

4 Tier Formulary

2025 Formulary (List of Covered Drugs)

For ConnectiCare Plans purchased on Access Health CT (Connecticut Exchange)

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

This formulary was updated on **June 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 exchange or 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 June 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 142. 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 **1-800-251-7722** (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)។

જાનના: જો તમે ગુજરાતી બોલતા છો, 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.....	51
DERMATOLOGICALS/TOPICAL THERAPY	62
DIAGNOSTICS & MISCELLANEOUS AGENTS	75
EAR, NOSE & THROAT MEDICATIONS.....	79
ENDOCRINE/DIABETES	81
GASTROENTEROLOGY	93
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY	102
MUSCULOSKELETAL & RHEUMATOLOGY	107
OBSTETRICS & GYNECOLOGY.....	110
OPHTHALMOLOGY	120
RESPIRATORY, ALLERGY, COUGH & COLD	125
UROLOGICALS.....	132
VITAMINS, HEMATINICS & ELECTROLYTES	134
Index	142

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	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>	1	
<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	2	PA; LA; QL
EPCLUSA ORAL TABLET	2	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	2	PA; LA; QL
HARVONI ORAL TABLET	2	PA; LA; QL
INTELENCE ORAL TABLET 100 MG, 200 MG	4	*
INTELENCE ORAL TABLET 25 MG	4	
ISENTRESS HD ORAL TABLET	4	FF
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	2	QL
<i>lamivudine oral solution</i>	4	
<i>lamivudine oral tablet 100 mg</i>	1	
<i>lamivudine oral tablet 150 mg, 300 mg</i>	4	
<i>lamivudine-zidovudine oral tablet</i>	4	
LIVTENCITY ORAL TABLET	4	PA; QL
<i>lopinavir-ritonavir oral tablet</i>	4	FF
<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 150 MG (10)- 100 MG (10), 300 MG (150 MG X 2)- 100 MG	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

*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 capsule</i>	4	PA; LA
<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	
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	2	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
CEFTRIAXONE 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	
<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
<i>isoniazid 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>isoniazid oral solution</i>	1	
<i>isoniazid oral tablet</i>	1	
<i>ivermectin oral tablet 3 mg</i>	1	PA; QL
<i>ivermectin oral tablet 6 mg</i>	1	PA
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
STROMEKTOL 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	4	PA; FF; 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		
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
<i>doxycycline hyclate 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>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	
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 monohydrate/m-cryst oral capsule</i>	1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	1	
PRIMSOL ORAL SOLUTION	3	
<i>trimethoprim 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
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	2	
ETHYOL INTRAVENOUS RECON SOLN	3	*
KEPIVANCE INTRAVENOUS RECON SOLN 5.16 MG	4	
<i>leucovorin calcium injection recon soln</i>	1	
<i>leucovorin calcium injection solution</i>	1	
<i>leucovorin calcium oral tablet</i>	1	
<i>mesna intravenous solution</i>	1	
MESNEX INTRAVENOUS SOLUTION	3	*
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
<i>abirtega oral tablet</i>	1	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>	1	
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>	4	FF
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>	4	PA; FF; LA
<i>bicalutamide oral tablet</i>	1	
<i>bleomycin injection recon soln</i>	1	
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>	1	
BUSULFEX INTRAVENOUS SOLUTION	3	*
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>	1	
<i>carboplatin intravenous solution</i>	1	
CASODEX ORAL TABLET	3	*
CELLCEPT INTRAVENOUS INTRAVENOUS RECON SOLN	4	*
CELLCEPT ORAL CAPSULE	4	*
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION	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 TABLET	4	*
<i>cladribine intravenous solution</i>	1	
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>	1	
<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>	1	
<i>cytarabine injection solution</i>	1	
<i>dacarbazine intravenous recon soln</i>	1	
<i>dactinomycin intravenous recon soln</i>	1	
DANZITEN ORAL TABLET	4	PA
DARZALEX INTRAVENOUS SOLUTION	4	PA; LA
<i>dasatinib oral tablet</i>	4	PA; FF; LA; QL
DATROWAY INTRAVENOUS RECON SOLN	4	PA
<i>daunorubicin intravenous solution</i>	1	
DAURISMO ORAL TABLET	4	PA; LA; QL
<i>decitabine intravenous recon soln</i>	4	PA; LA
DOXIL INTRAVENOUS SUSPENSION	3	*
<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	3	*
ELLENCE INTRAVENOUS SOLUTION 50 MG/25 ML	3	
EMPLICITI INTRAVENOUS RECON SOLN	4	PA; LA
ENSPRYNG SUBCUTANEOUS SYRINGE	4	PA; LA
<i>epirubicin intravenous solution 200 mg/100 ml</i>	1	
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	2	
<i>etoposide intravenous solution</i>	1	
<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	3	PA; *
FEMARA ORAL TABLET	3	*
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN	4	PA; LA
<i>floxuridine injection recon soln</i>	1	
<i>fludarabine intravenous recon soln</i>	1	
<i>fludarabine intravenous solution</i>	1	
<i>fluorouracil intravenous solution</i>	1	
FOLOTYN INTRAVENOUS SOLUTION	4	PA; LA
FRUZAQLA ORAL CAPSULE	4	PA
<i>fulvestrant intramuscular syringe</i>	1	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	
GOMEKLI ORAL CAPSULE	4	PA
GOMEKLI ORAL TABLET FOR SUSPENSION	4	PA
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	3	*
<i>idarubicin intravenous solution</i>	1	
IDHIFA ORAL TABLET	4	PA; LA; QL
IFEX INTRAVENOUS RECON SOLN	3	*
<i>ifosfamide intravenous recon soln</i>	1	
<i>ifosfamide intravenous solution</i>	1	
<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
IMKELDI ORAL SOLUTION	4	PA
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

*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
ITOVEBI ORAL TABLET	4	PA; FF; LA
IWILFIN ORAL TABLET	4	PA
IXEMPRA INTRAVENOUS RECON SOLN	4	PA; LA
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	

*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>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
MEKINIST ORAL TABLET	4	PA; LA; QL
MEKTOVI ORAL TABLET	4	PA; LA; QL
<i>mercaptopurine oral suspension</i>	4	LA
<i>mercaptopurine oral tablet</i>	1	
<i>methotrexate sodium (pf) injection recon soln</i>	1	
<i>methotrexate sodium (pf) injection solution</i>	1	
<i>methotrexate sodium injection solution</i>	1	
<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>	4	FF
<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

*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
NINLARO ORAL CAPSULE	4	PA; LA; QL
NIPENT INTRAVENOUS RECON SOLN	3	
NUBEQA ORAL TABLET	4	PA; LA; QL
NULOJIX INTRAVENOUS RECON SOLN	4	
<i>octreotide acetate injection solution</i>	4	PA; LA
<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	2	PA
OPDIVO QVANTIG SUBCUTANEOUS SOLUTION	4	PA
ORGOVYX ORAL TABLET	4	PA; QL
ORSERDU ORAL TABLET	4	PA; QL
<i>oxaliplatin intravenous recon soln</i>	1	
<i>oxaliplatin intravenous solution</i>	1	
<i>paclitaxel intravenous concentrate</i>	1	
<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	2	
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	

*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
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
ROMVIMZA ORAL CAPSULE	4	PA
ROZLYTREK ORAL CAPSULE	4	PA; LA; QL
ROZLYTREK ORAL PELLETS IN PACKET	4	PA; LA; QL
RUBRACA ORAL TABLET	4	PA; FF; LA; QL
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
SCEMBLIX ORAL TABLET 100 MG	4	PA; FF; QL
SCEMBLIX ORAL TABLET 20 MG, 40 MG	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

*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
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
TARGRETIN TOPICAL GEL	4	PA; *; FF; LA
TASIGNA ORAL CAPSULE	4	PA; LA; QL
TAZVERIK ORAL TABLET	4	PA
TEMODAR INTRAVENOUS RECON SOLN	4	LA
<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>	1	
<i>vincasar pfs intravenous solution</i>	1	
<i>vincristine 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>vinorelbine intravenous solution</i>	1	
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
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
ZEJULA ORAL TABLET	4	PA; FF; LA; QL
ZELBORAF ORAL TABLET	4	PA; LA; QL
ZEVALIN (Y-90) INTRAVENOUS KIT	2	
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

*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>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	
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	

*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
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	*
<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
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	

*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>levetiracetam oral tablet extended release 24 hr</i>	1	
LEVETIRACETAM ORAL TABLET FOR SUSPENSION	3	ST
<i>methsuximide oral capsule</i>	1	
MYSOLINE ORAL TABLET	3	*
NAYZILAM NASAL SPRAY, NON-AEROSOL	2	PA; QL
<i>oxcarbazepine oral suspension</i>	1	
<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	
<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	*

*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
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
<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	

*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>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	
<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

*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
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	2	PA; QL
AJOVY SYRINGE SUBCUTANEOUS SYRINGE	2	PA; QL
<i>almotriptan malate oral tablet</i>	1	ST; FF; QL
<i>dihydroergotamine injection solution</i>	1	
<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	ST; FF; 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

*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
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
ZOMIG NASAL SPRAY, NON-AEROSOL 2.5 MG	2	ST; QL
ZOMIG NASAL SPRAY, NON-AEROSOL 5 MG	3	ST; *, QL
MISCELLANEOUS NEUROLOGICAL THERAPY		
ADLARITY 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, 24 MG, 6 MG	4	PA; LA; QL
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG, 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; FF; 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
EVRYSDI ORAL TABLET	4	PA; FF; 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

*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
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	
MEMANTINE ORAL TABLETS,DOSE PACK	3	
<i>memantine-donepezil oral capsule,sprinkle,er 24hr 14-10 mg, 28-10 mg</i>	1	ST; FF
<i>memantine-donepezil oral capsule,sprinkle,er 24hr 21-10 mg</i>	1	ST
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, 21-10 MG, 28-10 MG	3	ST; *
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 7-10 MG	2	ST
NUEDEXTA ORAL CAPSULE	2	PA
<i>ormarvi 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	

*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>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	
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	*

*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
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		
<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

*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>endocet oral tablet</i>	1	QL
<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
<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 100 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	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

*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
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
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG, 60 MG	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; *

*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
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 81 mg</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
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	

*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>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	
<i>indomethacin oral suspension</i>	1	ST
<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>lofedidine 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; *

*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
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 500 mg, 750 mg</i>	1	ST
<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>tolmetin oral tablet 600 mg</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

*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>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	
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED	3	
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	*

*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>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	
<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	

*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>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	
<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

*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>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
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

*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>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	
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	

*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>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	
<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

*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>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	*
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
<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	

*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>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; *
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 ORAL TABLET 20 MG	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

*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>dimethyl fumarate oral capsule,delayed release(dr/ec)</i>	1	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
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
PLEGRIDY INTRAMUSCULAR SYRINGE	4	PA; LA; QL
PLEGRIDY SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL
PLEGRIDY SUBCUTANEOUS SYRINGE	4	PA; LA; QL
PONVORY 14-DAY STARTER PACK ORAL TABLETS,DOSE PACK	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

*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
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	
<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	

*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
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	
<i>amlodipine-valsartan oral tablet</i>	1	
<i>amlodipine-valsartan-hctiazid 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 10 mg, 5 mg</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	

*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
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	
<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 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	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	

*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
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	
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	
INSPIRA 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	

*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>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>metirosine oral capsule</i>	1	PA
<i>minoxidil oral tablet</i>	1	
<i>moexipril oral tablet</i>	1	
<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-hcthiazyd 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

*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
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	
<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	

*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
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
<i>verapamil oral capsule, 24 hr er pellet ct</i>	1	ST; FF
<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	
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	

*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
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	*
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	

*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
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
PROMACTA ORAL TABLET	4	PA; LA
<i>protamine intravenous solution</i>	1	
<i>rivaroxaban oral tablet</i>	1	
TAVALISSE ORAL TABLET	4	PA; QL
<i>ticagrelor oral tablet 90 mg</i>	1	
<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	

*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>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	
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec)</i>	1	
<i>fenofibric acid oral tablet</i>	1	
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	*
QUESTRAN ORAL POWDER	3	ST; *
QUESTRAN ORAL POWDER IN PACKET	3	ST; *
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR	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
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
<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 PELLETT	2	FF; QL
<i>ivabradine oral tablet</i>	1	PA
<i>ranolazine oral tablet extended release 12 hr</i>	1	
VECAMYL ORAL TABLET	3	PA
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	

*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
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	*
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

*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
PRAMOSONE TOPICAL OINTMENT	3	ST
SELARSDI INTRAVENOUS SOLUTION	4	PA
SELARSDI SUBCUTANEOUS SYRINGE	4	PA; FF; QL
<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	4	PA; LA; QL
SOTYKTU ORAL TABLET	4	PA; LA; QL
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 INDUCTION PK-CROHN SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML	4	PA; LA
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	4	PA; FF; LA; QL
TREMFYA SUBCUTANEOUS AUTO- INJECTOR	4	PA; LA; QL
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	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
TREMFYA SUBCUTANEOUS SYRINGE 200 MG/2 ML	4	PA; FF; LA; QL
USTEKINUMAB-TTWE INTRAVENOUS SOLUTION	4	PA; LA
USTEKINUMAB-TTWE SUBCUTANEOUS SYRINGE	4	PA; FF; LA; QL
VECTICAL TOPICAL OINTMENT	3	*
VTAMA TOPICAL CREAM	2	PA; QL
WYNZORA TOPICAL CREAM	3	ST; QL
YESINTEK INTRAVENOUS SOLUTION	4	PA
YESINTEK SUBCUTANEOUS SOLUTION	4	PA; FF; QL
YESINTEK SUBCUTANEOUS SYRINGE	4	PA; FF; QL
ZORYVE TOPICAL CREAM 0.15 %	2	ST; QL
ZORYVE TOPICAL CREAM 0.3 %	3	PA; QL
ZORYVE TOPICAL FOAM	3	ST; QL
BURN THERAPY		
SILVADENE TOPICAL CREAM	3	*
<i>silver sulfadiazine topical cream</i>	1	
<i>ssd topical cream</i>	1	
MISCELLANEOUS DERMATOLOGICALS		
ADBRY SUBCUTANEOUS AUTO-INJECTOR	4	PA; FF; LA; QL
ADBRY SUBCUTANEOUS SYRINGE	4	PA; FF; 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

*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>fluorouracil topical cream 5 %</i>	1	
<i>fluorouracil topical solution</i>	1	
HYFTOR TOPICAL GEL	4	PA
<i>imiquimod topical cream in metered-dose pump</i>	1	
<i>imiquimod topical cream in packet</i>	1	
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	3	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	
UVADEX INJECTION SOLUTION	2	
VALCHLOR TOPICAL GEL	4	PA; LA
VYJUVEK TOPICAL GEL	4	PA
<i>wintergreen oil oil</i>	1	
ZONALON TOPICAL CREAM	3	ST; *, QL
THERAPY FOR ACNE		
ABSORICA ORAL CAPSULE	3	ST; *
<i>accutane oral capsule</i>	1	
ACZONE TOPICAL GEL	3	ST; *
ACZONE TOPICAL GEL WITH PUMP	3	ST; *
<i>adapalene topical cream</i>	1	
<i>adapalene topical gel 0.3 %</i>	1	
<i>adapalene topical gel with pump</i>	1	
ADAPALENE TOPICAL LOTION	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>adapalene topical solution</i>	1	
<i>adapalene-benzoyl peroxide topical gel with pump</i>	1	
AKLIEF TOPICAL CREAM	3	PA
ALTRENO TOPICAL LOTION	3	
<i>amnesteem oral capsule</i>	1	
AMZEEQ TOPICAL FOAM	3	ST
ARAZLO TOPICAL LOTION	3	PA
AVAR LS TOPICAL CLEANSER	3	ST
<i>avar topical cleanser</i>	1	
<i>azelaic acid topical gel</i>	1	
AZELEX TOPICAL CREAM	3	ST
BENZAMYCIN TOPICAL GEL	3	ST; *
BENZEPRO (MICROSPHERES) TOPICAL CLEANSER	3	ST; *
<i>benzepro topical towelette</i>	1	
<i>benzoyl peroxide topical cleanser 7 %</i>	1	
<i>benzoyl peroxide topical foam</i>	1	
<i>bp 10-1 topical cleanser</i>	1	ST
<i>brimonidine topical gel with pump</i>	1	PA
<i>claravis oral capsule</i>	1	
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	ST; FF; QL
<i>clindamycin phosphate topical foam</i>	1	ST; FF; 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	

*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>clindamycin-tretinoin topical gel</i>	1	
<i>dapsone topical gel 5 %</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; *
<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	*

*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
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	
<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	

*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
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	
<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	
NOLIRA TOPICAL CREAM	3	
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

*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
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	
<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

*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
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
<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

*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>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
<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	ST; FF
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
DERMA-SMOOTH/FS BODY OIL TOPICAL OIL	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
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	
<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	

*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>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
<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	
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

*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
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		
<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		
DIAGNOSTICS & MISCELLANEOUS AGENTS		
EUA PATIENT ASSESSMENT	2	
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	*

*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>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	*
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
EPYSQLI INTRAVENOUS SOLUTION	4	PA
EVOXAC ORAL CAPSULE	3	*
FABHALTA ORAL CAPSULE	4	PA
FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE	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
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
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	

*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 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
<i>venxxiva oral tablet, delayed release (dr/ec)</i>	4	PA
VOYDEYA ORAL TABLET	4	PA
<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

*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>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
<i>azelastine nasal spray, non-aerosol 205.5 mcg (0.15 %)</i>	1	
<i>chlorhexidine gluconate mucous membrane mouthwash</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	

*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
FRAICHE 5000 PREVI 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>paroex oral rinse mucous membrane mouthwash</i>	1	
PERIDEX MUCOUS MEMBRANE MOUTHWASH	3	*
<i>periogard mucous membrane mouthwash</i>	1	
<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	
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

*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>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
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 1.5 mg (21 tabs), 1.5 mg (35 tabs)</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>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	
<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

*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
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		
DEXCOM G6 RECEIVER	2	QL
DEXCOM G6 SENSOR DEVICE	2	QL
DEXCOM G6 TRANSMITTER DEVICE	2	QL
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	FF; 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

*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
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		
GLUCAGON HCL INJECTION RECON SOLN 1 MG/ML	3	
OMNIPOD 5 INTRO(G6/LIBRE2PLUS) SUBCUTANEOUS CARTRIDGE	2	FF; QL
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 HYPOPEN 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
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

*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
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	FF; QL
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	2	QL
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	2	QL
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	
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	

*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
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 ASPART U-100 SUBCUTANEOUS CARTRIDGE	3	
INSULIN ASPART U-100 SUBCUTANEOUS INSULIN PEN	3	
INSULIN ASPART U-100 SUBCUTANEOUS SOLUTION	3	
INSULIN GLARGINE-YFGN SUBCUTANEOUS INSULIN PEN	2	
INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION	2	
INSULIN LISPRO PROTAMIN-LISPRO SUBCUTANEOUS INSULIN PEN	2	
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN	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 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	
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN	3	QL
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	
<i>calcitriol 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
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	3	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
GONAL-F RFF REDI-JECT 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
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>	1	
PARICALCITOL HEMODIALYSIS PORT INJECTION SOLUTION	3	
<i>paricalcitol intravenous solution</i>	1	
<i>paricalcitol oral capsule</i>	1	ST
PREGNYL INTRAMUSCULAR 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
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	
ACTOPLUS MET ORAL TABLET	3	*; QL
ACTOS ORAL TABLET	3	*; 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
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR	2	PA; QL
CYCLOSET ORAL TABLET	3	
DUETACT ORAL TABLET	3	*; QL
<i>exenatide subcutaneous pen injector 10 mcg/dose(250 mcg/ml) 2.4 ml</i>	1	PA; 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 10 MG	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 750 mg</i>	1	ST; FF
<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	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	
GLYCATTE 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	
CTEXLI ORAL TABLET	4	PA
DICLEGIS ORAL TABLET,DELAYED RELEASE (DR/EC)	3	*; QL
<i>dimenhydrinate injection solution</i>	1	
DIPENTUM ORAL CAPSULE	3	
<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	

*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>dulcolax (magnesium hydroxide) oral suspension</i>	0	ACA; OTC
ENTYVIO INTRAVENOUS RECON SOLN	4	PA; LA
<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 %</i>	1	ST
<i>hydrocortisone-pramoxine rectal cream 2.5-1 % (4g)</i>	1	ST; No
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	

*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
LIDOCAINE HCL-HYDROCORTISON AC RECTAL GEL	3	
<i>lidocaine hcl-hydrocortison ac rectal kit</i>	1	
<i>lidocaine-hydrocortisone-aloe rectal gel</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	3	PA; *
<i>meclizine oral tablet</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	
OICALIVA 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; FF; QL
OMVOH SUBCUTANEOUS SYRINGE 100 MG/ML	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
OMVOH SUBCUTANEOUS SYRINGE 300MG/3ML(100MG /ML-200 MG/2ML)	4	PA; FF; QL
<i>ondansetron hcl (pf) injection solution</i>	1	
<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>onelax 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 10 mg/2 ml (5 mg/ml)</i>	1	No
<i>prochlorperazine edisylate injection solution 5 mg/ml</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	

*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>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
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	

*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
VARUBI ORAL TABLET	2	QL
VELSIPITY ORAL TABLET	4	PA; LA; QL
VIBERZI ORAL TABLET	2	
VIOKACE ORAL TABLET	2	
VOWST ORAL CAPSULE	4	
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 release 30 mg	1	ST; QL
dexlansoprazole oral capsule, biphase delayed release 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, 2.5 mg, 5 mg	1	ST; 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	

*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>famotidine intravenous solution</i>	1	
<i>famotidine oral suspension for reconstitution</i>	1	
<i>famotidine oral tablet 40 mg</i>	1	
<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	

*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, VACCINES & BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ARCALYST SUBCUTANEOUS RECON SOLN	4	PA; QL
FULPHILA SUBCUTANEOUS SYRINGE	4	PA; LA; QL
ILARIS (PF) SUBCUTANEOUS SOLUTION	4	PA; FF; LA; QL
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	4	PA; FF; LA
GENOTROPIN MINIQUICK 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	2	
PEGASYS SUBCUTANEOUS SOLUTION	4	LA; QL
PEGASYS SUBCUTANEOUS SYRINGE	4	LA; QL
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN	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
ACAM2000 (NATIONAL STOCKPILE) PERCUTANEOUS RECON SOLN	2	
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	2	PA
AUDENZ (NATIONAL STOCKPILE) INTRAMUSCULAR EMULSION	2	
AUDENZ(PF)(NATIONAL STOCKPILE) INTRAMUSCULAR SYRINGE	2	
BABYBIG INTRAVENOUS RECON SOLN	3	
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION	2	
BEXSERO INTRAMUSCULAR SYRINGE	0	ACA
BIVIGAM INTRAVENOUS SOLUTION	4	PA; LA
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE	0	ACA
BOTOX COSMETIC INTRAMUSCULAR RECON SOLN	3	
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

*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 (PF) INTRAMUSCULAR SUSPENSION	0	ACA
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE	0	ACA
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
GAMASTAN INTRAMUSCULAR SOLUTION	4	
GAMMAGARD LIQUID INJECTION SOLUTION	4	PA; LA
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN	4	PA; LA
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION	4	PA; LA
GAMMAPLEX INTRAVENOUS SOLUTION	4	PA; FF; LA
GAMUNEX-C INJECTION SOLUTION	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
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION	0	ACA
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE	0	ACA
GRASTEK SUBLINGUAL TABLET	2	PA
HEPAGAM B INJECTION SOLUTION	2	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE	0	ACA
HIBERIX (PF) INTRAMUSCULAR RECON SOLN	0	ACA
HYPERHEP B INTRAMUSCULAR SOLUTION	2	
HYPERHEP B NEONATAL INTRAMUSCULAR SYRINGE	2	
HYPERTET (PF) INTRAMUSCULAR SYRINGE	2	
HYQVIA SUBCUTANEOUS SOLUTION	4	PA; LA
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	3	
NOVAVAX COVID 2024-25(PF)(EUA) INTRAMUSCULAR SYRINGE	0	ACA
OCTAGAM INTRAVENOUS SOLUTION	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
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
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE	0	ACA
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	0	ACA
PRIVIGEN INTRAVENOUS SOLUTION	4	PA; LA
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

*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
TENIVAC (PF) INTRAMUSCULAR SUSPENSION	0	ACA
TENIVAC (PF) INTRAMUSCULAR SYRINGE	0	ACA
THYMOGLOBULIN INTRAVENOUS RECON SOLN	4	
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION	2	
TRUMENBA INTRAMUSCULAR SYRINGE	0	ACA
TWINRIX (PF) INTRAMUSCULAR SYRINGE	0	ACA
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	0	ACA
VARIZIG INTRAMUSCULAR SOLUTION	2	
VAXELIS (PF) INTRAMUSCULAR SUSPENSION	0	ACA
VAXELIS (PF) INTRAMUSCULAR SYRINGE	0	ACA
VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE	0	ACA
VIMKUNYA INTRAMUSCULAR SYRINGE	0	ACA

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

*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
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
<i>risedronate oral tablet, delayed release (dr/ec)</i>	1	QL
<i>teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)</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

*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
ADALIMUMAB-RYVK SUBCUTANEOUS AUTO-INJECTOR, KIT	4	PA; QL
ADALIMUMAB-RYVK SUBCUTANEOUS SYRINGE KIT	4	PA; QL
ARAVA ORAL TABLET	3	*; QL
AURANOFIN ORAL CAPSULE	2	
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
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

*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
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
SAVELLA ORAL TABLETS,DOSE PACK	2	ST; QL
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	4	PA; LA; QL
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	4	PA; QL
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 80 MG/0.8 ML	4	PA; QL
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	4	PA; LA; 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

*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
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
FEMCAP VAGINAL DEVICE 22 MM	0	ACA
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		
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 %	4	FF; 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

*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
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	4	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	
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

*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>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	
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	

*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>miconazole-3 vaginal suppository</i>	1	
MIFEPREX ORAL TABLET	3	
<i>mifepristone oral tablet 200 mg</i>	1	
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
OSPHENA ORAL TABLET	3	
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
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

*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>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
<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>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

*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>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
<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

*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>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
<i>low-ogestrel (28) oral tablet</i>	0	ACA
<i>lo-zumandimine (28) oral tablet</i>	0	ACA
<i>lutra (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-linyah oral tablet</i>	0	ACA
<i>my choice oral tablet</i>	0	ACA; OTC
<i>my way 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>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 0.8mg-25mcg(24) and 75 mg (4)</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
<i>option-2 oral tablet</i>	0	ACA; OTC
<i>philith oral tablet</i>	0	ACA
<i>pimtrea (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

*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>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
<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
<i>xarah fe oral tablet</i>	0	ACA
<i>xelria 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

*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>oxytocin injection solution</i>	1	
PITOCIN INJECTION SOLUTION	3	*
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	*
<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	

*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
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	
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	

*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
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
VEVYE OPHTHALMIC (EYE) DROPS	3	PA; QL
XDEMVIY OPHTHALMIC (EYE) DROPS	4	QL
XIIDRA OPHTHALMIC (EYE) DROPPERETTE	2	PA; QL
ZERVATE OPHTHALMIC (EYE) DROPPERETTE	3	ST
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	

*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
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
<i>ketorolac ophthalmic (eye) drops</i>	1	
PROLENSA OPHTHALMIC (EYE) DROPS	3	ST; *; FF
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
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	*

*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>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	
STERIODS		
<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) OINTMENT	3	ST
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL	3	ST
<i>loteprednol etabonate ophthalmic (eye) drops,gel</i>	1	ST; FF
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %</i>	1	ST
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	1	ST; FF
PRED FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION	3	*
<i>prednisolone acetate ophthalmic (eye) drops,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>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
CLARINEX ORAL TABLET	3	*; QL
<i>clemastine oral syrup</i>	1	
<i>clemastine oral tablet</i>	1	
<i>cypheptadine oral syrup</i>	1	
<i>cypheptadine 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	

*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>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 1 MG/SPRAY (0.1 ML)	2	
NEFFY NASAL SPRAY,NON-AEROSOL 2 MG/SPRAY (0.1 ML)	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	
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	FF; QL
CODITUSSIN AC ORAL LIQUID	3	FF; QL
CODITUSSIN DAC ORAL LIQUID	3	FF; QL
<i>g tussin ac oral liquid</i>	1	FF; 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
HISTEX-AC ORAL SYRUP	3	FF; QL
HYCODAN (WITH HOMATROPINE) ORAL SOLUTION	3	*; FF; QL
HYCODAN (WITH HOMATROPINE) ORAL TABLET	3	*; FF; QL
<i>hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr</i>	1	FF; QL
<i>hydrocodone-homatropine oral solution 5-1.5 mg/5 ml</i>	1	FF; QL
<i>hydrocodone-homatropine oral tablet</i>	1	FF; QL
<i>hydromet oral solution</i>	1	FF; QL
MAR-COF CG ORAL LIQUID	3	FF; QL
<i>maxi-tuss ac oral liquid</i>	1	FF; QL
MAXI-TUSS CD ORAL LIQUID	3	FF; QL
NINJACOF-XG ORAL LIQUID	3	FF; QL
POLY-TUSSIN AC ORAL LIQUID	3	FF; QL
<i>promethazine-codeine oral syrup</i>	1	FF; QL
<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	FF; QL
PULMONARY AGENTS		
ACCOLATE ORAL TABLET	3	*
<i>acetylcysteine solution</i>	1	
ADEMPAS ORAL TABLET	4	PA; LA; QL
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	

*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>albuterol sulfate oral tablet</i>	1	
<i>albuterol sulfate oral tablet extended release 12 hr</i>	1	
ALYFTREK ORAL TABLET	4	PA; FF; LA; QL
<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>breynga inhalation hfa aerosol inhaler</i>	1	PA; QL
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER	2	QL
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	

*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
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 10 MG/0.5 ML	4	PA; FF; LA; QL
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	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
<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

*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
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
<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

*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
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
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

*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
XHANCE NASAL AEROSOL BREATH ACTIVATED	2	ST; QL
XOLAIR SUBCUTANEOUS AUTO-INJECTOR	4	PA; LA; QL
XOLAIR SUBCUTANEOUS RECON SOLN	4	PA; LA; QL
XOLAIR SUBCUTANEOUS SYRINGE	4	PA; 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

PULMONARY DEVICES

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	
AEROVENT PLUS SPACER	2	
BREATHERITE MDI SPACER SPACER	2	
COMPACT SPACE CHAMBER SPACER	2	
EASIVENT HOLDING CHAMBER SPACER	2	
FLEXICHAMBER SPACER	2	
LITEAIRE MDI CHAMBER SPACER	2	
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	
SPACE CHAMBER SPACER	2	
VORTEX HOLDING CHAMBER SPACER	2	

UROLOGICALS

ANTICHOLINERGICS & ANTISPASMODICS

*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>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	
<i>tolterodine oral capsule,extended release 24hr</i>	1	
<i>tolterodine oral tablet</i>	1	
<i>tropium oral capsule,extended release 24hr</i>	1	
<i>tropium 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; *
JALYN ORAL CAPSULE, ER MULTIPHASE 24 HR	3	ST; *
PROSCAR ORAL TABLET	3	ST; *
<i>silodosin oral capsule</i>	1	
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	1	PA; QL
<i>tamsulosin oral capsule</i>	1	

CHOLINERGIC STIMULANTS

<i>bethanechol chloride oral tablet</i>	1	
---	---	--

MISCELLANEOUS UROLOGICALS

*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>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>mb caps oral capsule</i>	1	
<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	
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		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	1	
VITAMINS, HEMATINICS & ELECTROLYTES		
ELECTROLYTES		
AURYXIA ORAL TABLET	3	
<i>calcium acetate(phosphat bind) oral capsule</i>	1	QL
<i>calcium acetate(phosphat bind) 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
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	3	
<i>effe-r-k oral tablet, effervescent 25 meq</i>	1	
GALZIN ORAL CAPSULE	4	FF
<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>lanthanum oral tablet,chewable</i>	1	QL
LOKELMA ORAL POWDER IN PACKET	2	QL
<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	
RENVELA ORAL POWDER IN PACKET	3	*; QL
RENVELA 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 chloride 0.45 % intravenous parenteral solution</i>	1	
<i>sodium chloride 3 % hypertonic intravenous parenteral 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>sodium chloride 5 % hypertonic intravenous parenteral solution</i>	1	
<i>sodium chloride intravenous solution</i>	1	
<i>sodium polystyrene sulfonate oral powder</i>	1	
<i>sps (with sorbitol) oral suspension</i>	1	
<i>sps (with sorbitol) rectal enema</i>	1	
<i>strong iodine oral solution</i>	1	
VELPHORO ORAL TABLET,CHEWABLE	2	QL
VELTASSA ORAL POWDER IN PACKET 1 GRAM	2	
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 8.4 GRAM	2	QL
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	
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	

*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>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	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	1	
FA-8 ORAL CAPSULE	3	OTC
<i>flotrex oral tablet,chewable</i>	0	ACA; 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
<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

*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>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
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	
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

*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>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	
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	*

*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
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-50 complex oral capsule</i>	0	ACA; OTC
<i>super quints 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
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	

*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>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>	3	
<i>abacavir-lamivudine</i>	3	
ABELCET.....	2	
ABILIFY ASIMTUFII.....	42	
ABILIFY MAINTENA.....	42	
<i>abiraterone</i>	16	
<i>abirtega</i>	16	
ABRAXANE.....	16	
ABRYSVO (PF).....	102	
ABSORICA.....	65	
ACAM2000 (NATIONAL STOCKPILE).....	103	
<i>acamprosate</i>	76	
<i>acarbose</i>	90	
ACCOLATE.....	127	
ACCRUFER.....	136	
ACCUPRIL.....	51	
ACCURETIC.....	51	
<i>accutane</i>	65	
ACE AEROSOL CLOUD ENHANCER.....	132	
<i>acebutolol</i>	51	
<i>acetaminophen-caff-dihydrocod</i>	36	
<i>acetaminophen-codeine</i>	36	
<i>acetazolamide</i>	123	
<i>acetazolamide sodium</i>	123	
<i>acetic acid</i>	76, 81	
<i>acetylcysteine</i>	127	
<i>acitretin</i>	62	
ACTEMRA.....	108	
ACTEMRA ACTPEN.....	108	
ACTHAR.....	81	
ACTHAR SELFJECT.....	81	
ACTHIB (PF).....	103	
ACTIMMUNE.....	102	
ACTIVELLA.....	111	
ACTONEL.....	107	
ACTOPLUS MET.....	90	
ACTOS.....	90	
ACULAR.....	122	
ACULAR LS.....	122	
<i>acyclovir</i>	3, 71	
ACZONE.....	65	
ADACEL(TDAP ADOLESN/ADULT)(PF).....	103	
ADALIMUMAB-ADAZ.....	108	
ADALIMUMAB-ADBM.....	108	
ADALIMUMAB-ADBM(CF) PEN CROHNS.....	108	
ADALIMUMAB-ADBM(CF) PEN PS-UV.....	108	
ADALIMUMAB-RYVK ..	109	
<i>adapalene</i>	65, 66	
ADAPALENE.....	65	
<i>adapalene-benzoyl peroxide</i>	66	
ADASUVE.....	42	
ADBRY.....	64	
ADCETRIS.....	16	
<i>adefovir</i>	3	
ADEMPAS.....	127	
<i>adenosine</i>	51	
ADLARITY.....	33	
<i>adrucil</i>	16	
<i>adthyza</i>	92	
<i>adult aspirin regimen</i>	38	
ADVAIR DISKUS.....	127	
ADVAIR HFA.....	127	
ADZENYS XR-ODT.....	42	
AEROCHAMBER MECHANICAL VENT..	132	
AEROCHAMBER MINI ..	132	
AEROCHAMBER PLUS FLOW-VU.....	132	
AEROCHAMBER PLUS Z STAT.....	132	
AEROTRACH PLUS.....	132	
AEROVENT PLUS.....	132	
<i>afirmelle</i>	114	
AFLURIA TRIV 2024-2025.....	103	
AFLURIA TRIV 2024-2025 (PF).....	103	
<i>after pill</i>	114	
AFTERA.....	114	
AGRYLIN.....	76	
AIMOVIG AUTOINJECTOR.....	31	
AIRSUPRA.....	127	
AJOVY AUTOINJECTOR..	32	
AJOVY SYRINGE.....	32	
AKLIEF.....	66	
AKTEN (PF).....	121	
<i>ala-cort</i>	71	
ALA-SCALP.....	71	
<i>albendazole</i>	9	
<i>albuterol sulfate</i>	127, 128	
ALCAINE.....	121	
<i>alclometasone</i>	71	
ALDACTONE.....	52	
ALDURAZYME.....	87	
ALECENSA.....	16	
<i>alendronate</i>	107	
ALFERON N.....	102	
<i>alfuzosin</i>	133	
ALINIA.....	9	
<i>aliskiren</i>	52	
ALKERAN.....	16	
<i>allopurinol</i>	107	
<i>allopurinol sodium</i>	107	
<i>almotriptan malate</i>	32	
<i>aloprim</i>	107	
<i>alosetron</i>	94	
ALPHAGAN P.....	125	
<i>alprazolam</i>	42	
<i>alprazolam intensol</i>	42	
<i>alprostadil</i>	134	
ALTABAX.....	69	
<i>altacaine</i>	121	
ALTACE.....	52	
ALTAFLUOR BENOX.....	121	
<i>altavera (28)</i>	114	
ALTRENO.....	66	
ALUNBRIG.....	16	
<i>alyacen 1/35 (28)</i>	114	
<i>alyacen 7/7/7 (28)</i>	114	
ALYFTREK.....	128	
<i>alyq</i>	128	
<i>amantadine hcl</i>	3	
AMBISOME.....	2	
<i>ambrisentan</i>	128	
<i>amcinonide</i>	71	
<i>amethia</i>	114	
<i>amethyst (28)</i>	114	
AMICAR.....	57	
<i>amikacin</i>	9	
<i>amiloride</i>	52	

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

<i>amiloride-hydrochlorothiazide</i>	ARAVAL.....	109	AUGMENTIN.....	13
.....	ARAZLO.....	66	AUGMENTIN ES-600.....	13
<i>aminocaproic acid</i>	ARCALYST.....	102	AUGMENTIN XR.....	13
<i>aminophylline</i>	AREXVY (PF).....	103	AUGTYRO.....	17
<i>amiodarone</i>	<i>arformoterol</i>	128	AURANOFIN.....	109
<i>amitriptyline</i>	ARICEPT	33	<i>aurovela 1.5/30 (21)</i>	115
<i>amitriptyline-chlordiazepoxide</i>	ARIKAYCE	9	<i>aurovela 1/20 (21)</i>	115
.....	<i>aripiprazole</i>	42	<i>aurovela 24 fe</i>	115
<i>amlodipine</i>	ARISTADA.....	42	<i>aurovela fe 1.5/30 (28)</i>	115
<i>amlodipine-atorvastatin</i>	ARISTADA INITIO.....	42	<i>aurovela fe 1-20 (28)</i>	115
<i>amlodipine-benazepril</i>	ARIXTRA	57	AURYXIA.....	134
<i>amlodipine-olmesartan</i>	<i>armodafinil</i>	42	AUSTEDO	33
<i>amlodipine-valsartan</i>	ARMOUR THYROID	92	AUSTEDO XR.....	33
<i>amlodipine-valsartan-hcthiacid</i>	ARNUITY ELLIPTA.....	128	AUSTEDO XR TITRATION	
.....	AROMASIN.....	16	KT(WK1-4)	33
<i>amnestem</i>	ARRANON	16	AUTOJECT 2 INJECTION	
<i>amoxapine</i>	ARTHROTEC 50	39	DEVICE	84
<i>amoxicil-clarithromy-</i>	ARTHROTEC 75.....	39	AUTOPEN 1 TO 21 UNITS	84
<i>lansopraz</i>	<i>ascomp with codeine</i>	36	AUVELITY.....	43
<i>amoxicillin</i>	ASCOR.....	136	AUVI-Q.....	125
<i>amoxicillin-pot clavulanate</i> ..	<i>ascorbic acid (vitamin c)</i>	136	<i>avar</i>	66
AMPHADASE.....	<i>asenapine maleate</i>	42	AVAR LS	66
<i>amphetamine sulfate</i>	<i>ashlyna</i>	115	<i>aviane</i>	115
<i>amphotericin b</i>	ASMANEX HFA	128	<i>avidoxy</i>	14
<i>amphotericin b liposome</i>	ASMANEX TWISTHALER		AVIDOXY DK.....	14
<i>ampicillin</i>.....	.....	128	AVONEX	49
<i>ampicillin sodium</i>	<i>aspirin</i>	39	AVYCAZ	7
<i>ampicillin-sulbactam</i>	<i>aspirin childrens</i>	39	<i>ayuna</i>	115
AMZEEQ.....	<i>aspirin-dipyridamole</i>	57	AYVAKIT.....	17
ANAFRANIL.....	ASTAGRAF XL.....	17	<i>azacitidine</i>	17
<i>anagrelide</i>	<i>atazanavir</i>	3	AZACTAM	9
ANALPRAM-HC.....	ATELVIA.....	108	AZASAN.....	17
ANAPROX DS	<i>atenolol</i>	52	AZASITE	120
<i>anas paz</i>	<i>atenolol-chlorthalidone</i>	52	<i>azathioprine</i>	17
<i>anastrozole</i>	ATGAM	103	<i>azathioprine sodium</i>	17
ANCOBON	ATIVAN.....	42	<i>azelaic acid</i>	66
ANGELIQ.....	<i>atomoxetine</i>	43	<i>azelastine</i>	79, 121
ANNOVERA	<i>atorvastatin</i>	59	<i>azelastine-fluticasone</i>	128
ANORO ELLIPTA	<i>atovaquone</i>	9	AZELEX.....	66
<i>anucort-hc</i>	<i>atovaquone-proguanil</i>	9	AZILECT	30
<i>apexicon e</i>	<i>atracurium</i>	34	<i>azithromycin</i>	8
<i>apomorphine</i>	<i>atropine</i>	93, 121	AZSTARYS	43
<i>apraclonidine</i>	ATROVENT HFA	128	<i>aztreonam</i>	9
<i>aprepitant</i>	ATTRUBY	61	AZULFIDINE	95
APRETUDE.....	<i>aubra</i>	115	AZULFIDINE EN-TABS	95
<i>apri</i>	<i>aubra eq</i>	115	<i>azurette (28)</i>	115
APRISO.....	AUDENZ (NATIONAL		B	
APTIOM	STOCKPILE)	103	<i>b complex 1 (with folic acid)</i>	
APTIVUS.....	AUDENZ(PF)(NATIONAL		.....	136
<i>aranelle (28)</i>	STOCKPILE)	103	<i>b complex 100</i>	136

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

<i>b complex-vitamin c-folic acid</i>	136	<i>besser</i>	72	BRILINTA	57
BABYBIG	103	BETADINE OPHTHALMIC PREP	120	<i>brimonidine</i>	66, 125
<i>bacitracin</i>	9, 120	<i>betaine</i>	95	BRIMONIDINE- DORZOLAMIDE	123
<i>bacitracin-polymyxin b</i>	120	<i>betamethasone dipropionate</i> 72		<i>brimonidine-timolol</i>	123
<i>baclofen</i>	34, 35	<i>betamethasone valerate</i>	72	<i>brinzolamide</i>	123
BACTRIM.....	14	<i>betamethasone, augmented</i> ..	72	BRIVIACT	26
BACTRIM DS	14	BETAPACE	51	BRIXADI	36
BAFIERTAM.....	49	BETAPACE AF	51	BROMFED DM	126
<i>balanced b-100</i>	136	BETASERON	49	<i>bromfenac</i>	122
<i>bal-care dha</i>	136	<i>betaxolol</i>	52, 121	<i>bromocriptine</i>	30, 31
BAL-CARE DHA ESSENTIAL.....	136	<i>bethanechol chloride</i>	133	<i>brompheniramine-pseudoeph-</i> <i>dm</i>	126
<i>balsalazide</i>	95	BETHKIS	10	BRONCHITOL	128
BALVERSA.....	17	BETOPTIC S.....	121	BROVANA	128
<i>balziva (28)</i>	115	<i>bexarotene</i>	17	BRUKINSA.....	17
BAQSIMI	84	BEXSERO.....	103	BRYHALI	72
BARACLUDE	3	BEYAZ.....	115	<i>budesonide</i>	95, 128
BASAGLAR KWIKPEN U- 100 INSULIN.....	85	BEYFORTUS.....	3	<i>budesonide-formoterol</i>	128
BASAGLAR TEMPO PEN(U- 100)INSLN.....	85	<i>bicalutamide</i>	17	<i>bumetanide</i>	52
BAVENCIO	17	BICILLIN C-R	13	BUPHENYL.....	76
BAXDELA.....	14	BICILLIN L-A	13	<i>bupivacaine-epinephrine (pf)</i>	69
<i>bayer low dose aspirin</i>	39	BIKTARVY	3	<i>buprenorphine</i>	36
BCG VACCINE, LIVE (PF)	103	BILTRICIDE.....	10	<i>buprenorphine hcl</i>	36
<i>b-complex with vitamin c</i>	136	<i>bimatoprost</i>	123	<i>buprenorphine-naloxone</i>	39
BD INTEGRA NEEDLE	84	BINOSTO.....	108	<i>bupropion hcl</i>	43
BD MICROTAINER LANCET	84	<i>bismuth subcit k-metronidz-tcn</i>	100	<i>bupropion hcl (smoking deter)</i>	78
BD SPECIALTY USE NEEDLES	84	<i>bisoprolol fumarate</i>	52	<i>buspirone</i>	43
BELBUCA	36	<i>bisoprolol-hydrochlorothiazide</i>	52	<i>busulfan</i>	17
BELEODAQ	17	BIVIGAM	103	BUSULFEX	17
<i>belladonna alkaloids-opium</i> ..	93	<i>bleomycin</i>	17	<i>butalbital-acetaminop-caf-cod</i>	36
BELSOMRA	43	BLINCYTO.....	17	<i>butalbital-acetaminophen</i>	36
<i>benazepril</i>	52	<i>blisovi 24 fe</i>	115	<i>butalbital-acetaminophen-caff</i>	36
<i>benazepril-hydrochlorothiazide</i>	52	<i>blisovi fe 1.5/30 (28)</i>	115	<i>butalbital-aspirin-caffeine</i>	36
BENLYSTA.....	109	<i>blisovi fe 1/20 (28)</i>	115	<i>butorphanol</i>	39
BENZAMYCIN	66	BLOXIVERZ	35	BYDUREON BCISE.....	91
<i>benzepril</i>	66	BOOSTRIX TDAP.....	103	BYLVAY	95
BENZEPRO (MICROSPHERES).....	66	<i>bosentan</i>	128	C	
BENZNIDAZOLE	10	BOSULIF	17	<i>cabergoline</i>	87
<i>benzonatate</i>	126	BOTOX COSMETIC	103	CABLIVI.....	57
<i>benzoyl peroxide</i>	66	<i>bp 10-1</i>	66	CABOMETYX.....	17
<i>benztropine</i>	30	BRAFTOVI.....	17	CADUET.....	59
<i>bepotastine besilate</i>	121	BREATHERITE MDI SPACER.....	132	<i>caffeine citrate</i>	76
		BREO ELLIPTA	128	<i>calcipotriene</i>	62
		BREXAFEMME	2	<i>calcipotriene-betamethasone</i>	62
		<i>breyna</i>	128	<i>calcitonin (salmon)</i>	87
		BREZTRI AEROSPHERE.....	128	<i>calcitriol</i>	62, 87
		<i>brriellyn</i>	115		

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

<i>calcium acetate(phosphat bind)</i>	CASODEX	CHANTIX STARTING
..... 134	CATAPRES-TTS-1.....	MONTH BOX.....
CALQUENCE	CATAPRES-TTS-2.....	<i>charlotte 24 fe</i>
(ACALABRUTINIB MAL)	CATAPRES-TTS-3.....	<i>chateal eq (28)</i>
..... 17	CAYA CONTOURED	CHEMET.....
CAMBIA.....	CAYSTON	CHENODAL
<i>camila</i>	<i>caziant (28)</i>	<i>chloramphenicol sod succinate</i>
<i>camrese</i>	<i>cefaclor</i>	 10
<i>camrese lo</i>	<i>cefadroxil</i>	<i>chlordiazepoxide hcl</i>
CAMZYOS	<i>cefдинир</i>	<i>chlordiazepoxide-clidinium</i> ..
<i>candesartan</i>	<i>cefepime</i>	<i>chlorhexidine gluconate</i>
<i>candesartan-</i> <i>hydrochlorothiazid</i>	CEFEPIME IN DEXTROSE 5 %.....	<i>chloroprocaine (pf)</i>
<i>capecitabine</i>	<i>cefepime in dextrose,iso-osm</i> ..	<i>chloroquine phosphate</i>
CAPEX.....	<i>cefixime</i>	<i>chlorothiazide sodium</i>
CAPLYTA	CEFOTAN.....	<i>chlorpromazine</i>
CAPRELSA	<i>cefotaxime</i>	<i>chlorthalidone</i>
<i>captopril</i>	<i>cefotetan</i>	<i>chlorzoxazone</i>
<i>captopril-hydrochlorothiazide</i>	<i>cefoxitin</i>	CHOLBAM
..... 52	<i>cefoxitin in dextrose, iso-osm</i> .	<i>cholestyramine (with sugar)</i> .
CAPVAXIVE.....	<i>cefpodoxime</i>	<i>cholestyramine light</i>
CARBAGLU.....	<i>cefprozil</i>	CHORIONIC
<i>carbamazepine</i>	<i>ceftazidime</i>	GONADOTROPIN,
CARBAMAZEPINE.....	<i>ceftriaxone</i>	HUMAN
CARBATROL.....	CEFTRIAZONE	 88
<i>carbidopa</i>	<i>ceftriaxone in dextrose,iso-os</i> .	CIBINQO
<i>carbidopa-levodopa</i>	<i>cefuroxime axetil</i>	 64
<i>carbidopa-levodopa-</i> <i>entacapone</i>	<i>cefuroxime sodium</i>	<i>ciclodan</i>
..... 31	<i>celecoxib</i>	 70
<i>carbinoxamine maleate</i>	CELLCEPT	CICLODAN KIT
..... 125	 17, 18	 70
CARBINOXAMINE	CELLCEPT INTRAVENOUS	<i>ciclopirox</i>
MALEATE.....	 17	<i>ciclopirox-ure-camph-menth-</i> <i>euc</i>
<i>carboplatin</i>	CELONTIN	 70
..... 17	 27	<i>cidofovir</i>
CARDIZEM.....	CENTANY	 3
..... 52	 70	<i>cilostazol</i>
CARDIZEM CD	CENTANY AT.....	 57
..... 52	 69	CIMDUO
CARDIZEM LA.....	<i>cephalexin</i>	 3
..... 52	 8	<i>cimetidine</i>
CARDURA	CEPROTIN (BLUE BAR) ...	 100
..... 52	 57	<i>cimetidine hcl</i>
CARDURA XL	CEPROTIN (GREEN BAR) 57	 100
..... 52	 57	<i>cinacalcet</i>
<i>carglumic acid</i>	CEQUA	 88
..... 76	 122	CINRYZE.....
<i>carisoprodol</i>	CEQUR SIMPLICITY	 128
..... 35	 84	CIPRO
<i>carisoprodol-aspirin</i>	CERDELGA.....	 14
..... 35	 88	<i>ciprofloxacin</i>
<i>carisoprodol-aspirin-codeine</i>	CEREBYX	 14, 81, 120
..... 35	 27	<i>ciprofloxacin hcl</i>
CARNITOR	CEREZYME	 14, 81, 120
..... 76	 88	<i>ciprofloxacin in 5 % dextrose</i>
CARNITOR (SUGAR-FREE)	CERVIDIL	 14
..... 76	 113	<i>ciprofloxacin-dexamethasone</i>
<i>carteolol</i>	<i>cetrorelix</i>	 81
..... 121	 88	<i>citalopram</i>
<i>cartia xt</i>	CETROTIDE.....	 43
..... 52	<i>cevimeline</i>	<i>citrate of magnesia</i>
<i>carvedilol</i>	CHANTIX	 95
..... 52	 78	<i>citroma</i>
<i>carvedilol phosphate</i>	CHANTIX CONTINUING MONTH BOX.....	<i>cladribine</i>
..... 52	 78	 18
		<i>claravis</i>
		 66
		CLARINEX.....
		 125
		CLARINEX-D 12 HOUR ..
		 126

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

<i>clarithromycin</i>	8	<i>colesevelam</i>	59	CYCLOGYL	121
<i>classic prenatal</i>	136	COLESTID.....	59	CYCLOMYDRIL.....	125
<i>clearlax</i>	95	<i>colestipol</i>	59	<i>cyclopentolate</i>	121
<i>clemastine</i>	125	<i>colistin (colistimethate na)</i> ...	10	<i>cyclophosphamide</i>	18
CLEOCIN	113	COLY-MYCIN M		CYCLOPHOSPHAMIDE	18
CLEOCIN HCL	10	PARENTERAL	10	<i>cycloserine</i>	10
CLEOCIN PEDIATRIC.....	10	COMBIGAN	123	CYCLOSET	91
CLEOCIN T	66	COMBIPATCH.....	111	<i>cyclosporine</i>	18, 122
CLIMARA	111	COMBIVENT RESPIMAT	128	<i>cyclosporine modified</i>	18
<i>clindacin</i>	66	COMETRIQ	18	CYKLOKAPRON	58
<i>clindacin etz</i>	66	COMIRNATY 2024-25 (12Y		CYLTEZO(CF)	109
CLINDACIN ETZ.....	66	UP)(PF)	103	CYLTEZO(CF) PEN.....	109
<i>clindacin p</i>	66	COMPACT SPACE		CYLTEZO(CF) PEN	
CLINDACIN PAC	66	CHAMBER	132	CROHN'S-UC-HS	109
<i>clindamycin hcl</i>	10	COMPAZINE.....	95	CYLTEZO(CF) PEN	
<i>clindamycin pediatric</i>	10	<i>complete natal dha</i>	137	PSORIASIS-UV	109
<i>clindamycin phosphate</i> .66, 113		<i>compro</i>	95	<i>cyproheptadine</i>	125
<i>clindamycin-benzoyl peroxide</i>		CONCEPT DHA	137	<i>cyred</i>	115
.....	66	CONCEPT OB	137	<i>cyred eq</i>	115
<i>clindamycin-tretinoin</i>	67	CONSENSI	53	CYSTAGON	134
CLINDESSE	113	<i>constulose</i>	95	CYSTARAN.....	122
CLINPRO 5000.....	79	COPAXONE	49	<i>cytarabine</i>	18
<i>clobazam</i>	27	COPIKTRA	18	<i>cytarabine (pf)</i>	18
<i>clobetasol</i>	72	CORDRAN TAPE LARGE		CYTOGAM.....	103
<i>clobetasol-emollient</i>	72	ROLL.....	72	CYTOTEC.....	100
CLOBEX.....	72	COREG CR.....	53	D	
<i>clocortolone pivalate</i>	72	CORTANE-B	64	<i>dabigatran etexilate</i>	58
<i>clodan</i>	72	CORTEF.....	81	<i>dacarbazine</i>	18
CLODAN KIT.....	72	CORTENEMA	95	<i>dactinomycin</i>	18
<i>clomid</i>	88	<i>cortisone</i>	81	<i>dalfampridine</i>	33
<i>clomiphene citrate</i>	88	CORTISPORIN-TC	81	DALVANCE	10
<i>clomipramine</i>	43	CORTROSYN.....	81	<i>danazol</i>	88
<i>clonazepam</i>	27	<i>cosyntropin</i>	81	DANTRIUM.....	35
<i>clonidine</i>	53	COTELLIC.....	18	<i>dantrolene</i>	35
<i>clonidine hcl</i>	43, 53	COTEMPLA XR-ODT	43	DANZITEN.....	18
<i>clopidogrel</i>	57	<i>covaryx</i>	111	<i>dapsone</i>	10, 67
<i>clorazepate dipotassium</i>	43	<i>covaryx h.s.</i>	111	DAPTACEL (DTAP	
<i>clotrimazole</i>	2, 70	CRENESSITY	88	PEDIATRIC) (PF).....	103
<i>clotrimazole-betamethasone</i>	70	CREON	95	DARAPRIM	10
<i>clozapine</i>	43	CRESEMBA	2	<i>darifenacin</i>	133
CLOZARIL	43	CREXONT	31	<i>darunavir</i>	4
<i>c-nate dha</i>	136	CRINONE	111	DARZALEX.....	18
COARTEM	10	<i>cromolyn</i>	95, 122, 128	<i>dasatinib</i>	18
<i>codeine sulfate</i>	36	<i>crotan</i>	75	<i>dasetta 1/35 (28)</i>	115
<i>codeine-butalbital-asa-caff</i> ..	36	<i>cryselle (28)</i>	115	<i>dasetta 7/7/7 (28)</i>	115
<i>codeine-guaifenesin</i>	126	CTEXTLI.....	95	DATROWAY	18
CODITUSSIN AC	126	CUVITRU	103	<i>daunorubicin</i>	18
CODITUSSIN DAC.....	126	<i>cyanocobalamin (vitamin b-12)</i>		DAURISMO.....	18
COLAZAL	95	.....	137	DAYPRO.....	39
<i>colchicine</i>	107	<i>cyclobenzaprine</i>	35	<i>daysee</i>	115

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

DAYTRANA	43	dexamethasone sodium phos (pf)	82	diphenhydramine hcl ..	125, 126
DAYVIGO	43	dexamethasone sodium phosphate.....	82, 124	diphenoxylate-atropine	93
DDAVP	88	dexchlorpheniramine maleate	125	DIPROLENE (AUGMENTED)	73
deblitane	111	DEXCOM G6 RECEIVER ..	83	dipyridamole.....	58
decitabine	18	DEXCOM G6 SENSOR	83	DISALCID	39
deferasirox.....	76	DEXCOM G6 TRANSMITTER	83	diskets	36
deferiprone	76	DEXCOM G7 RECEIVER ..	83	disopyramide phosphate	51
deflazacort.....	81	DEXCOM G7 SENSOR	83	disulfiram.....	76
DELESTROGEN	111	DEXEDRINE SPANSULE ..	43	DIURIL.....	53
demeclocycline	14	dexlansoprazole.....	100	divalproex	27
DEMEROL	36	dexmethylphenidate	43, 44	dodex.....	137
DEMEROL (PF)	36	dextroamphetamine sulfate...44		dofetilide	51
DEMSER.....	53	dextroamphetamine- amphetamine	44	DOJOLVI	136
DENAVIR.....	71	DIACOMIT	27	dolishale	115
DENG VAXIA (PF).....	103	dialyvite 800	137	donepezil.....	33
denta 5000 plus	79	diazepam.....	27, 44	DONNATAL	93
denta 5000 plus sensitive.....	79	diazepam intensol	44	DOPTLET (15 TAB PACK)	58
dentagel	79	diazoxide.....	84	dorzolamide	123
DEPAKOTE.....	27	DIBENZYLINE	53	dorzolamide-timolol	123
DEPAKOTE ER.....	27	dichlorphenamide	33	dorzolamide-timolol (pf).....	123
DEPEN TITRATABS	109	DICLEGIS.....	95	dotti.....	112
DEPO-ESTRADIOL	111	diclofenac potassium	39	DOVATO	4
DEPO-MEDROL	81	diclofenac sodium...39, 64, 122		doxazosin	53
DEPO-PROVERA	111	diclofenac-misoprostol	39	doxepin	44, 64
DEPO-SUBQ PROVERA 104	112	dicloxacillin	13	doxercalciferol.....	88
DEPO-TESTOSTERONE...88		dicyclomine.....	93	DOXIL.....	18
dermacinrx lidocan	69	DIFFERIN	67	doxorubicin, peg-liposomal ..	18
DERMA-SMOOTH/FS BODY OIL	72	DIFICID	8	doxy-100	14
DERMA-SMOOTH/FS SCALP OIL	73	diflorasone.....	73	doxycycline hyclate.....	14, 15
DERMOTIC OIL	81	DIFLUCAN.....	2	doxycycline monohydrate	15
DESCOVY	4	diflunisal	39	doxylamine-pyridoxine (vit b6)	95
desipramine	43	difluprednate	124	dronabinol	95
desloratadine	125	digoxin	57	droperidol	95
desmopressin	88	dihydroergotamine	32	drospirenone-e.estradiol-lm.fa	115
DESMOPRESSIN.....	88	DILANTIN	27	drospirenone-ethinyl estradiol	115
desog-e.estradiol/e.estradiol	115	DILANTIN EXTENDED....	27	DROXIA.....	18
desonide.....	73	DILANTIN INFATABS	27	droxidopa.....	76
DESOWEN	73	DILANTIN-125.....	27	DUAVEE.....	112
desoximetasone	73	DILAUDID	36	DUETACT	91
DESOXYN.....	43	diltiazem	53	dulcolax (magnesium hydroxide).....	96
DESVENLAFAXINE	43	dilt-xr	53	DULERA	129
desvenlafaxine succinate	43	dimenhydrinate	95	duloxetine	44
dexabliss	81	dimethyl fumarate.....	50	DUOBRII	73
dexamethasone	81	DIPENTUM	95	DUOPA	31
dexamethasone intensol.....	81	DIPHEN	125		

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

DUPIXENT PEN	64	ELIXOPHYLLIN	129	<i>epitol</i>	27
DUPIXENT SYRINGE	64	ELLA	116	EPIVIR	4
DUREX AVANTI BARE		ELLENCE	19	<i>eplerenone</i>	53
REAL FEEL	111	ELMIRON	134	<i>eprosartan</i>	53
DUREX TROPICAL		<i>eluryng</i>	113	EPSOLAY	67
CONDOM	111	EMGALITY PEN	32	EPYSQLI	76
<i>dutasteride</i>	133	EMGALITY SYRINGE	32	EQUETRO	28
<i>dutasteride-tamsulosin</i>	133	EMPAVELI	76	ERAXIS(WATER DILUENT)	
DYMISTA	129	EMPLICITI	19	.....	2
DYRENIUM	53	EMSAM	44	ERBITUX	19
DYSPORT	103	<i>emtricitabine</i>	4	<i>ergocalciferol (vitamin d2)</i>	137
E		<i>emtricitabine-tenofovir (tdf)</i>	4	<i>ergoloid</i>	44
<i>e.e.s. 400</i>	8	EMTRIVA	4	ERGOMAR	32
E.E.S. GRANULES	8	EMVERM	10	<i>ergotamine-caffeine</i>	32
EASIVENT HOLDING		<i>emzahh</i>	112	<i>eribulin</i>	19
CHAMBER	132	<i>enalapril maleate</i>	53	ERIVEDGE	19
EBGLYSS PEN	64	<i>enalaprilat</i>	53	ERLEADA	19
EBGLYSS SYRINGE	64	<i>enalapril-hydrochlorothiazide</i>		<i>erlotinib</i>	19
EC-NAPROSYN	39	.....	53	ERMEZA	92
<i>econazole nitrate</i>	70	ENBREL	109	<i>errin</i>	112
<i>econtra ez</i>	115	ENBREL MINI	109	ERVEBO(PF)(NATIONAL	
<i>econtra one-step</i>	115	ENBREL SURECLICK	109	STOCKPILE)	104
<i>ecotrin low strength</i>	39	ENDARI	76	ERWINASE	19
EDECRIN	53	<i>endocet</i>	37	<i>ery pads</i>	67
<i>ed-spaz</i>	93	ENDOMETRIN	112	<i>erygel</i>	67
EDURANT	4	ENGERIX-B (PF)	104	ERYPED 200	8
<i>eemt</i>	112	ENGERIX-B PEDIATRIC		ERYPED 400	9
<i>eemt hs</i>	112	(PF)	104	<i>ery-tab</i>	9
<i>efavirenz</i>	4	<i>enilloring</i>	113	ERY-TAB	9
<i>efavirenz-emtricitabin-tenofov</i> 4		<i>enoxaparin</i>	58	ERYTHROCIN	9
<i>efavirenz-lamivu-tenofov disop</i>		<i>enpresse</i>	116	<i>erythrocine (as stearate)</i>	9
.....	4	<i>enskyce</i>	116	<i>erythromycin</i>	9, 120
<i>effek-k</i>	135	ENSPRYNG	19	<i>erythromycin ethylsuccinate</i>	9
EFFER-K	135	ENSTILAR	62	<i>erythromycin lactobionate</i>	9
EFFIENT	58	<i>entacapone</i>	31	<i>erythromycin with ethanol</i>	67
EFUDEX	64	<i>entecavir</i>	4	<i>erythromycin-benzoyl peroxide</i>	
EGRIFTA SV	102	ENTRESTO	61	.....	67
ELAPRASE	88	ENTRESTO SPRINKLE	61	ERZOFRI	44
ELEPSIA XR	27	ENTYVIO	96	<i>escitalopram oxalate</i>	44
<i>eletriptan</i>	32	<i>enulose</i>	96	<i>esomeprazole magnesium</i>	100
ELIGARD	18	EPCLUSA	4	<i>esomeprazole sodium</i>	100
ELIGARD (3 MONTH)	18	EPIDIOLEX	27	<i>estarylla</i>	116
ELIGARD (4 MONTH)	18	EPIDUO FORTE	67	<i>estazolam</i>	44
ELIGARD (6 MONTH)	18	EPIFOAM	62	ESTRACE	112
ELIMITE	75	<i>epinastine</i>	122	<i>estradiol</i>	112
<i>elinest</i>	116	<i>epinephrine</i>	126	<i>estradiol valerate</i>	112
ELIQUIS	58	EPINEPHRINE HCL (PF)	126	<i>estradiol-norethindrone acet</i>	
ELIQUIS DVT-PE TREAT		EPIPEN	126	.....	112
30D START	58	EPIPEN JR	126	ESTRATEST F.S.	112
ELITEK	16	<i>epirubicin</i>	19	ESTRATEST H.S.	112

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

<i>estrogens-methyltestosterone</i>	<i>famotidine (pf)-nacl (iso-os)</i>	FLOLIPID
..... 112	 100	60
<i>eszopiclone</i>	FANAPT	FLOMAX
44	44	133
<i>ethacrynate sodium</i>	FARESTON	<i>flotrex</i>
53	19	137
<i>ethacrynic acid</i>	FARXIGA	<i>floxuridine</i>
53	91	19
<i>ethambutol</i>	FASENRA.....	FLUAD TRIV 2024-25(65Y
10	129	UP)(PF).....
<i>ethosuximide</i>	FASENRA PEN	104
28	129	FLUARIX TRIV 2024-2025
<i>ethynodiol diac-eth estradiol</i>	FASLODEX	(PF).....
..... 116	19	104
ETHYOL	FC2 FEMALE CONDOM .	FLUBLOK TRIV 2024-2025
16	111	(PF).....
<i>etodolac</i>	<i>febuxostat</i>	104
39, 40	107	FLUCELVAX TRIV 2024-
<i>etonogestrel-ethinyl estradiol</i>	<i>feirza</i>	2025
..... 113	116	104
ETOPOPHOS.....	<i>felbamate</i>	FLUCELVAX TRIV 2024-
19	28	2025 (PF).....
<i>etoposide</i>	FELBATOL.....	104
19	28	<i>fluconazole</i>
<i>etravirine</i>	<i>felodipine</i>	2
4	53	<i>flucytosine</i>
EUA PATIENT	<i>fem ph</i>	2
ASSESSMENT	FEMARA	<i>fludarabine</i>
75	19	19
EUCRISA.....	FEMCAP	<i>fludrocortisone</i>
64	111	82
EUFLEXXA.....	<i>fenofibrate</i>	FLULAVAL TRIV 2024-2025
40	60	(PF).....
EULEXIN.....	<i>fenofibrate micronized</i>	104
19	60	FLUMADINE.....
EURAX	<i>fenofibrate nanocrystallized</i> .	4
75	60	FLUMIST TRIVALENT
<i>euthyrox</i>	<i>fenofibric acid</i>	2024-2025.....
92	60	104
EVAMIST	<i>fenofibric acid (choline)</i>	<i>flunisolide</i>
112	40	129
<i>everolimus (antineoplastic)</i> ..	<i>fenoprofen</i>	<i>fluocinolone</i>
19	40	73
<i>everolimus</i>	<i>fentanyl</i>	<i>fluocinolone acetone oil</i>
(immunosuppressive).....	<i>fentanyl citrate</i>	81
19	37	<i>fluocinolone and shower cap</i> 73
EVISTA.....	FERRIPROX	<i>fluocinonide</i>
108	77	73
EVOCLIN	FERRIPROX (2 TIMES A	<i>fluocinonide-e</i>
67	DAY).....	73
EVOTAZ	FERRLECIT.....	FLUORESC EIN-
4	77	BENOXINATE
EVOXAC	<i>fesoterodine</i>	122
76	133	<i>fluorescein-proparacaine</i> ...
EVRYSDI	FETZIMA.....	122
33	44	<i>fluoride (sodium)</i>
EXELDERM	FEXMID.....	79, 137
70	35	FLUORIDEX DAILY
EXELON PATCH.....	FIBRICOR.....	DEFENSE.....
33	60	79
<i>exemestane</i>	FINACEA.....	FLUORIDEX SENSITIVITY
19	67	RELIEF.....
<i>exenatide</i>	<i>finasteride</i>	79
91	133	FLUORIMAX 5000
EXPAREL (PF).....	<i>ingolimid</i>	79
69	50	FLUORIMAX 5000
EXTENCILLINE	<i>inzala</i>	SENSITIVE
13	116	79
EXTINA	FIORICET	<i>fluorometholone</i>
70	37	124
EYSUVIS	FIORICET WITH CODEINE	<i>fluorouracil</i>
124	 37	19, 65
<i>ezetimibe</i>	FIRDAPSE	<i>fluoxetine</i>
59	33	44, 45
<i>ezetimibe-simvastatin</i>	FIRMAGON KIT W	<i>fluphenazine decanoate</i>
60	DILUENT SYRINGE	45
F	 19	<i>fluphenazine hcl</i>
FA-8	<i>flac otic oil</i>	45
137	81	<i>flurandrenolide</i>
FABHALTA.....	<i>flavoxate</i>	73
76	133	<i>flurazepam</i>
FABRAZYME	FLEBOGAMMA DIF	45
88	104	<i>flurbiprofen</i>
<i>falmina (28)</i>	<i>flecainide</i>	40
116	51	<i>flurbiprofen sodium</i>
<i>famciclovir</i>	FLECTOR	122
4	40	<i>fluticasone propionate</i>
<i>famotidine</i>	FLEXICHAMBER.....	73
101	132	
<i>famotidine (pf)</i>	FLOLAN	
100	54	

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

<i>fluticasone propion-salmeterol</i> 129	FREESTYLE LIBRE 3 READER .....83	<i>gemmily</i>.....116
<i>fluvastatin</i> 60	FREESTYLE LIBRE 3 SENSOR.....83	GEMTESA .....133
<i>fluvoxamine</i> .....45	FREESTYLE LITE METER83	<i>generlac</i> .....96
FLUZONE HIGH-DOSE TRIV 24-25 104	FREESTYLE LITE STRIPS 83	<i>gengraf</i>.....20
FLUZONE TRIV 2024-2025 104	FREESTYLE PRECISION NEO STRIPS.....84	GENOTROPIN.....102
FLUZONE TRIV 2024-2025 (PF).....104	FREESTYLE TEST .....84	GENOTROPIN MINIQUEEK .....102
FML LIQUIFILM 124	FROVA .....32	<i>gentamicin</i> .....10, 70, 120
<i>folic acid</i>.....137	<i>frovatriptan</i>.....32	<i>gentamicin in nacl (iso-osm)</i> 10
<i>folitab</i> .....137	FRUZAQLA.....19	GENTAMICIN IN NACL (ISO-OSM).....10
<i>folivane-ob</i>.....137	<i>full spectrum b-vitamin c</i> ....137	<i>gentamicin sulfate (ped) (pf)</i> 10
FOLLISTIM AQ .....88	FULPHILA.....102	GENTEEL VACUUM LANCING DEVICE .....84
FOLOTYN .....19	<i>fulvestrant</i> .....19	<i>gentle laxative (bisacodyl)</i>....96
<i>foltabs 800</i> .....137	FURADANTIN .....15	<i>gentle laxative (mag hydrox)</i> 96
<i>fondaparinux</i> .....58	<i>furosemide</i> .....54	<i>gentlelax</i> .....96
<i>formoterol fumarate</i> .....129	FUZEON .....4	GENVOYA .....4
FORTEO .....108	<i>fyavolv</i> .....112	GEODON .....45
FOSAMAX .....108	FYCOMPA.....28	GILOTRIF .....20
FOSAMAX PLUS D.....108	<i>fyremadel</i> .....88	<i>glatiramer</i> .....50
<i>fosamprenavir</i>.....4	G	<i>glatopa</i> .....50
<i>fosfomycin tromethamine</i> ....15	<i>g tussin ac</i> .....126	GLEOSTINE .....20
<i>fosinopril</i> .....54	<i>gabapentin</i> .....28	GLIADEL WAFER.....20
<i>fosinopril-hydrochlorothiazide</i> .....54	GALAFOLD .....88	<i>glimepiride</i>.....91
<i>fosphephenytoin</i> .....28	<i>galantamine</i> .....33	<i>glipizide</i> .....91
FRAGMIN .....58	<i>gallifrey</i> .....112	<i>glipizide-metformin</i>.....91
<i>fraiche 5000</i>.....79	GALZIN .....135	GLOPERBA .....107
FRAICHE 5000 PREVI .....80	GAMASTAN .....104	<i>glucagon emergency kit</i> (human).....84
FREESTYLE FREEDOM ...83	GAMMAGARD LIQUID ..104	GLUCAGON HCL.....84
FREESTYLE FREEDOM LITE .....83	GAMMAGARD S-D (IGA < 1 MCG/ML) .....104	GLUCOTROL XL.....91
FREESTYLE INSULINX....83	GAMMAPLEX .....104	<i>glutamine (sickle cell)</i>.....77
FREESTYLE INSULINX TEST STRIPS .....83	GAMMAPLEX (WITH SORBITOL) .....104	<i>glyburide</i>.....91
FREESTYLE LIBRE 14 DAY READER.....83	GAMUNEX-C.....104	<i>glyburide micronized</i> .....91
FREESTYLE LIBRE 14 DAY SENSOR .....83	<i>ganirelix</i>.....88	<i>glyburide-metformin</i> .....91
FREESTYLE LIBRE 2 PLUS SENSOR .....83	GARDASIL 9 (PF).....105	GLYCATATE .....93
FREESTYLE LIBRE 2 READER.....83	GASTROCROM .....96	<i>glycopyrrolate</i>.....93
FREESTYLE LIBRE 2 SENSOR .....83	<i>gatifloxacin</i> .....120	GLYXAMBI.....91
FREESTYLE LIBRE 3 PLUS SENSOR .....83	GATTEX 30-VIAL .....96	GOLYTELY .....96
	<i>gavilax</i> .....96	GOMEKLI.....20
	<i>gavilyte-c</i> .....96	GONAL-F.....89
	<i>gavilyte-g</i> .....96	GONAL-F RFF .....89
	<i>gavilyte-n</i> .....96	GONAL-F RFF REDI-JECT88
	GAVRETO .....19	GONITRO .....61
	GAZYVA .....20	GRALISE .....28
	<i>gefatinib</i>.....20	<i>granisetron hcl</i>.....96
	GELCLAIR .....80	GRASSTK .....105
	<i>gemfibrozil</i>.....60	<i>griseofulvin microsize</i>.....2
		<i>griseofulvin ultramicrosize</i> ....2

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

<i>guanfacine</i>	45, 54	HUMALOG KWIKPEN		<i>hydroxyurea</i>	20
GVOKE	84	INSULIN	85	<i>hydroxyzine hcl</i>	126
GVOKE HYOPEN 2-PACK		HUMALOG MIX 50-50		<i>hydroxyzine pamoate</i>	126
.....	84	KWIKPEN.....	86	HYFTOR	65
GVOKE PFS 2-PACK		HUMALOG MIX 75-25		HYLENEX	77
SYRINGE	84	KWIKPEN.....	86	<i>hyoscyamine sulfate</i>	93, 94
GYNAZOLE-1.....	113	HUMALOG MIX 75-25(U-		<i>hyosyne</i>	94
H		100)INSULN	86	HYPERHEP B.....	105
HAEGARDA	129	HUMALOG TEMPO PEN(U-		HYPERHEP B NEONATAL	
<i>hailey</i>	116	100)INSULN	86	.....	105
<i>hailey 24 fe</i>	116	HUMALOG U-100 INSULIN		HYPER-SAL	129
<i>hailey fe 1.5/30 (28)</i>	116	.....	86	HYPERTET (PF).....	105
<i>hailey fe 1/20 (28)</i>	116	HUMATIN	10	HYQVIA	105
HALAVEN.....	20	HUMULIN 70/30 U-100		HYRIMOZ PEN CROHN'S-	
<i>halcinonide</i>	73	INSULIN	86	UC STARTER.....	109
HALCION	45	HUMULIN 70/30 U-100		HYRIMOZ PEN PSORIASIS	
HALDOL DECANOATE ...	45	KWIKPEN.....	86	STARTER	109
<i>halobetasol propionate</i>	74	HUMULIN N NPH INSULIN		HYRIMOZ(CF).....	109
<i>haloette</i>	113	KWIKPEN.....	86	HYRIMOZ(CF) PEDI	
HALOG	74	HUMULIN N NPH U-100		CROHN STARTER	109
<i>haloperidol</i>	45	INSULIN	86	HYRIMOZ(CF) PEN	109
<i>haloperidol decanoate</i>	45	HUMULIN R REGULAR U-		HYSINGLA ER.....	37
<i>haloperidol lactate</i>	45	100 INSULN	86	I	
HARVONI	4	HUMULIN R U-500 (CONC)		<i>ibandronate</i>	108
<i>heather</i>	112	INSULIN	86	IBRANCE.....	20
HECTOROL.....	89	HUMULIN R U-500 (CONC)		<i>ibu</i>	40
HEMANGEOL	54	KWIKPEN.....	86	<i>ibuprofen</i>	40
HEMGENIX.....	58	HYCAMTIN	20	<i>ibuprofen-famotidine</i>	40
<i>hemmorex-hc</i>	96	HYCODAN (WITH		<i>icatibant</i>	129
<i>hep flush-10 (pf)</i>	58	HOMATROPINE).....	127	<i>iclevia</i>	116
HEPAGAM B	105	<i>hydralazine</i>	54	ICLUSIG	20
<i>heparin (porcine)</i>	58	HYDREA	20	<i>icosapent ethyl</i>	60
<i>heparin (porcine) in 5 % dex</i>	58	<i>hydrochlorothiazide</i>	54	IDAMYCIN PFS	20
<i>heparin (porcine) in nacl (pf)</i>		<i>hydrocodone bitartrate</i>	37	<i>idarubicin</i>	20
.....	58	<i>hydrocodone-acetaminophen</i>	37	IDHIFA.....	20
<i>heparin lock flush (porcine)</i> .	58	<i>hydrocodone-</i>		IFEX	20
<i>heparin lockflush(porcine)(pf)</i>		<i>chlorpheniramine</i>	127	<i>ifosfamide</i>	20
.....	58	<i>hydrocodone-homatropine</i> .	127	IHEEZO (PF).....	122
<i>heparin, porcine (pf)</i>	58	<i>hydrocodone-ibuprofen</i>	37	ILARIS (PF)	102
HEPARIN, PORCINE (PF) .	58	<i>hydrocortisone</i>	74, 82, 96	ILEVRO	123
HEPLISAV-B (PF)	105	<i>hydrocortisone acetate</i>	96	<i>imatinib</i>	20
<i>her style</i>	116	<i>hydrocortisone butyrate</i>	74	IMBRUVICA	20
HETLIOZ	45	<i>hydrocortisone valerate</i>	74	IMFINZI	20
HETLIOZ LQ.....	45	<i>hydrocortisone-acetic acid</i> ...	81	<i>imipenem-cilastatin</i>	10
HIBERIX (PF)	105	<i>hydrocortisone-pramoxine</i> ..	62,	<i>imipramine hcl</i>	45
HISTEX-AC.....	127	96		<i>imipramine pamoate</i>	45
<i>homatropaire</i>	121	<i>hydromet</i>	127	<i>imiquimod</i>	65
HORIZANT	33	<i>hydromorphone</i>	37	IMKELDI	20
HUMALOG JUNIOR		<i>hydroxocobalamin</i>	137	IMLYGIC	20
KWIKPEN U-100	85	<i>hydroxychloroquine</i>	10	IMPAVIDO	10

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

IMURAN.....	20	ISOLYTE-S.....	136	KALETRA	5
INBRIJA	31	<i>isoniazid</i>	10, 11	<i>kalliga</i>	116
<i>incassia</i>	112	ISORDIL	61	KALYDECO	129
INCRELEX	77	ISORDIL TITRADOSE	61	KANUMA	89
INCRUSE ELLIPTA	129	<i>isosorbide dinitrate</i>	61	KARBINAL ER	126
<i>indapamide</i>	54	<i>isosorbide mononitrate</i>	61	<i>kariva (28)</i>	116
<i>indomethacin</i>	40	<i>isosorbide-hydralazine</i>	54	<i>kelnor 1/35 (28)</i>	116
INFANRIX (DTAP) (PF) ..	105	<i>isotretinoin</i>	67	<i>kelnor 1/50 (28)</i>	116
INFED	137	<i>isradipine</i>	54	KENALOG.....	74, 82
INFLECTRA.....	96	ITOVEBI	21	KENALOG-80	82
INGREZZA.....	34	<i>itraconazole</i>	2	KENGREAL.....	58
INGREZZA INITIATION		<i>ivabradine</i>	61	KEPIVANCE	16
PK(TARDIV).....	34	<i>ivermectin</i>	11, 67	KERENDIA.....	54
INGREZZA SPRINKLE.....	34	IWILFIN.....	21	KESIMPTA PEN.....	50
INJECTAFER	137	IXEMPRA	21	<i>ketoconazole</i>	2, 71
INLYTA.....	20	J		<i>ketodan</i>	71
INPEN (FOR HUMALOG)		<i>jaimiess</i>	116	<i>ketoprofen</i>	40
PINK	85	JAKAFI	21	<i>ketorolac</i>	40, 123
INPEN (NOVOLOG OR		JALYN	133	KEYTRUDA	21
FIASP) BLUE	85	<i>jantoven</i>	58	KINEVAC	96
INPEN (NOVOLOG OR		JANUMET	91	KINRIX (PF).....	105
FIASP) PINK	85	JANUMET XR.....	91	<i>kiprofen</i>	40
INSPRA.....	54	JANUVIA.....	91	KISQALI	21
INSULIN ASPART U-100 ..	86	JARDIANCE.....	91	KITABIS PAK	11
INSULIN GLARGINE-YFGN		<i>jasmiel (28)</i>	116	KLARON	70
.....	86	JATENZO	89	<i>klayesta</i>	71
INSULIN LISPRO	86, 87	<i>javygtor</i>	89	<i>klor-con</i>	135
INSULIN LISPRO		<i>jencycla</i>	112	<i>klor-con 10</i>	135
PROTAMIN-LISPRO.....	86	JEVTANA	21	<i>klor-con 8</i>	135
INTELENCE	4	<i>jinteli</i>	112	<i>klor-con m10</i>	135
INVEGA.....	45	JOENJA.....	77	<i>klor-con m15</i>	135
INVEGA SUSTENNA.....	45	<i>jolessa</i>	116	<i>klor-con m20</i>	135
INVEGA TRINZA.....	45	JORNAY PM	45	<i>klor-con/ef</i>	135
INVELTYS	124	<i>joyeaux</i>	116	KLOXXADO	40
IODOFLEX.....	65	JUBLIA	71	<i>kobee</i>	137
IODOPEN	20	<i>juleber</i>	116	KOSELUGO.....	21
IODOSORB	65	JULUCA.....	5	KOSHER PRENATAL PLUS	
IOPIDINE.....	125	<i>junel 1.5/30 (21)</i>	116	IRON	137
IPOL	105	<i>junel 1/20 (21)</i>	116	<i>kourzeq</i>	80
<i>ipratropium bromide</i>	80, 129	<i>junel fe 1.5/30 (28)</i>	116	K-PHOS NO 2	134
<i>ipratropium-albuterol</i>	129	<i>junel fe 1/20 (28)</i>	116	K-PHOS ORIGINAL	134
IQIRVO.....	96	<i>junel fe 24</i>	116	KRINTAFEL.....	11
<i>irbesartan</i>	54	JUST RIGHT 5000.....	80	KRISTALOSE.....	96
<i>irbesartan-hydrochlorothiazide</i>		JUXTAPID.....	60	KRYSTEXXA.....	107
.....	54	JYNARQUE.....	89	<i>kurvelo (28)</i>	116
IRESSA	20	JYNNEOS (PF)	105	KYLEENA	111
ISENTRESS	4	K		L	
ISENTRESS HD	4	KADCYLA	21	<i>l norgest/e.estradiol-e.estrad</i>	
<i>isibloom</i>	116	<i>kaitlib fe</i>	116	.....	117
ISOLYTE S PH 7.4.....	136	KALBITOR.....	129	<i>labetalol</i>	54

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

<i>lacosamide</i>	28	<i>levocarnitine (with sugar)</i>	77	LITFULO	77
<i>lactated ringers</i>	75	<i>levofloxacin</i>	14, 120	<i>lithium carbonate</i>	46
<i>lactulose</i>	96	<i>levofloxacin in d5w</i>	14	<i>lithium citrate</i>	46
LAGEVRIO (EUA).....	5	<i>levonest (28)</i>	117	LITHOBID	46
LAMICTAL XR STARTER (BLUE).....	28	<i>levonorgest-eth.estradiol-iron</i>	117	LITHOSTAT	77
LAMICTAL XR STARTER (GREEN).....	28	<i>levonorgestrel</i>	117	LIVALO	60
LAMICTAL XR STARTER (ORANGE).....	28	<i>levonorgestrel-ethinyl estrad</i>	117	LIVDELZI.....	97
<i>lamivudine</i>	5	<i>levonorg-eth estrad triphasic</i>	117	LIVMARLI.....	97
<i>lamivudine-zidovudine</i>	5	<i>levora-28</i>	117	LIVTENCITY	5
<i>lamotrigine</i>	28	<i>levorphanol tartrate</i>	37	LODINE	40
LAMZEDE.....	77	<i>levo-t</i>	92	LODOSYN	31
LANCETS.....	85	<i>levothyroxine</i>	92	<i>lofena</i>	40
LANCING DEVICE	85	<i>levoxyl</i>	93	<i>lofexidine</i>	40
LANOXIN.....	57	LEVSIN.....	94	<i>lojaimiess</i>	117
<i>lanreotide</i>	21	LEVSIN/SL	94	LOKELMA.....	135
<i>lansoprazole</i>	101	LEVULAN	65	LOMOTIL	94
<i>lanthanum</i>	135	LICART.....	40	LONSURF	21
<i>lapatinib</i>	21	<i>lidocaine</i>	69	<i>loperamide</i>	94
<i>larin 1.5/30 (21)</i>	117	<i>lidocaine hcl</i>	69	LOPID	60
<i>larin 1/20 (21)</i>	117	<i>lidocaine hcl-hydrocortison ac</i>	69, 96, 97	<i>lopinavir-ritonavir</i>	5
<i>larin 24 fe</i>	117	LIDOCAINE HCL- HYDROCORTISON AC .97		LOPRESSOR	54
<i>larin fe 1.5/30 (28)</i>	117	<i>lidocaine in 5 % dextrose (pf)</i>	51	LOPROX (AS OLAMINE)..	71
<i>larin fe 1/20 (28)</i>	117	<i>lidocaine viscous</i>	69	<i>lorazepam</i>	46
LASIX	54	<i>lidocaine-epinephrine (pf)</i>	69	<i>lorazepam intensol</i>	46
<i>latanoprost</i>	123	<i>lidocaine-hydrocortisone-aloe</i>	97	LORBRENA.....	21
<i>laxative (bisacodyl)</i>	96	<i>lidocaine-prilocaine</i>	69	<i>loryna (28)</i>	117
<i>laxative peg 3350</i>	96	<i>lidocan iii</i>	69	LORZONE	35
<i>layolis fe</i>	117	<i>lidocan iv</i>	69	<i>losartan</i>	54
LAZCLUZE	21	<i>lidocan v</i>	69	<i>losartan-hydrochlorothiazide</i>	54
<i>leena 28</i>	117	<i>lidocort</i>	69	LOTEMAX.....	124
<i>leflunomide</i>	109	LILETTA.....	111	LOTEMAX SM.....	124
LEMTRADA.....	50	<i>linezolid</i>	11	LOTENSIN.....	54
<i>lenalidomide</i>	21	<i>linezolid-0.9% sodium chloride</i>	11	LOTENSIN HCT.....	54
LENVIMA	21	LINZESS	97	<i>loteprednol etabonate</i>	124
LESCOL XL	60	<i>liothyronine</i>	93	<i>lovastatin</i>	60
<i>lessina</i>	117	<i>liraglutide</i>	91	<i>low-ogestrel (28)</i>	117
<i>letrozole</i>	21	<i>lisdexamfetamine</i>	45	<i>loxapine succinate</i>	46
<i>leucovorin calcium</i>	16	<i>lisinopril</i>	54	<i>lo-zumandimine (28)</i>	117
LEUKERAN	21	<i>lisinopril-hydrochlorothiazide</i>	54	<i>lubiprostone</i>	97
LEUKINE.....	102	LITEAIRE MDI CHAMBER	132	<i>ludent fluoride</i>	137
<i>leuprolide</i>	21			<i>lugols</i>	70, 135
<i>levabuterol hcl</i>	129			LUMAKRAS.....	21
LEVBID	94			LUMIGAN	123
<i>levetiracetam</i>	28, 29			LUMIZYME.....	89
LEVETIRACETAM	29			LUMRYZ	46
<i>levobunolol</i>	121			LUMRYZ STARTER PACK	46
<i>levocarnitine</i>	77			LUPKYNIS	21
				LUPRON DEPOT	21

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

LUPRON DEPOT (3 MONTH).....	21	MAVENCLAD (8 TABLET PACK).....	50	methadose	37
LUPRON DEPOT (4 MONTH).....	21	MAVENCLAD (9 TABLET PACK).....	50	methamphetamine.....	46
LUPRON DEPOT (6 MONTH).....	21	MAXITROL	123	methazolamide	123
<i>lurasidone</i>	46	<i>maxi-tuss ac</i>	127	methenamine hippurate	15
<i>lutea (28)</i>	117	MAXI-TUSS CD.....	127	methenamine mandelate	15
LYBALVI	46	MAYZENT	50	methen-sod phos-meth blue- hyos.....	134
<i>lyleq</i>	112	MAYZENT STARTER(FOR 1MG MAINT)	50	methimazole	83
<i>lyllana</i>	112	MAYZENT STARTER(FOR 2MG MAINT)	50	METHITEST	89
LYNPARZA.....	21	<i>mb caps</i>	134	methocarbamol	35
LYSODREN.....	21	<i>meclizine</i>	97	methotrexate sodium.....	22
LYTGOBI	21	<i>meclofenamate</i>	40	methotrexate sodium (pf).....	22
LYUMJEV KWIKPEN U-100 INSULIN	87	MECOBALAMIN (VITAMIN B12).....	137	methoxsalen	65
LYUMJEV KWIKPEN U-200 INSULIN	87	MEDROL	82	methscopolamine	94
LYUMJEV TEMPO PEN(U-100)INSULN	87	MEDROL (PAK)	82	methsuximide	29
LYUMJEV U-100 INSULIN	87	<i>medroxyprogesterone</i> .	112, 113	methyl salicylate	65
<i>lyza</i>	112	<i>mefenamic acid</i>	40	methylidopa	54
M		<i>mefloquine</i>	11	methylidopa- hydrochlorothiazide.....	54
MACROBID	15	<i>megestrol</i>	22	methylidopate.....	54
<i>mafenide acetate</i>	70	MEKINIST	22	methylergonovine	119
<i>magnesium citrate</i>	97	MEKTOVI.....	22	METHYLIN	46
<i>magnesium sulfate</i>	135	<i>meloxicam</i>	40	methylphenidate	46
<i>magnesium sulfate in water</i>	135	<i>meloxicam submicronized</i>	40	methylphenidate hcl.....	46
MALARONE	11	<i>memantine</i>	34	methylprednisolone.....	82
MALARONE PEDIATRIC .	11	MEMANTINE.....	34	methylprednisolone acetate ..	82
<i>malathion</i>	75	<i>memantine-donepezil</i>	34	methyltestosterone	89
<i>maraviroc</i>	5	MENOPUR	89	metoclopramide hcl	97
MAR-COF CG	127	MENOSTAR	113	metolazone	54
MARINOL	97	MENQUADFI (PF).....	105	METOPIRONONE	77
<i>marlissa (28)</i>	117	MENVEO A-C-Y-W-135-DIP (PF).....	105	metoprolol succinate	55
MARNATAL-F.....	137	<i>meperidine</i>	37	metoprolol ta-hydrochlorothiaz	55
MARPLAN	46	<i>meperidine (pf)</i>	37	metoprolol tartrate	55
MATULANE	21	<i>meprobamate</i>	35	metro i.v.	11
<i>matzim la</i>	54	MEPRON	11	METROCREAM.....	67
MAVENCLAD (10 TABLET PACK).....	50	<i>mercaptopurine</i>	22	METROGEL	67
MAVENCLAD (4 TABLET PACK).....	50	<i>merzee</i>	117	metronidazole	11, 67, 113
MAVENCLAD (5 TABLET PACK).....	50	<i>mesalamine</i>	97	metronidazole in nacl (iso-os)	11
MAVENCLAD (6 TABLET PACK).....	50	<i>mesalamine with cleansing wipe</i>	97	metyrosine.....	55
MAVENCLAD (7 TABLET PACK).....	50	<i>mesna</i>	16	mexiletine.....	51
		MESNEX.....	16	MIACALCIN	89
		METADATE CD	46	<i>mibelas 24 fe</i>	117
		<i>metaxalone</i>	35	<i>miconazole-3</i>	114
		<i>metformin</i>	91	MICROCHAMBER	132
		<i>methadone</i>	37	<i>microgestin 1.5/30 (21)</i>	117
				<i>microgestin 1/20 (21)</i>	117
				<i>microgestin fe 1.5/30 (28)</i> ...	117
				<i>microgestin fe 1/20 (28)</i>	117

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

MICROSPACER.....	132	MOZOBIL.....	102	<i>naproxen sodium</i>	41
<i>midodrine</i>	77	MRESVIA (PF).....	105	<i>naproxen-esomeprazole</i>	41
MIEBO (PF).....	122	MS CONTIN	38	<i>naratriptan</i>	32
MIFEPREX	114	MUGARD	80	NARCAN	41
<i>mifepristone</i>	89, 114	MULTAQ.....	51	NARDIL	47
<i>migergot</i>	32	<i>multi-vitamin with fluoride</i>	137	NASCOBAL.....	138
<i>miglitol</i>	91	<i>mupirocin</i>	70	NATACYN.....	120
<i>miglustat</i>	89	<i>mupirocin calcium</i>	70	<i>nateglinide</i>	91
MIGRANAL	32	<i>mvc-fluoride</i>	137	<i>natura-lax</i>	97
<i>mili</i>	117	<i>my choice</i>	117	NAYZILAM.....	29
<i>milk of magnesia</i>	97	<i>my way</i>	117	<i>nebivolol</i>	55
<i>millipred</i>	82	MYALEPT	89	NEBUPENT	11
<i>millipred dp</i>	82	MYCAPSSA	22	<i>nebusal</i>	129
<i>mimvey</i>	113	<i>mycophenolate mofetil</i>	22	NEBUSAL.....	129
MINOCIN	15	<i>mycophenolate mofetil (hcl)</i>	22	<i>necon 0.5/35 (28)</i>	118
<i>minocycline</i>	15	<i>mycophenolate sodium</i>	22	NEEVODHA (WITH ALGAL	
<i>minoxidil</i>	55	MYDAYIS	47	OIL)	138
<i>minzoya</i>	117	MYDRIACYL.....	121	<i>nefazodone</i>	47
MIOCHOL-E	121	MYFEMBREE	114	NEFFY	126
<i>miostat</i>	123	MYFORTIC	22	<i>nelarabine</i>	22
<i>mirabegron</i>	133	MYHIBBIN.....	22	NEMLUVIO.....	22
MIRENA	111	MYLERAN	22	<i>neomycin</i>	11
<i>mirtazapine</i>	46, 47	<i>mynatal</i>	138	<i>neomycin-bacitracin-poly-hc</i>	
MIRVASO	67	<i>mynatal plus</i>	138	.....	124
<i>misoprostol</i>	101	<i>mynatal-z</i>	138	<i>neomycin-bacitracin-</i>	
MITIGARE	107	MYOBLOC.....	105	<i>polymyxin</i>	120
<i>mitoxantrone</i>	22	MYRBETRIQ	133	<i>neomycin-polymyxin b gu</i>	75
M-M-R II (PF).....	105	MYSOLINE	29	<i>neomycin-polymyxin b-</i>	
<i>m-natal plus</i>	137	N		<i>dexameth</i>	124
<i>modafinil</i>	47	NABI-HB	105	<i>neomycin-polymyxin-</i>	
MODERNA COVID 24-		<i>nabumetone</i>	40	<i>gramicidin</i>	120
25(6M-11Y)PF	105	<i>nadolol</i>	55	<i>neomycin-polymyxin-hc</i> 81, 124	
<i>moexipril</i>	55	<i>nafcillin</i>	13	NEONATAL COMPLETE 138	
<i>molindone</i>	47	<i>nafcillin in dextrose iso-osm</i>	13	NEONATAL FE.....	138
<i>mometasone</i>	74, 129	<i>naftifine</i>	71	NEONATAL PLUS	
<i>mondoxylene nl</i>	15	NAFTIN	71	VITAMIN.....	138
<i>mono-lynyah</i>	117	NAGLAZYME.....	89	NEONATAL-DHA	138
MONOVISC.....	40	<i>nalbuphine</i>	40	<i>neo-polycin</i>	120
<i>montelukast</i>	129	NALFON.....	40	<i>neo-polycin hc</i>	124
MORGIDOX 1X100	15	NALMEFENE.....	41	NEORAL	22
<i>morphine</i>	37, 38	NALOCET	38	<i>neostigmine methylsulfate</i>	35
MORPHINE	37, 38	<i>naloxone</i>	41	NEO-SYNALAR.....	70
<i>morphine concentrate</i>	37	<i>naltrexone</i>	41	NEO-SYNALAR KIT	70
MOTOFEN	94	NAMENDA TITRATION		<i>neo-vital rx</i>	138
MOUNJARO.....	91	PAK	34	NERLYNX	22
MOVANTIK.....	97	NAMENDA XR.....	34	NESTABS	138
MOXATAG	13	NAMZARIC.....	34	NESTABS ABC	138
<i>moxifloxacin</i>	14, 120	NAPRELAN CR	41	NESTABS DHA.....	138
MOXIFLOXACIN-		NAPROSYN	41	NESTABS ONE	138
SOD.ACE,SUL-WATER. 14		<i>naproxen</i>	41	<i>neuac</i>	67

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

NEUAC KIT	67	<i>nora-be</i>	113	O	
NEUPRO	31	<i>norelgestromin-ethin.estradiol</i>		OB COMPLETE ONE	138
<i>nevirapine</i>	5	.....	114	OB COMPLETE PETITE ..	138
<i>new day</i>	118	<i>noreth-ethinyl estradiol-iron</i>		OB COMPLETE PREMIER	
<i>newgen</i>	138	.....	118	.....	138
NEXAVAR	22	<i>norethindrone (contraceptive)</i>		OB COMPLETE WITH DHA	
NEXLETOL	60	.....	113	.....	138
NEXLIZET	60	<i>norethindrone acetate</i>	113	OALIVA	97
NEXOBRID	75	<i>norethindrone ac-eth estradiol</i>		<i>ocella</i>	118
NEXPLANON	114	.....	113, 118	OCREVUS	50
NEXTERONE	51	<i>norethindrone-e.estradiol-iron</i>		OCTAGAM	105
NEXVIAZYME	89	.....	118	<i>octreotide acetate</i>	23
NGENLA	102	NORGESIC	35	<i>octreotide,microspheres</i>	23
<i>niacin</i>	60	NORGESIC FORTE	35	OCUFLOX	120
<i>nicardipine</i>	55	<i>norgestimate-ethinyl estradiol</i>		ODACTRA	106
NICODERM CQ	78	.....	118	ODEFSEY	5
<i>nicorette</i>	78	NORMOSOL-R	135	ODOMZO	23
NICORETTE	78	NORMOSOL-R PH 7.4	136	OFEV	130
<i>nicotine</i>	79	<i>nortrel 0.5/35 (28)</i>	118	<i>ofloxacin</i>	14, 81, 120
<i>nicotine (polacrilex)</i>	78, 79	<i>nortrel 1/35 (21)</i>	118	OGSIVEO	23
NICOTROL NS	79	<i>nortrel 1/35 (28)</i>	118	OJEMDA	23
<i>nifedipine</i>	55	<i>nortrel 7/7/7 (28)</i>	118	<i>olanzapine</i>	47
<i>nikki (28)</i>	118	<i>nortriptyline</i>	47	<i>olanzapine-fluoxetine</i>	47
NILANDRON	22	NORVIR	5	<i>olmesartan</i>	55
<i>nilutamide</i>	22	NOURIANZ	31	<i>olmesartan-amlodipin-</i>	
<i>nimodipine</i>	55	NOVAREL	89	<i>hcthiiazid</i>	55
NINJACOF-XG	127	NOVAVAX COVID 2024-		<i>olmesartan-</i>	
NINLARO	23	25(PF)(EUA)	105	<i>hydrochlorothiazide</i>	55
NIPENT	23	NOVOPEN ECHO	85	<i>olopatadine</i>	80, 122
<i>nisoldipine</i>	55	NOXAFIL	2	OLPRUVA	77
<i>nitazoxanide</i>	11	<i>np thyroid</i>	93	OLUX	74
<i>nitisinone</i>	77	NPLATE	59	OMECLAMOX-PAK	101
<i>nitro-bid</i>	61	NUBEQA	23	<i>omega-3 acid ethyl esters</i>	60
NITRO-DUR	62	NUCALA	129, 130	<i>omeprazole</i>	101
<i>nitrofurantoin</i>	15	NUCORT	74	<i>omeprazole-sodium</i>	
<i>nitrofurantoin macrocrystal</i> .	15	NUEDEXTA	34	<i>bicarbonate</i>	101
<i>nitrofurantoin monohyd/m-</i>		NULEV	94	OMIDRIA	122
<i>cryst</i>	15	NULOJIX	23	OMNIPOD 5 (G6/LIBRE 2	
<i>nitroglycerin</i>	62, 97	NUPLAZID	47	PLUS)	85
NITROLINGUAL	62	NURTEC ODT	32	OMNIPOD 5 G6-G7 INTRO	
NITROMIST	62	NUVESSA	114	KT(GEN5)	85
NITROSTAT	62	NUZYRA	15	OMNIPOD 5 G6-G7 PODS	
<i>nitro-time</i>	62	<i>nyamyc</i>	71	(GEN 5)	85
NITYR	77	<i>nylia 1/35 (28)</i>	118	OMNIPOD 5	
<i>niva thyroid</i>	93	<i>nylia 7/7/7 (28)</i>	118	INTRO(G6/LIBRE2PLUS)	
NIVESTYM	102	NYMALIZE	55	.....	84
<i>nizatidine</i>	101	NYNUTEY	69	OMNIPOD DASH INTRO	
NOC DURNA (MEN)	89	<i>nystatin</i>	2, 71	KIT (GEN 4)	85
NOC DURNA (WOMEN)	89	<i>nystatin-triamcinolone</i>	71	OMNIPOD DASH PODS	
NOLIRA	69	<i>nystop</i>	71	(GEN 4)	85

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

OMNITROPE.....	102	ORIAHNN.....	114	PANCREAZE.....	98
OMVOH.....	97, 98	ORILISSA	89	PANDEL	74
OMVOH PEN	97	ORKAMBI	130	PANRETIN	65
ONCASPAS	23	ORLADEYO	130	<i>pantoprazole</i>	101
<i>ondansetron</i>	98	<i>ormalvi</i>	34	<i>papaverine</i>	55
<i>ondansetron hcl</i>	98	<i>orphenadrine citrate</i>	35	PARAGARD T 380A.....	111
<i>ondansetron hcl (pf)</i>	98	<i>orphenadrine-asa-caffeine</i> ...	35	<i>paraplatin</i>	23
ONE A DAY WOMEN'S		<i>orphengesic forte</i>	35	<i>paricalcitol</i>	89
PRENATAL DHA	138	ORSERDU	23	PARICALCITOL	89
<i>one daily prenatal</i>	138	ORTHOVISC	41	PARNATE.....	47
<i>onelax magnesium citrate</i>	98	<i>oscimin</i>	94	<i>paroex oral rinse</i>	80
ONETOUCH ULTRA TEST		<i>oscimin sl</i>	94	<i>paromomycin</i>	11
.....	84	<i>oseltamivir</i>	5	<i>paroxetine hcl</i>	47
ONETOUCH ULTRA2		OSENI	91	<i>paroxetine</i>	
METER	84	OSPHERA.....	114	<i>mesylate(menop.sym)</i>	47
ONETOUCH VERIO FLEX		OTEZLA	109	PASER.....	11
METER	84	OTEZLA STARTER.....	110	PAXIL	47
ONETOUCH VERIO		OTOVEL	81	PAXIL CR.....	47
REFLECT METER.....	84	OVACE	62	PAXLOVID.....	5
ONETOUCH VERIO TEST		OVACE PLUS	62	<i>pazopanib</i>	23
STRIPS.....	84	OVACE PLUS SHAMPOO.....	62	PEDIARIX (PF)	106
ONEXTON.....	67	OVACE PLUS WASH.....	62	PEDVAX HIB (PF).....	106
ONGENTYS	31	OVIDE.....	75	<i>peg 3350-electrolytes</i>	98
<i>opcicon one-step</i>	118	OVIDREL	89	<i>peg3350-sod sul-nacl-kcl-asb-c</i>	
OPDIVO QVANTIG.....	23	<i>oxacillin</i>	13	.....	98
OPILL	113	<i>oxacillin in dextrose(iso-osm)</i>		PEGASYS	102
<i>opium tincture</i>	94	.....	13	<i>peg-electrolyte soln</i>	98
OPSUMIT	130	<i>oxaliplatin</i>	23	PEMAZYRE.....	23
OPSYNVI	130	<i>oxaprozin</i>	41	PENBRAYA (PF)	106
OPTICHAMBER DIAMOND		<i>oxazepam</i>	47	<i>penciclovir</i>	71
VHC	132	<i>oxcarbazepine</i>	29	<i>penicillamine</i>	110
<i>option-2</i>	118	OXERVATE	122	PENICILLIN G POT IN	
OPVEE	41	<i>oxiconazole</i>	71	DEXTROSE	13
OPZELURA	65	OXTELLAR XR	29	<i>penicillin g potassium</i>	13
ORACIT	134	<i>oxybutynin chloride</i>	133	<i>penicillin g sodium</i>	13
<i>oral saline laxative</i>	98	<i>oxycodone</i>	38	<i>penicillin v potassium</i>	13
ORALAIR	106	<i>oxycodone-acetaminophen</i> ...	38	PENTACEL (PF).....	106
<i>oralone</i>	80	OXYCONTIN	38	<i>pentamidine</i>	11
ORAMAGICRX	80	<i>oxymorphone</i>	38	PENTASA	98
ORAPRED ODT	82	<i>oxytocin</i>	120	<i>pentazocine-naloxone</i>	41
ORAVIG	2	OXYTROL	133	<i>pentoxifylline</i>	59
ORENITRAM	55	OZEMPIC	92	PEPCID	101
ORENITRAM MONTH 1		P		PERIDEX	80
TITRATION KT	55	<i>pacerone</i>	51	<i>perindopril erbumine</i>	55
ORENITRAM MONTH 2		<i>paclitaxel</i>	23	<i>periogard</i>	80
TITRATION KT	55	<i>paclitaxel protein-bound</i>	23	PERJETA	23
ORENITRAM MONTH 3		<i>paliperidone</i>	47	<i>permethrin</i>	75
TITRATION KT	55	PALYNZIQ	89	<i>perphenazine</i>	47
ORFADIN	77	PAMELOR.....	47	<i>perphenazine-amitriptyline</i> ...47	
ORGOVYX.....	23	<i>pamidronate</i>	89		

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

PFIZER COVID 2024-25(5Y-11Y)PF	106	<i>podofilox</i>	65	<i>prenatal</i>	139
PFIZER COVID 2024-25(6MO-4Y)PF	106	<i>polocaine-mpf</i>	69	PRENATAL	139
<i>pfizerpen-g</i>	13	<i>polycin</i>	120	PRENATAL + DHA	138
PHEBURANE	77	<i>polyethylene glycol 3350</i>	98	<i>prenatal complete</i>	139
<i>phenazopyridine</i>	134	<i>polymyxin b sulfate</i>	11	<i>prenatal multi-dha (algal oil)</i>	139
<i>phenelzine</i>	47	<i>polymyxin b sulf-trimethoprim</i>	120	<i>prenatal multivitamins</i>	139
PHENERGAN.....	126	POLY-TUSSIN AC.....	127	<i>prenatal one daily</i>	139
<i>phenobarb-hyoscy-atropine-scop</i>	94	POMALYST	23	<i>prenatal plus</i>	139
<i>phenobarbital</i>	29	PONVORY	50	<i>prenatal plus (calcium carb)</i>	139
<i>phenohydro</i>	94	PONVORY 14-DAY STARTER PACK.....	50	PRENATAL PLUS DHA...139	
<i>phenoxybenzamine</i>	55	<i>portia 28</i>	118	PRENATAL PLUS VITAMIN-MINERAL ...139	
<i>phenylephrine hcl</i>	125	<i>posaconazole</i>	3	<i>prenatal vit no.179-iron-folic</i>	139
PHENYTEK.....	29	<i>potassium chloride</i>	135	<i>prenatal vitamin</i>	139
<i>phenytoin</i>	29	POTASSIUM CHLORIDE	135	<i>prenatal vitamin with minerals</i>	139
<i>phenytoin sodium</i>	29	<i>potassium citrate</i>	134	<i>prenatal-u</i>	139
<i>phenytoin sodium extended</i> ..	29	<i>potassium iodide</i>	83	PRENATE AM.....	139
<i>philith</i>	118	<i>povidone-iodine</i>	120	PRENATE CHEWABLE ...139	
<i>phosphate laxative</i>	98	<i>powderlax</i>	98	PRENATE DHA (FERR ASP GLYCIN).....	139
PHOSPHOLINE IODIDE..	121	PR BENZOYL PEROXIDE.67		PRENATE ELITE (IRON ASP GLYC).....	139
PHOTOFRIN	23	<i>pr natal 400</i>	138	PRENATE ENHANCE	139
PHYSIOLYTE	75	<i>pr natal 400 ec</i>	138	PRENATE ESSENTIAL(IRON-ASP-GL)	139
PHYSIOSOL IRRIGATION75		<i>pr natal 430</i>	138	PRENATE MINI (FERR ASP GLYCIN).....	139
<i>phytonadione (vitamin k1)</i>	59	<i>pr natal 430 ec</i>	138	PRENATE PIXIE	139
<i>pilocarpine hcl</i>	80, 121	PRALATREXATE.....	23	PRENATE RESTORE	139
<i>pimecrolimus</i>	65	<i>pramipexole</i>	31	PRENATE STAR.....	139
<i>pimozide</i>	47	PRAMOSONE	62, 63	PREPIDIL.....	114
<i>pimtree (28)</i>	118	<i>prasugrel hcl</i>	59	PRESTALIA.....	55
<i>pindolol</i>	55	<i>pravastatin</i>	60	PRETOMANID.....	11
<i>pioglitazone</i>	92	<i>praziquantel</i>	11	<i>prevalite</i>	60
<i>pioglitazone-glimepiride</i>	92	<i>prazosin</i>	55	PREVDUO	35
<i>pioglitazone-metformin</i>	92	PRECISION XTRA MONITOR	84	PREVIDENT	80
PIQRAY	23	PRECISION XTRA TEST...84		PREVIDENT 5000 BOOSTER PLUS	80
<i>pirfenidone</i>	130	PRECOSE	92	PREVIDENT 5000 ENAMEL PROTECT	80
<i>piroxicam</i>	41	PRED FORTE	124	PREVIDENT 5000 ORTHO DEFENSE.....	80
<i>pitavastatin calcium</i>	60	<i>prednicarbate</i>	74	PREVIDENT 5000 PLUS	80
PITOCIN	120	<i>prednisolone</i>	82	PREVIDENT 5000 SENSITIVE	80
PLAN B ONE-STEP	118	<i>prednisolone acetate</i>	124		
PLASMA-LYTE A	136	<i>prednisolone sodium phosphate</i>	82, 125		
PLEGRIDY	50	<i>prednisone</i>	82		
<i>plerixafor</i>	102	<i>prednisone intensol</i>	82		
PLEXION.....	67	<i>pregabalin</i>	29		
PLEXION NS.....	62	PREGNYL.....	89		
PNEUMOVAX-23.....	106	PREMARIN	113		
<i>pnv-dha</i>	138	PRENATA.....	138		
<i>pnv-omega</i>	138	<i>prenatabs fa</i>	138		
<i>pnv-select</i>	138	<i>prenatabs rx</i>	138		
POCKET CHAMBER	132				

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

PREVIDENT KIDS	80	PROSCAR.....	133	<i>rasagiline</i>	31
PREVNAR 20 (PF)	106	PROSTIN VR PEDIATRIC	134	RASUVO (PF).....	110
PREVYMIS.....	5	<i>protamine</i>	59	RAYALDEE.....	90
PREZISTA	5	<i>protriptyline</i>	47	RAYOS.....	82
PRIFTIN.....	11	PROVERA	113	REBIF (WITH ALBUMIN) .	50
PRIMACARE	139	PROVIDA OB.....	139	REBIF REBIDOSE	50
<i>primaquine</i>	11	<i>prucalopride</i>	99	REBIF TITRATION PACK.	51
PRIMAXIN IV	11	<i>prudoxin</i>	65	<i>reclipsen</i> (28).....	118
PRIMEAIRE	132	<i>pulmosal</i>	130	RECOMBIVAX HB (PF)...	106
<i>primidone</i>	29	PULMOZYME.....	130	RECTIV	99
PRIMSOL	15	<i>purelax</i>	99	REGLAN.....	99
PRIORIX (PF).....	106	PURIXAN	23	<i>regonol</i>	35
PRIVIGEN	106	<i>pyrazinamide</i>	11	REGRANEX	65
<i>probenecid</i>	107	<i>pyridostigmine bromide</i>	35	RELAGARD	114
<i>probenecid-colchicine</i>	107	PYRIDOSTIGMINE		RELENZA DISKHALER	5
<i>procainamide</i>	51	BROMIDE.....	35	RELISTOR.....	99
PROCARDIA XL	56	<i>pyrimethamine</i>	11	REMERON.....	48
<i>procentra</i>	47	PYRUKYND.....	77	REMERON SOLTAB	48
PROCHAMBER	132	Q		REMODULIN	56
<i>prochlorperazine</i>	98	Q-CARE RX Q4.....	80	RENACIDIN	134
<i>prochlorperazine edisylate</i> ...	98	QELBREE	47	<i>rena-vite</i>	139
<i>prochlorperazine maleate</i>	98	QUADRACEL (PF)	106	REVELA	135
PROCORT	98	QUALAQUIN	12	<i>repaglinide</i>	92
PROCRT	102	QUESTRAN.....	60	REPATHA PUSHTRONEX	60
PROCTOCORT	74, 98	QUESTRAN LIGHT.....	60	REPATHA SURECLICK	61
<i>procto-med hc</i>	98	<i>quetiapine</i>	48	REPATHA SYRINGE	61
<i>proctosol hc</i>	99	<i>quinapril</i>	56	RESPA-AR.....	127
<i>proctozone-hc</i>	99	<i>quinapril-hydrochlorothiazide</i>	56	RESTASIS.....	122
<i>progesterone</i>	113	<i>quinidine gluconate</i>	51	RESTASIS MULTIDOSE..	122
<i>progesterone micronized</i>	113	<i>quinidine sulfate</i>	51	RESTORIL	48
PROGLYCEM	84	<i>quinine sulfate</i>	12	RETACRIT.....	102
PROGRAF	23	<i>quit 2</i>	79	RETEVMO.....	24
<i>prolate</i>	38	<i>quit 4</i>	79	RETIN-A	68
PROLENSA	123	QULIPTA.....	32	RETIN-A MICRO PUMP	67
PROLEUKIN	102	QUVIVIQ.....	48	RETROVIR	5
PROMACTA.....	59	QUZYTIR	126	REVATIO.....	130
<i>promethazine</i>	126	QVAR REDIHALER	130	REVLIMID.....	24
<i>promethazine-codeine</i>	127	R		REVUFORJ.....	24
<i>promethazine-dm</i>	127	<i>rabeprazole</i>	101	REXTOVY	41
<i>promethazine-phenylephrine</i>	127	RADICAVA ORS STARTER		REXULTI.....	48
<i>promethegan</i>	126	KIT SUSP	34	REYATAZ	5
PROMETRIUM	113	RADIOGARDASE	77	REYVOW.....	32
<i>propafenone</i>	51	RAGWITEK.....	106	REZDIFFRA	77
<i>proparacaine</i>	122	<i>raloxifene</i>	108	REZUROCK.....	24
<i>propranolol</i>	56	<i>ramelteon</i>	48	REZZAYO	3
<i>propranolol-hydrochlorothiazid</i>	56	<i>ramipril</i>	56	RHOFADE	68
<i>propylthiouracil</i>	83	<i>ranolazine</i>	61	RHOPRESSA	123
PROQUAD (PF)	106	RAPIVAB (PF)	5	<i>ribavirin</i>	5, 6
				RIDAURA.....	110
				<i>rifabutin</i>	12

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

RIFADIN.....	12	RYKINDO.....	48	<i>sildenafil (pulm.hypertension)</i>	
<i>rifampin</i>	12	RYLAZE	24	.....	130
RILUTEK.....	77	RYTARY.....	31	SILENOR	48
<i>riluzole</i>	77	RYVENT.....	126	<i>silodosin</i>	133
<i>rimantadine</i>	6	S		SILVADENE.....	64
<i>ringer's</i>	76	<i>sajazir</i>	130	<i>silver sulfadiazine</i>	64
RINVOQ	110	SALAGEN (PILOCARPINE)		SIMBRINZA	123
RINVOQ LQ.....	110	.....	80	SIMLANDI(CF).....	110
RIOMET	92	<i>salsalate</i>	41	SIMLANDI(CF)	
<i>risedronate</i>	77, 108	SANCUSO	99	AUTOINJECTOR	110
RISPERDAL	48	SANDIMMUNE	24	<i>simliya (28)</i>	118
RISPERDAL CONSTA	48	SANDOSTATIN	24	<i>simpesse</i>	118
<i>risperidone</i>	48	SANTYL	75	SIMPONI.....	110
<i>risperidone microspheres</i>	48	<i>sapropterin</i>	90	SIMPONI ARIA.....	110
RITEFLO AEROCHAMBER		SAVELLA.....	110	SIMULECT	24
.....	132	<i>saxagliptin</i>	92	<i>simvastatin</i>	61
<i>ritonavir</i>	6	<i>saxagliptin-metformin</i>	92	SINCALIDE	99
<i>rivaroxaban</i>	59	<i>scalacort</i>	74	SINEMET.....	31
<i>rivastigmine</i>	34	SCALACORT DK	74	<i>sirolimus</i>	24
<i>rivastigmine tartrate</i>	34	SCEMBLIX.....	24	SIRTURO	12
<i>rivelsa</i>	118	<i>scopolamine base</i>	99	SIVEXTRO	12
<i>rizatriptan</i>	32	SECUADO	48	SKYLA.....	111
R-NATAL OB.....	139	SEGLUROMET	92	SKYRIZI	63, 99
ROBAXIN.....	35	SELARSDI.....	63	<i>smoothlax</i>	99
ROBINUL	94	SELECT-OB	140	<i>sodium chlor 0.9% bacteriostat</i>	
ROBINUL FORTE	94	SELECT-OB (FOLIC ACID)		.....	77
ROCALTROL	90	.....	139	<i>sodium chloride</i>	130, 136
ROCKLATAN	123	SELECT-OB + DHA.....	140	<i>sodium chloride 0.45 %</i>	135
<i>roflumilast</i>	130	<i>selegiline hcl</i>	31	<i>sodium chloride 0.9 %</i>	77
ROMVIMZA.....	24	<i>selenium sulfide</i>	63	<i>sodium chloride 3 %</i>	
<i>ropinirole</i>	31	SELZENTRY	6	<i>hypertonic</i>	135
<i>rosadan</i>	68	SEMGLEE(INSULIN		<i>sodium chloride 5 %</i>	
ROADAN	68	GLARGINE-YFGN).....	87	<i>hypertonic</i>	136
ROSULA.....	68	SEMGLEE(INSULIN		<i>sodium citrate-citric acid</i> ...	134
<i>rosula cleansing cloths</i>	68	GLARG-YFGN)PEN	87	<i>sodium ferric gluconat-sucrose</i>	
<i>rosuvastatin</i>	61	<i>se-natal 19</i>	140	.....	78
ROSZET.....	61	<i>se-natal 19 chewable</i>	140	<i>sodium fluoride 5000 plus</i>	80
ROTARIX.....	106	SEROSTIM	102	<i>sodium fluoride-pot nitrate</i> ...80	
ROTATEQ VACCINE	106	<i>sertraline</i>	48	SODIUM OXYBATE	48
ROWASA	99	<i>setlakin</i>	118	<i>sodium phenylbutyrate</i>	78
<i>roweepra</i>	29	<i>sevelamer carbonate</i>	135	<i>sodium polystyrene sulfonate</i>	
ROXICODONE	38	<i>sevelamer hcl</i>	135	.....	136
ROZLYTREK	24	SEYSARA.....	15	<i>sodium,potassium,mag sulfates</i>	
RUBRACA	24	<i>sf 80</i>		.....	99
RUCONEST.....	130	<i>sf 5000 plus</i>	80	SOHONOS	78
<i>rufinamide</i>	29	SFROWASA	99	<i>solifenacin</i>	133
RYALTRIS	130	<i>sharobel</i>	113	SOLQUA 100/33	87
RYBELSUS	92	SHINGRIX (PF).....	106	SOLIRIS	78
RYCLORA.....	126	SIGNIFOR.....	24	SOLOSEC	12
RYDAPT.....	24			SOLTAMOX.....	24

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

<i>soluvita</i>	140	SUBLOCADE	38	SYNALAR OINTMENT KIT	74
<i>soluvita a,c,d with fluoride</i> .	140	<i>subvenite</i>	29	SYNALAR TS.....	74
SOMA	36	<i>subvenite starter (blue) kit</i>	29	SYNAREL.....	90
SOMATULINE DEPOT	24	<i>subvenite starter (green) kit</i> .	29	SYNDROS	99
SOMAVERT	90	<i>subvenite starter (orange) kit</i>	29	SYNJARDY	92
SOOLANTRA.....	68	SUCRAID	99	SYNJARDY XR.....	92
<i>sorafenib</i>	24	<i>sucralfate</i>	101	SYPRINE	78
SORBITOL	76	SULAR.....	56	T	
SORBITOL-MANNITOL....	76	<i>sulfacetamide sodium</i> ...	63, 125	T	
<i>sotalol</i>	51	<i>sulfacetamide sodium (acne)</i> 70		FLEX	85
SOTALOL.....	51	<i>sulfacetamide sodium-sulfur</i> .	68	SLIM X2.....	85
<i>sotalol af</i>	51	<i>sulfacetamide-prednisolone</i> 125		TABLOID.....	24
SOTYKTU	63	<i>sulfacleanse 8-4</i>	68	TABRECTA	24
SOTYLIZE.....	51	<i>sulfadiazine</i>	14	TACLONEX.....	63
SPACE CHAMBER.....	132	<i>sulfamethoxazole-trimethoprim</i>		<i>tacrolimus</i>	24, 65
SPEVIGO	63	.....	14	<i>tadalafil</i>	133
SPIKEVAX 2024-2025(12Y		SULFAMYLLON.....	70	<i>tadalafil (pulm. hypertension)</i>	
UP)(PF)	106	<i>sulfasalazine</i>	99	.....	131
<i>spinosad</i>	75	<i>sulfatrim</i>	14	TAFINLAR	24
SPIRIVA RESPIMAT	130	<i>sulindac</i>	41	<i>tafluprost (pf)</i>	123
SPIRIVA WITH		SUMADAN.....	68	TAGRISSO.....	24
HANDIHALER.....	130	SUMADAN XLT	68	TAKE ACTION	118
<i>spironolactone</i>	56	<i>sumatriptan</i>	32	TAKHZYRO	131
<i>spironolacton-</i>		<i>sumatriptan succinate</i>	32	TALICIA	101
<i>hydrochlorothiaz</i>	56	<i>sumatriptan-naproxen</i>	32	TALTZ AUTOINJECTOR ..	63
SPORANOX	3	<i>sunitinib malate</i>	24	TALTZ AUTOINJECTOR (2	
<i>sprintec (28)</i>	118	SUNLENCA.....	6	PACK)	63
SPRITAM	29	SUNOSI.....	48	TALTZ AUTOINJECTOR (3	
SPRIX	41	<i>super b-50 complex</i>	140	PACK)	63
SPRYCEL	24	<i>super quints</i>	140	TALTZ SYRINGE	63
<i>sps (with sorbitol)</i>	136	SUTENT.....	24	TALZENNA.....	25
<i>sronyx</i>	118	<i>syeda</i>	118	TAMIFLU	6
<i>ssd</i>	64	SYLVANT	24	<i>tamoxifen</i>	25
SSKI	83	SYMAX DUOTAB.....	94	<i>tamsulosin</i>	133
<i>sss 10-5</i>	68	<i>symax fastabs</i>	94	<i>tanlor</i>	36
<i>st joseph aspirin</i>	41	<i>symax-sl</i>	94	TAPERDEX	82
<i>st. joseph aspirin</i>	41	<i>symax-sr</i>	94	TARGADOX.....	15
STEGLATRO.....	92	SYMBICORT.....	131	TARGRETIN	25
STELARA.....	63	SYMDEKO	131	<i>tarina 24 fe</i>	119
STIOLTO RESPIMAT	130	SYMFI.....	6	<i>tarina fe 1/20 (28)</i>	119
STIVARGA.....	24	SYMFI LO	6	<i>taron-c dha</i>	140
<i>stop smoking aid</i>	79	SYMLINPEN 120	92	TARPEYO.....	83
STRENSIQ.....	90	SYMLINPEN 60	92	TASIGNA.....	25
STREPTOMYCIN	12	SYMPAZAN	29	<i>tasimelteon</i>	48
<i>stress formula with iron</i>	140	SYMPROIC.....	99	TASMAR	31
<i>stress formula with iron(sulf)</i>		SYMTUZA.....	6	<i>tavaborole</i>	71
.....	140	SYNAGIS.....	6	TAVALISSE	59
STRIVERDI RESPIMAT ..	130	SYNALAR	74	TAVNEOS	78
STROMECTOL	12	SYNALAR CREAM KIT	74	<i>tazarotene</i>	68
<i>strong iodine</i>	70, 136				

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

<i>tazicef</i>	8	TIAZAC	56	<i>trandolapril-verapamil</i>	56
TAZVERIK	25	TIBSOVO	25	<i>tranexamic acid</i>	59, 114
TDVAX	106	<i>ticagrelor</i>	59	<i>tranylcypromine</i>	48
TEFLARO	8	TICE BCG	107	<i>travoprost</i>	123
TEGLUTIK	78	TIGAN	99	<i>trazodone</i>	48
TEGRETOL	29	TIGLUTIK	78	TRECTOR	12
TEGRETOL XR	30	<i>tilia fe</i>	119	TRELEGY ELLIPTA	131
<i>telmisartan</i>	56	<i>timolol</i>	121	TREMFYA	63, 64
<i>telmisartan-amlodipine</i>	56	<i>timolol maleate</i>	56, 121	TREMFYA PEN	63
<i>telmisartan-hydrochlorothiazid</i>	56	<i>timolol maleate (pf)</i>	121	TREMFYA PEN INDUCTION PK-CROHN	63
<i>temazepam</i>	48	<i>tinidazole</i>	12	<i>treprostinil sodium</i>	56
TEMBEXA	6	<i>tiopronin</i>	78	TRESIBA FLEXTOUCH U- 100	87
TEMODAR	25	<i>tiotropium bromide</i>	131	TRESIBA FLEXTOUCH U- 200	87
<i>temozolomide</i>	25	<i>tis-u-sol pentalyte</i>	76	TRESIBA U-100 INSULIN ..	87
<i>tencon</i>	38	TIVICAY	6	<i>tretinoin</i>	68
TENIVAC (PF)	107	TIVICAY PD	6	<i>tretinoin (antineoplastic)</i>	25
<i>tenofovir disoproxil fumarate</i> ..	6	<i>tizanidine</i>	36	<i>tretinoin microspheres</i>	68
TENORETIC 100	56	TOBI PODHALER	12	TREXALL	25
TENORETIC 50	56	TOBRADEX	124	TREZIX	38
TENORMIN	56	<i>tobramycin</i>	12, 120	<i>triamcinolone acetonide</i> 75, 80, 83	
<i>terazosin</i>	56	<i>tobramycin in 0.225 % nacl</i> ..	12	<i>triamterene</i>	56
<i>terbinafine hcl</i>	3	<i>tobramycin sulfate</i>	12	<i>triamterene-hydrochlorothiazid</i>	56
<i>terbutaline</i>	131	TOBRAMYCIN WITH NEBULIZER	12	<i>triazolam</i>	48
<i>terconazole</i>	114	<i>tobramycin-dexamethasone</i> ..	124	TRICARE	140
<i>teriflunomide</i>	51	TOBRAMYCIN- VANCOMYCIN	120	<i>tricon</i>	140
<i>teriparatide</i>	108	TOBREX	120	<i>triderm</i>	75
TERIPARATIDE	108	TOLAK	65	<i>trientine</i>	78
TERSI FOAM	63	<i>tolcapone</i>	31	TRIESENCE (PF)	83
TESTOPEL	90	TOLECTIN 600	41	<i>tri-estarylla</i>	119
<i>testosterone</i>	90	<i>tolmetin</i>	41	TRIFERIC	140
TESTOSTERONE	90	<i>tolterodine</i>	133	<i>trifluoperazine</i>	48
<i>testosterone cypionate</i>	90	<i>tolvaptan</i>	90	<i>trifluridine</i>	120
<i>testosterone enanthate</i>	90	TOPICORT	75	<i>trihexyphenidyl</i>	31
<i>tetrabenazine</i>	34	<i>topiramate</i>	30	TRIJARDY XR	92
<i>tetracaine hcl</i>	122	<i>topotecan</i>	25	TRIKAFTA	131
TETRACAINE HCL (PF) ..	122	<i>toremifene</i>	25	<i>tri-legest fe</i>	119
<i>tetracycline</i>	15	<i>torpenz</i>	25	<i>tri-lynyah</i>	119
TEXACORT	75	<i>torse mide</i>	56	TRILIPIX	61
THALOMID	25	TOSYMRA	32	<i>tri-lo-estarylla</i>	119
THEO-24	131	TOUJEO MAX U-300 SOLOSTAR	87	<i>tri-lo-marzia</i>	119
<i>theophylline</i>	131	TOUJEO SOLOSTAR U-300 INSULIN	87	<i>tri-lo-mili</i>	119
THIOLA EC	78	<i>tovet emollient</i>	75	<i>tri-lo-sprintec</i>	119
<i>thioridazine</i>	48	TRACLEER	131	<i>trimethobenzamide</i>	99
<i>thiothixene</i>	48	<i>tramadol</i>	41, 42	<i>trimethoprim</i>	15
THRIVITE RX	140	<i>tramadol-acetaminophen</i>	42		
THYMOGLOBULIN	107	<i>trandolapril</i>	56		
<i>thyroid (pork)</i>	93				
<i>tiadylt er</i>	56				
<i>tiagabine</i>	30				

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

<i>tri-mili</i>	119	U		VAXELIS (PF)	107
<i>trimipramine</i>	49	UBRELVY	32	VAXNEUVANCE (PF)	107
TRIMO-SAN JELLY	114	UCERIS	99	VCF CONTRACEPTIVE	
<i>trinatal rx 1</i>	140	ULESFIA	75	FILM	114
<i>trinate</i>	140	UNASYN	14	VCF CONTRACEPTIVE GEL	
TRINTELLIX	49	<i>unithroid</i>	93	.....	114
TRIPTODUR	25	UNITUXIN	25	VECAMEYL	61
<i>tri-sprintec (28)</i>	119	UPTRAVI	57	VECTIBIX	25
TRISTART DHA	140	URELLE	134	VECTICAL	64
TRIUMEQ	6	<i>uretron d-s</i>	134	<i>veletri</i>	57
TRIUMEQ PD	6	URIBEL TABS	134	<i>velivet triphasic regimen (28)</i>	
<i>tri-vitamin with fluoride</i>	140	<i>urimar-t</i>	134	.....	119
<i>trivora (28)</i>	119	UROCIT-K 10	134	VELPHORO	136
<i>tri-vylibra</i>	119	UROCIT-K 15	134	VELSIPITY	100
<i>tri-vylibra lo</i>	119	<i>urogesic-blue</i>	134	VELTASSA	136
TROKENDI XR	30	<i>uro-mp</i>	134	VEMLIDY	6
<i>tropicamide</i>	121	UROQID-ACID NO.2	134	VENCLEXTA	25
<i>trospium</i>	133	<i>uro-sp</i>	134	VENCLEXTA STARTING	
TRUDHESA	32	URSO FORTE	99	PACK	25
TRULANCE	99	<i>ursodiol</i>	99	<i>venlafaxine</i>	49
TRULICITY	92	<i>uryl</i>	134	VENOFER	140
TRUMENBA	107	USTEKINUMAB-TTWE	64	VENTAVIS	131
TRUQAP	25	UVADEX	65	<i>venxxiva</i>	78
TRUSTEX-RIA NON-LUB		UZEDY	49	VEOZAH	114
CONDOMS	111	V		<i>verapamil</i>	57
TRYNGOLZA	61	<i>valacyclovir</i>	6	VERQUVO	61
TUKYSA	25	VALCHLOR	65	VERSACLOZ	49
<i>tulana</i>	113	VALCYTE	6	VERZENIO	25
TURALIO	25	<i>valganciclovir</i>	6	<i>vestura (28)</i>	119
<i>turqoz (28)</i>	119	<i>valproate sodium</i>	30	VEVYE	122
TUXARIN ER	127	<i>valproic acid</i>	30	VFEND	3
TWIIST REFILL KT(CSST-		<i>valproic acid (as sodium salt)</i>		VFEND IV	3
NDL-SYR)	85	.....	30	V-GO 20	85
TWIIST RFL(INFUS-CSST-		<i>valsartan</i>	57	V-GO 30	85
NDL-SYR)	85	<i>valsartan-hydrochlorothiazide</i>		V-GO 40	85
TWIIST STARTER KIT	85	.....	57	VIBATIV	16
TWINRIX (PF)	107	VALTOCO	30	VIBERZI	100
TWYNEO	68	<i>valtya</i>	119	VIDAZA	25
TYBOST	6	<i>vanadom</i>	36	<i>vienna</i>	119
TYENNE	110	VANOCOCIN	16	<i>vigabatrin</i>	30
TYENNE AUTOINJECTOR		<i>vancomycin</i>	16	<i>vigadrone</i>	30
.....	110	<i>vandazole</i>	114	VIGAMOX	120
TYKERB	25	VANOXIDE-HC	68	<i>vigpoder</i>	30
TYMLOS	108	<i>varenicline tartrate</i>	79	VIJOICE	25
TYRVAYA	122	VARIVAX (PF)	107	<i>vilazodone</i>	49
TYSABRI	34	VARIZIG	107	VIMIZIM	90
TYVASO	131	VARUBI	100	VIMKUNYA	107
TYVASO DPI	131	VASCEPA	61	<i>vinblastine</i>	25
TYVASO REFILL KIT	131	VASERETIC	57	<i>vincasar pfs</i>	25
TYVASO STARTER KIT	131	VASOTEC	57	<i>vincristine</i>	25

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

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

<i>zingiber</i>	141	ZOMIG.....	33	ZURZUVAE.....	49
<i>ziprasidone hcl</i>	49	ZONALON.....	65	ZYDELIG.....	26
ZIRGAN.....	121	<i>zonisamide</i>	30	ZYFLO	132
ZITHROMAX.....	9	ZONTIVITY	59	ZYKADIA.....	26
ZITHROMAX TRI-PAK	9	ZORTRESS.....	26	ZYLOPRIM.....	107
ZITHROMAX Z-PAK	9	ZORYVE.....	64	ZYMFENTRA.....	100
ZOKINVY.....	78	<i>zovia 1-35 (28)</i>	119	ZYNYZ.....	26
ZOLADEX.....	26	ZOVIRAX.....	71	ZYPITAMAG.....	61
ZOLINZA.....	26	ZTALMY	30	ZYPREXA.....	49
<i>zolmitriptan</i>	33	ZTLIDO.....	69	ZYVOX	12
ZOLMITRIPTAN	33	ZUBSOLV.....	42		
<i>zolpidem</i>	49	<i>zumandimine (28)</i>	119		

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