with perineal applicator</i>	1	
<i>proctozone-hc topical cream with perineal applicator</i>	1	
<i>prucalopride oral tablet</i>	1	QL
<i>purelax oral powder</i>	0	ACA; OTC

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
RECTIV RECTAL OINTMENT	3	*
REGLAN ORAL TABLET	3	*
RELISTOR ORAL TABLET	3	ST; FF
RELISTOR SUBCUTANEOUS SOLUTION	2	ST
RELISTOR SUBCUTANEOUS SYRINGE	2	ST
ROWASA RECTAL ENEMA KIT	3	*
SANCUSO TRANSDERMAL PATCH WEEKLY	3	QL
<i>scopolamine base transdermal patch 3 day</i>	1	
SFROWASA RECTAL ENEMA	3	*
SINCALIDE INJECTION RECON SOLN	3	
SKYRIZI INTRAVENOUS SOLUTION	4	PA; LA
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR	4	PA; LA; QL
<i>smoothlax oral powder</i>	0	ACA; OTC
<i>sodium,potassium,mag sulfates oral recon soln</i>	0	ACA
SUCRAID ORAL SOLUTION	4	PA
<i>sulfasalazine oral tablet</i>	1	
<i>sulfasalazine oral tablet,delayed release (dr/ec)</i>	1	
SYMPROIC ORAL TABLET	2	
SYNDROS ORAL SOLUTION	3	PA
TIGAN INTRAMUSCULAR SOLUTION	3	
<i>trimethobenzamide oral capsule</i>	1	
TRULANCE ORAL TABLET	2	
UCERIS ORAL TABLET,DELAYED AND EXT.RELEASE	3	*
UCERIS RECTAL FOAM	3	*
URSO FORTE ORAL TABLET	3	*
<i>ursodiol oral capsule</i>	1	
<i>ursodiol oral tablet</i>	1	
VARUBI ORAL TABLET	2	QL
VELSIPITY ORAL TABLET	4	PA; LA; QL
VIBERZI ORAL TABLET	2	
VIOKACE ORAL TABLET	2	
VOWST ORAL CAPSULE	4	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
women's gentle laxative(bisac) oral tablet, delayed release (dr/ec)	0	ACA; OTC
ZENPEP ORAL CAPSULE, DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT	2	
ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT	4	PA; LA; QL
ZYMFENTRA SUBCUTANEOUS SYRINGE KIT	4	PA; LA; QL
ULCER THERAPY		
amoxicil-clarithromy-lansopraz oral combo pack	1	QL
bismuth subcit k-metronidz-tcn oral capsule	1	
cimetidine hcl oral solution	1	
cimetidine oral tablet 300 mg, 400 mg, 800 mg	1	
CYTOTEC ORAL TABLET	3	*
dexlansoprazole oral capsule, biphase delayed releas 30 mg	1	ST; QL
dexlansoprazole oral capsule, biphase delayed releas 60 mg	1	ST
esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg	1	
esomeprazole magnesium oral granules dr for susp in packet 10 mg	1	ST; QL
esomeprazole magnesium oral granules dr for susp in packet 2.5 mg, 5 mg	1	PA; QL
esomeprazole magnesium oral granules dr for susp in packet 40 mg	1	ST
esomeprazole sodium intravenous recon soln	1	
famotidine (pf) intravenous solution	1	
famotidine (pf)-nacl (iso-os) intravenous piggyback	1	
famotidine intravenous solution	1	
famotidine oral suspension for reconstitution	1	
famotidine oral tablet 40 mg	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>	1	
<i>lansoprazole oral tablet, disintegrat, delay rel 30 mg</i>	1	ST
<i>misoprostol oral tablet</i>	1	
<i>nizatidine oral capsule</i>	1	
OMECLAMOX-PAK ORAL COMBO PACK	3	QL
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg</i>	1	QL
<i>omeprazole oral capsule, delayed release(dr/ec) 40 mg</i>	1	
<i>omeprazole oral tablet, disintegrat, delay rel</i>	1	OTC
<i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i>	1	ST
<i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg</i>	1	ST; QL
<i>omeprazole-sodium bicarbonate oral packet 40-1,680 mg</i>	1	ST
<i>pantoprazole intravenous recon soln</i>	1	
<i>pantoprazole oral granules dr for susp in packet</i>	1	ST
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	QL
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	1	
PEPCID ORAL TABLET 40 MG	3	*
<i>rabeprazole oral tablet, delayed release (dr/ec)</i>	1	
<i>sucralfate oral suspension</i>	1	
<i>sucralfate oral tablet</i>	1	
TALICIA ORAL CAPSULE, IR - DELAY REL, BIPHASE	2	QL
VOQUEZNA DUAL PAK ORAL COMBO PACK	3	
VOQUEZNA ORAL TABLET	3	ST
VOQUEZNA TRIPLE PAK ORAL COMBO PACK	3	

IMMUNOLOGY, VACCINES & BIOTECHNOLOGY

BIOTECHNOLOGY DRUGS

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
ARCALYST SUBCUTANEOUS RECON SOLN	4	PA; QL
FULPHILA SUBCUTANEOUS SYRINGE	4	PA; LA; QL
ILARIS (PF) SUBCUTANEOUS SOLUTION	4	PA; LA
LEUKINE INJECTION RECON SOLN	4	PA; LA
MOZOBIL SUBCUTANEOUS SOLUTION	4	*; LA
NIVESTYM INJECTION SOLUTION	4	PA; LA
NIVESTYM SUBCUTANEOUS SYRINGE	4	PA; LA
<i>plerixafor subcutaneous solution</i>	4	LA
PROCRIT INJECTION SOLUTION	4	PA; LA
PROLEUKIN INTRAVENOUS RECON SOLN	4	PA; LA
RETACRIT INJECTION SOLUTION	4	PA; LA
XOLREMDI ORAL CAPSULE	4	PA
ZIEXTENZO SUBCUTANEOUS SYRINGE	4	PA; LA; QL
GROWTH HORMONES		
EGRIFTA SV SUBCUTANEOUS RECON SOLN	2	PA; LA
GENOTROPIN MINIQUEL SUBCUTANEOUS SYRINGE	4	PA; LA
GENOTROPIN SUBCUTANEOUS CARTRIDGE	4	PA; LA
NGENLA SUBCUTANEOUS PEN INJECTOR	4	PA; LA
OMNITROPE SUBCUTANEOUS CARTRIDGE	4	PA; LA
OMNITROPE SUBCUTANEOUS RECON SOLN	4	PA; LA
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	4	PA; LA
INTERFERONS		
ACTIMMUNE SUBCUTANEOUS SOLUTION	4	PA; LA
ALFERON N INJECTION SOLUTION	4	
PEGASYS SUBCUTANEOUS SOLUTION	4	LA; QL
PEGASYS SUBCUTANEOUS SYRINGE	4	LA; QL
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN	0	ACA
ACAM2000 (NATIONAL STOCKPILE) PERCUTANEOUS RECON SOLN	2	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
ACTHIB (PF) INTRAMUSCULAR RECON SOLN	0	ACA
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION	0	ACA
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE	0	ACA
AFLURIA TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE	0	ACA
AFLURIA TRIV 2024-2025 INTRAMUSCULAR SUSPENSION	0	ACA
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	0	ACA
ATGAM INTRAVENOUS SOLUTION	4	PA
AUDENZ (NATIONAL STOCKPILE) INTRAMUSCULAR EMULSION	2	
AUDENZ(PF)(NATIONAL STOCKPILE) INTRAMUSCULAR SYRINGE	2	
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION	0	
BEXSERO INTRAMUSCULAR SYRINGE	0	ACA
BIVIGAM INTRAVENOUS SOLUTION	4	PA; LA
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE	0	ACA
CAPVAXIVE INTRAMUSCULAR SYRINGE	0	ACA
COMIRNATY 2024-25 (12Y UP)(PF) INTRAMUSCULAR SYRINGE	0	ACA
CUVITRU SUBCUTANEOUS SOLUTION	4	PA; FF; LA
CYTOGAM INTRAVENOUS SOLUTION 50 MG/ML	4	PA; LA
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION	0	ACA
DENG VAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	0	ACA
DYSPORT INTRAMUSCULAR RECON SOLN	4	PA; LA
ENGRIX-B (PF) INTRAMUSCULAR SUSPENSION	0	ACA
ENGRIX-B (PF) INTRAMUSCULAR SYRINGE	0	ACA

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	0	ACA
ERVEBO(PF)(NATIONAL STOCKPILE) INTRAMUSCULAR SUSPENSION	2	
FLEBOGAMMA DIF INTRAVENOUS SOLUTION	4	PA
FLUAD TRIV 2024-25(65Y UP)(PF) INTRAMUSCULAR SYRINGE	0	ACA
FLUARIX TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE	0	ACA
FLUBLOK TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE	0	ACA
FLUCELVAX TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE	0	ACA
FLUCELVAX TRIV 2024-2025 INTRAMUSCULAR SUSPENSION	0	ACA
FLULAVAL TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE	0	ACA
FLUMIST TRIVALENT 2024-2025 NASAL NASAL SPRAY SYRINGE	0	ACA
FLUZONE HIGH-DOSE TRIV 24-25 INTRAMUSCULAR SYRINGE	0	ACA
FLUZONE TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE	0	ACA
FLUZONE TRIV 2024-2025 INTRAMUSCULAR SUSPENSION	0	ACA
GAMMAGARD LIQUID INJECTION SOLUTION	4	PA; LA
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION	0	ACA
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE	0	ACA
GRASTEK SUBLINGUAL TABLET	2	PA
HEPAGAM B INJECTION SOLUTION	4	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE	0	ACA
HIBERIX (PF) INTRAMUSCULAR RECON SOLN	0	ACA
HYPERHEP B INTRAMUSCULAR SOLUTION	4	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
HYPERHEP B NEONATAL INTRAMUSCULAR SYRINGE	4	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	0	ACA
IPOL INJECTION SUSPENSION	0	ACA
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION	0	ACA
KINRIX (PF) INTRAMUSCULAR SYRINGE	0	ACA
MENQUADFI (PF) INTRAMUSCULAR SOLUTION	0	ACA
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT	0	ACA
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION	0	ACA
M-M-R II (PF) SUBCUTANEOUS RECON SOLN	0	ACA
MODERNA COVID 24-25(6M-11Y)PF INTRAMUSCULAR SYRINGE	0	ACA
MRESVIA (PF) INTRAMUSCULAR SYRINGE	0	ACA
MYOBLOC INTRAMUSCULAR SOLUTION	4	PA; LA
NABI-HB INTRAMUSCULAR SOLUTION	4	
NOVAVAX COVID 2024-25(PF)(EUA) INTRAMUSCULAR SYRINGE	0	ACA
ODACTRA SUBLINGUAL TABLET	2	PA
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	4	PA
PEDIARIX (PF) INTRAMUSCULAR SYRINGE	0	ACA
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION	0	ACA
PENBRAYA (PF) INTRAMUSCULAR KIT	0	ACA
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG-5LF- 62 DU/0.5 ML	0	ACA
PFIZER COVID 2024-25(5Y-11Y)PF INTRAMUSCULAR SUSPENSION	0	ACA
PFIZER COVID 2024-25(6MO-4Y)PF INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	0	ACA
PNEUMOVAX-23 INJECTION SYRINGE	0	ACA

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE	0	ACA
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	0	ACA
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	0	ACA
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION	0	ACA
QUADRACEL (PF) INTRAMUSCULAR SYRINGE	0	ACA
RAGWITEK SUBLINGUAL TABLET	2	PA
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION	0	ACA
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE	0	ACA
ROTARIX ORAL SUSPENSION	0	ACA
ROTATEQ VACCINE ORAL SOLUTION	0	ACA
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	0	ACA
SPIKEVAX 2024-2025(12Y UP)(PF) INTRAMUSCULAR SYRINGE	0	ACA
TDVAX INTRAMUSCULAR SUSPENSION	0	ACA
TENIVAC (PF) INTRAMUSCULAR SUSPENSION	0	ACA
TENIVAC (PF) INTRAMUSCULAR SYRINGE	0	ACA
THYMOGLOBULIN INTRAVENOUS RECON SOLN	4	
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION	4	
TRUMENBA INTRAMUSCULAR SYRINGE	0	ACA
TWINRIX (PF) INTRAMUSCULAR SYRINGE	0	ACA
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	0	ACA
VAXELIS (PF) INTRAMUSCULAR SUSPENSION	0	ACA
VAXELIS (PF) INTRAMUSCULAR SYRINGE	0	ACA
VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE	0	ACA

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
IMMUNOLOGY		
INTERLEUKINS		
<i>imiquimod topical cream in metered-dose pump</i>	1	
<i>imiquimod topical cream in packet</i>	1	
MUSCULOSKELETAL & RHEUMATOLOGY		
GOUT THERAPY		
<i>allopurinol oral tablet</i>	1	
<i>allopurinol sodium intravenous recon soln</i>	1	
<i>aloprim intravenous recon soln</i>	1	
<i>colchicine oral capsule</i>	1	ST
<i>colchicine oral tablet</i>	1	
<i>febuxostat oral tablet</i>	1	ST
GLOPERBA ORAL SOLUTION	3	
KRYSTEXXA INTRAVENOUS SOLUTION	4	PA; LA
MITIGARE ORAL CAPSULE	3	ST; *
<i>probenecid oral tablet</i>	1	
<i>probenecid-colchicine oral tablet</i>	1	
ZYLOPRIM ORAL TABLET 100 MG	3	*
OSTEOPOROSIS THERAPY		
ACTONEL ORAL TABLET 150 MG, 35 MG	3	ST; *; QL
<i>alendronate oral solution</i>	1	QL
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	1	QL
ATELVIA ORAL TABLET, DELAYED RELEASE (DR/EC)	3	ST; *; QL
BINOSTO ORAL TABLET, EFFERVESCENT	3	ST; QL
EVISTA ORAL TABLET	3	*
FORTEO SUBCUTANEOUS PEN INJECTOR	4	PA; *; FF; LA; QL
FOSAMAX ORAL TABLET 70 MG	3	ST; *; QL
FOSAMAX PLUS D ORAL TABLET	3	ST; QL
<i>ibandronate intravenous solution</i>	4	PA; LA
<i>ibandronate intravenous syringe</i>	4	PA; LA
<i>ibandronate oral tablet</i>	1	QL
<i>raloxifene oral tablet</i>	0	ACA
<i>risedronate oral tablet 150 mg, 35 mg, 5 mg</i>	1	QL

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>risedronate oral tablet, delayed release (dr/ec)</i>	1	QL
<i>teriparatide subcutaneous pen injector 20 mcg/dose (600mcg/2.4ml)</i>	4	PA; LA; QL
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	4	PA; QL
TYMLOS SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL
ACTEMRA INTRAVENOUS SOLUTION	4	PA; LA
ACTEMRA SUBCUTANEOUS SYRINGE	4	PA; LA; QL
ADALIMUMAB-ADAZ SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML	4	PA; LA; QL
ADALIMUMAB-ADAZ SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML	4	PA; FF; LA; QL
ADALIMUMAB-ADAZ SUBCUTANEOUS SYRINGE	4	PA; LA; QL
ADALIMUMAB-ADBM SUBCUTANEOUS PEN INJECTOR KIT	4	PA; LA; QL
ADALIMUMAB-ADBM SUBCUTANEOUS SYRINGE KIT	4	PA; LA; QL
ADALIMUMAB-ADBM(CF) PEN CROHNS SUBCUTANEOUS PEN INJECTOR KIT	4	PA; LA; QL
ADALIMUMAB-ADBM(CF) PEN PS-UV SUBCUTANEOUS PEN INJECTOR KIT	4	PA; LA; QL
ADALIMUMAB-RYVK SUBCUTANEOUS AUTO-INJECTOR, KIT	4	PA; QL
ADALIMUMAB-RYVK SUBCUTANEOUS SYRINGE KIT	4	PA; QL
ARAVAL ORAL TABLET	3	*; QL
AURANOFIN ORAL CAPSULE	3	
BENLYSTA INTRAVENOUS RECON SOLN	4	PA; LA
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR	4	PA; LA; QL
BENLYSTA SUBCUTANEOUS SYRINGE	4	PA; LA; QL
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT	4	PA; LA; QL

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT	4	PA; LA; QL
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT	4	PA; LA; QL
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT	4	PA; LA; QL
DEPEN TITRATABS ORAL TABLET	3	PA; *
ENBREL MINI SUBCUTANEOUS CARTRIDGE	4	PA; LA; QL
ENBREL SUBCUTANEOUS SOLUTION	4	PA; LA; QL
ENBREL SUBCUTANEOUS SYRINGE	4	PA; LA; QL
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL
HYRIMOZ PEN CROHN'S-UC STARTER SUBCUTANEOUS PEN INJECTOR	4	PA; FF; LA; QL
HYRIMOZ PEN PSORIASIS STARTER SUBCUTANEOUS PEN INJECTOR	4	PA; FF; LA; QL
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE	4	PA; FF; LA; QL
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR	4	PA; FF; LA; QL
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE	4	PA; FF; LA; QL
<i>leflunomide oral tablet</i>	1	QL
OTEZLA ORAL TABLET 20 MG	4	PA; FF; LA; QL
OTEZLA ORAL TABLET 30 MG	4	PA; LA; QL
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51)	4	PA; FF; LA; QL
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	4	PA; LA; QL
<i>penicillamine oral capsule</i>	1	PA
<i>penicillamine oral tablet</i>	1	PA
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR	2	ST
RIDAURA ORAL CAPSULE	2	
RINVOQ LQ ORAL SOLUTION	4	PA; FF; LA; QL
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR	4	PA; LA; QL
SAVELLA ORAL TABLET	2	ST; QL

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
SAVELLA ORAL TABLETS,DOSE PACK	2	ST; QL
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT	4	PA; LA; QL
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT	4	PA; QL
SIMPONI ARIA INTRAVENOUS SOLUTION	4	PA; LA
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	4	PA; LA; QL
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; LA; QL
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR	4	PA; FF; LA; QL
TYENNE INTRAVENOUS SOLUTION	4	PA; LA
TYENNE SUBCUTANEOUS SYRINGE	4	PA; FF; LA; QL
XELJANZ ORAL SOLUTION	4	PA; LA; QL
XELJANZ ORAL TABLET	4	PA; LA; QL
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR	4	PA; LA; QL

OBSTETRICS & GYNECOLOGY

DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES

CAYA CONTOURED VAGINAL DIAPHRAGM	0	ACA
DUREX AVANTI BARE REAL FEEL	0	ACA; OTC
DUREX TROPICAL CONDOM DEVICE	0	ACA; OTC
FC2 FEMALE CONDOM	0	ACA; OTC
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE	0	ACA
LILETTA INTRAUTERINE INTRAUTERINE DEVICE	0	ACA; LA
MIRENA INTRAUTERINE INTRAUTERINE DEVICE	0	ACA
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE	0	ACA
SKYLA INTRAUTERINE INTRAUTERINE DEVICE	0	ACA
TRUSTEX-RIA NON-LUB CONDOMS DEVICE	0	ACA; OTC
WIDE-SEAL DIAPHRAGM	0	ACA

ESTROGENS & PROGESTINS

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
ACTIVELLA ORAL TABLET	3	*
ANGELIQ ORAL TABLET	3	
<i>camila oral tablet</i>	0	ACA
CLIMARA TRANSDERMAL PATCH WEEKLY	3	*; QL
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY	2	
<i>covaryx h.s. oral tablet</i>	1	
<i>covaryx oral tablet</i>	1	
CRINONE VAGINAL GEL 8 %	2	LA
<i>deblitane oral tablet</i>	0	ACA
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML	3	*
DEPO-ESTRADIOL INTRAMUSCULAR OIL	2	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	0	*; ACA
DEPO-PROVERA INTRAMUSCULAR SYRINGE	0	*; ACA
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE	0	ACA
<i>dotti transdermal patch semiweekly</i>	1	QL
DUAVEE ORAL TABLET	2	
<i>eemt hs oral tablet</i>	1	
<i>eemt oral tablet</i>	1	
<i>emzahh oral tablet</i>	0	ACA
ENDOMETRIN VAGINAL INSERT	3	PA; FF; LA
<i>errin oral tablet</i>	0	ACA
ESTRACE ORAL TABLET	3	*
<i>estradiol oral tablet</i>	1	
<i>estradiol transdermal gel in metered-dose pump</i>	1	QL
<i>estradiol transdermal gel in packet</i>	1	QL
<i>estradiol transdermal patch semiweekly</i>	1	QL
<i>estradiol transdermal patch weekly</i>	1	QL
<i>estradiol vaginal cream</i>	1	
<i>estradiol vaginal tablet</i>	1	
<i>estradiol valerate intramuscular oil</i>	1	
<i>estradiol-norethindrone acet oral tablet</i>	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
ESTRATEST F.S. ORAL TABLET	3	*
ESTRATEST H.S. ORAL TABLET	3	*
<i>estrogens-methyltestosterone oral tablet</i>	1	
EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL	3	QL
<i>fyavolv oral tablet</i>	1	
<i>gallifrey oral tablet</i>	1	
<i>heather oral tablet</i>	0	ACA
<i>incassia oral tablet</i>	0	ACA
<i>jencycla oral tablet</i>	0	ACA
<i>jinteli oral tablet</i>	1	
<i>lyleq oral tablet</i>	0	ACA
<i>lyllana transdermal patch semiweekly</i>	1	QL
<i>lyza oral tablet</i>	0	ACA
<i>medroxyprogesterone intramuscular suspension</i>	0	ACA
<i>medroxyprogesterone intramuscular syringe</i>	0	ACA
<i>medroxyprogesterone oral tablet</i>	1	
MENOSTAR TRANSDERMAL PATCH WEEKLY	3	QL
<i>mimvey oral tablet</i>	1	
<i>nora-be oral tablet</i>	0	ACA
<i>norethindrone (contraceptive) oral tablet</i>	0	ACA
<i>norethindrone acetate oral tablet</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
OPILL ORAL TABLET	0	ACA; OTC
PREMARIN INJECTION RECON SOLN	2	
PREMARIN VAGINAL CREAM	2	
<i>progesterone intramuscular oil</i>	4	LA
<i>progesterone micronized oral capsule</i>	1	
PROMETRIUM ORAL CAPSULE	3	*
PROVERA ORAL TABLET	3	*
<i>sharobel oral tablet</i>	0	ACA
<i>tulana oral tablet</i>	0	ACA
<i>yuvaferm vaginal tablet</i>	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
MISCELLANEOUS OB/GYN		
ANNOVERA VAGINAL RING	0	ACA
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE	3	
CLEOCIN VAGINAL CREAM	3	*
CLEOCIN VAGINAL SUPPOSITORY	3	
<i>clindamycin phosphate vaginal cream</i>	1	
CLINDESSE VAGINAL CREAM,EXTENDED RELEASE	3	
<i>eluryng vaginal ring</i>	0	ACA
<i>enilloring vaginal ring</i>	0	ACA
<i>etonogestrel-ethinyl estradiol vaginal ring</i>	0	ACA
<i>fem ph vaginal gel</i>	1	
GYNAZOLE-1 VAGINAL CREAM	3	
<i>haloette vaginal ring</i>	0	ACA
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1	
<i>miconazole-3 vaginal suppository</i>	1	
MIFEPREX ORAL TABLET	3	
<i>mifepristone oral tablet 200 mg</i>	4	
MYFEMBREE ORAL TABLET	2	PA
NEXPLANON SUBDERMAL IMPLANT	0	ACA
<i>norelgestromin-ethin.estradiol transdermal patch weekly</i>	0	ACA
NUVESSA VAGINAL GEL	3	
ORIAHNN ORAL CAPSULE, SEQUENTIAL	2	PA
PREPIDIL VAGINAL GEL	3	
RELAGARD VAGINAL GEL	3	*
<i>terconazole vaginal cream</i>	1	
<i>terconazole vaginal suppository</i>	1	
<i>tranexamic acid oral tablet</i>	1	
TRIMO-SAN JELLY VAGINAL GEL	2	
<i>vandazole vaginal gel</i>	1	
VCF CONTRACEPTIVE FILM VAGINAL FILM	0	ACA; OTC
VCF CONTRACEPTIVE GEL VAGINAL GEL	0	ACA; OTC

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
VEOZAH ORAL TABLET	3	
XACIATO VAGINAL GEL	2	
<i>xulane transdermal patch weekly</i>	0	ACA
<i>zafemy transdermal patch weekly</i>	0	ACA
ORAL CONTRACEPTIVES & RELATED AGENTS		
<i>afirmelle oral tablet</i>	0	ACA
<i>after pill oral tablet</i>	0	ACA; OTC
AFTERA ORAL TABLET	0	*, ACA; OTC
<i>altavera (28) oral tablet</i>	0	ACA
<i>alyacen 1/35 (28) oral tablet</i>	0	ACA
<i>alyacen 7/7/7 (28) oral tablet</i>	0	ACA
<i>amethia oral tablets,dose pack,3 month</i>	0	ACA
<i>amethyst (28) oral tablet</i>	0	ACA
<i>apri oral tablet</i>	0	ACA
<i>aranelle (28) oral tablet</i>	0	ACA
<i>ashlyna oral tablets,dose pack,3 month</i>	0	ACA
<i>aubra eq oral tablet</i>	0	ACA
<i>aubra oral tablet</i>	0	ACA
<i>aurovela 1.5/30 (21) oral tablet</i>	0	ACA
<i>aurovela 1/20 (21) oral tablet</i>	0	ACA
<i>aurovela 24 fe oral tablet</i>	0	ACA
<i>aurovela fe 1.5/30 (28) oral tablet</i>	0	ACA
<i>aurovela fe 1-20 (28) oral tablet</i>	0	ACA
<i>aviane oral tablet</i>	0	ACA
<i>ayuna oral tablet</i>	0	ACA
<i>azurette (28) oral tablet</i>	0	ACA
<i>balziva (28) oral tablet</i>	0	ACA
BEYAZ ORAL TABLET	0	*, ACA
<i>blisovi 24 fe oral tablet</i>	0	ACA
<i>blisovi fe 1.5/30 (28) oral tablet</i>	0	ACA
<i>blisovi fe 1/20 (28) oral tablet</i>	0	ACA
<i>briellyn oral tablet</i>	0	ACA
<i>camrese lo oral tablets,dose pack,3 month</i>	0	ACA
<i>camrese oral tablets,dose pack,3 month</i>	0	ACA

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>caziant (28) oral tablet</i>	0	ACA
<i>charlotte 24 fe oral tablet,chewable</i>	0	ACA
<i>chateal eq (28) oral tablet</i>	0	ACA
<i>cryselle (28) oral tablet</i>	0	ACA
<i>curae oral tablet</i>	0	ACA; OTC
<i>cyred eq oral tablet</i>	0	ACA
<i>cyred oral tablet</i>	0	ACA
<i>dasetta 1/35 (28) oral tablet</i>	0	ACA
<i>dasetta 7/7/7 (28) oral tablet</i>	0	ACA
<i>daysee oral tablets,dose pack,3 month</i>	0	ACA
<i>desog-e.estradiol/e.estradiol oral tablet</i>	0	ACA
<i>dolishale oral tablet</i>	0	ACA
<i>drospirenone-e.estradiol-lm.fa oral tablet</i>	0	ACA
<i>drospirenone-ethinyl estradiol oral tablet</i>	0	ACA
<i>econtra ez oral tablet</i>	0	ACA; OTC
<i>econtra one-step oral tablet</i>	0	ACA; OTC
<i>elinest oral tablet</i>	0	ACA
ELLA ORAL TABLET	0	ACA
<i>enpresse oral tablet</i>	0	ACA
<i>enskyce oral tablet</i>	0	ACA
<i>estarylla oral tablet</i>	0	ACA
<i>ethynodiol diac-eth estradiol oral tablet</i>	0	ACA
<i>falmina (28) oral tablet</i>	0	ACA
<i>feirza oral tablet</i>	0	ACA
<i>finzala oral tablet,chewable</i>	0	ACA
<i>gemmily oral capsule</i>	0	ACA
<i>hailey 24 fe oral tablet</i>	0	ACA
<i>hailey fe 1.5/30 (28) oral tablet</i>	0	ACA
<i>hailey fe 1/20 (28) oral tablet</i>	0	ACA
<i>hailey oral tablet</i>	0	ACA
<i>her style oral tablet</i>	0	ACA; OTC
<i>iclevia oral tablets,dose pack,3 month</i>	0	ACA
<i>isibloom oral tablet</i>	0	ACA
<i>jaimiess oral tablets,dose pack,3 month</i>	0	ACA

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>jasmiel (28) oral tablet</i>	0	ACA
<i>jolessa oral tablets,dose pack,3 month</i>	0	ACA
<i>joyeaux oral tablet</i>	0	ACA
<i>juleber oral tablet</i>	0	ACA
<i>junel 1.5/30 (21) oral tablet</i>	0	ACA
<i>junel 1/20 (21) oral tablet</i>	0	ACA
<i>junel fe 1.5/30 (28) oral tablet</i>	0	ACA
<i>junel fe 1/20 (28) oral tablet</i>	0	ACA
<i>junel fe 24 oral tablet</i>	0	ACA
<i>kaitlib fe oral tablet,chewable</i>	0	ACA
<i>kalliga oral tablet</i>	0	ACA
<i>kariva (28) oral tablet</i>	0	ACA
<i>kelnor 1/35 (28) oral tablet</i>	0	ACA
<i>kelnor 1/50 (28) oral tablet</i>	0	ACA
<i>kurvelo (28) oral tablet</i>	0	ACA
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month</i>	0	ACA
<i>larin 1.5/30 (21) oral tablet</i>	0	ACA
<i>larin 1/20 (21) oral tablet</i>	0	ACA
<i>larin 24 fe oral tablet</i>	0	ACA
<i>larin fe 1.5/30 (28) oral tablet</i>	0	ACA
<i>larin fe 1/20 (28) oral tablet</i>	0	ACA
<i>layolis fe oral tablet,chewable</i>	0	ACA
<i>leena 28 oral tablet</i>	0	ACA
<i>lessina oral tablet</i>	0	ACA
<i>levonest (28) oral tablet</i>	0	ACA
<i>levonorgest-eth.estradiol-iron oral tablet</i>	0	ACA
<i>levonorgestrel oral tablet</i>	0	ACA; OTC
<i>levonorgestrel-ethinyl estrad oral tablet</i>	0	ACA
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i>	0	ACA
<i>levonorg-eth estrad triphasic oral tablet</i>	0	ACA
<i>levora-28 oral tablet</i>	0	ACA
<i>lojaimiess oral tablets,dose pack,3 month</i>	0	ACA
<i>loryna (28) oral tablet</i>	0	ACA

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>low-ogestrel (28) oral tablet</i>	0	ACA
<i>lo-zumandimine (28) oral tablet</i>	0	ACA
<i>luteru (28) oral tablet</i>	0	ACA
<i>marlissa (28) oral tablet</i>	0	ACA
<i>merzee oral capsule</i>	0	ACA
<i>mibelas 24 fe oral tablet,chewable</i>	0	ACA
<i>microgestin 1.5/30 (21) oral tablet</i>	0	ACA
<i>microgestin 1/20 (21) oral tablet</i>	0	ACA
<i>microgestin fe 1.5/30 (28) oral tablet</i>	0	ACA
<i>microgestin fe 1/20 (28) oral tablet</i>	0	ACA
<i>mili oral tablet</i>	0	ACA
<i>minzoya oral tablet</i>	0	ACA
<i>mono-lynyah oral tablet</i>	0	ACA
<i>my choice oral tablet</i>	0	ACA; OTC
<i>my way oral tablet</i>	0	ACA; OTC
<i>necon 0.5/35 (28) oral tablet</i>	0	ACA
<i>new day oral tablet</i>	0	ACA; OTC
<i>nikki (28) oral tablet</i>	0	ACA
<i>noreth-ethinyl estradiol-iron oral tablet,chewable</i>	0	ACA
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	0	ACA
<i>norethindrone-e.estradiol-iron oral capsule</i>	0	ACA
<i>norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	0	ACA
<i>norethindrone-e.estradiol-iron oral tablet,chewable</i>	0	ACA
<i>norgestimate-ethinyl estradiol oral tablet</i>	0	ACA
<i>nortrel 0.5/35 (28) oral tablet</i>	0	ACA
<i>nortrel 1/35 (21) oral tablet</i>	0	ACA
<i>nortrel 1/35 (28) oral tablet</i>	0	ACA
<i>nortrel 7/7/7 (28) oral tablet</i>	0	ACA
<i>nylia 1/35 (28) oral tablet</i>	0	ACA
<i>nylia 7/7/7 (28) oral tablet</i>	0	ACA
<i>ocella oral tablet</i>	0	ACA
<i>opcicon one-step oral tablet</i>	0	ACA; OTC

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>option-2 oral tablet</i>	0	ACA; OTC
<i>philith oral tablet</i>	0	ACA
<i>pimtree (28) oral tablet</i>	0	ACA
PLAN B ONE-STEP ORAL TABLET	0	*; ACA; OTC
<i>portia 28 oral tablet</i>	0	ACA
<i>reclipsen (28) oral tablet</i>	0	ACA
<i>rivelsa oral tablets,dose pack,3 month</i>	0	ACA
<i>setlakin oral tablets,dose pack,3 month</i>	0	ACA
<i>simliya (28) oral tablet</i>	0	ACA
<i>simpesse oral tablets,dose pack,3 month</i>	0	ACA
<i>sprintec (28) oral tablet</i>	0	ACA
<i>sronyx oral tablet</i>	0	ACA
<i>syeda oral tablet</i>	0	ACA
TAKE ACTION ORAL TABLET	0	*; ACA; OTC
<i>tarina 24 fe oral tablet</i>	0	ACA
<i>tarina fe 1/20 (28) oral tablet</i>	0	ACA
<i>tilia fe oral tablet</i>	0	ACA
<i>tri-estarylla oral tablet</i>	0	ACA
<i>tri-legest fe oral tablet</i>	0	ACA
<i>tri-lynyah oral tablet</i>	0	ACA
<i>tri-lo-estarylla oral tablet</i>	0	ACA
<i>tri-lo-marzia oral tablet</i>	0	ACA
<i>tri-lo-mili oral tablet</i>	0	ACA
<i>tri-lo-sprintec oral tablet</i>	0	ACA
<i>tri-mili oral tablet</i>	0	ACA
<i>tri-sprintec (28) oral tablet</i>	0	ACA
<i>trivora (28) oral tablet</i>	0	ACA
<i>tri-vylibra lo oral tablet</i>	0	ACA
<i>tri-vylibra oral tablet</i>	0	ACA
<i>turqoz (28) oral tablet</i>	0	ACA
<i>valtya oral tablet</i>	0	ACA
<i>velivet triphasic regimen (28) oral tablet</i>	0	ACA
<i>vestura (28) oral tablet</i>	0	ACA
<i>vienva oral tablet</i>	0	ACA

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>viorele (28) oral tablet</i>	0	ACA
<i>volnea (28) oral tablet</i>	0	ACA
<i>vyfemla (28) oral tablet</i>	0	ACA
<i>vylibra oral tablet</i>	0	ACA
<i>wera (28) oral tablet</i>	0	ACA
<i>wymzya fe oral tablet,chewable</i>	0	ACA
YAZ (28) ORAL TABLET	0	*; ACA
<i>zarah oral tablet</i>	0	ACA
<i>zovia 1-35 (28) oral tablet</i>	0	ACA
<i>zumandimine (28) oral tablet</i>	0	ACA

OXYTOCICS

<i>methylergonovine oral tablet</i>	1	QL
<i>oxytocin injection solution</i>	1	

OPHTHALMOLOGY

ANTIBIOTICS

AZASITE OPHTHALMIC (EYE) DROPS	2	
<i>bacitracin ophthalmic (eye) ointment</i>	1	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment</i>	1	
BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION	3	
<i>ciprofloxacin hcl ophthalmic (eye) drops</i>	1	
<i>erythromycin ophthalmic (eye) ointment</i>	1	
<i>gatifloxacin ophthalmic (eye) drops</i>	1	
<i>gentamicin ophthalmic (eye) drops</i>	1	
<i>levofloxacin ophthalmic (eye) drops 1.5 %</i>	1	
<i>moxifloxacin ophthalmic (eye) drops</i>	1	
<i>moxifloxacin ophthalmic (eye) drops, viscous</i>	1	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION	2	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment</i>	1	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops</i>	1	
<i>neo-polycin ophthalmic (eye) ointment</i>	1	
OCUFLOX OPHTHALMIC (EYE) DROPS	3	*

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>ofloxacin ophthalmic (eye) drops</i>	1	
<i>polycin ophthalmic (eye) ointment</i>	1	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops</i>	1	
<i>povidone-iodine ophthalmic (eye) solution</i>	1	
<i>tobramycin ophthalmic (eye) drops</i>	1	
TOBRAMYCIN-VANCOMYCIN OPHTHALMIC (EYE) DROPS 1.5-5 %	3	
TOBREX OPHTHALMIC (EYE) OINTMENT	3	
VIGAMOX OPHTHALMIC (EYE) DROPS	3	*
ANTIVIRALS		
<i>trifluridine ophthalmic (eye) drops</i>	1	
ZIRGAN OPHTHALMIC (EYE) GEL	3	
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye) drops</i>	1	
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
<i>carteolol ophthalmic (eye) drops</i>	1	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>timolol maleate (pf) ophthalmic (eye) dropperette</i>	1	
<i>timolol maleate ophthalmic (eye) drops</i>	1	
<i>timolol maleate ophthalmic (eye) drops, once daily</i>	1	
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	1	
<i>timolol ophthalmic (eye) drops</i>	1	
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS	4	
CYCLOPLEGIC MYDRIATICS		
<i>atropine ophthalmic (eye) drops 1 %</i>	1	
CYCLOGYL OPHTHALMIC (EYE) DROPS	3	*
<i>cyclopentolate ophthalmic (eye) drops 1 %</i>	1	
<i>homatropaire ophthalmic (eye) drops</i>	1	
MYDRIACYL OPHTHALMIC (EYE) DROPS	3	*
<i>tropicamide ophthalmic (eye) drops</i>	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
DIRECT ACTING MIOTICS		
MIOCHOL-E INTRAOCULAR KIT	3	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	
MISCELLANEOUS OPHTHALMOLOGICS		
AKTEN (PF) OPHTHALMIC (EYE) GEL	3	
ALCAINE OPHTHALMIC (EYE) DROPS	3	*
<i>altacaine ophthalmic (eye) drops</i>	1	
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS	3	*
<i>azelastine ophthalmic (eye) drops</i>	1	
<i>bepotastine besilate ophthalmic (eye) drops</i>	1	
CEQUA OPHTHALMIC (EYE) DROPPERETTE	3	PA; QL
<i>cromolyn ophthalmic (eye) drops</i>	1	
<i>cyclosporine ophthalmic (eye) dropperette</i>	1	PA; QL
CYSTARAN OPHTHALMIC (EYE) DROPS	4	PA
<i>epinastine ophthalmic (eye) drops</i>	1	
FLUORESCEIN-BENOXINATE OPHTHALMIC (EYE) DROPS	3	
<i>fluorescein-proparacaine ophthalmic (eye) drops</i>	1	
IHEEZO (PF) OPHTHALMIC (EYE) DROPPERETTE, GEL	3	
MIEBO (PF) OPHTHALMIC (EYE) DROPS	2	PA; QL
<i>olopatadine ophthalmic (eye) drops</i>	1	
OMIDRIA INTRAOCULAR CONCENTRATE	3	
OXERVATE OPHTHALMIC (EYE) DROPS	4	PA; LA
<i>proparacaine ophthalmic (eye) drops</i>	1	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS	2	PA; QL
RESTASIS OPHTHALMIC (EYE) DROPPERETTE	3	PA; *; QL
TETRACAINE HCL (PF) OPHTHALMIC (EYE) DROPS	3	
<i>tetracaine hcl ophthalmic (eye) drops</i>	1	
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL	3	PA

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
VEVYE OPHTHALMIC (EYE) DROPS	3	PA; FF; QL
XDEMVY OPHTHALMIC (EYE) DROPS	4	QL
XIIDRA OPHTHALMIC (EYE) DROPPERETTE	2	PA; QL
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
ACULAR LS OPHTHALMIC (EYE) DROPS	3	ST; *
ACULAR OPHTHALMIC (EYE) DROPS	3	ST; *
<i>bromfenac ophthalmic (eye) drops</i>	1	
<i>diclofenac sodium ophthalmic (eye) drops</i>	1	
<i>flurbiprofen sodium ophthalmic (eye) drops</i>	1	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
<i>ketorolac ophthalmic (eye) drops</i>	1	
PROLENSA OPHTHALMIC (EYE) DROPS	3	ST; *
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide oral capsule, extended release</i>	1	
<i>acetazolamide oral tablet</i>	1	
<i>acetazolamide sodium injection recon soln</i>	1	
<i>methazolamide oral tablet</i>	1	
OTHER GLAUCOMA DRUGS		
<i>bimatoprost ophthalmic (eye) drops</i>	1	ST
BRIMONIDINE-DORZOLAMIDE OPHTHALMIC (EYE) DROPS	3	
<i>brimonidine-timolol ophthalmic (eye) drops</i>	1	
<i>brinzolamide ophthalmic (eye) drops,suspension</i>	1	
COMBIGAN OPHTHALMIC (EYE) DROPS	3	*
<i>dorzolamide ophthalmic (eye) drops</i>	1	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	1	
<i>dorzolamide-timolol ophthalmic (eye) drops</i>	1	
<i>latanoprost ophthalmic (eye) drops</i>	1	ST
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	ST; FF
<i>miostat intraocular solution</i>	1	
RHOPRESSA OPHTHALMIC (EYE) DROPS	3	
ROCKLATAN OPHTHALMIC (EYE) DROPS	3	ST

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
<i>tafluprost (pf) ophthalmic (eye) dropperette</i>	1	ST
<i>travoprost ophthalmic (eye) drops</i>	1	ST
VYZULTA OPHTHALMIC (EYE) DROPS	3	ST; FF
STEROID-ANTIBIOTIC COMBINATIONS		
MAXITROL OPHTHALMIC (EYE) DROPS,SUSPENSION	3	*
MAXITROL OPHTHALMIC (EYE) OINTMENT	3	*
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment</i>	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension</i>	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment</i>	1	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension</i>	1	
<i>neo-polycin hc ophthalmic (eye) ointment</i>	1	
TOBRADEX OPHTHALMIC (EYE) OINTMENT	3	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension</i>	1	
STEROIDS		
<i>dexamethasone sodium phosphate ophthalmic (eye) drops</i>	1	
<i>difluprednate ophthalmic (eye) drops</i>	1	
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION	2	PA; QL
<i>fluorometholone ophthalmic (eye) drops,suspension</i>	1	
FML LIQUIFILM OPHTHALMIC (EYE) DROPS,SUSPENSION	3	ST; *
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION	3	ST
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL	3	ST; *
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION	3	*
LOTEMAX OPHTHALMIC (EYE) OINTMENT	3	ST

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL	3	ST
<i>loteprednol etabonate ophthalmic (eye) drops,gel</i>	1	
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %</i>	1	ST; FF
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	1	
PRED FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION	3	*
<i>prednisolone acetate ophthalmic (eye) drops,suspension</i>	1	
<i>prednisolone sodium phosphate ophthalmic (eye) drops</i>	1	
STEROID-SULFONAMIDE COMBINATIONS		
<i>sulfacetamide-prednisolone ophthalmic (eye) drops</i>	1	
SULFONAMIDES		
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	1	
<i>sulfacetamide sodium ophthalmic (eye) ointment</i>	1	
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS	3	*
<i>apraclonidine ophthalmic (eye) drops</i>	1	
<i>brimonidine ophthalmic (eye) drops</i>	1	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE	3	
VASOCONSTRICTOR DECONGESTANTS		
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS	3	
<i>phenylephrine hcl ophthalmic (eye) drops</i>	1	
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTI HISTAMINE & ANTIALLERGENIC AGENTS		
AUVI-Q INJECTION AUTO-INJECTOR	2	QL
<i>carbinoxamine maleate oral liquid</i>	1	
CARBINOXAMINE MALEATE ORAL SUSPENSION,EXTENDED REL 12 HR	3	FF
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	
<i>carbinoxamine maleate oral tablet 6 mg</i>	1	ST

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
CLARINEX ORAL TABLET	3	*; QL
<i>clemastine oral syrup</i>	1	
<i>clemastine oral tablet</i>	1	
<i>cyproheptadine oral syrup</i>	1	
<i>cyproheptadine oral tablet</i>	1	
<i>desloratadine oral tablet</i>	1	QL
<i>desloratadine oral tablet,disintegrating</i>	1	QL
<i>dexchlorpheniramine maleate oral solution</i>	1	
DIPHEN ORAL ELIXIR	3	*
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	
<i>diphenhydramine hcl injection syringe</i>	1	
EPINEPHRINE HCL (PF) INJECTION SOLUTION	3	
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	1	QL
EPIPEN INJECTION AUTO-INJECTOR	3	ST; *; QL
EPIPEN JR INJECTION AUTO-INJECTOR	3	ST; *; QL
<i>hydroxyzine hcl intramuscular solution</i>	1	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	
<i>hydroxyzine hcl oral tablet</i>	1	
<i>hydroxyzine pamoate oral capsule</i>	1	
KARBINAL ER ORAL SUSPENSION,EXTENDED REL 12 HR	3	ST; FF
NEFFY NASAL SPRAY,NON-AEROSOL	2	QL
PHENERGAN INJECTION SOLUTION	3	*
<i>promethazine injection solution</i>	1	
<i>promethazine oral syrup</i>	1	
<i>promethazine oral tablet</i>	1	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	1	
<i>promethegan rectal suppository</i>	1	
QUZYTIR INTRAVENOUS SOLUTION	3	
RYCLORA ORAL SOLUTION	3	*
RYVENT ORAL TABLET	3	ST
COUGH & COLD THERAPY		
<i>benzonatate oral capsule</i>	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
BROMFED DM ORAL SYRUP	3	*
<i>brompheniramine-pseudoeph-dm oral syrup</i>	1	
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR	3	QL
<i>codeine-guaifenesin oral liquid</i>	1	
CODITUSSIN AC ORAL LIQUID	3	
CODITUSSIN DAC ORAL LIQUID	3	
<i>g tussin ac oral liquid</i>	1	
HISTEX-AC ORAL SYRUP	3	
HYCODAN (WITH HOMATROPINE) ORAL SYRUP	3	*
HYCODAN (WITH HOMATROPINE) ORAL TABLET	3	*
<i>hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr</i>	1	
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	1	
<i>hydrocodone-homatropine oral tablet</i>	1	
<i>hydromet oral syrup</i>	1	
MAR-COF CG ORAL LIQUID	3	
<i>maxi-tuss ac oral liquid</i>	1	
MAXI-TUSS CD ORAL LIQUID	3	
NINJACOF-XG ORAL LIQUID	3	
POLY-TUSSIN AC ORAL LIQUID	3	
<i>promethazine-codeine oral syrup</i>	1	
<i>promethazine-dm oral syrup</i>	1	
<i>promethazine-phenylephrine oral syrup</i>	1	
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR	3	*
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR	3	
PULMONARY AGENTS		
ACCOLATE ORAL TABLET	3	*
<i>acetylcysteine solution</i>	1	
ADEMPAS ORAL TABLET	4	PA; LA; QL

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE	3	PA; *; FF; QL
ADVAIR HFA INHALATION HFA AEROSOL INHALER	2	PA; QL
AIRSUPRA INHALATION HFA AEROSOL INHALER	2	
<i>albuterol sulfate inhalation hfa aerosol inhaler</i>	1	QL
<i>albuterol sulfate inhalation solution for nebulization</i>	1	
<i>albuterol sulfate oral syrup</i>	1	
<i>albuterol sulfate oral tablet</i>	1	
<i>albuterol sulfate oral tablet extended release 12 hr</i>	1	
ALYFTREK ORAL TABLET	4	PA; LA
<i>alyq oral tablet</i>	4	PA; QL
<i>ambrisentan oral tablet</i>	4	PA; LA; QL
<i>aminophylline intravenous solution 250 mg/10 ml</i>	1	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE	2	QL
<i>arformoterol inhalation solution for nebulization</i>	1	QL
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE	2	QL
ASMANEX HFA INHALATION HFA AEROSOL INHALER	2	QL
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	2	QL
ATROVENT HFA INHALATION HFA AEROSOL INHALER	3	QL
<i>azelastine-fluticasone nasal spray,non-aerosol</i>	1	ST; QL
<i>bosentan oral tablet</i>	4	PA; LA; QL
BREO ELLIPTA INHALATION BLISTER WITH DEVICE	2	PA; QL
<i>breyna inhalation hfa aerosol inhaler</i>	1	PA; QL
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER	2	QL

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE	4	PA; LA
BROVANA INHALATION SOLUTION FOR NEBULIZATION	3	*; QL
<i>budesonide inhalation suspension for nebulization</i>	1	QL
<i>budesonide-formoterol inhalation hfa aerosol inhaler</i>	1	PA; QL
CINRYZE INTRAVENOUS RECON SOLN	4	PA; LA; QL
COMBIVENT RESPIMAT INHALATION MIST	2	QL
<i>cromolyn inhalation solution for nebulization</i>	1	
DULERA INHALATION HFA AEROSOL INHALER	2	PA; QL
DYMISTA NASAL SPRAY, NON-AEROSOL	3	ST; *; FF; QL
ELIXOPHYLLIN ORAL ELIXIR	3	
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR	4	PA; LA; QL
FASENRA SUBCUTANEOUS SYRINGE	4	PA; LA; QL
<i>flunisolide nasal spray, non-aerosol</i>	1	ST; QL
<i>fluticasone propion-salmeterol inhalation blister with device</i>	1	PA; QL
<i>formoterol fumarate inhalation solution for nebulization</i>	1	QL
HAEGARDA SUBCUTANEOUS RECON SOLN	4	PA; LA; QL
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION	3	
<i>icatibant subcutaneous syringe</i>	4	PA; QL
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE	2	QL
<i>ipratropium bromide inhalation solution</i>	1	
<i>ipratropium-albuterol inhalation solution for nebulization</i>	1	QL
KALBITOR SUBCUTANEOUS SOLUTION	4	PA; LA; QL
KALYDECO ORAL GRANULES IN PACKET	4	PA; LA; QL
KALYDECO ORAL TABLET	4	PA; LA; QL
<i>levalbuterol hcl inhalation solution for nebulization</i>	1	
<i>mometasone nasal spray, non-aerosol</i>	1	ST; QL

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>montelukast oral granules in packet</i>	1	
<i>montelukast oral tablet</i>	1	
<i>montelukast oral tablet,chewable</i>	1	
<i>nebusal inhalation solution for nebulization 3 %</i>	1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	3	
NUCALA SUBCUTANEOUS AUTO-INJECTOR	4	PA; LA; QL
NUCALA SUBCUTANEOUS RECON SOLN	4	PA; LA; QL
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; LA; QL
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	4	PA; QL
OFEV ORAL CAPSULE	4	PA; LA; QL
OPSUMIT ORAL TABLET	4	PA; LA; QL
OPSYNVI ORAL TABLET	4	PA; FF; LA; QL
ORKAMBI ORAL GRANULES IN PACKET	4	PA; LA; QL
ORKAMBI ORAL TABLET	4	PA; LA; QL
ORLADEYO ORAL CAPSULE	4	PA; QL
<i>pirfenidone oral capsule</i>	4	PA; LA; QL
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	4	PA; LA; QL
<i>pulmosal inhalation solution for nebulization</i>	1	
PULMOZYME INHALATION SOLUTION	4	PA; LA
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED	2	QL
REVATIO INTRAVENOUS SOLUTION	4	LA
REVATIO ORAL TABLET	4	PA; *; LA; QL
<i>roflumilast oral tablet 250 mcg</i>	1	ST; QL
<i>roflumilast oral tablet 500 mcg</i>	1	ST
RUCONEST INTRAVENOUS RECON SOLN	4	PA; LA; QL
RYALTRIS NASAL SPRAY, NON-AEROSOL	3	ST; QL
<i>sajazir subcutaneous syringe</i>	4	PA; LA; QL
<i>sildenafil (pulm.hypertension) intravenous solution</i>	4	LA
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution</i>	4	PA; LA; QL
<i>sildenafil (pulm.hypertension) oral tablet</i>	4	PA; LA; QL

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>sodium chloride inhalation solution for nebulization</i>	1	
SPIRIVA RESPIMAT INHALATION MIST	2	QL
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE	3	*; QL
STIOLTO RESPIMAT INHALATION MIST	2	QL
STRIVERDI RESPIMAT INHALATION MIST	2	QL
SYMBICORT INHALATION HFA AEROSOL INHALER	3	PA; *; QL
SYMDEKO ORAL TABLETS, SEQUENTIAL	4	PA; LA; QL
<i>tadalafil (pulm. hypertension) oral tablet</i>	4	PA; LA; QL
TAKHZYRO SUBCUTANEOUS SOLUTION	4	PA; LA; QL
TAKHZYRO SUBCUTANEOUS SYRINGE	4	PA; LA; QL
<i>terbutaline oral tablet</i>	1	
<i>terbutaline subcutaneous solution</i>	1	
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR	3	
<i>theophylline oral elixir</i>	1	
<i>theophylline oral solution</i>	1	
<i>theophylline oral tablet extended release 12 hr</i>	1	
<i>theophylline oral tablet extended release 24 hr</i>	1	
<i>tiotropium bromide inhalation capsule, w/inhalation device</i>	1	
TRACLEER ORAL TABLET	4	PA; *; LA; QL
TRACLEER ORAL TABLET FOR SUSPENSION	4	PA; LA; QL
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE	2	QL
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	4	PA; LA; QL
TRIKAFTA ORAL TABLETS, SEQUENTIAL	4	PA; LA; QL
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16(112)-32(112) - 48(28) MCG, 32 MCG, 48 MCG, 64 MCG	4	PA; LA
TYVASO INHALATION SOLUTION FOR NEBULIZATION	4	PA; LA
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION	4	PA; LA

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION	4	PA; LA
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION	4	PA; LA
WINREVAIR SUBCUTANEOUS KIT	4	PA; LA
<i>wixela inhub inhalation blister with device</i>	1	PA; QL
XHANCE NASAL AEROSOL BREATH ACTIVATED	2	ST; QL
XOLAIR SUBCUTANEOUS AUTO-INJECTOR	4	PA; FF; LA; QL
XOLAIR SUBCUTANEOUS RECON SOLN	4	PA; LA; QL
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	4	PA; LA; QL
XOLAIR SUBCUTANEOUS SYRINGE 300 MG/2 ML	4	PA; FF; LA; QL
YUPELRI INHALATION SOLUTION FOR NEBULIZATION	2	QL
<i>zafirlukast oral tablet</i>	1	
<i>zileuton oral tablet, er multiphase 12 hr</i>	1	ST
ZYFLO ORAL TABLET	3	ST

UROLOGICALS

ANTICHOLINERGICS & ANTISPASMODICS

<i>darifenacin oral tablet extended release 24 hr</i>	1	
<i>fesoterodine oral tablet extended release 24 hr</i>	1	
<i>flavoxate oral tablet</i>	1	
GEMTESA ORAL TABLET	3	
<i>mirabegron oral tablet extended release 24 hr</i>	1	
MYRBETRIQ ORAL SUSPENSION, EXTENDED REL RECON	2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	3	*
<i>oxybutynin chloride oral syrup</i>	1	
<i>oxybutynin chloride oral tablet 5 mg</i>	1	
<i>oxybutynin chloride oral tablet extended release 24hr</i>	1	
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY	3	ST; QL
<i>solifenacin oral tablet</i>	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>tolterodine oral capsule,extended release 24hr</i>	1	
<i>tolterodine oral tablet</i>	1	
<i>trospium oral capsule,extended release 24hr</i>	1	
<i>trospium oral tablet</i>	1	
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY		
<i>alfuzosin oral tablet extended release 24 hr</i>	1	
<i>dutasteride oral capsule</i>	1	ST
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr</i>	1	ST
<i>finasteride oral tablet 5 mg</i>	1	
FLOMAX ORAL CAPSULE	3	ST; *
PROSCAR ORAL TABLET	3	ST; *
<i>silodosin oral capsule</i>	1	
<i>tadalafil oral tablet 5 mg</i>	1	PA; QL
<i>tamsulosin oral capsule</i>	1	
CHOLINERGIC STIMULANTS		
<i>bethanechol chloride oral tablet</i>	1	
MISCELLANEOUS UROLOGICALS		
<i>alprostadil injection solution</i>	1	
CYSTAGON ORAL CAPSULE	4	
ELMIRON ORAL CAPSULE	2	
K-PHOS NO 2 ORAL TABLET	3	
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE	2	
<i>methen-sod phos-meth blue-hyos oral tablet</i>	1	
ORACIT ORAL SOLUTION	3	
<i>potassium citrate oral tablet extended release</i>	1	
PROSTIN VR PEDIATRIC INJECTION SOLUTION	3	
RENACIDIN IRRIGATION SOLUTION	2	
<i>sodium citrate-citric acid oral solution 490-640 mg/5 ml</i>	1	
URELLE ORAL TABLET	3	
<i>uretron d-s oral tablet</i>	1	
URIBEL TABS ORAL TABLET	3	*
<i>urimar-t oral tablet</i>	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE	3	*
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE	3	*
<i>urogesic-blue oral tablet</i>	1	
<i>uro-mp oral capsule</i>	1	
UROQID-ACID NO.2 ORAL TABLET	3	
<i>uro-sp oral capsule</i>	1	
<i>uryl oral tablet</i>	1	

URINARY ANESTHETICS

phenazopyridine oral tablet 100 mg, 200 mg

1

VITAMIN, HEMATINIC & ELECTROLYTES

ELECTROLYTES

AURYXIA ORAL TABLET	3	
<i>lanthanum oral tablet,chewable</i>	1	QL
LOKELMA ORAL POWDER IN PACKET	2	QL
REVELA ORAL POWDER IN PACKET	3	*; QL
REVELA ORAL TABLET	3	*; QL
<i>sevelamer carbonate oral powder in packet</i>	1	QL
<i>sevelamer carbonate oral tablet</i>	1	QL
<i>sevelamer hcl oral tablet</i>	1	QL
<i>sodium polystyrene sulfonate oral powder</i>	1	
<i>sps (with sorbitol) oral suspension</i>	1	
<i>sps (with sorbitol) rectal enema</i>	1	
VELPHORO ORAL TABLET,CHEWABLE	2	QL
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	2	QL

VITAMINS, HEMATINICS & ELECTROLYTES

ELECTROLYTES

<i>calcium acetate(phosphat bind) oral capsule</i>	1	QL
<i>calcium acetate(phosphat bind) oral tablet</i>	1	QL
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	3	
<i>effe-k oral tablet, effervescent 25 meq</i>	1	
GALZIN ORAL CAPSULE	3	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>klor-con 10 oral tablet extended release</i>	1	
<i>klor-con 8 oral tablet extended release</i>	1	
<i>klor-con m10 oral tablet,er particles/crystals</i>	1	
<i>klor-con m15 oral tablet,er particles/crystals</i>	1	
<i>klor-con m20 oral tablet,er particles/crystals</i>	1	
<i>klor-con oral packet</i>	1	
<i>klor-con/ef oral tablet, effervescent</i>	1	
<i>lugols oral solution</i>	1	
<i>magnesium sulfate in water intravenous piggyback 4 gram/50 ml (8 %)</i>	1	
<i>magnesium sulfate injection syringe</i>	1	
NORMOSOL-R INTRAVENOUS PARENTERAL SOLUTION	3	
<i>potassium chloride oral capsule, extended release</i>	1	
<i>potassium chloride oral liquid</i>	1	
<i>potassium chloride oral packet</i>	1	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	
POTASSIUM CHLORIDE ORAL TABLET EXTENDED RELEASE 15 MEQ	3	
<i>potassium chloride oral tablet,er particles/crystals</i>	1	
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	1	
<i>sodium chloride 3 % hypertonic intravenous parenteral solution</i>	1	
<i>sodium chloride 5 % hypertonic intravenous parenteral solution</i>	1	
<i>sodium chloride intravenous solution</i>	1	
<i>strong iodine oral solution</i>	1	
MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES		
DOJOLVI ORAL LIQUID	4	PA; LA
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	2	
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	2	
NORMOSOL-R PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	2	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	2	
VITAMINS & HEMATINICS		
ACCRUFER ORAL CAPSULE	3	
ASCOR INTRAVENOUS SOLUTION	3	
<i>ascorbic acid (vitamin c) injection solution</i>	1	
<i>b complex 1 (with folic acid) oral tablet</i>	0	ACA; OTC
<i>b complex 100 injection solution</i>	1	
<i>b complex-vitamin c-folic acid oral tablet</i>	0	ACA; OTC
<i>balanced b-100 oral tablet</i>	0	ACA; OTC
BAL-CARE DHA ESSENTIAL ORAL COMBO PACK, TABLET AND CAP, DR	3	
<i>bal-care dha oral combo pack, tablet and cap, dr</i>	1	
<i>b-complex with vitamin c oral tablet 400-500 mcg-mg</i>	0	ACA; OTC
<i>classic prenatal oral tablet</i>	0	ACA; OTC
<i>c-nate dha oral capsule</i>	1	
<i>complete natal dha oral combo pack</i>	1	
CONCEPT DHA ORAL CAPSULE	3	*
CONCEPT OB ORAL CAPSULE	3	*
<i>cyanocobalamin (vitamin b-12) injection solution</i>	1	
<i>cyanocobalamin (vitamin b-12) nasal spray, non-aerosol</i>	1	ST; QL
<i>dialyvite 800 oral tablet</i>	0	ACA; OTC
<i>dodex injection solution</i>	1	
DUET DHA WITH OMEGA-3 ORAL COMBO PACK	3	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	1	
FA-8 ORAL CAPSULE	3	OTC
<i>fluoride (sodium) oral drops</i>	0	ACA; OTC
<i>fluoride (sodium) oral tablet, chewable</i>	0	ACA; OTC
<i>folic acid injection solution</i>	1	
<i>folic acid oral tablet 1 mg</i>	1	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	0	ACA; OTC
<i>folitab oral tablet extended release</i>	0	ACA; OTC

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>folivane-ob oral capsule</i>	1	
<i>foltabs 800 oral tablet</i>	0	ACA; OTC
<i>full spectrum b-vitamin c oral tablet</i>	0	ACA; OTC
<i>hydroxocobalamin intramuscular solution</i>	1	
INFED INJECTION SOLUTION	2	PA
INJECTAFER INTRAVENOUS SOLUTION	3	PA
<i>kobee oral tablet</i>	0	ACA; OTC
KOSHER PRENATAL PLUS IRON ORAL TABLET	3	
<i>ludent fluoride oral tablet,chewable</i>	0	ACA; OTC
MARNATAL-F ORAL CAPSULE	3	
MECOBALAMIN (VITAMIN B12) INJECTION RECON SOLN	3	
<i>m-natal plus oral tablet</i>	1	
<i>multi-vitamin with fluoride oral drops</i>	0	ACA; OTC
<i>multi-vitamin with fluoride oral tablet,chewable</i>	0	ACA; OTC
<i>mvc-fluoride oral tablet,chewable</i>	0	ACA; OTC
<i>mynatal oral capsule</i>	1	
<i>mynatal plus oral tablet</i>	1	
<i>mynatal-z oral tablet</i>	1	
NASCOBAL NASAL SPRAY, NON-AEROSOL	3	ST; *; QL
NATACHEW (FE BIS-GLYCINATE) ORAL TABLET, CHEWABLE	3	
NEEVODHA (WITH ALGAL OIL) ORAL CAPSULE	3	
NEONATAL COMPLETE ORAL TABLET	3	
NEONATAL FE ORAL TABLET	3	
NEONATAL PLUS VITAMIN ORAL TABLET	3	
NEONATAL-DHA ORAL COMBO PACK	3	
<i>neo-vital rx oral tablet</i>	1	
NESTABS ABC ORAL COMBO PACK	3	
NESTABS DHA ORAL COMBO PACK	3	
NESTABS ONE ORAL CAPSULE	3	
NESTABS ORAL TABLET	3	
<i>newgen oral tablet</i>	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
OB COMPLETE ONE ORAL CAPSULE	3	
OB COMPLETE PETITE ORAL CAPSULE	3	
OB COMPLETE PREMIER ORAL TABLET	3	
OB COMPLETE WITH DHA ORAL CAPSULE	3	
ONE A DAY WOMEN'S PRENATAL DHA ORAL COMBO PACK	3	OTC
<i>one daily prenatal oral combo pack</i>	0	ACA; OTC
<i>pnv-dha oral capsule</i>	1	
<i>pnv-omega oral capsule</i>	1	
<i>pnv-select oral tablet</i>	1	
<i>pr natal 400 ec oral combo pack,tablet and cap,dr</i>	1	
<i>pr natal 400 oral combo pack</i>	1	
<i>pr natal 430 ec oral combo pack,tablet and cap,dr</i>	1	
<i>pr natal 430 oral combo pack</i>	1	
PRENATA ORAL TABLET,CHEWABLE	3	
<i>prenatabs fa oral tablet</i>	1	
<i>prenatabs rx oral tablet</i>	1	
PRENATAL + DHA ORAL COMBO PACK 28 MG IRON-800 MCG-200 MG	2	OTC
<i>prenatal complete oral tablet</i>	0	ACA; OTC
<i>prenatal multi-dha (algal oil) oral capsule</i>	0	ACA; OTC
<i>prenatal multivitamins oral tablet</i>	0	ACA; OTC
<i>prenatal one daily oral tablet</i>	0	ACA; OTC
<i>prenatal oral tablet 28 mg iron- 800 mcg</i>	0	ACA; OTC
PRENATAL ORAL TABLET 28-800 MG-MCG	3	OTC
<i>prenatal plus (calcium carb) oral tablet</i>	1	
PRENATAL PLUS DHA ORAL COMBO PACK	3	
<i>prenatal plus oral tablet</i>	1	
PRENATAL PLUS VITAMIN-MINERAL ORAL TABLET	3	
<i>prenatal vit no.179-iron-folic oral tablet</i>	0	ACA; OTC
<i>prenatal vitamin oral tablet 27 mg iron- 0.8 mg</i>	0	ACA; OTC
<i>prenatal vitamin with minerals oral tablet</i>	0	ACA; OTC
<i>prenatal-u oral capsule</i>	1	
PRENATE AM ORAL TABLET	3	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
PRENATE CHEWABLE ORAL TABLET,CHEWABLE	3	
PRENATE DHA (FERR ASP GLYCIN) ORAL CAPSULE	3	
PRENATE ELITE (IRON ASP GLYC) ORAL TABLET	3	
PRENATE ENHANCE ORAL CAPSULE	3	
PRENATE ESSENTIAL(IRON-ASP-GL) ORAL CAPSULE	3	
PRENATE MINI (FERR ASP GLYCIN) ORAL CAPSULE	3	
PRENATE PIXIE ORAL CAPSULE	3	
PRENATE RESTORE ORAL CAPSULE	3	
PRENATE STAR ORAL TABLET	3	
PRIMACARE ORAL CAPSULE	3	
PROVIDA OB ORAL CAPSULE	3	
<i>rena-vite oral tablet</i>	0	ACA; OTC
R-NATAL OB ORAL CAPSULE	3	
SELECT-OB (FOLIC ACID) ORAL TABLET,CHEWABLE	3	*
SELECT-OB + DHA ORAL COMBO PACK	3	
SELECT-OB ORAL TABLET,CHEWABLE	3	
<i>se-natal 19 chewable oral tablet,chewable</i>	1	
<i>se-natal 19 oral tablet</i>	1	
<i>soluvita a,c,d with fluoride oral drops</i>	0	ACA; OTC
<i>soluvita oral drops</i>	0	ACA; OTC
<i>stress formula with iron oral tablet</i>	0	ACA; OTC
<i>stress formula with iron(sulf) oral tablet</i>	0	ACA; OTC
<i>super b maxi complex oral tablet</i>	0	ACA; OTC
<i>super b-50 complex oral capsule</i>	0	ACA; OTC
<i>super quintis oral tablet</i>	0	ACA; OTC
<i>taron-c dha oral capsule</i>	1	
THRIVITE RX ORAL TABLET	3	
TRICARE ORAL TABLET	3	
<i>tricon oral capsule</i>	0	ACA; OTC

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
TRIFERIC HEMODIALYSIS POWDER IN PACKET	3	
TRIFERIC HEMODIALYSIS SOLUTION	3	
<i>trinatal rx 1 oral tablet</i>	1	
<i>trinate oral tablet</i>	1	
TRISTART DHA ORAL CAPSULE	3	
<i>tri-vitamin with fluoride oral drops</i>	0	ACA; OTC
VENOFER INTRAVENOUS SOLUTION	2	PA
VITAFOL FE PLUS ORAL CAPSULE	3	
VITAFOL GUMMIES ORAL TABLET,CHEWABLE	3	
VITAFOL ULTRA ORAL CAPSULE	3	
VITAFOL-OB ORAL TABLET	3	
VITAFOL-OB+DHA ORAL COMBO PACK	3	
VITAFOL-ONE ORAL CAPSULE	3	
VITAMEDMD ONE RX ORAL CAPSULE	3	
<i>vitamin b complex-folic acid oral tablet</i>	0	ACA; OTC
<i>vitamins a,c,d and fluoride oral drops</i>	0	ACA; OTC
<i>wescap-c dha oral capsule</i>	1	
<i>wescap-pn dha oral capsule</i>	1	
<i>wesnatal dha complete oral combo pack</i>	1	
<i>wesnate dha oral capsule</i>	1	
<i>westab plus oral tablet</i>	1	
<i>westgel dha oral capsule</i>	1	
<i>zatean-pn dha oral capsule</i>	1	
<i>zatean-pn plus oral capsule</i>	1	
<i>zingiber oral tablet</i>	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Index

A		
<i>abacavir</i>	4	
<i>abacavir-lamivudine</i>	4	
ABELCET	3	
ABILIFY ASIMTUFII	42	
ABILIFY MAINTENA.....	42	
ABILIFY MYCITE MAINTENANCE KIT	42	
ABILIFY MYCITE STARTER KIT	42	
<i>abiraterone</i>	17	
ABRAXANE.....	17	
ABRYSVO (PF).....	103	
ABSORICA.....	66	
ACAM2000 (NATIONAL STOCKPILE).....	103	
<i>acamprosate</i>	76	
<i>acarbose</i>	91	
ACCOLATE.....	127	
ACCRUFER.....	136	
ACCU-CHEK AVIVA CONTROL SOLN.....	83	
ACCU-CHEK SMARTVIEW CONTRL SOL	83	
ACCUPRIL	52	
ACCURETIC	52	
<i>accutane</i>	66	
ACCUTREND GLUCOSE CONTROL	83	
ACE AEROSOL CLOUD ENHANCER	84	
<i>acebutolol</i>	52	
<i>acetaminophen-caff-</i> <i>dihydrocod</i>	37	
<i>acetaminophen-codeine</i>	37	
<i>acetazolamide</i>	123	
<i>acetazolamide sodium</i>	123	
<i>acetic acid</i>	76, 81	
<i>acetylcysteine</i>	127	
<i>acitretin</i>	63	
ACTEMRA	109	
ACTEMRA ACTPEN.....	109	
ACTHAR	81	
ACTHAR SELFJECT	81	
ACTHIB (PF).....	104	
ACTICLATE.....	15	
ACTIMMUNE	103	
ACTIVELLA.....	112	
ACTONEL	108	
ACTOPLUS MET.....	92	
ACTOS	92	
ACULAR.....	123	
ACULAR LS.....	123	
<i>acyclovir</i>	4, 72	
ACZONE.....	66	
ADACEL(TDAP ADOLESN/ADULT)(PF)	104	
ADALIMUMAB-ADAZ....	109	
ADALIMUMAB-ADBM... 109		
ADALIMUMAB-ADBM(CF) PEN CROHNS	109	
ADALIMUMAB-ADBM(CF) PEN PS-UV	109	
ADALIMUMAB-RYVK ... 109		
<i>adapalene</i>	66	
ADAPALENE	66	
<i>adapalene-benzoyl peroxide</i>	66	
ADASUVE.....	42	
ADBRY	65	
ADCETRIS	17	
<i>adefovir</i>	4	
ADEMPAS.....	127	
<i>adenosine</i>	51	
ADLARITY.....	34	
<i>adrucil</i>	17	
<i>adthyza</i>	93	
<i>adult aspirin regimen</i>	39	
ADVAIR DISKUS	128	
ADVAIR HFA	128	
ADZENYS XR-ODT	43	
AEROCHAMBER MECHANICAL VENT....	84	
AEROCHAMBER MINI	84	
AEROCHAMBER PLUS FLOW-VU.....	84	
AEROCHAMBER PLUS Z STAT	84	
AEROTRACH PLUS.....	84	
AEROVENT PLUS.....	85	
<i>afirmelle</i>	115	
AFLURIA TRIV 2024-2025	104	
AFLURIA TRIV 2024-2025 (PF).....	104	
<i>after pill</i>	115	
AFTERA.....	115	
AGRYLIN	76	
AIMOVIG AUTOINJECTOR	32	
AIRSUPRA	128	
AJOVY AUTOINJECTOR..	32	
AJOVY SYRINGE.....	32	
AKLIEF	66	
AKTEN (PF)	122	
<i>ala-cort</i>	72	
ALA-SCALP	72	
<i>albendazole</i>	10	
<i>albuterol sulfate</i>	128	
ALCAINE.....	122	
<i>alclometasone</i>	72	
ALDACTONE.....	52	
ALDURAZYME	88	
ALECENSA	17	
<i>alendronate</i>	108	
ALFERON N.....	103	
<i>alfuzosin</i>	133	
ALINIA	10	
<i>aliskiren</i>	52	
ALKERAN	17	
<i>allopurinol</i>	108	
<i>allopurinol sodium</i>	108	
<i>almotriptan malate</i>	32	
<i>aloprim</i>	108	
<i>alosetron</i>	95	
ALPHAGAN P	125	
<i>alprazolam</i>	43	
<i>alprazolam intensol</i>	43	
<i>alprostadil</i>	133	
ALTABAX	70	
<i>altacaine</i>	122	
ALTACE	52	
ALTAFLUOR BENOX.....	122	
<i>altavera (28)</i>	115	
ALTRENO	66	
ALUNBRIG	17	
<i>alyacen 1/35 (28)</i>	115	
<i>alyacen 7/7/7 (28)</i>	115	
ALYFTREK	128	
<i>alyq</i>	128	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

<i>amantadine hcl</i>	4	<i>apomorphine</i>	31	<i>atropine</i>	94, 121
AMBISOME	3	<i>apraclonidine</i>	125	ATROVENT HFA.....	128
<i>ambrisentan</i>	128	<i>aprepitant</i>	95	ATTRUBY	62
<i>amcinonide</i>	72	APRETUDE	4	<i>aubra</i>	115
<i>amethia</i>	115	<i>apri</i>	115	<i>aubra eq</i>	115
<i>amethyst (28)</i>	115	APRISO.....	96	AUDENZ (NATIONAL	
AMICAR	58	APTIOM.....	27	STOCKPILE)	104
<i>amikacin</i>	10	APTIVUS	4	AUDENZ(PF)(NATIONAL	
<i>amiloride</i>	52	<i>aranelle (28)</i>	115	STOCKPILE)	104
<i>amiloride-hydrochlorothiazide</i>		ARAVA.....	109	AUGMENTIN	14
.....	52	ARAZLO.....	66	AUGMENTIN ES-600.....	14
<i>aminocaproic acid</i>	58	ARCALYST.....	103	AUGMENTIN XR	14
<i>aminophylline</i>	128	AREXVY (PF)	104	AUGTYRO.....	18
<i>amiodarone</i>	52	<i>arformoterol</i>	128	AURANOFIN.....	109
<i>amitriptyline</i>	43	ARICEPT	34	<i>aurovela 1.5/30 (21)</i>	115
<i>amitriptyline-chlordiazepoxide</i>		ARIKAYCE	10	<i>aurovela 1/20 (21)</i>	115
.....	43	<i>aripiprazole</i>	43	<i>aurovela 24 fe</i>	115
<i>amlodipine</i>	52	ARISTADA.....	43	<i>aurovela fe 1.5/30 (28)</i>	115
<i>amlodipine-atorvastatin</i>	60	ARISTADA INITIO.....	43	<i>aurovela fe 1-20 (28)</i>	115
<i>amlodipine-benazepril</i>	52	ARIXTRA	58	AURYXIA.....	134
<i>amlodipine-olmesartan</i>	52	<i>armodafinil</i>	43	AUSTEDO	34
<i>amlodipine-valsartan</i>	53	ARMOUR THYROID	93	AUSTEDO XR.....	34
<i>amlodipine-valsartan-hcthiiazid</i>		ARNUITY ELLIPTA.....	128	AUSTEDO XR TITRATION	
.....	53	AROMASIN.....	17	KT(WK1-4)	34
<i>amnestem</i>	66	ARRANON	17	AUTOJECT 2 INJECTION	
<i>amoxapine</i>	43	ARTHROTEC 50	39	DEVICE	85
<i>amoxicil-clarithromy-</i>		ARTHROTEC 75	39	AUTOPEN 1 TO 21 UNITS	86
<i>lansopraz</i>	101	<i>ascomp with codeine</i>	37	AUVELITY	43
<i>amoxicillin</i>	13	ASCOR.....	136	AUVI-Q.....	125
<i>amoxicillin-pot clavulanate</i> ..	14	<i>ascorbic acid (vitamin c)</i>	136	<i>avar</i>	66
AMPHADASE	76	<i>asenapine maleate</i>	43	AVAR LS	66
<i>amphetamine sulfate</i>	43	<i>ashlyna</i>	115	<i>aviane</i>	115
<i>amphotericin b</i>	3	ASMANEX HFA	128	<i>avidoxy</i>	15
<i>amphotericin b liposome</i>	3	ASMANEX TWISTHALER		AVIDOXY DK.....	15
<i>ampicillin</i>	14	.....	128	AVONEX	50
<i>ampicillin sodium</i>	14	<i>aspirin</i>	39	AVYCAZ	8
<i>ampicillin-sulbactam</i>	14	<i>aspirin childrens</i>	39	<i>ayuna</i>	115
AMZEEQ	66	<i>aspirin-dipyridamole</i>	58	AYVAKIT.....	18
ANAFRANIL.....	43	ASTAGRAF XL.....	18	<i>azacitidine</i>	18
<i>anagrelide</i>	76	<i>atazanavir</i>	4	AZACTAM	10
ANALPRAM-HC.....	63, 95	ATELVIA.....	108	AZASAN.....	18
ANAPROX DS	39	<i>atenolol</i>	53	AZASITE	120
<i>anaspaz</i>	94	<i>atenolol-chlorthalidone</i>	53	<i>azathioprine</i>	18
<i>anastrozole</i>	17	ATGAM	104	<i>azathioprine sodium</i>	18
ANCOBON	3	ATIVAN.....	43	<i>azelaic acid</i>	66
ANGELIQ	112	<i>atomoxetine</i>	43	<i>azelastine</i>	79, 80, 122
ANNOVERA	114	<i>atorvastatin</i>	60	<i>azelastine-fluticasone</i>	128
ANORO ELLIPTA	128	<i>atovaquone</i>	10	AZELEX.....	66
<i>anucort-hc</i>	95	<i>atovaquone-proguanil</i>	10	AZILECT	31
<i>apexicon e</i>	72	<i>atracurium</i>	35	<i>azithromycin</i>	9

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

AZSTARYS	43	benzepro	66	BRAFTOVI	18
aztreonam	10	BENZEPRO		BREATHERITE MDI	
AZULFIDINE	96	(MICROSPHERES)	66	SPACER	85
AZULFIDINE EN-TABS	96	BENZNIDAZOLE	11	BREO ELLIPTA	128
azurette (28)	115	benzonatate	126	BREXAFEMME	3
B		benzoyl peroxide	66	breyana	128
<i>b complex 1 (with folic acid)</i>		benztropine	31	BREZTRI AEROSPHERE	128
.....	136	bepotastine besilate	122	briellyn	115
<i>b complex 100</i>	136	beser	72	BRILINTA	58
<i>b complex-vitamin c-folic acid</i>		BETADINE OPHTHALMIC		brimonidine	66, 125
.....	136	PREP	120	BRIMONIDINE-	
<i>bacitracin</i>	10, 120	betaine	96	DORZOLAMIDE	123
<i>bacitracin-polymyxin b</i>	120	betamethasone dipropionate	72	brimonidine-timolol	123
<i>baclofen</i>	35	betamethasone valerate	72	brinzolamide	123
BACTRIM	15	betamethasone, augmented ..	72	BRIVIACT	27
BACTRIM DS	15	BETAPACE	52	BRIXADI	37
BAFIERTAM	50	BETAPACE AF	52	BROMFED DM	127
<i>balanced b-100</i>	136	BETASERON	50	<i>bromfenac</i>	123
<i>bal-care dha</i>	136	betaxolol	53, 121	<i>bromocriptine</i>	31
BAL-CARE DHA		bethanechol chloride	133	<i>brompheniramine-pseudoeph-</i>	
ESSENTIAL	136	BETHKIS	11	<i>dm</i>	127
<i>balsalazide</i>	96	BETOPTIC S	121	BRONCHITOL	129
BALVERSA	18	<i>bexarotene</i>	18	BROVANA	129
<i>balziva (28)</i>	115	BEXSERO	104	BRUKINSA	18
BAQSIMI	85	BEYAZ	115	BRYHALI	72
BARACLUDE	4	BEYFORTUS	4	<i>budesonide</i>	96, 129
BASAGLAR KWIKPEN U-		<i>bicalutamide</i>	18	<i>budesonide-formoterol</i>	129
100 INSULIN	87	BICILLIN C-R	14	<i>bumetanide</i>	53
BASAGLAR TEMPO PEN(U-		BICILLIN L-A	14	BUPHENYL	76
100)INSLN	87	BIKTARVY	4	<i>bupivacaine-epinephrine (pf)</i>	69
BAVENCIO	18	BILTRICIDE	11	<i>buprenorphine</i>	37
BAXDELA	15	<i>bimatoprost</i>	123	<i>buprenorphine hcl</i>	37
<i>bayer low dose aspirin</i>	39	BINOSTO	108	<i>buprenorphine-naloxone</i>	39
BCG VACCINE, LIVE (PF)		<i>bismuth subcit k-metronidz-tcn</i>		<i>bupropion hcl</i>	43
.....	104	.....	101	<i>bupropion hcl (smoking deter)</i>	
<i>b-complex with vitamin c</i>	136	<i>bisoprolol fumarate</i>	53	.....	79
BD INTEGRA NEEDLE	86	<i>bisoprolol-hydrochlorothiazide</i>		<i>buspirone</i>	43
BD MICROTAINER		.....	53	<i>busulfan</i>	18
LANCET	86	BIVIGAM	104	BUSULFEX	18
BD SPECIALTY USE		BIZENGRI	18	<i>butalbital-acetaminop-caf-cod</i>	
NEEDLES	86	<i>bleomycin</i>	18	.....	37
BELBUCA	37	BLINCYTO	18	<i>butalbital-acetaminophen</i>	37
BELEODAQ	18	<i>blisovi 24 fe</i>	115	<i>butalbital-acetaminophen-caff</i>	
<i>belladonna alkaloids-opium</i>	94	<i>blisovi fe 1.5/30 (28)</i>	115	.....	37
BELSOMRA	43	<i>blisovi fe 1/20 (28)</i>	115	<i>butalbital-aspirin-caffeine</i>	37
<i>benazepril</i>	53	BLOXIVERZ	35	<i>butorphanol</i>	39
<i>benazepril-hydrochlorothiazide</i>		BOOSTRIX TDAP	104	BYDUREON BCISE	92
.....	53	<i>bosentan</i>	128	BYLVAY	96
BENLYSTA	109	BOSULIF	18	C	
BENZAMYCIN	66	<i>bp 10-1</i>	66	<i>cabergoline</i>	88

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

CABLIVI.....	58	carisoprodol-aspirin-codeine	35	CEREBYX	28
CABOMETYX.....	18	.....	35	CEREZYME.....	89
CADUET.....	60	CARNITOR.....	76, 77	CERVIDIL	114
caffeine citrate.....	76	CARNITOR (SUGAR-FREE)	76	cetorelix.....	89
calcipotriene.....	63	.....	76	CETROTIDE.....	89
calcipotriene-betamethasone	63	carteolol.....	121	cevimeline	77
calcitonin (salmon).....	88	cartia xt.....	53	CHANTIX	79
calcitriol	63, 88, 89	carvedilol.....	53	CHANTIX CONTINUING	
calcium acetate(phosphat bind)	134	carvedilol phosphate	53	MONTH BOX.....	79
CALQUENCE		CASODEX	18	CHANTIX STARTING	
(ACALABRUTINIB MAL)		CATAPRES-TTS-1.....	53	MONTH BOX.....	79
.....	18	CATAPRES-TTS-2.....	53	charlotte 24 fe.....	116
CAMBIA.....	40	CATAPRES-TTS-3.....	53	chateal eq (28).....	116
camila	112	CAYA CONTOURED	111	CHEMET.....	77
camrese.....	115	CAYSTON	11	CHENODAL	96
camrese lo	115	caziant (28).....	116	chloramphenicol sod succinate	
CAMZYOS	62	cefaclor	8	.....	11
candesartan	53	cefadroxil.....	8	chlordiazepoxide hcl.....	43
candesartan-		cefdinir.....	8	chlordiazepoxide-clidinium ..	94
hydrochlorothiazid	53	cefepime.....	8	chloroprocaine (pf).....	69
capecitabine	18	CEFEPIME IN DEXTROSE 5		chloroquine phosphate	11
CAPEX.....	72	%.....	8	chlorothiazide sodium	53
CAPLYTA	43	cefepime in dextrose,iso-osm..	8	chlorpromazine.....	43
CAPRELSA	18	cefexime.....	8	chlorthalidone.....	53
captopril	53	CEFOTAN.....	8	chlorzoxazone	35
captopril-hydrochlorothiazide		cefotaxime.....	8	CHOLBAM	96
.....	53	cefotetan	8	cholestyramine (with sugar) .	60
CAPVAXIVE.....	104	cefoxitin	8	cholestyramine light	60
CARBAGLU	76	cefoxitin in dextrose, iso-osm .	8	CHORIONIC	
carbamazepine	27	cefpodoxime.....	8	GONADOTROPIN,	
CARBAMAZEPINE.....	27	cefpodoxil.....	9	HUMAN	89
CARBATROL.....	28	ceftazidime.....	9	CIBINQO	65
carbidopa	31	ceftriaxone	9	ciclodan	70
carbidopa-levodopa	31	CEFTRIAZONE	9	CICLODAN KIT	70
carbidopa-levodopa-		ceftriaxone in dextrose,iso-os.	9	ciclopirox.....	71
entacapone	32	cefuroxime axetil	9	ciclopirox-ure-camph-menth-	
carbinoxamine maleate	125	cefuroxime sodium.....	9	euc.....	71
CARBINOXAMINE		celecoxib	40	cidofovir.....	4
MALEATE.....	125	CELLCEPT	18, 19	cilostazol.....	58
carboplatin	18	CELLCEPT INTRAVENOUS		CIMDUO	4
CARDIZEM	53	.....	18	cimetidine	101
CARDIZEM CD	53	CELONTIN	28	cimetidine hcl.....	101
CARDIZEM LA.....	53	CENTANY	70	cinacalcet.....	89
CARDURA	53	CENTANY AT.....	70	CINRYZE.....	129
CARDURA XL	53	cephalexin.....	9	CIPRO	15
carglumic acid.....	76	CEPROTIN (BLUE BAR) ...	58	ciprofloxacin.....	15
carisoprodol	35	CEPROTIN (GREEN BAR) 58		ciprofloxacin hcl.....	15, 81, 120
carisoprodol-aspirin.....	35	CEQUA	122	ciprofloxacin in 5 % dextrose	
		CEQUR SIMPLICITY	86	.....	15
		CERDELGA.....	89		

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

<i>ciprofloxacin-dexamethasone</i>	81	<i>c-nate dha</i>	136	CREXONT	32
<i>citalopram</i>	44	COARTEM	11	CRINONE	112
<i>citrate of magnesia</i>	96	<i>codeine sulfate</i>	37	<i>cromolyn</i>	96, 122, 129
<i>citroma</i>	96	<i>codeine-butalbital-asa-caff</i> ..	37	<i>crotan</i>	76
<i>cladribine</i>	19	<i>codeine-guaifenesin</i>	127	<i>cryselle (28)</i>	116
<i>claravis</i>	66	CODITUSSIN AC	127	<i>curae</i>	116
CLARINEX	126	CODITUSSIN DAC	127	CUVITRU	104
CLARINEX-D 12 HOUR ..	127	COLAZAL	96	<i>cyanocobalamin (vitamin b-12)</i>	
<i>clarithromycin</i>	9	<i>colchicine</i>	108	.....	136
<i>classic prenatal</i>	136	<i>colesevelam</i>	60	<i>cyclobenzaprine</i>	35
<i>clearlax</i>	96	COLESTID	60	CYCLOGYL	121
<i>clemastine</i>	126	<i>colestipol</i>	60	CYCLOMYDRIL	125
CLEOCIN	114	<i>colistin (colistimethate na)</i> ..	11	<i>cyclopentolate</i>	121
CLEOCIN HCL	11	COLY-MYCIN M		<i>cyclophosphamide</i>	19
CLEOCIN PEDIATRIC	11	PARENTERAL	11	CYCLOPHOSPHAMIDE	19
CLEOCIN T	67	COMBIGAN	123	<i>cycloserine</i>	11
CLIMARA	112	COMBIPATCH	112	CYCLOSET	92
<i>clindacin</i>	67	COMBIVENT RESPIMAT	129	<i>cyclosporine</i>	19, 122
<i>clindacin etz</i>	67	COMETRIQ	19	<i>cyclosporine modified</i>	19
CLINDACIN ETZ	67	COMIRNATY 2024-25 (12Y		CYKLOKAPRON	58
<i>clindacin p</i>	67	UP)(PF)	104	CYLTEZO(CF)	110
CLINDACIN PAC	67	COMPACT SPACE		CYLTEZO(CF) PEN	110
<i>clindamycin hcl</i>	11	CHAMBER	85	CYLTEZO(CF) PEN	
<i>clindamycin pediatric</i>	11	COMPAZINE	96	CROHN'S-UC-HS	109
<i>clindamycin phosphate</i> ..	67, 114	<i>complete natal dha</i>	136	CYLTEZO(CF) PEN	
<i>clindamycin-benzoyl peroxide</i>		<i>compro</i>	96	PSORIASIS-UV	110
.....	67	CONCEPT DHA	136	<i>cyproheptadine</i>	126
<i>clindamycin-tretinoin</i>	67	CONCEPT OB	136	<i>cyred</i>	116
CLINDESSE	114	CONSENSI	54	<i>cyred eq</i>	116
CLINPRO 5000	80	<i>constulose</i>	96	CYSTAGON	133
<i>clobazam</i>	28	COPAXONE	50	CYSTARAN	122
<i>clobetasol</i>	72, 73	COPIKTRA	19	<i>cytarabine</i>	19
<i>clobetasol-emollient</i>	73	CORDRAN	73	<i>cytarabine (pf)</i>	19
CLOBEX	73	CORDRAN TAPE LARGE		CYTOGAM	104
<i>clocortolone pivalate</i>	73	ROLL	73	CYTOTEC	101
<i>clodan</i>	73	COREG CR	54	D	
CLODAN KIT	73	CORTANE-B	65	<i>dabigatran etexilate</i>	58
<i>clomid</i>	89	CORTEF	82	<i>dacarbazine</i>	19
<i>clomiphene citrate</i>	89	CORTENEMA	96	<i>dactinomycin</i>	19
<i>clomipramine</i>	44	<i>cortisone</i>	82	<i>dalfampridine</i>	34
<i>clonazepam</i>	28	CORTISPORIN-TC	81	DALVANCE	11
<i>clonidine</i>	54	CORTROSYN	82	<i>danazol</i>	89
<i>clonidine hcl</i>	44, 53	<i>cosyntropin</i>	82	DANTRIUM	36
<i>clopidogrel</i>	58	COTELLIC	19	<i>dantrolene</i>	36
<i>clorazepate dipotassium</i>	44	COTEMPLA XR-ODT	44	DANZITEN	19
<i>clotrimazole</i>	3, 71	<i>covaryx</i>	112	<i>dapsone</i>	11, 67
<i>clotrimazole-betamethasone</i> ..	71	<i>covaryx h.s.</i>	112	DAPTACEL (DTAP	
<i>clozapine</i>	44	CRENESSITY	89	PEDIATRIC) (PF)	104
CLOZARIL	44	CREON	96	DARAPRIM	11
		CRESEMBA	3	<i>darifenacin</i>	132

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

<i>darunavir</i>.....5	<i>desonide</i>.....73	DILANTIN INFATABS .....28
DARZALEX .....19	DESOWEN .....73	DILANTIN-125.....28
<i>dasatinib</i>.....19	<i>desoximetasone</i>.....73	DILAUDID.....37
<i>dasetta 1/35 (28)</i>.....116	DESOXYN.....44	<i>diltiazem</i> .....54
<i>dasetta 7/7/7 (28)</i> .....116	DESVENLAFAXINE .....44	<i>dilt-xr</i> .....54
<i>daunorubicin</i> .....19	<i>desvenlafaxine succinate</i> .....44	<i>dimenhydrinate</i> .....96
DAURISMO.....19	<i>dexabliss</i> .....82	<i>dimethyl fumarate</i> .....50
DAYPRO .....40	<i>dexamethasone</i> .....82	DIPHEN .....126
<i>daysee</i>.....116	<i>dexamethasone intensol</i>.....82	<i>diphenhydramine hcl</i> .....126
DAYTRANA .....44	<i>dexamethasone sodium phos</i>	<i>diphenoxylate-atropine</i> .....94
DAYVIGO .....44	(pf) .....82	DIPROLENE
DDAVP.....89	<i>dexamethasone sodium</i>	(AUGMENTED) .....73
<i>deblitane</i> .....112	<i>phosphate</i>.....82, 124	<i>dipyridamole</i>.....58
<i>decitabine</i> .....19	<i>dexchlorpheniramine maleate</i>	DISALCID .....40
<i>deferasirox</i>.....77	126	<i>diskets</i> .....37
<i>deferiprone</i> .....77	DEXCOM G6 RECEIVER ..83	<i>disopyramide phosphate</i> .....52
<i>deflazacort</i>.....82	DEXCOM G6 SENSOR .....83	<i>disulfiram</i>.....77
DELESTROGEN .....112	DEXCOM G6	DIURIL.....54
<i>demeclocycline</i> .....15	TRANSMITTER .....83	<i>divalproex</i> .....28
DEMEROL.....37	DEXCOM G7 RECEIVER ..84	<i>dodex</i>.....136
DEMEROL (PF) .....37	DEXCOM G7 SENSOR .....84	<i>dofetilide</i> .....52
DEMSE.....54	DEXEDRINE SPANSULE ..44	DOJOLVI .....135
DENAVIR.....72	<i>dexlansoprazole</i>.....101	<i>dolishale</i> .....116
DENG VAXIA (PF).....104	<i>dexmethylphenidate</i> .....44	<i>donepezil</i>.....34
<i>denta 5000 plus</i> .....80	<i>dextroamphetamine sulfate</i> ...44	DONNATAL .....94
<i>denta 5000 plus sensitive</i>.....80	<i>dextroamphetamine-</i>	DOPTelet (15 TAB PACK)
<i>dentagel</i> .....80	<i>amphetamine</i> .....44	58
DEPAKOTE.....28	DIACOMIT .....28	<i>dorzolamide</i> .....123
DEPAKOTE ER.....28	<i>dialyvite 800</i> .....136	<i>dorzolamide-timolol</i> .....123
DEPEN TITRATABS .....110	<i>diazepam</i>.....28, 44, 45	<i>dorzolamide-timolol (pf)</i>.....123
DEPO-ESTRADIOL .....112	<i>diazepam intensol</i> .....44	<i>dotti</i>.....112
DEPO-MEDROL .....82	<i>diazoxide</i>.....85	DOVATO .....5
DEPO-PROVERA .....112	DIBENZYLINE .....54	<i>doxazosin</i> .....54
DEPO-SUBQ PROVERA 104	<i>dichlorphenamide</i> .....34	<i>doxepin</i> .....45, 65
.....112	DICLEGIS.....96	<i>doxercalciferol</i>.....89
DEPO-TESTOSTERONE...89	<i>diclofenac potassium</i> .....40	DOXIL.....19
<i>dermacinrx lidocan</i> .....69	<i>diclofenac sodium</i> ...40, 65, 123	<i>doxorubicin, peg-liposomal</i> ..19
DERMA-SMOOTH/FS	<i>diclofenac-misoprostol</i> .....40	<i>doxy-100</i> .....15
BODY OIL.....73	<i>dicloxacillin</i>.....14	<i>doxycycline hyclate</i>.....15, 16
DERMA-SMOOTH/FS	<i>dicyclomine</i>.....94	<i>doxycycline monohydrate</i> .....16
SCALP OIL.....73	DIFFERIN .....67	<i>doxylamine-pyridoxine (vit b6)</i>
DERMOTIC OIL .....81	DIFICID .....9	96
DESCOVY .....5	<i>diflorasone</i>.....73	<i>dronabinol</i> .....96
<i>desipramine</i> .....44	DIFLUCAN.....3	<i>droperidol</i> .....96
<i>desloratadine</i> .....126	<i>diflunisal</i>.....40	<i>drospirenone-e.estradiol-lm.fa</i>
<i>desmopressin</i> .....89	<i>difluprednate</i> .....124	116
DESMOPRESSIN.....89	<i>digoxin</i> .....58	<i>drospirenone-ethinyl estradiol</i>
<i>desog-e.estradiol/e.estradiol</i>	<i>dihydroergotamine</i> .....32, 33	116
.....116	DILANTIN.....28	DROXIA.....19
	DILANTIN EXTENDED.....28	<i>droxidopa</i>.....77

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

DUAVEE	112	ELIGARD	19	EPCLUSA	5
DUET DHA WITH OMEGA-3	136	ELIGARD (3 MONTH)	19	EPIDIOLEX	28
DUETACT	92	ELIGARD (4 MONTH)	19	EPIDUO FORTE	67
<i>dulcolax (magnesium hydroxide)</i>	96	ELIGARD (6 MONTH)	19	EPIFOAM.....	63
DULERA	129	ELIMITE	76	<i>epinastine</i>	122
<i>duloxetine</i>	45	<i>elinest</i>	116	<i>epinephrine</i>	126
DUOBRII	73	ELIQUIS	59	EPINEPHRINE HCL (PF) .	126
DUOPA	32	ELIQUIS DVT-PE TREAT 30D START	59	EIPEN.....	126
DUPIXENT PEN	65	ELITEK	17	EIPEN JR	126
DUPIXENT SYRINGE.....	65	ELIXOPHYLLIN.....	129	<i>epirubicin</i>	20
DUREX AVANTI BARE REAL FEEL	111	ELLA.....	116	<i>epitol</i>	28
DUREX TROPICAL CONDOM	111	ELLENCE	20	EPIVIR	5
<i>dutasteride</i>	133	ELMIRON.....	133	<i>eplerenone</i>	54
<i>dutasteride-tamsulosin</i>	133	<i>eluryng</i>	114	<i>eprosartan</i>	54
DYMISTA.....	129	EMGALITY PEN.....	33	EPSOLAY	67
DYRENIUM	54	EMGALITY SYRINGE.....	33	EQUETRO	28
DYSFORT	104	EMPAVELI.....	77	ERAXIS(WATER DILUENT)	3
E		EMPLICITI	20	ERBITUX.....	20
<i>e.e.s. 400</i>	9	EMSAM	45	<i>ergocalciferol (vitamin d2)</i> ..	136
E.E.S. GRANULES	9	<i>emtricitabine</i>	5	<i>ergoloid</i>	45
EASIVENT HOLDING CHAMBER	85	<i>emtricitabine-tenofovir (tdf)</i> ...	5	ERGOMAR	33
EBGLYSS PEN.....	65	EMTRIVA.....	5	<i>ergotamine-caffeine</i>	33
EBGLYSS SYRINGE.....	65	EMVERM	11	<i>eribulin</i>	20
EC-NAPROSYN.....	40	<i>emzahn</i>	112	ERIVEDGE	20
<i>econazole nitrate</i>	71	<i>enalapril maleate</i>	54	ERLEADA	20
<i>econtra ez</i>	116	<i>enalaprilat</i>	54	<i>erlotinib</i>	20
<i>econtra one-step</i>	116	<i>enalapril-hydrochlorothiazide</i>	54	ERMEZA.....	93
<i>ecotrin low strength</i>	40	ENBREL	110	<i>errin</i>	112
EDECIN.....	54	ENBREL MINI	110	ERVEBO(PF)(NATIONAL STOCKPILE)	105
<i>ed-spaz</i>	94	ENBREL SURECLICK	110	ERWINASE	20
EDURANT.....	5	ENDARI.....	77	<i>ery pads</i>	67
<i>eemt</i>	112	<i>endocet</i>	37	<i>erygel</i>	67
<i>eemt hs</i>	112	ENDOMETRIN.....	112	ERYPED 200.....	9
<i>efavirenz</i>	5	ENERGIX-B (PF)	104	ERYPED 400.....	10
<i>efavirenz-emtricitabin-tenofov</i> 5		ENERGIX-B PEDIATRIC (PF).....	105	<i>ery-tab</i>	10
<i>efavirenz-lamivu-tenofov disop</i>	5	<i>enilloring</i>	114	ERY-TAB.....	10
<i>effer-k</i>	134	<i>enoxaparin</i>	59	ERYTHROCIN	10
EFFER-K.....	134	<i>enpresse</i>	116	<i>erythrocin (as stearate)</i>	10
EFFIENT.....	58	<i>enskyce</i>	116	<i>erythromycin</i>	10, 120
EFUDEX	65	ENSPRYNG	20	<i>erythromycin ethylsuccinate</i> ..	10
EGRIFTA SV	103	ENSTILAR.....	63	<i>erythromycin lactobionate</i>	10
ELAPRASE.....	89	<i>entacapone</i>	32	<i>erythromycin with ethanol</i>	67
ELEPSIA XR	28	<i>entecavir</i>	5	<i>erythromycin-benzoyl peroxide</i>	67
<i>eletriptan</i>	33	ENTRESTO.....	62	ERZOFRI	45
		ENTRESTO SPRINKLE	62	<i>escitalopram oxalate</i>	45
		ENTYVIO	96	ESGIC.....	37
		<i>enulose</i>	97	<i>esomeprazole magnesium</i> ...101	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

<i>esomeprazole sodium</i>	101	<i>ezetimibe-simvastatin</i>	60	FIRMAGON KIT W	
<i>estarylla</i>	116	F		DILUENT SYRINGE	20
<i>estazolam</i>	45	FA-8.....	136	<i>flac otic oil</i>	81
ESTRACE	112	FABHALTA.....	77	FLAGYL	11
<i>estradiol</i>	112	FABRAZYME	89	<i>flavoxate</i>	132
<i>estradiol valerate</i>	112	<i>falmina (28)</i>	116	FLEBOGAMMA DIF	105
<i>estradiol-norethindrone acet</i>		<i>famciclovir</i>	5	<i>flecainide</i>	52
.....	112	<i>famotidine</i>	101	FLECTOR	40
ESTRATEST F.S.	113	<i>famotidine (pf)</i>	101	FLEXICHAMBER	85
ESTRATEST H.S.....	113	<i>famotidine (pf)-nacl (iso-os)</i>		FLOLAN	54
<i>estrogens-methyltestosterone</i>		.....	101	FLOLIPID	61
.....	113	FANAPT	45	FLOMAX	133
<i>eszopiclone</i>	45	FARESTON	20	<i>floxuridine</i>	20
<i>ethacrynate sodium</i>	54	FARXIGA	92	FLUAD TRIV 2024-25(65Y	
<i>ethacrynic acid</i>	54	FASENRA.....	129	UP)(PF).....	105
<i>ethambutol</i>	11	FASENRA PEN	129	FLUARIX TRIV 2024-2025	
<i>ethosuximide</i>	28	FASLODEX	20	(PF).....	105
<i>ethynodiol diac-eth estradiol</i>		FC2 FEMALE CONDOM .	111	FLUBLOK TRIV 2024-2025	
.....	116	<i>febuxostat</i>	108	(PF).....	105
ETHYOL	17	<i>feirza</i>	116	FLUCELVAX TRIV 2024-	
<i>etodolac</i>	40	<i>felbamate</i>	28	2025	105
<i>etonogestrel-ethinyl estradiol</i>		FELBATOL.....	28	FLUCELVAX TRIV 2024-	
.....	114	<i>felodipine</i>	54	2025 (PF)	105
ETOPOPHOS.....	20	<i>fem ph</i>	114	<i>fluconazole</i>	3
<i>etoposide</i>	20	FEMARA	20	<i>flucytosine</i>	3
<i>etravirine</i>	5	<i>fenofibrate</i>	60	<i>fludarabine</i>	20
EUA PATIENT		<i>fenofibrate micronized</i>	60	<i>fludrocortisone</i>	82
ASSESSMENT	85	<i>fenofibrate nanocrystallized</i> .	60	FLULAVAL TRIV 2024-2025	
EUCRISA.....	65	<i>fenofibric acid</i>	61	(PF).....	105
EUFLEXXA.....	40	<i>fenofibric acid (choline)</i>	61	FLUMADINE.....	5
EULEXIN.....	20	FENOGLIDE.....	61	FLUMIST TRIVALENT	
EURAX	76	<i>fenoprofen</i>	40	2024-2025.....	105
<i>euthyrox</i>	93	<i>fentanyl</i>	37	<i>flunisolide</i>	129
EVAMIST	113	<i>fentanyl citrate</i>	37	<i>fluocinolone</i>	74
<i>everolimus (antineoplastic)</i> ..	20	FERRIPROX	77	<i>fluocinolone acetonide oil</i> ...	81
<i>everolimus</i>		FERRIPROX (2 TIMES A		<i>fluocinolone and shower cap</i> 73	
(immunosuppressive).....	20	DAY).....	77	<i>fluocinonide</i>	74
EVISTA.....	108	FERRLECIT.....	77	<i>fluocinonide-e</i>	74
EVOCLIN	67	<i>fesoterodine</i>	132	FLUORESC EIN-	
EVOTAZ	5	FETZIMA.....	45	BENOXINATE	122
EVOXAC	77	FEXMID.....	36	<i>fluorescein-proparacaine</i> ...	122
EVRYSDI.....	34	FIBRICOR.....	61	<i>fluoride (sodium)</i>	80, 136
EXELDERM	71	FINACEA.....	67	FLUORIDEX DAILY	
EXELON PATCH.....	34	<i>finasteride</i>	133	DEFENSE.....	80
<i>exemestane</i>	20	<i>fingolimod</i>	50	FLUORIDEX SENSITIVITY	
EXPAREL (PF).....	69	<i>finzala</i>	116	RELIEF.....	80
EXTENCILLINE	14	FIORICET	37	FLUORIMAX 5000	80
EXTINA	71	FIORICET WITH CODEINE		FLUORIMAX 5000	
EYSUVIS	124	.....	37	SENSITIVE.....	80
<i>ezetimibe</i>	60	FIRDAPSE	34	<i>fluorometholone</i>	124

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

<i>fluorouracil</i>	20, 65	FREESTYLE LIBRE 14 DAY SENSOR.....	84	<i>gefitinib</i>	21
<i>fluoxetine</i>	45	FREESTYLE LIBRE 2 PLUS SENSOR.....	84	GELCLAIR	80
<i>fluphenazine decanoate</i>	45	FREESTYLE LIBRE 2 READER.....	84	<i>gemfibrozil</i>	61
<i>fluphenazine hcl</i>	45	FREESTYLE LIBRE 2 SENSOR.....	84	<i>gemmily</i>	116
<i>flurandrenolide</i>	74	FREESTYLE LIBRE 3 PLUS SENSOR.....	84	GEMTESA	132
<i>flurazepam</i>	45	FREESTYLE LIBRE 3 READER.....	84	<i>generlac</i>	97
<i>flurbiprofen</i>	40	FREESTYLE LIBRE 3 SENSOR.....	84	<i>engraf</i>	21
<i>flurbiprofen sodium</i>	123	FREESTYLE LITE METER	84	GENOTROPIN.....	103
<i>fluticasone propionate</i>	74	FREESTYLE LITE STRIPS	84	GENOTROPIN MINISQUICK	103
<i>fluticasone propion-salmeterol</i>	129	FREESTYLE PRECISION NEO STRIPS.....	84	<i>gentamicin</i>	11, 70, 120
<i>fluvastatin</i>	61	FREESTYLE TEST	84	<i>gentamicin in nacl (iso-osm)</i> 11	
<i>fluvoxamine</i>	45	FROVA	33	GENTAMICIN IN NACL (ISO-OSM).....	11
FLUZONE HIGH-DOSE TRIV 24-25	105	<i>frovatriptan</i>	33	<i>gentamicin sulfate (ped) (pf)</i> 11	
FLUZONE TRIV 2024-2025	105	FRUZAQLA.....	20	GENTEEL VACUUM LANCING DEVICE	86
FLUZONE TRIV 2024-2025 (PF).....	105	<i>full spectrum b-vitamin c</i>	137	<i>gentle laxative (bisacodyl)</i>	97
FML LIQUIFILM	124	FULPHILA.....	103	<i>gentle laxative (mag hydrox)</i> 97	
<i>folic acid</i>	136	<i>fulvestrant</i>	20	<i>gentlelax</i>	97
<i>folitab</i>	136	FURADANTIN	16	GENVOYA	5
<i>folivane-ob</i>	137	<i>furosemide</i>	54	GEODON	46
FOLLISTIM AQ	89	FUZEON	5	GILOTRIF	21
FOLOTYN	20	<i>fyavolv</i>	113	<i>glatiramer</i>	50
<i>foltabs 800</i>	137	FYCOMPA.....	29	<i>glatopa</i>	50
<i>fondaparinux</i>	59	<i>fyremadel</i>	89	GLEOSTINE	21
<i>formoterol fumarate</i>	129	G		GLIADEL WAFER.....	21
FORTEO	108	<i>g tussin ac</i>	127	<i>glimepiride</i>	92
FOSAMAX	108	<i>gabapentin</i>	29	<i>glipizide</i>	92
FOSAMAX PLUS D.....	108	GALAFOLD	89	<i>glipizide-metformin</i>	92
<i>fosamprenavir</i>	5	<i>galantamine</i>	34	GLOPERBA	108
<i>fosfomycin tromethamine</i>	16	<i>gallifrey</i>	113	<i>glucagon emergency kit</i> (human).....	85
<i>fosinopril</i>	54	GALZIN	134	GLUCAGON HCL.....	85
<i>fosinopril-hydrochlorothiazide</i>	54	GAMMAGARD LIQUID ..	105	GLUCOTROL XL.....	92
<i>fosphenytoin</i>	29	<i>ganirelix</i>	89	<i>glutamine (sickle cell)</i>	77
FRAGMIN	59	GARDASIL 9 (PF).....	105	<i>glyburide</i>	92
<i>fraiche 5000</i>	80	GASTROCROM	97	<i>glyburide micronized</i>	92
FRAICHE 5000 PREVI	80	<i>gatifloxacin</i>	120	<i>glyburide-metformin</i>	92
FRAICHE 5000 SENSITIVE	80	GATTEX 30-VIAL	97	GLYCATE	94
FREESTYLE FREEDOM ...	84	<i>gavilax</i>	97	<i>glycopyrrolate</i>	94
FREESTYLE FREEDOM LITE	84	<i>gavilyte-c</i>	97	GLYXAMBI.....	92
FREESTYLE INSULINX....	84	<i>gavilyte-g</i>	97	GOLYTELY	97
FREESTYLE INSULINX TEST STRIPS	84	<i>gavilyte-n</i>	97	GONAL-F.....	90
FREESTYLE LIBRE 14 DAY READER.....	84	GAVRETO.....	20	GONAL-F RFF	90
		GAZYVA	21	GONAL-F RFF REDI-JECT	90
				GONITRO	62
				GRALISE	29
				<i>granisetron hcl</i>	97
				GRASSTK.....	105

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

<i>griseofulvin microsize</i>	3	HUMALOG JUNIOR		<i>hydroxocobalamin</i>	137
<i>griseofulvin ultramicrosize</i>	3	KWIKPEN U-100	87	<i>hydroxychloroquine</i>	11
<i>guanfacine</i>	46, 54	HUMALOG KWIKPEN		<i>hydroxyurea</i>	21
GVOKE	85	INSULIN	87	<i>hydroxyzine hcl</i>	126
GVOKE HYPOPEN 2-PACK		HUMALOG MIX 50-50		<i>hydroxyzine pamoate</i>	126
.....	85	KWIKPEN.....	87	HYFTOR	65
GVOKE PFS 2-PACK		HUMALOG MIX 75-25		HYLENEX	77
SYRINGE.....	85	KWIKPEN.....	87	<i>hyoscyamine sulfate</i>	94, 95
GYNAZOLE-1.....	114	HUMALOG MIX 75-25(U-		<i>hyosyne</i>	95
H		100)INSULN	87	HYPERHEP B.....	105
HAEGARDA	129	HUMALOG TEMPO PEN(U-		HYPERHEP B NEONATAL	
<i>hailey</i>	116	100)INSULN	87	.....	106
<i>hailey 24 fe</i>	116	HUMALOG U-100 INSULIN		HYPER-SAL	129
<i>hailey fe 1.5/30 (28)</i>	116	.....	87	HYRIMOZ PEN CROHN'S-	
<i>hailey fe 1/20 (28)</i>	116	HUMATIN	11	UC STARTER.....	110
HALAVEN.....	21	HUMULIN 70/30 U-100		HYRIMOZ PEN PSORIASIS	
<i>halcinonide</i>	74	INSULIN	87	STARTER	110
HALCION.....	46	HUMULIN 70/30 U-100		HYRIMOZ(CF).....	110
HALDOL DECANOATE ...	46	KWIKPEN.....	87	HYRIMOZ(CF) PEDI	
<i>halobetasol propionate</i>	74	HUMULIN N NPH INSULIN		CROHN STARTER	110
<i>haloette</i>	114	KWIKPEN.....	87	HYRIMOZ(CF) PEN	110
HALOG	74	HUMULIN N NPH U-100		HYSINGLA ER.....	38
<i>haloperidol</i>	46	INSULIN	87	I	
<i>haloperidol decanoate</i>	46	HUMULIN R REGULAR U-		<i>ibandronate</i>	108
<i>haloperidol lactate</i>	46	100 INSULN	87	IBRANCE.....	21
HARVONI	5	HUMULIN R U-500 (CONC)		<i>ibu</i>	40
<i>heather</i>	113	INSULIN	87	<i>ibuprofen</i>	40
HECTOROL.....	90	HUMULIN R U-500 (CONC)		<i>ibuprofen-famotidine</i>	40
HEMANGEOL.....	55	KWIKPEN.....	87	<i>icatibant</i>	129
HEMGENIX.....	59	HYCAMTIN	21	<i>iclevia</i>	116
<i>hemmorex-hc</i>	97	HYCODAN (WITH		ICLUSIG	21
<i>hep flush-10 (pf)</i>	59	HOMATROPINE).....	127	<i>icosapent ethyl</i>	61
HEPAGAM B	105	<i>hydralazine</i>	55	IDAMYCIN PFS	21
<i>heparin (porcine)</i>	59	HYDREA	21	<i>idarubicin</i>	21
<i>heparin (porcine) in 5 % dex</i>	59	<i>hydrochlorothiazide</i>	55	IDHIFA.....	21
<i>heparin (porcine) in nacl (pf)</i>		<i>hydrocodone bitartrate</i>	37	IFEX	21
.....	59	<i>hydrocodone-acetaminophen</i>	38	<i>ifosfamide</i>	21
<i>heparin lock flush (porcine)</i> .	59	<i>hydrocodone-</i>		IHEEZO (PF).....	122
<i>heparin lockflush(porcine)(pf)</i>		<i>chlorpheniramine</i>	127	ILARIS (PF)	103
.....	59	<i>hydrocodone-homatropine</i> .	127	ILEVRO	123
<i>heparin, porcine (pf)</i>	59	<i>hydrocodone-ibuprofen</i>	38	<i>imatinib</i>	21
HEPARIN, PORCINE (PF) .	59	<i>hydrocortisone</i>	74, 82, 97	IMBRUVICA	21
HEPLISAV-B (PF)	105	<i>hydrocortisone acetate</i>	97	IMFINZI	21
<i>her style</i>	116	<i>hydrocortisone butyrate</i>	74	<i>imipenem-cilastatin</i>	11
HETLIOZ	46	<i>hydrocortisone valerate</i>	74	<i>imipramine hcl</i>	46
HETLIOZ LQ.....	46	<i>hydrocortisone-acetic acid</i> ...	81	<i>imipramine pamoate</i>	46
HIBERIX (PF).....	105	<i>hydrocortisone-pramoxine</i> ..	63,	<i>imiquimod</i>	108
HISTEX-AC.....	127	97		IMLYGIC	21
<i>homatropaire</i>	121	<i>hydromet</i>	127	IMPAVIDO	11
HORIZANT	34	<i>hydromorphone</i>	38	IMURAN	21

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

INBRIJA.....	32	ISORDIL	62	KANUMA	90
<i>incassia</i>	113	ISORDIL TITRADOSE	62	KARBINAL ER	126
INCRELEX	77	<i>isosorbide dinitrate</i>	62	<i>kariva (28)</i>	117
INCRUSE ELLIPTA.....	129	<i>isosorbide mononitrate</i>	62	<i>kelnor 1/35 (28)</i>	117
<i>indapamide</i>	55	<i>isosorbide-hydralazine</i>	55	<i>kelnor 1/50 (28)</i>	117
<i>indomethacin</i>	40, 41	<i>isotretinoin</i>	67	KENALOG.....	75, 82
INFANRIX (DTAP) (PF)...	106	<i>isradipine</i>	55	KENALOG-80	82
INFED	137	ITOVEBI	21	KENGREAL.....	59
INFLECTRA.....	97	<i>itraconazole</i>	3	KEPIVANCE	17
INGREZZA	34	<i>ivabradine</i>	62	KERENDIA.....	55
INGREZZA INITIATION		<i>ivermectin</i>	12, 67	KESIMPTA PEN.....	50
PK(TARDIV).....	34	IWILFIN.....	21	<i>ketoconazole</i>	3, 71
INGREZZA SPRINKLE.....	34	IXEMPRA	21	<i>ketodan</i>	71
INJECTAFER	137	J		<i>ketoprofen</i>	41
INLYTA	21	<i>jaimiess</i>	116	<i>ketorolac</i>	41, 123
INPEN (FOR HUMALOG)		JAKAFI	22	KEYTRUDA	22
PINK.....	86	<i>jantoven</i>	59	KINEVAC	97
INPEN (NOVOLOG OR		JANUMET	92	KINRIX (PF)	106
FIASP) BLUE	86	JANUMET XR.....	92	<i>kiprofen</i>	41
INPEN (NOVOLOG OR		JANUVIA.....	92	KISQALI	22
FIASP) PINK	86	JARDIANCE.....	92	KITABIS PAK	12
INSPRA.....	55	<i>jasmiel (28)</i>	117	KLARON	70
INSULIN GLARGINE-YFGN		JATENZO	90	<i>klayesta</i>	71
.....	87	<i>javygtor</i>	90	<i>klor-con</i>	135
INSULIN LISPRO	88	<i>jencycla</i>	113	<i>klor-con 10</i>	135
INSULIN LISPRO		JEVTANA	22	<i>klor-con 8</i>	135
PROTAMIN-LISPRO	88	<i>jinteli</i>	113	<i>klor-con m10</i>	135
INTELENCE	5	JOENJA.....	77	<i>klor-con m15</i>	135
INVEGA.....	46	<i>jolessa</i>	117	<i>klor-con m20</i>	135
INVEGA SUSTENNA.....	46	JORNAY PM	46	<i>klor-con/ef</i>	135
INVEGA TRINZA.....	46	<i>joyeaux</i>	117	KLOXXADO	41
INVELTYS	124	JUBLIA	71	<i>kobee</i>	137
IODOFLEX	65	<i>juleber</i>	117	KOSELUGO.....	22
IODOPEN	21	JULUCA.....	6	KOSHER PRENATAL PLUS	
IODOSORB	65	<i>junel 1.5/30 (21)</i>	117	IRON	137
IOPIDINE.....	125	<i>junel 1/20 (21)</i>	117	<i>kourzeq</i>	80
IPOL	106	<i>junel fe 1.5/30 (28)</i>	117	K-PHOS NO 2	133
<i>ipratropium bromide</i>	80, 129	<i>junel fe 1/20 (28)</i>	117	K-PHOS ORIGINAL	133
<i>ipratropium-albuterol</i>	129	<i>junel fe 24</i>	117	KRINTAFEL	12
IQIRVO	97	JUST RIGHT 5000.....	80	KRISTALOSE.....	97
<i>irbesartan</i>	55	JUXTAPID.....	61	KRYSTEXXA.....	108
<i>irbesartan-hydrochlorothiazide</i>		JYNARQUE.....	90	<i>kurvelo (28)</i>	117
.....	55	JYNNEOS (PF)	106	KYLEENA	111
IRESSA	21	K		L	
ISENTRESS	5	KADCYLA	22	<i>l norgest/e.estradiol-e.estradiol</i>	
ISENTRESS HD	5	<i>kaitlib fe</i>	117	.....	117
<i>isibloom</i>	116	KALBITOR.....	129	<i>labetalol</i>	55
ISOLYTE S PH 7.4.....	135	KALETRA	6	<i>lacosamide</i>	29
ISOLYTE-S.....	135	<i>kalliga</i>	117	<i>lactated ringers</i>	76
<i>isoniazid</i>	12	KALYDECO	129	<i>lactulose</i>	97

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

LAGEVRIO (EUA).....	6	levonest (28)	117	LITHOBID	46
LAMICTAL XR STARTER (BLUE).....	29	levonorgest-eth.estradiol-iron	117	LITHOSTAT	77
LAMICTAL XR STARTER (GREEN).....	29	levonorgestrel	117	LIVALO	61
LAMICTAL XR STARTER (ORANGE).....	29	levonorgestrel-ethinyl estrad	117	LIVDELZI.....	98
lamivudine	6	levonorg-eth estrad triphasic	117	LIVMARLI.....	98
lamivudine-zidovudine	6	levora-28	117	LIVTENCITY	6
lamotrigine	29	levorphanol tartrate	38	LODINE	41
LAMZEDE.....	77	levo-t.....	93	LODOSYN	32
LANCETS.....	86	levothyroxine	93	lofena	41
LANCING DEVICE	86	levoxyl.....	94	lofexidine	41
LANOXIN.....	58	LEVSIN.....	95	lojaimiess.....	117
lanreotide	22	LEVSIN/SL	95	LOKELMA.....	134
lansoprazole	102	LEVULAN	65	LOMOTIL	95
lanthanum.....	134	LICART.....	41	LONSURF	22
lapatinib	22	lidocaine	69	loperamide.....	95
larin 1.5/30 (21)	117	lidocaine hcl	69	LOPID	61
larin 1/20 (21)	117	lidocaine hcl-hydrocortison ac	69, 97	lopinavir-ritonavir	6
larin 24 fe	117	LIDOCAINE HCL- HYDROCORTISON AC .	97	LOPRESSOR	55
larin fe 1.5/30 (28)	117	lidocaine in 5 % dextrose (pf)	52	LOPROX (AS OLAMINE)..	71
larin fe 1/20 (28)	117	lidocaine viscous	69	lorazepam	46
LASIX	55	lidocaine-epinephrine (pf)....	69	lorazepam intensol.....	46
latanoprost	123	lidocaine-hydrocortisone-aloe	98	LORBRENA.....	22
laxative (bisacodyl)	97	lidocaine-prilocaine	69	loryna (28)	117
laxative peg 3350	97	lidocan iii.....	70	LORZONE	36
layolis fe	117	lidocan iv	70	losartan.....	55
LAZCLUZE	22	lidocan v	70	losartan-hydrochlorothiazide	55
leena 28	117	lidocort	70	LOTEMAX.....	124
leflunomide.....	110	LILETTA.....	111	LOTEMAX SM.....	125
LEMTRADA.....	50	linezolid	12	LOTENSIN.....	55
lenalidomide	22	linezolid-0.9% sodium chloride	12	LOTENSIN HCT.....	55
LENVIMA	22	LINZESS	98	loteprednol etabonate	125
LESCOL XL	61	liothyronine	94	lovastatin	61
lessina.....	117	liraglutide	92	low-ogestrel (28)	118
letrozole	22	lisdexamfetamine	46	loxapine succinate	46
leucovorin calcium	17	lisinopril	55	lo-zumandimine (28).....	118
LEUKERAN	22	lisinopril-hydrochlorothiazide	55	lubiprostone	98
LEUKINE.....	103	LITEAIRE MDI CHAMBER	85	ludent fluoride	137
leuprolide	22	LITFULO	77	lugols	70, 135
levabuterol hcl.....	129	lithium carbonate	46	LUMAKRAS.....	22
LEVBID	95	lithium citrate	46	LUMIGAN	123
levetiracetam	29			LUMIZYME.....	90
LEVETIRACETAM	29			LUMRYZ	47
levobunolol.....	121			LUMRYZ STARTER PACK	47
levocarnitine.....	77			LUPKYNIS	22
levocarnitine (with sugar)	77			LUPRON DEPOT	22
levofloxacin	15, 120			LUPRON DEPOT (3 MONTH)	22
levofloxacin in d5w.....	15				

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

LUPRON DEPOT (4 MONTH).....	22	MAVENCLAD (9 TABLET PACK).....	51	<i>methenamine hippurate</i>	16
LUPRON DEPOT (6 MONTH).....	22	MAXITROL	124	<i>methenamine mandelate</i>	16
<i>lurasidone</i>	47	<i>maxi-tuss ac</i>	127	<i>methen-sod phos-meth blue-hyos</i>	133
<i>luteru (28)</i>	118	MAXI-TUSS CD.....	127	<i>methimazole</i>	83
LYBALVI	47	MAYZENT	51	METHITEST	90
<i>lyleq</i>	113	MAYZENT STARTER(FOR 1MG MAINT)	51	<i>methocarbamol</i>	36
<i>lyllana</i>	113	MAYZENT STARTER(FOR 2MG MAINT)	51	<i>methotrexate sodium</i>	23
LYNPARZA.....	22	<i>meclizine</i>	98	<i>methotrexate sodium (pf)</i>	23
LYSODREN.....	22	<i>meclofenamate</i>	41	<i>methoxsalen</i>	65
LYTGOBI	22	MECOBALAMIN (VITAMIN B12).....	137	<i>methscopolamine</i>	95
LYUMJEV KWIKPEN U-100 INSULIN	88	MEDROL	82	<i>methsuximide</i>	29
LYUMJEV KWIKPEN U-200 INSULIN	88	MEDROL (PAK)	82	<i>methyl salicylate</i>	65
LYUMJEV TEMPO PEN(U-100)INSULN	88	<i>medroxyprogesterone</i>	113	<i>methyldopa</i>	55
LYUMJEV U-100 INSULIN	88	<i>mefenamic acid</i>	41	<i>methyldopa-hydrochlorothiazide</i>	55
<i>lyza</i>	113	<i>mefloquine</i>	12	<i>methyldopate</i>	55
M		<i>megestrol</i>	22	<i>methylergonovine</i>	120
MACROBID	16	MEKINIST	22, 23	METHYLIN	47
<i>mafenide acetate</i>	70	MEKTOVI.....	23	<i>methylphenidate</i>	47
<i>magnesium citrate</i>	98	<i>meloxicam</i>	41	<i>methylphenidate hcl</i>	47
<i>magnesium sulfate</i>	135	<i>meloxicam submicronized</i>	41	<i>methylprednisolone</i>	82
<i>magnesium sulfate in water</i>	135	<i>memantine</i>	34	<i>methylprednisolone acetate</i> ..	82
MALARONE	12	MEMANTINE.....	35	<i>methyltestosterone</i>	90
MALARONE PEDIATRIC .	12	<i>memantine-donepezil</i>	35	<i>metoclopramide hcl</i>	98
<i>malathion</i>	76	MENOPUR	90	<i>metolazone</i>	55
<i>maraviroc</i>	6	MENOSTAR.....	113	METOPIRONE	77
MAR-COF CG	127	MENQUADFI (PF).....	106	<i>metoprolol succinate</i>	55
MARINOL	98	MENVEO A-C-Y-W-135-DIP (PF).....	106	<i>metoprolol ta-hydrochlorothiaz</i>	55
<i>marlissa (28)</i>	118	<i>meperidine</i>	38	<i>metoprolol tartrate</i>	55
MARNATAL-F.....	137	<i>meperidine (pf)</i>	38	<i>metro i.v.</i>	12
MARPLAN	47	<i>meprobamate</i>	36	METROCREAM.....	67
MATULANE	22	MEPRON	12	METROGEL	67
<i>matzim la</i>	55	<i>mercaptopurine</i>	23	<i>metronidazole</i>	12, 68, 114
MAVENCLAD (10 TABLET PACK).....	51	<i>merzee</i>	118	<i>metronidazole in nacl (iso-os)</i>	12
MAVENCLAD (4 TABLET PACK).....	51	<i>mesalamine</i>	98	<i>metryrosine</i>	55
MAVENCLAD (5 TABLET PACK).....	51	<i>mesalamine with cleansing wipe</i>	98	<i>mexiletine</i>	52
MAVENCLAD (6 TABLET PACK).....	51	<i>mesna</i>	17	MIACALCIN	90
MAVENCLAD (7 TABLET PACK).....	51	MESNEX.....	17	<i>mibelas 24 fe</i>	118
MAVENCLAD (8 TABLET PACK).....	51	METADATE CD	47	<i>miconazole-3</i>	114
		<i>metaxalone</i>	36	MICROCHAMBER	85
		<i>metformin</i>	85, 92	<i>microgestin 1.5/30 (21)</i>	118
		<i>methadone</i>	38	<i>microgestin 1/20 (21)</i>	118
		<i>methadose</i>	38	<i>microgestin fe 1.5/30 (28)</i> ...	118
		<i>methamphetamine</i>	47	<i>microgestin fe 1/20 (28)</i>	118
		<i>methazolamide</i>	123	MICROSPACER.....	85
				<i>midodrine</i>	77
				MIEBO (PF)	122

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

MIFEPREX	114	MS CONTIN	39	<i>naratriptan</i>	33
<i>mifepristone</i>	90, 114	MUGARD	80	NARCAN	42
<i>migergot</i>	33	MULTAQ.....	52	NARDIL	47
<i>miglitol</i>	92	<i>multi-vitamin with fluoride</i>	137	NASCOBAL.....	137
<i>miglustat</i>	90	<i>mupirocin</i>	70	NATACHEW (FE BIS- GLYCINATE).....	137
MIGRANAL	33	<i>mupirocin calcium</i>	70	NATACYN.....	120
<i>mili</i>	118	<i>mvc-fluoride</i>	137	<i>nateglinide</i>	92
<i>milk of magnesia</i>	98	<i>my choice</i>	118	<i>natura-lax</i>	98
<i>millipred</i>	82	<i>my way</i>	118	NAYZILAM.....	29
<i>millipred dp</i>	82	MYALEPT	90	<i>nebivolol</i>	56
<i>mimvey</i>	113	MYCAPSSA	23	NEBUPENT	12
MINOCIN	16	<i>mycophenolate mofetil</i>	23	<i>nebusal</i>	130
<i>minocycline</i>	16	<i>mycophenolate mofetil (hcl)</i>	23	NEBUSAL.....	130
<i>minoxidil</i>	55	<i>mycophenolate sodium</i>	23	<i>necon 0.5/35 (28)</i>	118
<i>minzoya</i>	118	MYDAYIS	47	NEEVODHA (WITH ALGAL OIL)	137
MIOCHOL-E	122	MYDRIACYL.....	121	<i>nefazodone</i>	47
<i>miostat</i>	123	MYFEMBREE	114	NEFFY	126
<i>mirabegron</i>	132	MYFORTIC	23	<i>nelarabine</i>	23
MIRENA	111	MYHIBBIN.....	23	NEMLUVIO.....	23
<i>mirtazapine</i>	47	MYLERAN	23	<i>neomycin</i>	12
MIRVASO	68	<i>mynatal</i>	137	<i>neomycin-bacitracin-poly-hc</i>	124
<i>misoprostol</i>	102	<i>mynatal plus</i>	137	<i>neomycin-bacitracin-</i> <i>polymyxin</i>	120
MITIGARE	108	<i>mynatal-z</i>	137	<i>neomycin-polymyxin b gu</i>	76
<i>mitoxantrone</i>	23	MYOBLOC	106	<i>neomycin-polymyxin b-</i> <i>dexameth</i>	124
M-M-R II (PF).....	106	MYRBETRIQ	132	<i>neomycin-polymyxin-</i> <i>gramicidin</i>	120
<i>m-natal plus</i>	137	MYSOLINE	29	<i>neomycin-polymyxin-hc</i> 81, 124	
<i>modafinil</i>	47	N		NEONATAL COMPLETE 137	
MODERNA COVID 24- 25(6M-11Y)PF	106	NABI-HB	106	NEONATAL FE.....	137
<i>moexipril</i>	55	<i>nabumetone</i>	41	NEONATAL PLUS VITAMIN.....	137
<i>molindone</i>	47	<i>nadolol</i>	56	NEONATAL-DHA	137
<i>mometasone</i>	75, 129	<i>nafcillin</i>	14	<i>neo-polycin</i>	120
<i>mondoxyne nl</i>	16	<i>nafcillin in dextrose iso-osm</i>	14	<i>neo-polycin hc</i>	124
MONODOX	16	<i>naftifine</i>	71	NEORAL	23
<i>mono-lynyah</i>	118	NAFTIN	71	<i>neostigmine methylsulfate</i>	36
MONOVISC.....	41	NAGLAZYME.....	90	NEO-SYNALAR.....	70
<i>montelukast</i>	130	<i>nalbuphine</i>	41	NEO-SYNALAR KIT	70
MORGIDOX 1X100	16	NALFON.....	41	<i>neo-vital rx</i>	137
<i>morphine</i>	38	NALMEFENE.....	41	NERLYNX	23
MORPHINE	38	NALOCET	39	NESTABS	137
<i>morphine concentrate</i>	38	<i>naloxone</i>	41	NESTABS ABC	137
MOTOFEN.....	95	<i>naltrexone</i>	41	NESTABS DHA.....	137
MOUNJARO.....	92	NAMENDA TITRATION PAK.....	35	NESTABS ONE	137
MOVANTIK	98	NAMENDA XR.....	35	<i>neuac</i>	68
MOXATAG	14	NAMZARIC.....	35		
<i>moxifloxacin</i>	15, 120	NAPRELAN CR	41		
MOXIFLOXACIN- SOD.ACE,SUL-WATER. 15		NAPROSYN	41		
MOZOBIL.....	103	<i>naproxen</i>	41		
MRESVIA (PF).....	106	<i>naproxen sodium</i>	41		
		<i>naproxen-esomeprazole</i>	42		

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

NEUAC KIT	68	<i>norelgestromin-ethin.estradiol</i>		O	
NEUPRO.....	32	.....	114	OB COMPLETE ONE	138
<i>nevirapine</i>	6	<i>noreth-ethinyl estradiol-iron</i>		OB COMPLETE PETITE ..	138
<i>new day</i>	118	.....	118	OB COMPLETE PREMIER	
<i>newgen</i>	137	<i>norethindrone (contraceptive)</i>		.....	138
NEXAVAR	23	.....	113	OB COMPLETE WITH DHA	
NEXLETOL	61	<i>norethindrone acetate</i>	113	.....	138
NEXLIZET.....	61	<i>norethindrone ac-eth estradiol</i>		OICALIVA	98
NEXOBRID	75	.....	113, 118	<i>ocella</i>	118
NEXPLANON	114	<i>norethindrone-e.estradiol-iron</i>		OCREVUS	51
NEXTERONE	52	.....	118	OCREVUS ZUNOVO.....	51
NEXVIAZYME	90	NORGESIC	36	<i>octreotide acetate</i>	23, 24
NGENLA	103	NORGESIC FORTE	36	<i>octreotide,microspheres</i>	24
<i>niacin</i>	61	<i>norgestimate-ethinyl estradiol</i>		OCUFLOX	120
<i>nicardipine</i>	56	.....	118	ODACTRA.....	106
NICODERM CQ.....	79	NORMOSOL-R.....	135	ODEFSEY	6
<i>nicorette</i>	79	NORMOSOL-R PH 7.4	135	ODOMZO.....	24
NICORETTE.....	79	<i>nortrel 0.5/35 (28)</i>	118	OFEV	130
<i>nicotine</i>	79	<i>nortrel 1/35 (21)</i>	118	<i>ofloxacin</i>	15, 81, 121
<i>nicotine (polacrilex)</i>	79	<i>nortrel 1/35 (28)</i>	118	OGSIVEO.....	24
NICOTROL NS.....	79	<i>nortrel 7/7/7 (28)</i>	118	OJEMDA.....	24
<i>nifedipine</i>	56	<i>nortriptyline</i>	47	<i>olanzapine</i>	47, 48
<i>nikki (28)</i>	118	NORVIR.....	6	<i>olanzapine-fluoxetine</i>	48
NILANDRON	23	NOURIANZ	32	<i>olmesartan</i>	56
<i>nilutamide</i>	23	NOVAREL.....	90	<i>olmesartan-amlodipin-</i>	
<i>nimodipine</i>	56	NOVAVAX COVID 2024-		<i>hcthiazid</i>	56
NINJACOF-XG	127	25(PF)(EUA)	106	<i>olmesartan-</i>	
NINLARO.....	23	NOVOPEN ECHO	86	<i>hydrochlorothiazide</i>	56
NIPENT.....	23	NOXAFIL	3	<i>olopatadine</i>	80, 122
<i>nisoldipine</i>	56	<i>np thyroid</i>	94	OLPRUVA	78
<i>nitazoxanide</i>	12	NPLATE.....	59	OLUX	75
<i>nitisinone</i>	77	NUBEQA	23	OMECLAMOX-PAK.....	102
<i>nitro-bid</i>	62	NUCALA	130	<i>omega-3 acid ethyl esters</i>	61
NITRO-DUR.....	62	NUCORT.....	75	<i>omeprazole</i>	102
<i>nitrofurantoin</i>	16	NUEDEXTA	35	<i>omeprazole-sodium</i>	
<i>nitrofurantoin macrocrystal</i> .	16	NULEV	95	<i>bicarbonate</i>	102
<i>nitrofurantoin monohyd/m-</i>		NULOJIX	23	OMIDRIA.....	122
<i>cryst</i>	16	NUPLAZID	47	OMNIPOD 5 (G6/LIBRE 2	
<i>nitroglycerin</i>	62, 98	NURTEC ODT.....	33	PLUS).....	86
NITROLINGUAL	62	NUVESSA.....	114	OMNIPOD 5 G6-G7 INTRO	
NITROMIST	63	NUZYRA	16	KT(GEN5).....	86
NITROSTAT.....	63	<i>nyamyc</i>	71	OMNIPOD 5 G6-G7 PODS	
<i>nitro-time</i>	63	<i>nylia 1/35 (28)</i>	118	(GEN 5)	86
NITYR.....	77	<i>nylia 7/7/7 (28)</i>	118	OMNIPOD 5	
<i>niva thyroid</i>	94	NYMALIZE	56	INTRO(G6/LIBRE2PLUS)	
NIVESTYM	103	NYNUTEY.....	70	.....	86
<i>nizatidine</i>	102	<i>nystatin</i>	3, 71	OMNIPOD DASH INTRO	
NOC DURNA (MEN).....	90	<i>nystatin-triamcinolone</i>	71	KIT (GEN 4).....	86
NOC DURNA (WOMEN)....	90	<i>nystop</i>	71	OMNIPOD DASH PODS	
<i>nora-be</i>	113			(GEN 4)	86

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

OMNITROPE.....	103	ORLISSA	90	PANRETIN	65
OMVOH.....	98	ORKAMBI	130	<i>pantoprazole</i>	102
OMVOH PEN	98	ORLADEYO	130	<i>papaverine</i>	56
ONCASPAS	24	<i>ormalvi</i>	35	PARAGARD T 380A.....	111
<i>ondansetron</i>	99	<i>orphenadrine citrate</i>	36	<i>paraplatin</i>	24
<i>ondansetron hcl</i>	99	<i>orphenadrine-asa-caffeine</i> ...	36	<i>paricalcitol</i>	90, 91
<i>ondansetron hcl (pf)</i>	98, 99	<i>orphengesic forte</i>	36	PARICALCITOL	90
ONE A DAY WOMEN'S		ORSERDU	24	PARNATE.....	48
PRENATAL DHA	138	ORTHOVISC	42	<i>paromomycin</i>	12
<i>one daily prenatal</i>	138	<i>oscimin</i>	95	<i>paroxetine hcl</i>	48
<i>onelax magnesium citrate</i>	99	<i>oscimin sl</i>	95	<i>paroxetine</i>	
ONETOUCH ULTRA TEST		<i>oseltamivir</i>	6	<i>mesylate(menop.sym)</i>	48
.....	84	OSENI	92	PASER.....	12
ONETOUCH ULTRA2		OTEZLA	110	PAXIL	48
METER	84	OTEZLA STARTER.....	110	PAXIL CR	48
ONETOUCH VERIO FLEX		OTOVEL	81	PAXLOVID.....	6
METER	84	OVACE	63	<i>pazopanib</i>	24
ONETOUCH VERIO		OVACE PLUS	63	PEDIARIX (PF)	106
REFLECT METER.....	84	OVACE PLUS SHAMPOO.....	63	PEDVAX HIB (PF).....	106
ONETOUCH VERIO TEST		OVACE PLUS WASH.....	63	<i>peg 3350-electrolytes</i>	99
STRIPS.....	84	OVIDE.....	76	<i>peg3350-sod sul-nacl-kcl-asb-c</i>	
ONEXTON.....	68	OVIDREL	90	.....	99
ONGENTYS	32	<i>oxacillin</i>	14	PEGASYS	103
<i>opcicon one-step</i>	118	<i>oxacillin in dextrose(iso-osm)</i>		<i>peg-electrolyte soln</i>	99
OPILL.....	113	.....	14	PEMAZYRE.....	24
<i>opium tincture</i>	95	<i>oxaliplatin</i>	24	PENBRAYA (PF)	106
OPSUMIT	130	<i>oxaprozin</i>	42	<i>penciclovir</i>	72
OPSYNVI.....	130	<i>oxazepam</i>	48	<i>penicillamine</i>	110
OPTICHAMBER DIAMOND		<i>oxcarbazepine</i>	29, 30	PENICILLIN G POT IN	
VHC	85	OXERVATE	122	DEXTROSE	14
<i>option-2</i>	119	<i>oxiconazole</i>	71	<i>penicillin g potassium</i>	14
OPVEE	42	OXTELLAR XR	30	<i>penicillin g sodium</i>	14
OPZELURA	65	<i>oxybutynin chloride</i>	132	<i>penicillin v potassium</i>	14
ORACIT	133	<i>oxycodone</i>	39	PENTACEL (PF).....	106
<i>oral saline laxative</i>	99	<i>oxycodone-acetaminophen</i> ...	39	<i>pentamidine</i>	12
ORALAIR	106	OXYCONTIN	39	PENTASA	99
<i>oralone</i>	80	<i>oxymorphone</i>	39	<i>pentazocine-naloxone</i>	42
ORAMAGICRX.....	80	<i>oxytocin</i>	120	<i>pentoxifylline</i>	59
ORAPRED ODT	82	OXYTROL.....	132	PEPCID	102
ORAVIG	3	OZEMPIC	93	<i>perindopril erbumine</i>	56
ORENITRAM	56	P		PERJETA	24
ORENITRAM MONTH 1		<i>pacerone</i>	52	<i>permethrin</i>	76
TITRATION KT	56	<i>paclitaxel</i>	24	<i>perphenazine</i>	48
ORENITRAM MONTH 2		<i>paclitaxel protein-bound</i>	24	<i>perphenazine-amitriptyline</i> ...	48
TITRATION KT	56	<i>paliperidone</i>	48	PFIZER COVID 2024-25(5Y-	
ORENITRAM MONTH 3		PALYNZIQ.....	90	11Y)PF	106
TITRATION KT	56	PAMELOR.....	48	PFIZER COVID 2024-	
ORFADIN	78	<i>pamidronate</i>	90	25(6MO-4Y)PF	106
ORGOVYX.....	24	PANCREAZE	99	<i>pfizerpen-g</i>	14
ORIAHNN	114	PANDEL	75	PHEBURANE	78

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

<i>phenazopyridine</i>	134	POLY-TUSSIN AC.....	127	<i>prenatal plus (calcium carb)</i>	
<i>phenelzine</i>	48	POMALYST	24	.....	138
PHENERGAN.....	126	PONVORY.....	51	PRENATAL PLUS DHA...	138
<i>phenobarb-hyoscy-atropine-</i>		<i>portia 28</i>	119	PRENATAL PLUS	
<i>scop</i>	95	<i>posaconazole</i>	4	VITAMIN-MINERAL ...	138
<i>phenobarbital</i>	30	<i>potassium chloride</i>	135	<i>prenatal vit no.179-iron-folic</i>	
<i>phenohydro</i>	95	POTASSIUM CHLORIDE	135	.....	138
<i>phenoxybenzamine</i>	56	<i>potassium citrate</i>	133	<i>prenatal vitamin</i>	138
<i>phenylephrine hcl</i>	125	<i>potassium iodide</i>	83	<i>prenatal vitamin with minerals</i>	
PHENYTEK.....	30	<i>povidone-iodine</i>	121	.....	138
<i>phenytoin</i>	30	<i>powderlax</i>	99	<i>prenatal-u</i>	138
<i>phenytoin sodium</i>	30	PR BENZOYL PEROXIDE.	68	PRENATE AM.....	138
<i>phenytoin sodium extended</i> ..	30	<i>pr natal 400</i>	138	PRENATE CHEWABLE...	139
<i>philith</i>	119	<i>pr natal 400 ec</i>	138	PRENATE DHA (FERR ASP	
<i>phosphate laxative</i>	99	<i>pr natal 430</i>	138	GLYCIN).....	139
PHOSPHOLINE IODIDE..	121	<i>pr natal 430 ec</i>	138	PRENATE ELITE (IRON ASP	
PHOTOFRIN	24	PRALATREXATE.....	24	GLYC).....	139
PHYSIOLYTE	76	<i>pramipexole</i>	32	PRENATE ENHANCE	139
PHYSIOSOL IRRIGATION	76	PRAMOSONE	63	PRENATE	
<i>phytonadione (vitamin k1)</i>	59	<i>prasugrel hcl</i>	59	ESSENTIAL(IRON-ASP-	
<i>pilocarpine hcl</i>	80, 122	<i>pravastatin</i>	61	GL)	139
<i>pimecrolimus</i>	65	<i>praziquantel</i>	12	PRENATE MINI (FERR ASP	
<i>pimozide</i>	48	<i>prazosin</i>	56	GLYCIN).....	139
<i>pimtrea (28)</i>	119	PRECISION XTRA		PRENATE PIXIE.....	139
<i>pindolol</i>	56	MONITOR	84	PRENATE RESTORE	139
<i>pioglitazone</i>	93	PRECISION XTRA TEST...	84	PRENATE STAR.....	139
<i>pioglitazone-glimepiride</i>	93	PRECOSE	93	PREPIDIL.....	114
<i>pioglitazone-metformin</i>	93	PRED FORTE	125	PRESTALIA.....	56
PIQRAY	24	<i>prednicarbate</i>	75	PRETOMANID.....	12
<i>pirfenidone</i>	130	<i>prednisolone</i>	82, 83	<i>prevalite</i>	61
<i>piroxicam</i>	42	<i>prednisolone acetate</i>	125	PREVDUO	36
<i>pitavastatin calcium</i>	61	<i>prednisolone sodium</i>		PREVIDENT	81
PLAN B ONE-STEP	119	<i>phosphate</i>	83, 125	PREVIDENT 5000 BOOSTER	
PLASMA-LYTE A	136	<i>prednisone</i>	83	PLUS	80
PLEGRIDY	51	<i>prednisone intensol</i>	83	PREVIDENT 5000 ENAMEL	
<i>plerixafor</i>	103	<i>pregabalin</i>	30	PROTECT	80
PLEXION.....	68	PREGNYL.....	91	PREVIDENT 5000 ORTHO	
PLEXION NS.....	63	PREMARIN	113	DEFENSE.....	80
PNEUMOVAX-23	106	PRENATA.....	138	PREVIDENT 5000 PLUS....	81
<i>pnv-dha</i>	138	<i>prenatabs fa</i>	138	PREVIDENT 5000	
<i>pnv-omega</i>	138	<i>prenatabs rx</i>	138	SENSITIVE	81
<i>pnv-select</i>	138	<i>prenatal</i>	138	PREVIDENT KIDS.....	81
POCKET CHAMBER	85	PRENATAL	138	PREVNAR 20 (PF)	107
<i>podofilox</i>	65	PRENATAL + DHA	138	PREVYMIS	6
<i>polocaine-mpf</i>	70	<i>prenatal complete</i>	138	PREZISTA	6
<i>polycin</i>	121	<i>prenatal multi-dha (algal oil)</i>		PRIFTIN	12
<i>polyethylene glycol 3350</i>	99	.....	138	PRIMACARE.....	139
<i>polymyxin b sulfate</i>	12	<i>prenatal multivitamins</i>	138	<i>primaquine</i>	12
<i>polymyxin b sulf-trimethoprim</i>		<i>prenatal one daily</i>	138	PRIMAXIN IV	12
.....	121	<i>prenatal plus</i>	138	PRIMEAIRE.....	85

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

<i>primidone</i>	30	PULMOZYME.....	130	RECTIV.....	100
PRIMSOL.....	16	<i>purelax</i>	99	REGLAN.....	100
PRIORIX (PF).....	107	PURIXAN	24	<i>regonol</i>	36
<i>probenecid</i>	108	<i>pyrazinamide</i>	12	REGRANEX	65
<i>probenecid-colchicine</i>	108	<i>pyridostigmine bromide</i>	36	RELAGARD	114
<i>procainamide</i>	52	PYRIDOSTIGMINE		RELENZA DISKHALER	6
PROCARDIA XL	56	BROMIDE.....	36	RELISTOR.....	100
<i>procentra</i>	48	<i>pyrimethamine</i>	12	REMERON.....	48
PROCHAMBER	85	PYRUKYND.....	78	REMERON SOLTAB.....	48
<i>prochlorperazine</i>	99	Q		REMODULIN	57
<i>prochlorperazine edisylate</i> ...	99	Q-CARE RX Q4.....	81	RENACIDIN	133
<i>prochlorperazine maleate</i>	99	QELBREE	48	<i>rena-vite</i>	139
PROCORT	99	QUADRACEL (PF)	107	RENVELA	134
PROCRIPT	103	QUALAQUIN	13	<i>repaglinide</i>	93
PROCTOCORT	75, 99	QUDEXY XR.....	30	REPATHA PUSHTRONEX 61	
<i>procto-med hc</i>	99	QUESTRAN.....	61	REPATHA SURECLICK	61
<i>proctosol hc</i>	99	QUESTRAN LIGHT.....	61	REPATHA SYRINGE	61
<i>proctozone-hc</i>	99	<i>quetiapine</i>	48	RESPA-AR.....	127
<i>progesterone</i>	113	<i>quinapril</i>	56	RESTASIS.....	122
<i>progesterone micronized</i>	113	<i>quinapril-hydrochlorothiazide</i>		RESTASIS MULTIDOSE..	122
PROGLYCEM	85	.....	57	RESTORIL	48
PROGRAF	24	<i>quinidine gluconate</i>	52	RETACRIT.....	103
<i>prolate</i>	39	<i>quinidine sulfate</i>	52	RETEVMO.....	24
PROLENSA	123	<i>quinine sulfate</i>	13	RETIN-A	68
PROLEUKIN	103	<i>quit 2</i>	79	RETIN-A MICRO PUMP ...	68
PROMACTA.....	59, 60	<i>quit 4</i>	79	RETROVIR	6
<i>promethazine</i>	126	QULIPTA	33	REVATIO.....	130
<i>promethazine-codeine</i>	127	QUVIVIQ.....	48	REVLIMID.....	24
<i>promethazine-dm</i>	127	QUZYTIR.....	126	REVUFORJ.....	24
<i>promethazine-phenylephrine</i>		QVAR REDIHALER	130	REXTOVY	42
.....	127	R		REXULTI.....	48
<i>promethegan</i>	126	<i>rabeprazole</i>	102	REYATAZ	6
PROMETRIUM	113	RADICAVA ORS STARTER		REYVOW.....	33
<i>propafenone</i>	52	KIT SUSP.....	35	REZDIFFRA	78
<i>proparacaine</i>	122	RADIOGARDASE	78	REZUROCK.....	24
<i>propranolol</i>	56	RAGWITEK.....	107	REZZAYO	4
<i>propranolol-</i>		<i>raloxifene</i>	108	RHOFADE	68
<i>hydrochlorothiazid</i>	56	<i>ramelteon</i>	48	RHOPRESSA	123
<i>propylthiouracil</i>	83	<i>ramipril</i>	57	<i>ribavirin</i>	6, 7
PROQUAD (PF)	107	<i>ranolazine</i>	62	RIDAURA	110
PROSCAR.....	133	RAPIVAB (PF)	6	<i>rifabutin</i>	13
PROSTIN VR PEDIATRIC		<i>rasagiline</i>	32	RIFADIN.....	13
.....	133	RASUVO (PF)	110	<i>rifampin</i>	13
<i>protamine</i>	60	RAYALDEE	91	RILUTEK.....	78
<i>protriptyline</i>	48	RAYOS	83	<i>riluzole</i>	78
PROVERA	113	REBIF (WITH ALBUMIN).51		<i>rimantadine</i>	7
PROVIDA OB.....	139	REBIF REBIDOSE	51	<i>ringer's</i>	76
<i>prucalopride</i>	99	REBIF TITRATION PACK.51		RINVOQ.....	110
<i>prudoxin</i>	65	<i>reclipsen (28)</i>	119	RINVOQ LQ	110
<i>pulmosal</i>	130	RECOMBIVAX HB (PF) ..	107	RIOMET	93

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

<i>risedronate</i>	78, 108, 109	SANDOSTATIN	25	SIMPONI ARIA	111
RISPERDAL	48, 49	SANTYL	75	SIMULECT	25
RISPERDAL CONSTA	48	<i>sapropterin</i>	91	<i>simvastatin</i>	62
<i>risperidone</i>	49	SAVELLA.....	110, 111	SINCALIDE	100
<i>risperidone microspheres</i>	49	<i>saxagliptin</i>	93	SINEMET	32
RITEFLO AEROCHAMBER	85	<i>saxagliptin-metformin</i>	93	<i>sirolimus</i>	25
<i>ritonavir</i>	7	<i>scalacort</i>	75	SIRTURO	13
<i>rivastigmine</i>	35	SCALACORT DK	75	SIVEXTRO	13
<i>rivastigmine tartrate</i>	35	SCEMBLIX.....	25	SKYLA.....	111
<i>rivelsa</i>	119	<i>scopolamine base</i>	100	SKYRIZI	63, 100
<i>rizatriptan</i>	33	SECUADO	49	<i>smoothlax</i>	100
R-NATAL OB	139	SEGLUROMET	93	<i>sodium chlor 0.9% bacteriostat</i>	78
ROBAXIN.....	36	SELECT-OB	139	<i>sodium chloride</i>	131, 135
ROBINUL	95	SELECT-OB (FOLIC ACID)	139	<i>sodium chloride 0.45 %</i>	135
ROBINUL FORTE	95	SELECT-OB + DHA	139	<i>sodium chloride 0.9 %</i>	78
ROCALTROL	91	<i>selegiline hcl</i>	32	<i>sodium chloride 3 % hypertonic</i>	135
ROCKLATAN	123	<i>selenium sulfide</i>	63	<i>sodium chloride 5 % hypertonic</i>	135
<i>roflumilast</i>	130	SELZENTRY	7	<i>sodium citrate-citric acid</i> ...	133
<i>ropinirole</i>	32	SEMGLEE(INSULIN GLARGINE-YFGN)	88	<i>sodium ferric gluconat-sucrose</i>	78
<i>rosadan</i>	68	SEMGLEE(INSULIN GLARG-YFGN)PEN	88	<i>sodium fluoride 5000 plus</i>	81
ROSDAN.....	68	<i>se-natal 19</i>	139	<i>sodium fluoride-pot nitrate</i> ...	81
ROSULA.....	68	<i>se-natal 19 chewable</i>	139	SODIUM OXYBATE	49
<i>rosula cleansing cloths</i>	68	SEROSTIM	103	<i>sodium phenylbutyrate</i>	78
<i>rosuvastatin</i>	61	<i>sertraline</i>	49	<i>sodium polystyrene sulfonate</i>	134
ROSZET.....	61	<i>setlakin</i>	119	<i>sodium,potassium,mag sulfates</i>	100
ROTARIX	107	<i>sevelamer carbonate</i>	134	SOHONOS	78
ROTATEQ VACCINE	107	<i>sevelamer hcl</i>	134	<i>solifenacin</i>	132
ROWASA.....	100	SEYSARA.....	16	SOLQUA 100/33	88
<i>roweepra</i>	30	<i>sf 81</i>	81	SOLIRIS	78
ROXICODONE	39	<i>sf 5000 plus</i>	81	SOLOSEC	13
ROZLYTREK	24	SFROWASA	100	SOLTAMOX	25
RUBRACA.....	24	<i>sharobel</i>	113	<i>soluvita</i>	139
RUCONEST.....	130	SHINGRIX (PF)	107	<i>soluvita a,c,d with fluoride</i> .	139
<i>rufinamide</i>	30	SIGNIFOR.....	25	SOMA.....	36
RYALTRIS	130	<i>sildenafil (pulm.hypertension)</i>	130	SOMATULINE DEPOT	25
RYBELSUS	85, 93	.....	130	SOMAVERT	91
RYCLORA.....	126	SILENOR	49	SOOLANTRA	68
RYDAPT	25	<i>silodosin</i>	133	<i>sorafenib</i>	25
RYKINDO	49	SILVADENE.....	64	SORBITOL.....	76
RYLAZE	25	<i>silver sulfadiazine</i>	64	SORBITOL-MANNITOL	76
RYTARY	32	SIMBRINZA	124	<i>sotalol</i>	52
RYVENT	126	SIMLANDI(CF)	111	SOTALOL	52
S		SIMLANDI(CF) AUTOINJECTOR	111	<i>sotalol af</i>	52
<i>sajazir</i>	130	<i>simliya (28)</i>	119	SOTYKTU	63
SALAGEN (PILOCARPINE)	81	<i>simpesse</i>	119		
<i>salsalate</i>	42	SIMPONI.....	111		
SANCUSO	100				
SANDIMMUNE	25				

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

SOTYLIZE.....	52	sulfacleanse 8-4.....	69	SLIM X2.....	86
SPACE CHAMBER.....	85	sulfadiazine.....	15	TABLOID.....	25
SPEVIGO.....	64	sulfamethoxazole-trimethoprim	15	TABRECTA.....	25
SPIKEVAX 2024-2025(12Y		.....	15	TACLONEX.....	64
UP)(PF).....	107	SULFAMYLON.....	70	tacrolimus.....	25, 65
spinosad.....	76	sulfasalazine.....	100	tadalafil.....	133
SPIRIVA RESPIMAT.....	131	sulfatrim.....	15	tadalafil (pulm. hypertension)	131
SPIRIVA WITH		sulindac.....	42	.....	131
HANDIHALER.....	131	SUMADAN.....	69	TAFINLAR.....	25
spironolactone.....	57	SUMADAN XLT.....	69	tafluprost (pf).....	124
spironolacton-		sumatriptan.....	33	TAGRISSE.....	25
hydrochlorothiaz.....	57	sumatriptan succinate.....	33	TAKE ACTION.....	119
SPORANOX.....	4	sumatriptan-naproxen.....	33	TAKHZYRO.....	131
sprintec (28).....	119	sunitinib malate.....	25	TALICIA.....	102
SPRITAM.....	30	SUNLENCA.....	7	TALTZ AUTOINJECTOR ..	64
SPRIX.....	42	SUNOSI.....	49	TALTZ AUTOINJECTOR (2	
SPRYCEL.....	25	super b maxi complex.....	139	PACK).....	64
sps (with sorbitol).....	134	super b-50 complex.....	139	TALTZ AUTOINJECTOR (3	
sronyx.....	119	super quintis.....	139	PACK).....	64
ssd.....	64	SUTENT.....	25	TALTZ SYRINGE.....	64
SSKI.....	83	syeda.....	119	TALZENNA.....	25
sss 10-5.....	68	SYLVANT.....	25	TAMIFLU.....	7
st joseph aspirin.....	42	SYMAX DUOTAB.....	95	tamoxifen.....	25
st. joseph aspirin.....	42	symax fastabs.....	95	tamsulosin.....	133
STEGLATRO.....	93	symax-sl.....	95	tanlor.....	36
STELARA.....	64	symax-sr.....	95	TAPERDEX.....	83
STIOLTO RESPIMAT.....	131	SYMBICORT.....	131	TARCEVA.....	25
STIVARGA.....	25	SYMBYAX.....	49	TARGADOX.....	16
stop smoking aid.....	79	SYMDEKO.....	131	TARGRETIN.....	25
STRENSIQ.....	91	SYMFI.....	7	tarina 24 fe.....	119
STREPTOMYCIN.....	13	SYMFI LO.....	7	tarina fe 1/20 (28).....	119
stress formula with iron.....	139	SYMLINPEN 120.....	93	taron-c dha.....	139
stress formula with iron(sulf)		SYMLINPEN 60.....	93	TARPEYO.....	83
.....	139	SYMPAZAN.....	30	TASIGNA.....	25
STRIVERDI RESPIMAT ..	131	SYMPROIC.....	100	tasimelteon.....	49
STROMECTOL.....	13	SYMTUZA.....	7	TASMAR.....	32
strong iodine.....	70, 135	SYNAGIS.....	7	tavaborole.....	72
SUBLOCADE.....	39	SYNALAR.....	75	TAVALISSE.....	60
subvenite.....	30	SYNALAR CREAM KIT	75	TAVNEOS.....	78
subvenite starter (blue) kit ...	30	SYNALAR OINTMENT KIT	75	tazarotene.....	69
subvenite starter (green) kit .	30	.....	75	tazicef.....	9
subvenite starter (orange) kit	30	SYNALAR TS.....	75	TAZVERIK.....	25
SUCRAID.....	100	SYNAREL.....	91	TDVAX.....	107
sucralfate.....	102	SYNDROS.....	100	TEFLARO.....	9
SULAR.....	57	SYNJARDY.....	93	TEGLUTIK.....	78
sulfacetamide sodium ...	64, 125	SYNJARDY XR.....	93	TEGRETOL.....	30
sulfacetamide sodium (acne)	70	SYPRINE.....	78	TEGRETOL XR.....	30
sulfacetamide sodium-sulfur	68,	T		telmisartan.....	57
69		T		telmisartan-amlodipine.....	57
sulfacetamide-prednisolone	125	FLEX.....	86		

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

<i>telmisartan-hydrochlorothiazid</i>	57	<i>tinidazole</i>	13	TRESIBA FLEXTOUCH U-100	88
<i>temazepam</i>	49	<i>tiopronin</i>	78	TRESIBA FLEXTOUCH U-200	88
TEMBEXA.....	7	<i>tiotropium bromide</i>	131	TRESIBA U-100 INSULIN	88
TEMODAR	25	<i>tis-u-sol pentalyte</i>	76	<i>tretinoin</i>	69
<i>temozolomide</i>	26	TIVICAY	7	<i>tretinoin (antineoplastic)</i>	26
<i>tencon</i>	39	TIVICAY PD	7	<i>tretinoin microspheres</i>	69
TENIVAC (PF)	107	<i>tizanidine</i>	36	TREXALL	26
<i>tenofovir disoproxil fumarate</i>	7	TOBI PODHALER	13	TREZIX	39
TENORETIC 100.....	57	TOBRADEX	124	<i>triamcinolone acetonide</i> 75, 81, 83	
TENORETIC 50.....	57	<i>tobramycin</i>	13, 121	<i>triamterene</i>	57
TENORMIN.....	57	<i>tobramycin in 0.225 % nacl</i>	13	<i>triamterene-hydrochlorothiazid</i>	57
<i>terazosin</i>	57	<i>tobramycin sulfate</i>	13	<i>triazolam</i>	49
<i>terbinafine hcl</i>	4	TOBRAMYCIN WITH NEBULIZER.....	13	TRICARE	139
<i>terbutaline</i>	131	<i>tobramycin-dexamethasone</i>	124	<i>tricon</i>	139
<i>terconazole</i>	114	TOBRAMYCIN-VANCOMYCIN	121	<i>triderm</i>	75
<i>teriflunomide</i>	51	TOBREX	121	<i>trientine</i>	78
<i>teriparatide</i>	109	TOLAK	65	TRIESENCE (PF)	83
TERIPARATIDE	109	<i>tolcapone</i>	32	<i>tri-estarylla</i>	119
TERSI FOAM	64	TOLECTIN 600	42	TRIFERIC	140
TESTOPEL	91	<i>tolmetin</i>	42	<i>trifluoperazine</i>	49
<i>testosterone</i>	91	<i>tolterodine</i>	133	<i>trifluridine</i>	121
TESTOSTERONE	91	<i>tolvaptan</i>	91	<i>trihexyphenidyl</i>	32
<i>testosterone cypionate</i>	91	TOPICORT	75	TRIJARDY XR	93
<i>testosterone enanthate</i>	91	<i>topiramate</i>	30, 31	TRIKAFTA	131
<i>tetrabenazine</i>	35	<i>topotecan</i>	26	<i>tri-legest fe</i>	119
<i>tetracaine hcl</i>	122	<i>toremifene</i>	26	<i>tri-linyah</i>	119
TETRACAINE HCL (PF).....	122	<i>torpenz</i>	26	TRILIPIX	62
<i>tetracycline</i>	16	<i>torse mide</i>	57	<i>tri-lo-estarylla</i>	119
TEXACORT.....	75	TOSYMRA	33	<i>tri-lo-marzia</i>	119
THALOMID.....	26	TOUJEO MAX U-300 SOLOSTAR	88	<i>tri-lo-mili</i>	119
THEO-24.....	131	TOUJEO SOLOSTAR U-300 INSULIN	88	<i>tri-lo-sprintec</i>	119
<i>theophylline</i>	131	<i>tovet emollient</i>	75	<i>trimethobenzamide</i>	100
THIOLA EC	78	TRACLEER	131	<i>trimethoprim</i>	17
<i>thioridazine</i>	49	<i>tramadol</i>	42	<i>tri-mili</i>	119
<i>thiothixene</i>	49	<i>tramadol-acetaminophen</i>	42	<i>trimipramine</i>	49
THRIVITE RX.....	139	<i>trandolapril</i>	57	TRIMO-SAN JELLY	114
THYMOGLOBULIN.....	107	<i>trandolapril-verapamil</i>	57	<i>trinatal rx 1</i>	140
<i>thyroid (pork)</i>	94	<i>tranexamic acid</i>	60, 114	<i>trinate</i>	140
<i>tiadylt er</i>	57	<i>tranylcypromine</i>	49	TRINTELLIX.....	49
<i>tiagabine</i>	30	<i>travoprost</i>	124	TRIPTODUR.....	26
TIAZAC	57	<i>trazodone</i>	49	<i>tri-sprintec (28)</i>	119
TIBSOVO.....	26	TRECATOR.....	13	TRISTART DHA	140
TICE BCG.....	107	TRELEGY ELLIPTA.....	131	TRIUMEQ	7
TIGAN	100	TREMFYA.....	64	TRIUMEQ PD.....	7
TIGLUTIK	78	TREMFYA PEN	64	<i>tri-vitamin with fluoride</i>	140
<i>tilia fe</i>	119	<i>treprostinil sodium</i>	57	<i>trivora (28)</i>	119
<i>timolol</i>	121				
<i>timolol maleate</i>	57, 121				
<i>timolol maleate (pf)</i>	121				

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

<i>tri-vylibra</i>	119	UROCIT-K 15.....	134	VENCLEXTA	26
<i>tri-vylibra lo</i>	119	<i>urogesic-blue</i>	134	VENCLEXTA STARTING	
TROKENDI XR.....	31	<i>uro-mp</i>	134	PACK	26
<i>tropicamide</i>	121	UROQID-ACID NO.2.....	134	<i>venlafaxine</i>	49
<i>trospium</i>	133	<i>uro-sp</i>	134	VENOFER.....	140
TRUDHESA.....	33	URSO FORTE.....	100	VENTAVIS	132
TRULANCE.....	100	<i>ursodiol</i>	100	<i>venxxiva</i>	78
TRULICITY	93	<i>uryl</i>	134	VEOZAH.....	115
TRUMENBA	107	UVADEX	66	<i>verapamil</i>	58
TRUQAP	26	UZEDY	49	VERELAN PM.....	58
TRUSTEX-RIA NON-LUB		V		VERQUVO.....	62
CONDOMS.....	111	<i>valacyclovir</i>	7	VERSACLOZ.....	49
TRYNGOLZA	62	VALCHLOR	66	VERZENIO	26
TUKYSA.....	26	VALCYTE	7	<i>vestura (28)</i>	119
<i>tulana</i>	113	<i>valganciclovir</i>	7	VEVYE.....	123
TURALIO	26	<i>valproate sodium</i>	31	VFEND.....	4
<i>turqoz (28)</i>	119	<i>valproic acid</i>	31	VFEND IV.....	4
TUXARIN ER.....	127	<i>valproic acid (as sodium salt)</i>		V-GO 20	86
TWIIST REFILL KT(CSST-		.....	31	V-GO 30	86
NDL-SYR)	86	<i>valsartan</i>	57	V-GO 40	87
TWIIST RFL(INFUS-CSST-		<i>valsartan-hydrochlorothiazide</i>		VIBATIV.....	17
NDL-SYR)	86	.....	57	VIBERZI	100
TWIIST STARTER KIT	86	VALTOCO.....	31	VIDAZA.....	26
TWINRIX (PF)	107	<i>valtya</i>	119	<i>vienna</i>	119
TWYNEO.....	69	<i>vanadom</i>	36	<i>vigabatrin</i>	31
TYBOST	7	VANCOCIN.....	17	<i>vigadrone</i>	31
TYENNE	111	<i>vancomycin</i>	17	VIGAMOX.....	121
TYENNE AUTOINJECTOR		<i>vandazole</i>	114	<i>vigpoder</i>	31
.....	111	VANOXIDE-HC	69	VIJOICE	26
TYKERB	26	<i>varenicline tartrate</i>	79	<i>vilazodone</i>	49
TYMLOS	109	VARIVAX (PF)	107	VIMIZIM.....	91
TYRVAYA	122	VARUBI.....	100	<i>vinblastine</i>	26
TYSABRI.....	35	VASCEPA.....	62	<i>vincasar pfs</i>	26
TYVASO.....	131	VASERETIC	57	<i>vincristine</i>	26
TYVASO DPI	131	VASOTEC.....	57	<i>vinorelbine</i>	26
TYVASO REFILL KIT	131	VAXELIS (PF).....	107	VIOKACE	100
TYVASO STARTER KIT	132	VAXNEUVANCE (PF)	107	<i>viorele (28)</i>	120
U		VCF CONTRACEPTIVE		VIRACEPT.....	7
UBRELVY	33	FILM	114	VIRAZOLE	7
UCERIS.....	100	VCF CONTRACEPTIVE GEL		VIREAD	7, 8
ULESFIA	76	.....	114	VISTOGARD	17
UNASYN	15	VECTIBIX	26	VITAFOL FE PLUS.....	140
<i>unithroid</i>	94	VECTICAL	64	VITAFOL GUMMIES	140
UNITUXIN	26	<i>veletri</i>	57	VITAFOL ULTRA.....	140
UPTRAVI.....	57	<i>velivet triphasic regimen (28)</i>		VITAFOL-OB	140
URELLE.....	133	.....	119	VITAFOL-OB+DHA	140
<i>uretron d-s</i>	133	VELPHORO.....	134	VITAFOL-ONE	140
URIBEL TABS	133	VELSIPITY	100	VITAMEDMD ONE RX	140
<i>urimar-t</i>	133	VELTASSA.....	78, 134	<i>vitamin b complex-folic acid</i>	
UROCIT-K 10.....	134	VEMLIDY.....	7	.....	140

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

vitamins a,c,d and fluoride .140	women's gentle laxative(bisac)	zaleplon.....50
VITRAKVI.....26	101	ZALTRAP.....27
VIVITROL.....42	wymzya fe.....120	ZANAFLEX.....36
VIVJOA.....4	WYNZORA.....64	ZANOSAR.....27
VIZIMPRO.....26	X	zarah.....120
VOGELXO.....91	XACIATO.....115	ZARONTIN.....31
volnea (28).....120	XALKORI.....27	zatean-pn dha.....140
VONJO.....26	XARELTO.....60	zatean-pn plus.....140
VOQUEZNA.....102	XARELTO DVT-PE TREAT	ZCORT.....83
VOQUEZNA DUAL PAK.102	30D START.....60	ZEJULA.....27
VOQUEZNA TRIPLE PAK	XCOPRI.....31	ZELBORAF.....27
.....102	XCOPRI MAINTENANCE	ZEMBRACE SYMTOUCH.33
VORANIGO.....26	PACK.....31	ZEMPLAR.....91
voriconazole.....4	XCOPRI TITRATION PACK	zenatane.....69
VORTEX HOLDING	31	ZENPEP.....101
CHAMBER.....85	XDEMVI.....123	zenzedi.....50
VOSEVI.....8	XELJANZ.....111	ZENZEDI.....50
VOTRIENT.....26	XELJANZ XR.....111	ZEPATIER.....8
VOWST.....100	XELODA.....27	ZEPOSIA.....35
VOXZOGO.....91	XENLETA.....13	ZEPOSIA STARTER KIT (28-
VOYDEYA.....78	XEPI.....70	DAY).....35
VRAYLAR.....49	XERMELO.....27	ZEPOSIA STARTER PACK
VTAMA.....64	XGEVA.....17	(7-DAY).....35
VUMERITY.....51	XHANCE.....132	ZERBAXA.....9
vyfemla (28).....120	XIFAXAN.....13	ZESTORETIC.....58
VYJUVEK.....66	XIGDUO XR.....93	ZESTRIL.....58
vylibra.....120	XIIDRA.....123	ZEVALIN (Y-90).....27
VYNDAMAX.....62	XIPERE (PF).....83	ZIAGEN.....8
VYNDAQEL.....62	XOFLUZA.....8	ZIANA.....69
VYVANSE.....49, 50	XOLAIR.....132	zidovudine.....8
VYVGART HYTRULO.....36	XOLREMDI.....103	ZIEXTENZO.....103
VYZULTA.....124	XOSPATA.....27	zileuton.....132
W	XTANDI.....27	zingiber.....140
WAKIX.....50	xulane.....115	ziprasidone hcl.....50
warfarin.....60	XURIDEN.....79	ZIRGAN.....121
water for irrigation, sterile...79	XYLOCAINE-	ZITHROMAX.....10
WELIREG.....26	MPF/EPINEPHRINE.....70	ZITHROMAX TRI-PAK.....10
wera (28).....120	XYOSTED.....91	ZITHROMAX Z-PAK.....10
wescap-c dha.....140	XYWAV.....50	ZOKINVY.....79
wescap-pn dha.....140	Y	ZOLADEX.....27
wesnatal dha complete.....140	YAZ (28).....120	ZOLINZA.....27
wesnate dha.....140	YERVOY.....27	zolmitriptan.....33
westab plus.....140	YONDELIS.....27	ZOLMITRIPTAN.....33
westgel dha.....140	YONSA.....27	zolpidem.....50
WIDE-SEAL DIAPHRAGM	YORVIPATH.....91	ZOMIG.....34
.....111	YUPELRI.....132	ZONALON.....66
WINREVAIR.....132	yuvafem.....113	zonisamide.....31
wintergreen oil.....66	Z	ZONTIVITY.....60
wixela inhub.....132	zafemy.....115	ZORTRESS.....27
	zafirlukast.....132	ZORYVE.....64

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

<i>zovia 1-35 (28)</i>	120	ZURZUVAE	50	ZYNYZ.....	27
ZOVIRAX.....	72	ZYDELIG.....	27	ZYPITAMAG.....	62
ZTALMY	31	ZYFLO	132	ZYPREXA.....	50
ZTLIDO	70	ZYKADIA.....	27	ZYPREXA RELPREVV	50
ZUBSOLV	42	ZYLOPRIM.....	108	ZYPREXA ZYDIS	50
<i>zumandimine (28)</i>	120	ZYMFENTRA.....	101	ZYVOX	13

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.