

2025

Formulary

(List of Covered Drugs)

This formulary was updated on May 1, 2025. For more recent information or other questions, please contact ArchCare Senior Life (PACE) Member Services at 1-866-412-5435 or, for TTY users, 711, 24 hours a day, 7 days a week, or visit www.ArchCareSeniorLife.org.



archcare
Senior Life

ArchCare Senior Life (PACE)

2025 Formulary

List of Covered Drugs

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

Formulary ID: 00025166, Version Number: 12

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

When this drug list (formulary) refers to “we,” “us,” or “our,” it means Catholic Managed Long Term Care, Inc. When it refers to “plan” or “our plan,” it means ArchCare Senior Life (PACE).

ArchCare Senior Life is a Program of All-inclusive Care for the Elderly (PACE). PACE is a community-based healthcare program created for people 55 and over who require nursing-home-level care, but prefer to receive it in their own familiar surroundings.

This document includes the Drug List (formulary) for our plan which is current as of May 1, 2025. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

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

What is the ArchCare Senior Life (PACE) Formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by ArchCare Senior Life (PACE) in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. ArchCare Senior Life (PACE) will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at an ArchCare Senior Life (PACE) network pharmacy, and other plan rules are followed.

Can the formulary change?

Most changes in drug coverage happen on January 1, but ArchCare Senior Life (PACE) may add or remove drugs on the formulary during the year or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: www.ArchCareSeniorLife.org.

This document includes a list of drugs covered on our formulary as of May 1, 2025. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

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

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

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

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

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

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

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product. We may make changes based on new clinical guidelines. If we remove drugs from our formulary or add prior authorization, quantity limits and/or step therapy restrictions on a drug, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the ArchCare Senior Life (PACE)’s Formulary?”

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

The enclosed formulary is current as of May 1, 2025. To get updated information about the drugs covered by ArchCare Senior Life (PACE), please contact us. Our contact information appears on the front and back cover pages. Please visit our web site at www.ArchCareSeniorLife.org or call Member Services at 1-866-412-5435, 24 hours a day, 7 days a week. TTY/TDD users should call 711. We will notify you by mail in the event of mid-year non-maintenance formulary changes.

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 232. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

ArchCare Senior Life (PACE) covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for

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the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

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

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

Are there any restrictions on my coverage?

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

Prior Authorization: ArchCare Senior Life (PACE) requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from ArchCare Senior Life (PACE) before you fill your prescriptions. If you don't get approval, ArchCare Senior Life (PACE) may not cover the drug.

Quantity Limits: For certain drugs, ArchCare Senior Life (PACE) limits the amount of the drug that ArchCare Senior Life (PACE) will cover. For example, ArchCare Senior Life (PACE) provides 30 tablets per prescription for Kerendia. This may be in addition to a standard one-month or three-month supply.

Step Therapy: In some cases, ArchCare Senior Life (PACE) 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, ArchCare Senior Life (PACE) may not cover Drug B unless you try Drug A first. If Drug A does not work for you, ArchCare Senior Life (PACE) will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 11. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online a document that explains our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask ArchCare Senior Life (PACE) to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the ArchCare Senior Life (PACE)'s formulary?" on page 6 for information about how to request an exception.

This document includes a list of drugs covered on our formulary as of May 1, 2025. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered.

If you learn that ArchCare Senior Life (PACE) does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by ArchCare Senior Life (PACE). When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by ArchCare Senior Life (PACE).
- You can ask ArchCare Senior Life (PACE) to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the ArchCare Senior Life (PACE)'s Formulary?

You can ask ArchCare Senior Life (PACE) to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered.
- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, ArchCare Senior Life (PACE) limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, ArchCare Senior Life (PACE) will only approve your request for an exception if the alternative drugs included on the plan's formulary or the restriction would not be as effective for you and/or would cause you to have adverse effects.

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

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show

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that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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

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

If you experience a change in level of care, we will cover a transition supply of your drugs. A level of care change occurs when you are discharged from a hospital or moved to or from a long-term care facility. In these instances, we will provide an emergency supply of non-formulary medication (including Part D medications that are on our formulary but require prior authorization or step therapy under our utilization management rules). This emergency supply will be for one 31-day supply, or less if your prescription is written for fewer days. The emergency supply is to ensure that you receive your medications while an exception has been requested.

For more information

For more detailed information about your ArchCare Senior Life (PACE) prescription drug coverage, please review your plan materials.

If you have questions about ArchCare Senior Life (PACE), please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

ArchCare Senior Life (PACE)'s Formulary

The formulary below provides coverage information about the drugs covered by ArchCare Senior Life (PACE). If you have trouble finding your drug in the list, turn to the Index that begins on page 232.

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

This document includes a list of drugs covered on our formulary as of May 1, 2025. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

The information in the Requirements/Limits column tells you if ArchCare Senior Life (PACE) has any special requirements for coverage of your drug.

GUIDE TO ABBREVIATIONS

PA – Prior Authorization required. This means that you or your physician must get approval from us before you fill your prescriptions for certain drugs. If you do not get approval, we may not cover the drugs.

QL – Quantity limits apply. For certain drugs we limit the amount that the plan will cover.

B/D – The plan will determine whether this drug will be covered under Medicare Part B or Part D based on the reason this drug has been prescribed by your doctor.

NM – Not available at our mail-order pharmacies. Not all drugs are available at mail-order, please check with customer service if you have any questions.

ST – Step Therapy. This means that we may require you to first try certain drugs to treat your medical condition before we will cover another drug for that condition.

ArchCare Senior Life is a Program of All-inclusive Care for the Elderly (PACE).

You can ask for this information for free in other formats, such as Braille, large print, data CD, audio CD or qualified reader. Puede solicitar esta información de forma gratuita en otros formatos, tales como Braille, letra grande, en CD, CD de audio o un lector cualificado.

The formulary, pharmacy network and provider network may change at any time. You will receive notice when necessary.

Discrimination is Against the Law

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

ArchCare

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact **Sarah Strum @ (646) 633-4401, TTY 711**

If you believe that ArchCare has failed to provide these services listed above or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: **Sarah Strum, (646) 633-4401, TTY 711**, or email PACE1557grievances@archcare.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, **Sarah Strum (646) 633-4401, TTY 711** 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/cp/wizard_cp.jsf or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available on-line at <http://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html>

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-380-2589 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-380-2589 (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1-855-380-2589 (TTY: 711)。

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CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-380-2589 (TTY: 711).

주요: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-380-2589 (청각 장애인용 서비스: 711)으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-380-2589 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-380-2589 (телетайп: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-380-2589 (711:YTT) رقم هاتف الصم والبكم

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-855-380-2589 (TTY: 711).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-380-2589 (ATS: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-380-2589 (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-380-2589 (TTY: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-380-2589 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-380-2589 (TTY: 711).

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。（1-855-380-2589 (TTY: 711)まで、お電話にてご連絡ください。

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما. بگيريد تماس 1-855-380-2589 (TTY: 711) با. باشد می ف.

ArchCare Senior Life (PACE) Formulary

Effective: May 1, 2025

Drug Name	Drug Tier	Requirements/Limits
<u>ANALGESICS</u>		
<u>GOUT</u>		
<i>allopurinol</i> TABS 100mg, 300mg	1	
<i>colchicine</i> CAPS .6mg	1	QL (60 caps / 30 days)
<i>colchicine</i> TABS .6mg	1	QL (120 tabs / 30 days)
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	
MITIGARE CAPS .6mg	2	QL (60 caps / 30 days)
<i>probenecid</i> TABS 500mg	1	
<u>MISCELLANEOUS</u>		
<i>a/f pain relief</i> TABS 500mg	3	
<i>acephen</i> SUPP 120mg	3	
<i>acetaminophen</i> CAPS 500mg; CHEW 80mg, 160mg; LIQD 160mg/5ml, 166.67mg/5ml; SOLN 160mg/5ml; SUPP 325mg, 650mg; SUSP 80mg/0.8ml; TABS 325mg	3	
<i>acetaminophen junior stre</i> TBDP 160mg	3	
<i>added strength pain relie</i>	3	
<i>adprin b</i>	3	
<i>adult aspirin regimen</i> TBEC 81mg	3	
<i>af-aspirin childrens</i> CHEW 81mg	3	
ALKA-SELTZER TAB 325MG	3	
ALKA-SELTZER TAB 500MG	3	
<i>anacin</i> TBEC 81mg	3	
ANACIN TAB 400-30MG	3	

Drug Name	Drug Tier	Requirements/Limits
ANACIN TAB MAX STR	3	
APACET CHW 80MG CHEW 80mg	3	
<i>arthritis pain reliever</i> GEL 1%	3	
ASCRIPITIN TAB	3	
<i>aspercreme arthritis pain</i> GEL 1%	3	
<i>aspir-low</i> TBEC 81mg	3	
<i>aspirin</i> SUPP 300mg, 600mg; TABS 325mg, 500mg; TBEC 81mg, 325mg, 650mg	3	
ASPIRIN SUPP 300mg, 600mg; TBEC 650mg	3	
<i>aspirin 81</i> TBEC 81mg	3	
<i>aspirin adult low dose</i> TBEC 81mg	3	
<i>aspirin adult low strengt</i> TBEC 81mg	3	
<i>aspirin buffered tab 500 mg</i>	3	
<i>aspirin ec adult low dose</i> TBEC 81mg	3	
<i>aspirin ec low dose</i> TBEC 81mg	3	
<i>aspirin enteric coated ad</i> TBEC 81mg	3	
<i>aspirin low dose</i> TBEC 81mg	3	
<i>aspirin powder</i>	3	
<i>aspirin regimen</i> TBEC 81mg	3	
<i>aspirin-caffeine tab 400-32 mg</i>	3	
BACK PAINOFF TAB	3	
<i>bayer aspirin ec low dose</i> TBEC 81mg	3	
<i>bayer chewable low dose</i> CHEW 81mg	3	

Drug Name	Drug Tier	Requirements/Limits
<i>bayer low dose</i> TBEC 81mg	3	
BAYER PLUS TAB 500MG	3	
BAYER WOMENS TAB 81-300MG	3	
BC FAST PAIN POW RELIEF	3	
BC FAST PAIN POW RLF ARTH	3	
<i>bufferin extra strength</i>	3	
BUFFERIN TAB 325MG	3	
BUFFERIN TAB 500MG	3	
<i>childrens acetaminophen</i> SUSP 160mg/5ml	3	
CHLD NON-ASA TAB 80MG	3	
CRAMP TAB	3	
<i>cvs aspirin adult low str</i> TBEC 81mg	3	
<i>cvs aspirin ec</i> TBEC 81mg	3	
<i>cvs aspirin low dose</i> TBEC 81mg	3	
<i>cvs aspirin low strength</i> TBEC 81mg	3	
<i>cvs diclofenac sodium</i> GEL 1%	3	
<i>diclofenac sodium (topical)</i> GEL 1%	3	
DOANS EXTRA STRENGTH TABS 500mg	3	
<i>ecotrin low strength</i> TBEC 81mg	3	
ECOTRIN LOW TAB 81MG EC	3	
ECOTRIN MAXIMUM STRENGTH TBEC 500mg	3	
ECOTRIN REGULAR STRENGTH TBEC 325mg	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>eq arthritis pain</i> GEL 1%	3	
<i>eq arthritis pain relieve</i> GEL 1%	3	
<i>eq aspirin adult low dose</i> TBEC 81mg	3	
<i>eq aspirin low dose</i> TBEC 81mg	3	
EXCEDRIN TAB	3	
<i>extra strength bayer arth</i> TBEC 500mg	3	
FEVERALL JUNIOR STRENGTH SUPP 325mg	3	
FEVERALL SUP 80MG SUPP 80mg	3	
<i>ft arthritis pain</i> GEL 1%	3	
<i>gnp arthritis pain</i> GEL 1%	3	
<i>gnp aspirin</i> TBEC 81mg	3	
<i>gnp aspirin low dose</i> TBEC 81mg	3	
<i>gnp diclofenac sodium</i> GEL 1%	3	
<i>goodsense arthritis pain</i> GEL 1%	3	
<i>goodsense aspirin</i> TBEC 81mg	3	
<i>goodsense aspirin low dos</i> TBEC 81mg	3	
GOODYS POW EX ST	3	
<i>h-e-b aspirin</i> TBEC 81mg	3	
HISTAFLEX TAB 325-25MG	3	
<i>hm aspirin ec low dose</i> TBEC 81mg	3	
HM PAIN REL DRO 80/0.8ML	3	
JR NON-ASA TAB 160MG QM	3	
<i>kls arthritis pain relief</i> GEL 1%	3	

Drug Name	Drug Tier	Requirements/Limits
<i>kls aspirin low dose</i> TBEC 81mg	3	
<i>kls diclofenac sodium</i> GEL 1%	3	
<i>kp aspirin</i> TBEC 81mg	3	
<i>lidocaine hcl (local anesth.)</i> SOLN .5%, 1%, 1.5%, 2%	1	B/D
<i>magnesium salicylate</i> TABS 500mg	3	
MEDI-TABS TAB 500MG	3	
<i>miniprin low dose</i> TBEC 81mg	3	
<i>mm aspirin</i> TBEC 81mg	3	
<i>motrin arthritis pain</i> GEL 1%	3	
<i>nicotine polacrilex</i> LOZG 2mg	3	
PAIN RELIEF TAB	3	
<i>painaid</i>	3	
<i>px enteric aspirin</i> TBEC 81mg	3	
<i>qc aspirin low dose</i> TBEC 81mg	3	
<i>qc diclofenac sodium</i> GEL 1%	3	
<i>ra antacid pain relief</i>	3	
<i>ra aspirin ec</i> TBEC 81mg	3	
<i>ra aspirin ec adult low s</i> TBEC 81mg	3	
<i>sb aspirin</i> TBEC 81mg	3	
<i>sb aspirin adult low stre</i> TBEC 81mg	3	
<i>sb low dose asa ec</i> TBEC 81mg	3	
<i>sm 8 hour pain relief</i> TBCR 650mg	3	
<i>sm arthritis pain</i> GEL 1%	3	

Drug Name	Drug Tier	Requirements/Limits
<i>sm aspirin adult low stre</i> TBEC 81mg	3	
<i>sm aspirin ec low strengt</i> TBEC 81mg	3	
<i>sm aspirin low dose</i> TBEC 81mg	3	
<i>st joseph aspirin</i> TBEC 81mg	3	
<i>st joseph low dose aspiri</i> TBEC 81mg	3	
TEMPRA 3 CHW 160MG CHEW 160mg	3	
<i>tgt acetaminophen melts c</i> TBDP 80mg	3	
TYLENOL CAP 500MG CAPS 500mg	3	
TYLENOL CAPLETS TABS 325mg	3	
TYLENOL CHILDRENS SUSP 160mg/5ml	3	
TYLENOL ER TAB 650MG TBCR 650mg	3	
TYLENOL EXTRA STRENGTH LIQD 1000mg/30ml	3	
VOLTAREN ARTHRITIS PAIN GEL 1%	3	
NSAIDS		
<i>addaprin</i> TABS 200mg	3	
<i>advil junior strength</i> CHEW 100mg; TABS 100mg	3	
ALEVE CAPS 220mg; TABS 220mg	3	
<i>all day pain relief</i> TABS 220mg	3	
<i>celecoxib</i> CAPS 50mg, 100mg, 200mg	1	QL (60 caps / 30 days)
<i>celecoxib</i> CAPS 400mg	1	QL (30 caps / 30 days)
CHILDRENS ADVIL SUSP 40mg/ml	3	
<i>childrens ibuprofen</i> SUSP 40mg/ml	3	

Drug Name	Drug Tier	Requirements/Limits
CHILDRENS MOTRIN JUNIOR S CHEW 100mg	3	
<i>diclofenac potassium</i> TABS 50mg	1	QL (120 tabs / 30 days)
<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	1	
<i>diflunisal</i> TABS 500mg	1	
<i>eq ibuprofen</i> CAPS 200mg	3	
<i>eq naproxen sodium</i> CAPS 220mg	3	
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	1	
<i>flurbiprofen</i> TABS 100mg	1	
HCA IBUPROFE CAP SOFTGEL	3	
HM IBUPROFEN SUS 100/5ML	3	
<i>ibu</i> TABS 400mg, 600mg, 800mg	1	
<i>ibuprofen</i> SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	1	
<i>meloxicam</i> TABS 7.5mg, 15mg	1	
MOTRIN MIGRA TAB 200MG	3	
<i>nabumetone</i> TABS 500mg, 750mg	1	
<i>naproxen</i> TABS 250mg, 375mg, 500mg	1	
<i>naproxen</i> TBEC 375mg	1	QL (120 tabs / 30 days)
<i>naproxen dr</i> TBEC 500mg	1	QL (90 tabs / 30 days)
<i>naproxen sodium</i> TABS 275mg, 550mg	1	
<i>piroxicam</i> CAPS 10mg, 20mg	1	
<i>sb childrens ibuprofen</i> SUSP 100mg/5ml	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>sulindac</i> TABS 150mg, 200mg	1	
OPIOID ANALGESICS, LONG-ACTING		
<i>buprenorphine</i> PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr	1	QL (4 patches / 28 days), PA
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr	1	QL (10 patches / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg	1	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 100mg, 120mg	2	QL (30 tabs / 30 days), PA
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml	1	QL (450 mL / 30 days), PA
<i>methadone hcl</i> TABS 5mg, 10mg	1	QL (90 tabs / 30 days), PA
<i>methadone hydrochloride i</i> CONC 10mg/ml	1	QL (90 mL / 30 days), PA
<i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg	1	QL (90 tabs / 30 days), PA
OXYCONTIN T12A 10mg, 15mg, 20mg, 30mg, 40mg, 60mg, 80mg	2	QL (60 tabs / 30 days), PA
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen w/ codeine soln</i> 120-12 mg/5ml	1	QL (2700 mL / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-15 mg	1	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-30 mg	1	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-60 mg	1	QL (180 tabs / 30 days)
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	2	
<i>endocet tab</i> 2.5-325mg	1	QL (360 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>endocet tab 5-325mg</i>	1	QL (360 tabs / 30 days)
<i>endocet tab 7.5-325mg</i>	1	QL (240 tabs / 30 days)
<i>endocet tab 10-325mg</i>	1	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	1	QL (2700 mL / 30 days)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	1	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	1	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	1	QL (180 tabs / 30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	1	QL (150 tabs / 30 days)
<i>hydromorphone hcl LIQD 1mg/ml</i>	1	QL (600 mL / 30 days)
<i>hydromorphone hcl TABS 2mg, 4mg, 8mg</i>	1	QL (180 tabs / 30 days)
<i>morphine sulfate SOLN 4mg/ml, 8mg/ml, 10mg/ml</i>	2	B/D
<i>morphine sulfate SOLN 10mg/5ml, 20mg/5ml</i>	1	QL (900 mL / 30 days)
<i>morphine sulfate SOLN 100mg/5ml</i>	1	QL (180 mL / 30 days)
<i>morphine sulfate TABS 15mg, 30mg</i>	1	QL (180 tabs / 30 days)
<i>nalbuphine hcl SOLN 10mg/ml, 20mg/ml</i>	2	
<i>oxycodone hcl CONC 100mg/5ml</i>	1	QL (180 mL / 30 days)
<i>oxycodone hcl SOLN 5mg/5ml</i>	1	QL (900 mL / 30 days)
<i>oxycodone hcl TABS 5mg, 10mg, 15mg, 20mg, 30mg</i>	1	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	1	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	1	QL (360 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	1	QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1	QL (180 tabs / 30 days)
<i>tramadol hcl TABS 50mg</i>	1	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	1	QL (240 tabs / 30 days)

ANTI-INFECTIVES

ANTI-INFECTIVES - MISCELLANEOUS

<i>albendazole TABS 200mg</i>	2	QL (672 tabs / year), PA
<i>amikacin sulfate SOLN 1gm/4ml, 500mg/2ml</i>	1	
<i>ANTIMINTH SUS 250/5ML SUSP 250mg/5ml</i>	3	
<i>ARIKAYCE SUSP 590mg/8.4ml</i>	2	NM, PA
<i>ascarel SUSP 250mg/5ml</i>	3	
<i>atovaquone SUSP 750mg/5ml</i>	1	QL (300 mL / 30 days), PA
<i>aztreonam SOLR 1gm, 2gm</i>	1	
<i>CAYSTON SOLR 75mg</i>	2	NM, PA
<i>clindamycin hcl CAPS 75mg, 150mg, 300mg</i>	1	
<i>clindamycin palmitate hydrochloride SOLR 75mg/5ml</i>	1	
<i>clindamycin phosphate SOLN 900mg/6ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	1	
CLINDMYC/NAC INJ 300/50ML	2	
CLINDMYC/NAC INJ 600/50ML	2	
CLINDMYC/NAC INJ 900/50ML	2	
<i>colistimethate sodium SOLR 150mg</i>	1	
<i>dapsone TABS 25mg, 100mg</i>	1	
DAPTOMYCIN SOLR 350mg	2	
<i>daptomycin SOLR 350mg, 500mg</i>	2	
EMVERM CHEW 100mg	2	QL (12 tabs / year)
<i>ertapenem sodium SOLR 1gm</i>	1	
<i>gentamicin in saline inj 0.8 mg/ml</i>	1	
<i>gentamicin in saline inj 1 mg/ml</i>	1	
<i>gentamicin in saline inj 1.2 mg/ml</i>	1	
<i>gentamicin in saline inj 1.6 mg/ml</i>	1	
<i>gentamicin in saline inj 2 mg/ml</i>	1	
<i>gentamicin sulfate SOLN 10mg/ml, 40mg/ml</i>	1	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	1	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	1	
IMPAVIDO CAPS 50mg	2	PA
<i>ivermectin TABS 3mg</i>	1	QL (12 tabs / 90 days), PA
<i>linezolid SOLN 600mg/300ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>linezolid</i> SUSR 100mg/5ml	2	QL (1800 mL / 30 days)
<i>linezolid</i> TABS 600mg	1	QL (60 tabs / 30 days)
LINEZOLID INJ 2MG/ML	2	
<i>meropenem</i> SOLR 1gm, 500mg	1	
<i>methenamine hippurate</i> TABS 1gm	1	
<i>metronidazole</i> SOLN 500mg/100ml; TABS 250mg, 500mg	1	
<i>neomycin sulfate</i> TABS 500mg	1	
<i>nitazoxanide</i> TABS 500mg	2	QL (6 tabs / 30 days)
<i>nitrofurantoin macrocrystal</i> CAPS 50mg, 100mg	2	
<i>nitrofurantoin monohyd macro</i> CAPS 100mg	2	
<i>pentamidine isethionate inh</i> SOLR 300mg	1	B/D
<i>pentamidine isethionate inj</i> SOLR 300mg	1	
<i>polymyxin b sulfate</i> SOLR 500000unit	1	
<i>praziquantel</i> TABS 600mg	1	
<i>pyrimethamine</i> TABS 25mg	2	QL (90 tabs / 30 days), PA
REESES PINWORM MEDICINE TABS 180mg	3	
<i>streptomycin sulfate</i> SOLR 1gm	2	
<i>sulfadiazine</i> TABS 500mg	2	
<i>sulfamethoxazole-trimethoprim iv soln</i> 400-80 mg/5ml	1	
<i>sulfamethoxazole-trimethoprim susp</i> 200-40 mg/5ml	1	

Drug Name	Drug Tier	Requirements/Limits
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
<i>tinidazole TABS 250mg, 500mg</i>	1	
TOBI PODHALER CAPS 28mg	2	NM, PA
<i>tobramycin NEBU 300mg/5ml</i>	2	NM, PA
<i>tobramycin sulfate SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml</i>	1	
<i>trimethoprim TABS 100mg</i>	1	
<i>vancomycin hcl CAPS 125mg</i>	1	QL (80 caps / 180 days)
<i>vancomycin hcl CAPS 250mg</i>	1	QL (160 caps / 180 days)
<i>vancomycin hcl SOLR 1gm, 1.25gm, 1.5gm, 5gm, 10gm, 500mg, 750mg</i>	1	
VANCOMYCIN INJ 1 GM	2	
VANCOMYCIN INJ 500MG	2	
VANCOMYCIN INJ 750MG	2	
ANTIFUNGALS		
ABELCET SUSP 5mg/ml	2	B/D
<i>amphotericin b SOLR 50mg</i>	1	B/D
<i>amphotericin b liposome SUSR 50mg</i>	2	B/D
<i>caspofungin acetate SOLR 50mg, 70mg</i>	1	
<i>fluconazole SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg</i>	1	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	1	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>flucytosine</i> CAPS 250mg, 500mg	2	PA
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	1	
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	1	
<i>itraconazole</i> CAPS 100mg	1	PA
<i>ketoconazole</i> TABS 200mg	1	PA
<i>micafungin sodium</i> SOLR 50mg, 100mg	1	
<i>nystatin</i> TABS 500000unit	1	
<i>posaconazole</i> SUSP 40mg/ml	2	QL (630 mL / 30 days), PA
<i>posaconazole</i> TBEC 100mg	2	QL (93 tabs / 30 days), PA
<i>terbinafine hcl</i> TABS 250mg	1	QL (30 tabs / 30 days), PA; PA applies after a 90 day supply in a calendar year
<i>voriconazole</i> SOLR 200mg	1	PA
<i>voriconazole</i> SUSR 40mg/ml	2	QL (600 mL / 28 days), PA
<i>voriconazole</i> TABS 50mg	1	QL (480 tabs / 30 days)
<i>voriconazole</i> TABS 200mg	1	QL (120 tabs / 30 days)
ANTIMALARIALS		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	1	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	1	
<i>chloroquine phosphate</i> TABS 250mg, 500mg	1	
COARTEM TAB 20-120MG	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>mefloquine hcl</i> TABS 250mg	1	
<i>primaquine phosphate</i> TABS 26.3mg	1	
PRIMAQUINE PHOSPHATE TABS 26.3mg	2	
<i>quinine sulfate</i> CAPS 324mg	1	PA
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate</i> SOLN 20mg/ml; TABS 300mg	1	NM
APTIVUS CAPS 250mg	2	NM
<i>atazanavir sulfate</i> CAPS 150mg, 200mg, 300mg	1	NM
<i>darunavir</i> TABS 600mg	2	QL (60 tabs / 30 days), NM
<i>darunavir</i> TABS 800mg	2	QL (30 tabs / 30 days), NM
EDURANT TABS 25mg	2	NM
<i>efavirenz</i> TABS 600mg	1	NM
<i>emtricitabine</i> CAPS 200mg	1	NM
EMTRIVA SOLN 10mg/ml	2	NM
<i>etravirine</i> TABS 100mg, 200mg	2	NM
<i>fosamprenavir calcium</i> TABS 700mg	2	NM
FUZEON SOLR 90mg	2	NM
INTELENCE TABS 25mg	2	NM
ISENTRESS CHEW 25mg, 100mg; PACK 100mg; TABS 400mg	2	NM
ISENTRESS HD TABS 600mg	2	NM
<i>lamivudine</i> SOLN 10mg/ml; TABS 150mg, 300mg	1	NM

Drug Name	Drug Tier	Requirements/Limits
<i>maraviroc</i> TABS 150mg, 300mg	2	NM
<i>nevirapine</i> SUSP 50mg/5ml; TABS 200mg; TB24 400mg	1	NM
NORVIR PACK 100mg	2	NM
PIFELTRO TABS 100mg	2	NM
PREZISTA SUSP 100mg/ml	2	QL (400 mL / 30 days), NM
PREZISTA TABS 75mg	2	QL (480 tabs / 30 days), NM
PREZISTA TABS 150mg	2	QL (240 tabs / 30 days), NM
REYATAZ PACK 50mg	2	NM
<i>ritonavir</i> TABS 100mg	1	NM
RUKOBIA TB12 600mg	2	NM
SELZENTRY SOLN 20mg/ml	2	NM
SUNLENCA TBPK 300mg	2	NM
<i>tenofovir disoproxil fumarate</i> TABS 300mg	1	NM
TIVICAY TABS 10mg, 25mg, 50mg	2	NM
TIVICAY PD TBSO 5mg	2	NM
TROGARZO SOLN 200mg/1.33ml	2	NM
TYBOST TABS 150mg	2	NM
VIRACEPT TABS 250mg, 625mg	2	NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	2	NM
<i>zidovudine</i> CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	1	NM

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Drug Name	Drug Tier	Requirements/Limits
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	1	NM
BIKTARVY TAB 30-120-15 MG	2	NM
BIKTARVY TAB 50-200-25 MG	2	NM
CIMDUO TAB 300-300	2	NM
COMPLERA TAB	2	NM
DELSTRIGO TAB	2	NM
DESCOVY TAB 120-15MG	2	NM
DESCOVY TAB 200/25MG	2	NM
DOVATO TAB 50-300MG	2	NM
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	2	NM
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	2	NM
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	2	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	2	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	2	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	2	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	1	NM
EVOTAZ TAB 300-150	2	NM
GENVOYA TAB	2	NM
JULUCA TAB 50-25MG	2	NM

Drug Name	Drug Tier	Requirements/Limits
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	NM
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	1	NM
<i>lopinavir-ritonavir tab 100-25 mg</i>	1	NM
<i>lopinavir-ritonavir tab 200-50 mg</i>	1	NM
ODEFSEY TAB	2	NM
PREZCOBIX TAB 800-150	2	NM
STRIBILD TAB	2	NM
SYMTUZA TAB	2	NM
TRIUMEQ PD TAB	2	NM
TRIUMEQ TAB	2	NM
ANTITUBERCULAR AGENTS		
<i>cycloserine CAPS 250mg</i>	2	
<i>ethambutol hcl TABS 100mg, 400mg</i>	1	
<i>isoniazid SYRP 50mg/5ml; TABS 100mg, 300mg</i>	1	
PRIFTIN TABS 150mg	2	
<i>pyrazinamide TABS 500mg</i>	1	
<i>rifabutin CAPS 150mg</i>	1	
<i>rifampin CAPS 150mg, 300mg; SOLR 600mg</i>	1	
SIRTURO TABS 20mg, 100mg	2	NM, PA
TRECATOR TABS 250mg	2	
ANTIVIRALS		
<i>acyclovir CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>acyclovir sodium</i> SOLN 50mg/ml	1	B/D
<i>adefovir dipivoxil</i> TABS 10mg	1	NM
BARACLUDE SOLN .05mg/ml	2	NM, ST
<i>entecavir</i> TABS .5mg, 1mg	1	NM
EPCLUSA PAK 150-37.5	2	NM, PA
EPCLUSA PAK 200-50MG	2	NM, PA
EPCLUSA TAB 200-50MG	2	NM, PA
EPCLUSA TAB 400-100	2	NM, PA
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	1	
<i>ganciclovir sodium</i> SOLR 500mg	1	B/D
HARVONI PAK 33.75-150MG	2	NM, PA
HARVONI PAK 45-200MG	2	NM, PA
HARVONI TAB 45-200MG	2	NM, PA
HARVONI TAB 90-400MG	2	NM, PA
<i>lamivudine (hbw)</i> TABS 100mg	1	NM
LIVTENCITY TABS 200mg	2	QL (336 tabs / 28 days), NM, PA
MAVYRET PAK 50-20MG	2	NM, PA
MAVYRET TAB 100-40MG	2	NM, PA
<i>oseltamivir phosphate</i> CAPS 30mg	1	QL (168 caps / year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	1	QL (84 caps / year)
<i>oseltamivir phosphate</i> SUSR 6mg/ml	1	QL (1080 mL / year)
PAXLOVID TAB 150-100	1	QL (40 tabs / 90 days)
PAXLOVID TAB 300-100	1	QL (60 tabs / 90 days)

Drug Name	Drug Tier	Requirements/Limits
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	2	NM, PA
PREVYMIS TABS 240mg, 480mg	2	QL (28 tabs / 28 days), PA
RELENZA DISKHALER AEPB 5mg/blister	2	QL (6 inhalers / year)
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	1	NM
<i>rimantadine hydrochloride</i> TABS 100mg	1	
<i>valacyclovir hcl</i> TABS 1gm, 500mg	1	
<i>valganciclovir hcl</i> SOLR 50mg/ml	2	
<i>valganciclovir hcl</i> TABS 450mg	1	
VOSEVI TAB	2	NM, PA
XOFLUZA TBPK 40mg, 80mg	2	QL (1 tab / 180 days)
CEPHALOSPORINS		
<i>cefaclor</i> CAPS 250mg, 500mg	1	
<i>cefadroxil</i> CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml	1	
CEFAZOLIN SOLR 2gm, 3gm	2	
CEFAZOLIN INJ 1GM/50ML	2	
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 3gm, 10gm, 500mg	1	
CEFAZOLIN SOLN 2GM/100ML-4%	2	
CEFAZOLIN/DEX SOL 1GM/50ML-4%	2	
CEFAZOLIN/DEX SOL 2GM/50ML-3%	2	
CEFAZOLIN/DEX SOL 3GM/150ML-4%	2	
<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	1	

Drug Name	Drug Tier	Requirements/Limits
<i>cefepime hcl</i> SOLR 1gm, 2gm	1	
<i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	1	
<i>cefotetan disodium</i> SOLR 1gm, 2gm	1	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	1	
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	1	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	1	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	1	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	1	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	1	
<i>cephalexin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml	1	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	1	
TEFLARO SOLR 400mg, 600mg	2	
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i> PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg, 600mg	1	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	1	
DIFICID SUSR 40mg/ml; TABS 200mg	2	
<i>e.e.s. 400</i> TABS 400mg	1	
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	1	

Drug Name	Drug Tier	Requirements/Limits
ERYTHROCIN LACTOBIONATE SOLR 500mg	2	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	1	
<i>erythromycin ethylsuccinate</i> TABS 400mg	1	
<i>erythromycin lactobionate</i> SOLR 500mg	1	
FLUOROQUINOLONES		
<i>ciprofloxacin 200 mg/100ml in d5w</i>	1	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	1	
<i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin</i> SOLN 25mg/ml; TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	1	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	1	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	1	
<i>moxifloxacin hcl</i> TABS 400mg	1	
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	1	
PENICILLINS		
<i>amoxicillin</i> CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	1	
<i>ampicillin CAPS 500mg</i>	1	
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	1	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	1	
<i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</i>	1	
<i>BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml</i>	2	
<i>dicloxacillin sodium CAPS 250mg, 500mg</i>	1	
<i>nafcillin sodium SOLR 1gm, 2gm</i>	1	
<i>nafcillin sodium SOLR 10gm</i>	2	
<i>oxacillin sodium SOLR 1gm, 2gm, 10gm</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>penicillin g potassium</i> SOLR 5000000unit, 20000000unit	1	
<i>penicillin g sodium</i> SOLR 5000000unit	1	
<i>penicillin v potassium</i> SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
<i>pfizerpen</i> SOLR 5000000unit, 20000000unit	1	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	1	
TETRACYCLINES		
<i>doxy 100</i> SOLR 100mg	1	
<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg	1	
<i>doxycycline hyclate</i> CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg	1	
<i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg	1	
NUZYRA SOLR 100mg	2	NM
NUZYRA TABS 150mg	2	QL (30 tabs / 14 days), NM
<i>tetracycline hcl</i> CAPS 250mg, 500mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>tigecycline</i> SOLR 50mg	2	
<u>ANTINEOPLASTIC AGENTS</u>		
<u>ALKYLATING AGENTS</u>		
BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml	2	B/D, NM
BENDEKA SOLN 100mg/4ml	2	B/D, NM
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	1	B/D
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	1	B/D
<i>cyclophosphamide</i> CAPS 25mg, 50mg; SOLR 1gm, 500mg	1	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	2	B/D, NM
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml; TABS 25mg, 50mg	2	B/D
<i>cyclophosphamide</i> SOLR 2gm	2	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	2	B/D
FRINDOVYX SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	2	B/D, NM
GLEOSTINE CAPS 10mg, 40mg, 100mg	2	NM
LEUKERAN TABS 2mg	2	
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg	1	B/D
<i>oxaliplatin</i> SOLR 100mg	2	B/D
<u>ANTIMETABOLITES</u>		
<i>azacitidine</i> SUSR 100mg	2	B/D, NM
<i>cytarabine</i> SOLN 20mg/ml	1	B/D

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Drug Name	Drug Tier	Requirements/Limits
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	1	B/D
<i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	1	B/D
INQOVI TAB 35-100MG	2	QL (5 tabs / 28 days), NM, PA
LONSURF TAB 15-6.14	2	QL (100 tabs / 28 days), NM, PA
LONSURF TAB 20-8.19	2	QL (80 tabs / 28 days), NM, PA
<i>mercaptopurine</i> SUSP 2000mg/100ml	2	NM
<i>mercaptopurine</i> TABS 50mg	1	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	1	B/D
ONUREG TABS 200mg, 300mg	2	QL (14 tabs / 28 days), NM, PA
<i>pemetrexed disodium</i> SOLR 100mg, 500mg, 750mg, 1000mg	2	B/D
PURIXAN SUSP 2000mg/100ml	2	NM
TABLOID TABS 40mg	2	
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i> TABS 250mg	2	QL (120 tabs / 30 days), NM, PA
<i>abiraterone acetate</i> TABS 500mg	2	QL (60 tabs / 30 days), NM, PA
AKEEGA TAB 50/500MG	2	QL (60 tabs / 30 days), NM, PA
AKEEGA TAB 100/500	2	QL (60 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
<i>anastrozole</i> TABS 1mg	1	
<i>bicalutamide</i> TABS 50mg	1	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	2	NM, PA
ERLEADA TABS 60mg	2	QL (120 tabs / 30 days), NM, PA
ERLEADA TABS 240mg	2	QL (30 tabs / 30 days), NM, PA
EULEXIN CAPS 125mg	2	
<i>exemestane</i> TABS 25mg	1	
FIRMAGON SOLR 80mg, 120mg/vial	2	NM, PA
<i>fulvestrant</i> SOSY 250mg/5ml	2	B/D
<i>letrozole</i> TABS 2.5mg	1	
<i>leuprolide acetate</i> KIT 1mg/0.2ml	1	NM, PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	2	NM, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	2	NM, PA
LYSODREN TABS 500mg	2	NM
<i>megestrol acetate</i> TABS 20mg, 40mg	2	
<i>nilutamide</i> TABS 150mg	2	
NUBEQA TABS 300mg	2	QL (120 tabs / 30 days), NM, PA
ORGOVYX TABS 120mg	2	NM, PA
ORSERDU TABS 86mg	2	QL (90 tabs / 30 days), NM, PA
ORSERDU TABS 345mg	2	QL (30 tabs / 30 days), NM, PA

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Drug Name	Drug Tier	Requirements/Limits
SOLTAMOX SOLN 10mg/5ml	2	
<i>tamoxifen citrate</i> TABS 10mg, 20mg	1	
<i>toremifene citrate</i> TABS 60mg	1	PA
XTANDI CAPS 40mg	2	QL (120 caps / 30 days), NM, PA
XTANDI TABS 40mg	2	QL (120 tabs / 30 days), NM, PA
XTANDI TABS 80mg	2	QL (60 tabs / 30 days), NM, PA
IMMUNOMODULATORS		
<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg	2	QL (28 caps / 28 days), NM, PA
<i>lenalidomide</i> CAPS 20mg, 25mg	2	QL (21 caps / 28 days), NM, PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	2	QL (21 caps / 28 days), NM, PA
THALOMID CAPS 50mg	2	QL (84 caps / 28 days), NM, PA
THALOMID CAPS 100mg	2	QL (112 caps / 28 days), NM, PA
THALOMID CAPS 150mg, 200mg	2	QL (56 caps / 28 days), NM, PA
MISCELLANEOUS		
BESREMI SOSY 500mcg/ml	2	QL (2 syringes / 28 days), NM, PA
<i>bexarotene</i> CAPS 75mg	2	QL (300 caps / 30 days), NM, PA
<i>doxorubicin hcl</i> SOLN 2mg/ml	1	B/D
<i>doxorubicin hcl liposomal</i> SUSP 2mg/ml	2	B/D
<i>hydroxyurea</i> CAPS 500mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	1	B/D
IWILFIN TABS 192mg	2	QL (240 tabs / 30 days), NM, PA
MATULANE CAPS 50mg	2	NM
<i>tretinoin (chemotherapy)</i> CAPS 10mg	2	
WELIREG TABS 40mg	2	QL (90 tabs / 30 days), NM, PA
MITOTIC INHIBITORS		
<i>docetaxel</i> CONC 20mg/ml	1	B/D
<i>docetaxel</i> CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	2	B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	2	B/D
DOCIVYX SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	2	B/D, NM
<i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	1	B/D
<i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	1	B/D
<i>paclitaxel inj</i> 100mg	2	B/D, NM
<i>vincristine sulfate</i> SOLN 1mg/ml	1	B/D
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	1	B/D
MOLECULAR TARGET AGENTS		
ALECENSA CAPS 150mg	2	QL (240 caps / 30 days), NM, PA
ALUNBRIG TABS 30mg	2	QL (120 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
ALUNBRIG TABS 90mg, 180mg	2	QL (30 tabs / 30 days), NM, PA
ALUNBRIG PAK	2	QL (30 tabs / 30 days), NM, PA
AUGTYRO CAPS 40mg	2	QL (240 caps / 30 days), NM, PA
AUGTYRO CAPS 160mg	2	QL (60 caps / 30 days), NM, PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	2	QL (30 tabs / 30 days), NM, PA
BALVERSA TABS 3mg	2	QL (84 tabs / 28 days), NM, PA
BALVERSA TABS 4mg	2	QL (56 tabs / 28 days), NM, PA
BALVERSA TABS 5mg	2	QL (28 tabs / 28 days), NM, PA
BORTEZOMIB SOLR 1mg, 2.5mg	2	NM, PA
<i>bortezomib</i> SOLR 3.5mg	2	NM, PA
BOSULIF CAPS 50mg	2	QL (360 caps / 30 days), NM, PA
BOSULIF CAPS 100mg	2	QL (150 caps / 25 days), NM, PA
BOSULIF TABS 100mg	2	QL (180 tabs / 30 days), NM, PA
BOSULIF TABS 400mg, 500mg	2	QL (30 tabs / 30 days), NM, PA
BRAFTOVI CAPS 75mg	2	QL (180 caps / 30 days), NM, PA
BRUKINSA CAPS 80mg	2	QL (120 caps / 30 days), NM, PA

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Drug Name	Drug Tier	Requirements/Limits
CABOMETYX TABS 20mg, 40mg, 60mg	2	QL (30 tabs / 30 days), NM, PA
CALQUENCE CAPS 100mg	2	QL (60 caps / 30 days), NM, PA
CALQUENCE TABS 100mg	2	QL (60 tabs / 30 days), NM, PA
CAPRELSA TABS 100mg	2	QL (60 tabs / 30 days), NM, PA
CAPRELSA TABS 300mg	2	QL (30 tabs / 30 days), NM, PA
COMETRIQ (60MG DOSE) KIT 20mg	2	QL (84 caps / 28 days), NM, PA
COMETRIQ KIT 100MG	2	QL (56 caps / 28 days), NM, PA
COMETRIQ KIT 140MG	2	QL (112 caps / 28 days), NM, PA
COPIKTRA CAPS 15mg, 25mg	2	QL (56 caps / 28 days), NM, PA
COTELLIC TABS 20mg	2	QL (63 tabs / 28 days), NM, PA
DANZITEN TABS 71mg, 95mg	2	QL (112 tabs / 28 days), NM, PA
<i>dasatinib</i> TABS 20mg	2	QL (90 tabs / 30 days), NM, PA
<i>dasatinib</i> TABS 50mg, 70mg, 80mg, 100mg, 140mg	2	QL (30 tabs / 30 days), NM, PA
DAURISMO TABS 25mg	2	QL (60 tabs / 30 days), NM, PA
DAURISMO TABS 100mg	2	QL (30 tabs / 30 days), NM, PA
ERIVEDGE CAPS 150mg	2	QL (30 caps / 30 days), NM, PA

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Drug Name	Drug Tier	Requirements/Limits
<i>erlotinib hcl</i> TABS 25mg	2	QL (90 tabs / 30 days), NM, PA
<i>erlotinib hcl</i> TABS 100mg, 150mg	2	QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	2	QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 2mg	2	QL (150 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 3mg	2	QL (90 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 5mg	2	QL (60 tabs / 30 days), NM, PA
FOTIVDA CAPS .89mg, 1.34mg	2	QL (21 caps / 28 days), NM, PA
FRUZAQLA CAPS 1mg	2	QL (84 caps / 28 days), NM, PA
FRUZAQLA CAPS 5mg	2	QL (21 caps / 28 days), NM, PA
GAVRETO CAPS 100mg	2	QL (120 caps / 30 days), NM, PA
<i>gefitinib</i> TABS 250mg	2	QL (60 tabs / 30 days), NM, PA
GILOTRIF TABS 20mg, 30mg, 40mg	2	QL (30 tabs / 30 days), NM, PA
HERCEP HYLEC SOL 60-10000	2	NM, PA
HERCEPTIN SOLR 150mg	2	NM, PA
HERZUMA SOLR 150mg, 420mg	2	NM, PA
IBRANCE CAPS 75mg, 100mg, 125mg	2	QL (21 caps / 28 days), NM, PA
IBRANCE TABS 75mg, 100mg, 125mg	2	QL (21 tabs / 28 days), NM, PA

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Drug Name	Drug Tier	Requirements/Limits
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	2	QL (30 tabs / 30 days), NM, PA
IDHIFA TABS 50mg, 100mg	2	QL (30 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 100mg	2	QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 400mg	2	QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAPS 70mg	2	QL (30 caps / 30 days), NM, PA
IMBRUVICA CAPS 140mg	2	QL (120 caps / 30 days), NM, PA
IMBRUVICA SUSP 70mg/ml	2	QL (216 mL / 27 days), NM, PA
IMBRUVICA TABS 140mg, 280mg, 420mg	2	QL (30 tabs / 30 days), NM, PA
IMKELDI SOLN 80mg/ml	2	QL (280 mL / 28 days), NM, PA
INLYTA TABS 1mg	2	QL (180 tabs / 30 days), NM, PA
INLYTA TABS 5mg	2	QL (120 tabs / 30 days), NM, PA
INREBIC CAPS 100mg	2	QL (120 caps / 30 days), NM, PA
ITOVEBI TABS 3mg	2	QL (56 tabs / 28 days), NM, PA
ITOVEBI TABS 9mg	2	QL (28 tabs / 28 days), NM, PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	2	QL (60 tabs / 30 days), NM, PA
JAYPIRCA TABS 50mg	2	QL (30 tabs / 30 days), NM, PA

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Drug Name	Drug Tier	Requirements/Limits
JAYPIRCA TABS 100mg	2	QL (60 tabs / 30 days), NM, PA
KADCYLA SOLR 100mg, 160mg	2	B/D, NM
KANJINTI SOLR 150mg, 420mg	2	NM, PA
KEYTRUDA SOLN 100mg/4ml	2	NM, PA
KISQALI 200 DOSE TBPk 200mg	2	QL (21 tabs / 28 days), NM, PA
KISQALI 200 PAK FEMARA	2	QL (49 tabs / 28 days), NM, PA
KISQALI 400 DOSE TBPk 200mg	2	QL (42 tabs / 28 days), NM, PA
KISQALI 400 PAK FEMARA	2	QL (70 tabs / 28 days), NM, PA
KISQALI 600 DOSE TBPk 200mg	2	QL (63 tabs / 28 days), NM, PA
KISQALI 600 PAK FEMARA	2	QL (91 tabs / 28 days), NM, PA
KOSELUGO CAPS 10mg	2	QL (240 caps / 30 days), NM, PA
KOSELUGO CAPS 25mg	2	QL (120 caps / 30 days), NM, PA
KRAZATI TABS 200mg	2	QL (180 tabs / 30 days), NM, PA
<i>lapatinib ditosylate</i> TABS 250mg	2	QL (180 tabs / 30 days), NM, PA
LAZCLUZE TABS 80mg	2	QL (60 tabs / 30 days), NM, PA
LAZCLUZE TABS 240mg	2	QL (30 tabs / 30 days), NM, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	2	QL (30 caps / 30 days), NM, PA

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Drug Name	Drug Tier	Requirements/Limits
LENVIMA 8 MG DAILY DOSE CPPK 4mg	2	QL (60 caps / 30 days), NM, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	2	QL (30 caps / 30 days), NM, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	2	QL (90 caps / 30 days), NM, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	2	QL (60 caps / 30 days), NM, PA
LENVIMA CAP 14 MG	2	QL (60 caps / 30 days), NM, PA
LENVIMA CAP 18 MG	2	QL (90 caps / 30 days), NM, PA
LENVIMA CAP 24 MG	2	QL (90 caps / 30 days), NM, PA
LORBRENA TABS 25mg	2	QL (90 tabs / 30 days), NM, PA
LORBRENA TABS 100mg	2	QL (30 tabs / 30 days), NM, PA
LUMAKRAS TABS 120mg	2	QL (240 tabs / 30 days), NM, PA
LUMAKRAS TABS 240mg	2	QL (120 tabs / 30 days), NM, PA
LUMAKRAS TABS 320mg	2	QL (90 tabs / 30 days), NM, PA
LYNPARZA TABS 100mg, 150mg	2	QL (120 tabs / 30 days), NM, PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg	2	QL (84 tabs / 28 days), NM, PA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg	2	QL (112 tabs / 28 days), NM, PA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg	2	QL (140 tabs / 28 days), NM, PA

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Drug Name	Drug Tier	Requirements/Limits
MEKINIST SOLR .05mg/ml	2	QL (1260 mL / 30 days), NM, PA
MEKINIST TABS 2mg	2	QL (30 tabs / 30 days), NM, PA
MEKINIST TABS .5mg	2	QL (90 tabs / 30 days), NM, PA
MEKTOVI TABS 15mg	2	QL (180 tabs / 30 days), NM, PA
MONJUVI SOLR 200mg	2	NM, PA
NERLYNX TABS 40mg	2	QL (180 tabs / 30 days), NM, PA
NINLARO CAPS 2.3mg, 3mg, 4mg	2	QL (3 caps / 28 days), NM, PA
ODOMZO CAPS 200mg	2	QL (30 caps / 30 days), NM, PA
OGIVRI SOLR 150mg, 420mg	2	NM, PA
OGSIVEO TABS 50mg	2	QL (180 tabs / 30 days), NM, PA
OGSIVEO TABS 100mg, 150mg	2	QL (56 tabs / 28 days), NM, PA
OJEMDA SUSR 25mg/ml	2	QL (96 mL / 28 days), NM, PA
OJEMDA TABS 100mg	2	QL (24 tabs / 28 days), NM, PA
OJJAARA TABS 100mg, 150mg, 200mg	2	QL (30 tabs / 30 days), NM, PA
ONTRUZANT SOLR 150mg, 420mg	2	NM, PA
<i>pazopanib hcl</i> TABS 200mg	2	QL (120 tabs / 30 days), NM, PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	2	QL (28 tabs / 28 days), NM, PA

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Drug Name	Drug Tier	Requirements/Limits
PHESGO SOL	2	NM, PA
PIQRAY 200MG DAILY DOSE TBPk 200mg	2	QL (28 tabs / 28 days), NM, PA
PIQRAY 250MG TAB DOSE	2	QL (56 tabs / 28 days), NM, PA
PIQRAY 300MG DAILY DOSE TBPk 150mg	2	QL (56 tabs / 28 days), NM, PA
QINLOCK TABS 50mg	2	QL (90 tabs / 30 days), NM, PA
RETEVMO CAPS 40mg	2	QL (180 caps / 30 days), NM, PA
RETEVMO CAPS 80mg	2	QL (120 caps / 30 days), NM, PA
RETEVMO TABS 40mg	2	QL (90 tabs / 30 days), NM, PA
RETEVMO TABS 80mg, 120mg, 160mg	2	QL (60 tabs / 30 days), NM, PA
REVUFORJ TABS 110mg	2	QL (120 tabs / 30 days), NM, PA
REVUFORJ TABS 160mg	2	QL (60 tabs / 30 days), NM, PA
REZLIDHIA CAPS 150mg	2	QL (60 caps / 30 days), NM, PA
ROZLYTREK CAPS 100mg	2	QL (180 caps / 30 days), NM, PA
ROZLYTREK CAPS 200mg	2	QL (90 caps / 30 days), NM, PA
ROZLYTREK PACK 50mg	2	QL (336 packets / 28 days), NM, PA
RUBRACA TABS 200mg, 250mg, 300mg	2	QL (120 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
RYDAPT CAPS 25mg	2	QL (224 caps / 28 days), NM, PA
SCEMBLIX TABS 20mg	2	QL (60 tabs / 30 days), NM, PA
SCEMBLIX TABS 40mg	2	QL (300 tabs / 30 days), NM, PA
SCEMBLIX TABS 100mg	2	QL (120 tabs / 30 days), NM, PA
<i>sorafenib tosylate</i> TABS 200mg	2	QL (120 tabs / 30 days), NM, PA
STIVARGA TABS 40mg	2	QL (84 tabs / 28 days), NM, PA
<i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg	2	QL (30 caps / 30 days), NM, PA
TABRECTA TABS 150mg, 200mg	2	QL (112 tabs / 28 days), NM, PA
TAFINLAR CAPS 50mg, 75mg	2	QL (120 caps / 30 days), NM, PA
TAFINLAR TBSO 10mg	2	QL (900 tabs / 30 days), NM, PA
TAGRISSO TABS 40mg, 80mg	2	QL (30 tabs / 30 days), NM, PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg	2	QL (30 caps / 30 days), NM, PA
TALZENNA CAPS .25mg	2	QL (90 caps / 30 days), NM, PA
TASIGNA CAPS 50mg	2	QL (120 caps / 30 days), NM, PA
TASIGNA CAPS 150mg, 200mg	2	QL (112 caps / 28 days), NM, PA
TAZVERIK TABS 200mg	2	QL (240 tabs / 30 days), NM, PA

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Drug Name	Drug Tier	Requirements/Limits
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	2	NM, PA
TECENTRIQ INJ HYBREZA	2	QL (1 vial / 21 days), NM, PA
TEPMETKO TABS 225mg	2	QL (60 tabs / 30 days), NM, PA
TIBSOVO TABS 250mg	2	QL (60 tabs / 30 days), NM, PA
<i>torpenz</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	2	QL (30 tabs / 30 days), NM, PA
TRAZIMERA SOLR 150mg, 420mg	2	NM, PA
TRUQAP TABS 160mg, 200mg	2	QL (64 tabs / 28 days), NM, PA
TRUQAP TBPK 160mg, 200mg	2	QL (4 packs / 28 days), NM, PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	2	NM, PA
TUKYSA TABS 50mg, 150mg	2	QL (120 tabs / 30 days), NM, PA
TURALIO CAPS 125mg	2	QL (120 caps / 30 days), NM, PA
VANFLYTA TABS 17.7mg, 26.5mg	2	QL (56 tabs / 28 days), NM, PA
VENCLEXTA TABS 10mg, 50mg	2	QL (112 tabs / 28 days), NM, PA
VENCLEXTA TABS 100mg	2	QL (180 tabs / 30 days), NM, PA
VENCLEXTA TAB START PK	2	QL (42 tabs / 28 days), NM, PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	2	QL (56 tabs / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
VITRAKVI CAPS 25mg	2	QL (180 caps / 30 days), NM, PA
VITRAKVI CAPS 100mg	2	QL (60 caps / 30 days), NM, PA
VITRAKVI SOLN 20mg/ml	2	QL (300 mL / 30 days), NM, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	2	QL (30 tabs / 30 days), NM, PA
VONJO CAPS 100mg	2	QL (120 caps / 30 days), NM, PA
VORANIGO TABS 10mg	2	QL (60 tabs / 30 days), NM, PA
VORANIGO TABS 40mg	2	QL (30 tabs / 30 days), NM, PA
XALKORI CAPS 200mg, 250mg; CPSP 50mg	2	QL (120 caps / 30 days), NM, PA
XALKORI CPSP 20mg	2	QL (240 caps / 30 days), NM, PA
XALKORI CPSP 150mg	2	QL (180 caps / 30 days), NM, PA
XOSPATA TABS 40mg	2	QL (90 tabs / 30 days), NM, PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPk 40mg	2	QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (40 MG TWICE WEEKLY) TBPk 40mg	2	QL (8 tabs / 28 days), NM, PA
XPOVIO PAK (60 MG ONCE WEEKLY) TBPk 60mg	2	QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (60 MG TWICE WEEKLY) TBPk 20mg	2	QL (24 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPk 40mg	2	QL (8 tabs / 28 days), NM, PA

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Drug Name	Drug Tier	Requirements/Limits
XPOVIO PAK (80 MG TWICE WEEKLY) TBPk 20mg	2	QL (32 tabs / 28 days), NM, PA
XPOVIO PAK (100 MG ONCE WEEKLY) TBPk 50mg	2	QL (8 tabs / 28 days), NM, PA
ZEJULA TABS 100mg, 200mg, 300mg	2	QL (30 tabs / 30 days), NM, PA
ZELBORAF TABS 240mg	2	QL (240 tabs / 30 days), NM, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	2	NM, PA
ZOLINZA CAPS 100mg	2	QL (120 caps / 30 days), NM, PA
ZYDELIG TABS 100mg, 150mg	2	QL (60 tabs / 30 days), NM, PA
ZYKADIA TABS 150mg	2	QL (84 tabs / 28 days), NM, PA

PROTECTIVE AGENTS

<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	1	B/D
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	1	
<i>mesna</i> TABS 400mg	2	
MESNEX TABS 400mg	2	

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

<i>amlodipine besylate-benazepril hcl cap 2.5- 10 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5- 10 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5- 20 mg</i>	1	QL (30 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	QL (30 caps / 30 days)
<i>benazepril & hydrochlorothiazide tab 5-6.25mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	
ACE INHIBITORS		
<i>benazepril hcl</i> TABS 5mg, 10mg, 20mg, 40mg	1	
<i>captopril</i> TABS 12.5mg, 25mg, 50mg, 100mg	1	
<i>enalapril maleate</i> TABS 2.5mg, 5mg, 10mg, 20mg	1	
<i>fosinopril sodium</i> TABS 10mg, 20mg, 40mg	1	
<i>lisinopril</i> TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	1	
<i>moexipril hcl</i> TABS 7.5mg, 15mg	1	
<i>perindopril erbumine</i> TABS 2mg, 4mg, 8mg	1	
<i>quinapril hcl</i> TABS 5mg, 10mg, 20mg, 40mg	1	
<i>ramipril</i> CAPS 1.25mg, 2.5mg, 5mg, 10mg	1	
<i>trandolapril</i> TABS 1mg, 2mg, 4mg	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone</i> TABS 25mg, 50mg	1	
KERENDIA TABS 10mg, 20mg	2	QL (30 tabs / 30 days)
<i>spironolactone</i> TABS 25mg, 50mg, 100mg	1	
ALPHA BLOCKERS		
<i>doxazosin mesylate</i> TABS 1mg, 2mg, 4mg, 8mg	1	
<i>prazosin hcl</i> CAPS 1mg, 2mg, 5mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	1	QL (30 tabs / 30 days)
ENTRESTO CAP 6-6MG	2	QL (240 caps / 30 days)
ENTRESTO CAP 15-16MG	2	QL (240 caps / 30 days)
ENTRESTO TAB 24-26MG	2	QL (60 tabs / 30 days)
ENTRESTO TAB 49-51MG	2	QL (60 tabs / 30 days)
ENTRESTO TAB 97-103MG	2	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	QL (30 tabs / 30 days)
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil</i> TABS 4mg, 8mg, 16mg	1	QL (60 tabs / 30 days)
<i>candesartan cilexetil</i> TABS 32mg	1	QL (30 tabs / 30 days)
<i>irbesartan</i> TABS 75mg, 150mg, 300mg	1	QL (30 tabs / 30 days)
<i>losartan potassium</i> TABS 25mg, 50mg, 100mg	1	
<i>olmesartan medoxomil</i> TABS 5mg	1	QL (60 tabs / 30 days)
<i>olmesartan medoxomil</i> TABS 20mg, 40mg	1	QL (30 tabs / 30 days)
<i>telmisartan</i> TABS 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
<i>valsartan</i> TABS 40mg, 80mg, 160mg	1	QL (60 tabs / 30 days)
<i>valsartan</i> TABS 320mg	1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
ANTIARRHYTHMICS		
<i>amiodarone hcl</i> SOLN 50mg/ml, 150mg/3ml, 900mg/18ml; TABS 100mg, 200mg, 400mg	1	
<i>disopyramide phosphate</i> CAPS 100mg, 150mg	2	
<i>dofetilide</i> CAPS 125mcg, 250mcg, 500mcg	1	NM
<i>flecainide acetate</i> TABS 50mg, 100mg, 150mg	1	
MULTAQ TABS 400mg	2	QL (60 tabs / 30 days)
<i>pacerone</i> TABS 100mg, 200mg, 400mg	1	
<i>propafenone hcl</i> CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg	1	
<i>quinidine sulfate</i> TABS 200mg, 300mg	1	
<i>sotalol hcl</i> TABS 80mg, 120mg, 160mg, 240mg	1	
<i>sotalol hcl (afib/afl)</i> TABS 80mg, 120mg, 160mg	1	
ANTILIPEMICS, FIBRATES		
<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	1	
<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	1	
<i>gemfibrozil</i> TABS 600mg	1	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
<i>lovastatin</i> TABS 10mg, 20mg, 40mg	1	QL (60 tabs / 30 days)
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	1	
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	1	
<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg	1	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm; TABS 1gm	1	
<i>ezetimibe</i> TABS 10mg	1	
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	QL (30 tabs / 30 days)
NEXLETOL TABS 180mg	2	QL (30 tabs / 30 days)
NEXLIZET TAB 180/10MG	2	QL (30 tabs / 30 days)
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg	1	QL (60 tabs / 30 days)
<i>omega-3-acid ethyl esters cap 1 gm</i>	1	PA
<i>prevalite</i> PACK 4gm; POWD 4gm/dose	1	
REPATHA SOSY 140mg/ml	2	NM, PA
REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml	2	NM, PA
REPATHA SURECLICK SOAJ 140mg/ml	2	NM, PA

Drug Name	Drug Tier	Requirements/Limits
VASCEPA CAPS .5gm, 1gm	2	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1	
BETA-BLOCKERS		
<i>acebutolol hcl CAPS 200mg, 400mg</i>	1	
<i>atenolol TABS 25mg, 50mg, 100mg</i>	1	
<i>betaxolol hcl TABS 10mg, 20mg</i>	1	
<i>bisoprolol fumarate TABS 5mg, 10mg</i>	1	
<i>carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg</i>	1	
<i>labetalol hcl TABS 100mg, 200mg, 300mg</i>	1	
<i>metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg</i>	1	
<i>metoprolol tartrate SOLN 5mg/5ml; TABS 25mg, 50mg, 100mg</i>	1	
<i>nadolol TABS 20mg, 40mg, 80mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>nebivolol hcl</i> TABS 2.5mg, 5mg, 10mg	1	QL (30 tabs / 30 days)
<i>nebivolol hcl</i> TABS 20mg	1	QL (60 tabs / 30 days)
<i>pindolol</i> TABS 5mg, 10mg	1	
<i>propranolol hcl</i> CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg	1	
<i>timolol maleate</i> TABS 5mg, 10mg, 20mg	1	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate</i> TABS 2.5mg, 5mg, 10mg	1	
<i>cartia xt</i> CP24 120mg, 180mg, 240mg, 300mg	1	
<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	1	
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 30mg, 60mg, 90mg, 120mg	1	
<i>diltiazem hcl coated beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	1	
<i>diltiazem hcl extended release beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	1	
<i>isradipine</i> CAPS 2.5mg, 5mg	1	
<i>nicardipine hcl</i> CAPS 20mg, 30mg	1	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	1	
<i>nimodipine</i> CAPS 30mg	1	
<i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	1	
<i>DIURETICS</i>		
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	1	
<i>amiloride & hydrochlorothiazide tab</i> 5-50 mg	1	
<i>amiloride hcl</i> TABS 5mg	1	
<i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	1	
<i>chlorthalidone</i> TABS 25mg, 50mg	1	
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml; TABS 20mg, 40mg, 80mg	1	
<i>furosemide inj</i> SOLN 10mg/ml	1	
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	
<i>indapamide</i> TABS 1.25mg, 2.5mg	1	
<i>methazolamide</i> TABS 25mg, 50mg	1	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	1	
<i>spironolactone & hydrochlorothiazide tab</i> 25-25 mg	1	
<i>torsemide</i> TABS 5mg, 10mg, 20mg, 100mg	1	
<i>triamterene & hydrochlorothiazide cap</i> 37.5-25 mg	1	
<i>triamterene & hydrochlorothiazide tab</i> 37.5-25 mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	
MISCELLANEOUS		
<i>aliskiren fumarate</i> TABS 150mg, 300mg	1	
<i>clonidine</i> PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	1	
<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	1	
CORLANOR SOLN 5mg/5ml	2	QL (450 mL / 30 days)
<i>digoxin</i> SOLN .05mg/ml, .25mg/ml	1	
<i>digoxin</i> TABS 125mcg, 250mcg	1	QL (30 tabs / 30 days)
<i>droxidopa</i> CAPS 100mg	2	QL (90 caps / 30 days), NM, PA
<i>droxidopa</i> CAPS 200mg, 300mg	2	QL (180 caps / 30 days), NM, PA
<i>epinephrine (anaphylaxis)</i> SOLN 1mg/ml	1	
<i>guanfacine hcl</i> TABS 1mg, 2mg	2	PA; PA applies if 70 years and older
<i>hydralazine hcl</i> SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	1	
<i>ivabradine hcl</i> TABS 5mg, 7.5mg	1	QL (60 tabs / 30 days)
<i>metyrosine</i> CAPS 250mg	2	NM, PA
<i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg	1	
<i>minoxidil</i> TABS 2.5mg, 10mg	1	
<i>ranolazine</i> TB12 500mg, 1000mg	1	
VERQUVO TABS 2.5mg, 5mg, 10mg	2	QL (30 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<u>NITRATES</u>		
<i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg	1	
<i>isosorbide mononitrate</i> TB24 30mg, 60mg, 120mg	1	
NITRO-BID OINT 2%	2	
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SOLN .4mg/spray; SUBL .3mg, .4mg, .6mg	1	
<u>PULMONARY ARTERIAL HYPERTENSION</u>		
<i>alyq</i> TABS 20mg	2	QL (60 tabs / 30 days), NM, PA
<i>ambrisentan</i> TABS 5mg, 10mg	2	QL (30 tabs / 30 days), NM, PA
<i>bosentan</i> TABS 62.5mg, 125mg	2	QL (60 tabs / 30 days), NM, PA
OPSUMIT TABS 10mg	2	QL (30 tabs / 30 days), NM, PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg	1	QL (360 tabs / 30 days), NM, PA
<i>tadalafil (pulmonary hypertension)</i> TABS 20mg	2	QL (60 tabs / 30 days), NM, PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	2	NM, PA
<u>CENTRAL NERVOUS SYSTEM</u>		
<u>ANTIANXIETY</u>		
<i>alprazolam</i> TABS .25mg, .5mg, 1mg, 2mg	1	QL (150 tabs / 30 days)
<i>buspirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	1	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	1	
<i>lorazepam</i> CONC 2mg/ml	1	QL (150 mL / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>lorazepam</i> SOLN 4mg/ml, 20mg/10ml	1	
<i>lorazepam</i> TABS .5mg, 1mg, 2mg	1	QL (150 tabs / 30 days)
<i>lorazepam intensol</i> CONC 2mg/ml	1	QL (150 mL / 30 days)
ANTIDEMENTIA		
<i>donepezil hydrochloride</i> TABS 5mg; TBDP 5mg	1	QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TABS 10mg; TBDP 10mg	1	
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg	1	QL (30 caps / 30 days)
<i>galantamine hydrobromide</i> SOLN 4mg/ml	1	QL (200 mL / 30 days)
<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg	1	QL (60 tabs / 30 days)
<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg	1	PA; PA applies if 29 years and younger
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	1	PA; PA applies if 29 years and younger
<i>memantine hcl-donepezil hcl cap er 24hr 14-10 mg</i>	1	
<i>memantine hcl-donepezil hcl cap er 24hr 21-10 mg</i>	1	
<i>memantine hcl-donepezil hcl cap er 24hr 28-10 mg</i>	1	
NAMZARIC CAP 7-10MG	2	
NAMZARIC CAP 14-10MG	2	
NAMZARIC CAP 21-10MG	2	
NAMZARIC CAP 28-10MG	2	
NAMZARIC CAP PACK	2	

Drug Name	Drug Tier	Requirements/Limits
<i>rivastigmine</i> PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	1	QL (30 patches / 30 days)
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg	1	QL (60 caps / 30 days)
ANTIDEPRESSANTS		
<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	2	
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	2	
AUVELITY TAB 45-105MG	2	QL (60 tabs / 30 days), PA
<i>bupropion hcl</i> TABS 75mg, 100mg	1	
<i>bupropion hcl</i> TB12 100mg, 150mg, 200mg; TB24 150mg	1	QL (60 tabs / 30 days)
<i>bupropion hcl</i> TB24 300mg	1	QL (30 tabs / 30 days)
<i>citalopram hydrobromide</i> SOLN 10mg/5ml; TABS 10mg, 20mg, 40mg	1	
<i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg	2	PA
<i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	2	
<i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg	1	QL (30 tabs / 30 days)
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	2	
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	2	QL (60 caps / 30 days), PA
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg	1	QL (60 caps / 30 days)
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	2	QL (30 patches / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>escitalopram oxalate</i> SOLN 5mg/5ml; TABS 5mg, 10mg, 20mg	1	
FETZIMA CP24 20mg, 40mg	2	QL (60 caps / 30 days), PA
FETZIMA CP24 80mg, 120mg	2	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	2	QL (2 packs / year), PA
<i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg; SOLN 20mg/5ml	1	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	2	
MARPLAN TABS 10mg	2	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS 7.5mg, 15mg, 30mg, 45mg; TBDP 15mg, 30mg, 45mg	1	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	1	
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg; SOLN 10mg/5ml	2	
<i>paroxetine hcl</i> SUSP 10mg/5ml	2	QL (900 mL / 30 days), PA
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	2	
<i>phenelzine sulfate</i> TABS 15mg	1	
<i>protriptyline hcl</i> TABS 5mg, 10mg	2	
<i>sertraline hcl</i> CONC 20mg/ml; TABS 25mg, 50mg, 100mg	1	
<i>tranylcypromine sulfate</i> TABS 10mg	1	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	
<i>trimipramine maleate</i> CAPS 25mg, 50mg	2	QL (120 caps / 30 days)
<i>trimipramine maleate</i> CAPS 100mg	2	QL (60 caps / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
TRINTELLIX TABS 5mg, 10mg, 20mg	2	QL (30 tabs / 30 days), PA
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg; TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	1	
<i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
ZURZUVAE CAPS 20mg, 25mg	2	QL (28 caps / 14 days), NM, PA
ZURZUVAE CAPS 30mg	2	QL (14 caps / 14 days), NM, PA
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i> CAPS 100mg	1	QL (120 caps / 30 days)
<i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg	1	
<i>benztropine mesylate</i> SOLN 1mg/ml	1	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg	2	PA; PA applies if 70 years and older
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	1	
<i>carb/levo orally disintegrating tab 10-100mg</i>	1	
<i>carb/levo orally disintegrating tab 25-100mg</i>	1	
<i>carb/levo orally disintegrating tab 25-250mg</i>	1	
<i>carbidopa & levodopa tab 10-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab er 25-100 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa & levodopa tab er 50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	1	
<i>entacapone TABS 200mg</i>	1	
INBRIJA CAPS 42mg	2	QL (300 caps / 30 days), NM, PA
<i>pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg</i>	1	
<i>rasagiline mesylate TABS .5mg, 1mg</i>	1	QL (30 tabs / 30 days)
<i>ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg</i>	1	
<i>selegiline hcl CAPS 5mg; TABS 5mg</i>	1	
<i>trihexyphenidyl hcl SOLN .4mg/ml; TABS 2mg, 5mg</i>	2	PA; PA applies if 70 years and older
ANTIPSYCHOTICS		
ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml	2	QL (1 syringe / 56 days)
ABILIFY MAINTENA PRSY 300mg, 400mg	2	QL (1 syringe / 28 days)
ABILIFY MAINTENA SRER 300mg, 400mg	2	QL (1 injection / 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>aripiprazole</i> SOLN 1mg/ml	1	QL (900 mL / 30 days)
<i>aripiprazole</i> TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	1	QL (30 tabs / 30 days)
<i>aripiprazole</i> TBDP 10mg, 15mg	1	QL (60 tabs / 30 days), ST
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	2	QL (1 syringe / 28 days)
ARISTADA PRSY 1064mg/3.9ml	2	QL (1 syringe / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	2	
<i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg	1	QL (60 tabs / 30 days)
CAPLYTA CAPS 10.5mg, 21mg, 42mg	2	QL (30 caps / 30 days)
<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	1	
<i>clozapine</i> TABS 25mg, 50mg	1	
<i>clozapine</i> TABS 100mg	1	QL (270 tabs / 30 days)
<i>clozapine</i> TABS 200mg	1	QL (120 tabs / 30 days)
<i>clozapine</i> TBDP 12.5mg, 25mg	1	PA
<i>clozapine</i> TBDP 100mg	1	QL (270 tabs / 30 days), PA
<i>clozapine</i> TBDP 150mg	1	QL (180 tabs / 30 days), PA
<i>clozapine</i> TBDP 200mg	1	QL (120 tabs / 30 days), PA
COBENFY CAP 50-20MG	2	QL (60 caps / 30 days), PA
COBENFY CAP 100-20MG	2	QL (60 caps / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
COBENFY CAP 125-30MG	2	QL (60 caps / 30 days), PA
COBENFY STRT CAP PACK	2	QL (2 packs / year), PA
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	2	QL (60 tabs / 30 days), PA
FANAPT PAK	2	QL (2 packs / year), PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	1	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	1	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	1	
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	1	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	1	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	2	QL (1 injection / 180 days)
INVEGA SUSTENNA SUSY 39mg/0.25ml, 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	2	QL (1 syringe / 28 days)
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	2	QL (1 syringe / 90 days)
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	1	
<i>lurasidone hcl</i> TABS 20mg, 40mg, 60mg, 120mg	1	QL (30 tabs / 30 days)
<i>lurasidone hcl</i> TABS 80mg	1	QL (60 tabs / 30 days)
LYBALVI TAB 5-10MG	2	QL (30 tabs / 30 days)
LYBALVI TAB 10-10MG	2	QL (30 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
LYBALVI TAB 15-10MG	2	QL (30 tabs / 30 days)
LYBALVI TAB 20-10MG	2	QL (30 tabs / 30 days)
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	1	
NUPLAZID CAPS 34mg	2	QL (30 caps / 30 days), NM, PA
NUPLAZID TABS 10mg	2	QL (30 tabs / 30 days), NM, PA
<i>olanzapine</i> SOLR 10mg	1	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg	1	QL (60 tabs / 30 days)
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg	1	QL (30 tabs / 30 days)
<i>olanzapine</i> TBDP 5mg, 15mg, 20mg	1	QL (30 tabs / 30 days), ST
<i>olanzapine</i> TBDP 10mg	1	QL (60 tabs / 30 days), ST
OPIPZA FILM 2mg, 5mg	2	QL (30 films / 30 days), PA
OPIPZA FILM 10mg	2	QL (90 films / 30 days), PA
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg	1	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 6mg	1	QL (60 tabs / 30 days)
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	1	
<i>pimozide</i> TABS 1mg, 2mg	1	
<i>quetiapine fumarate</i> TABS 25mg	1	QL (180 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 50mg, 100mg, 150mg, 200mg	1	QL (90 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 300mg, 400mg	1	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg	1	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate</i> TB24 150mg, 200mg	1	QL (30 tabs / 30 days), PA
REXULTI TABS 3mg, 4mg	2	QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg	2	QL (60 tabs / 30 days)
<i>risperidone</i> SOLN 1mg/ml	1	QL (240 mL / 30 days)
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	1	
<i>risperidone</i> TBDP 1mg, 2mg, 3mg	1	QL (60 tabs / 30 days), ST
<i>risperidone</i> TBDP 4mg	1	QL (120 tabs / 30 days), ST
<i>risperidone</i> TBDP .25mg, .5mg	1	QL (90 tabs / 30 days), ST
<i>risperidone microspheres</i> SRER 12.5mg, 25mg	1	QL (2 injections / 28 days)
<i>risperidone microspheres</i> SRER 37.5mg, 50mg	2	QL (2 injections / 28 days)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	2	QL (30 patches / 30 days)
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	1	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	1	
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	1	
VERSACLOZ SUSP 50mg/ml	2	QL (600 mL / 30 days), PA
VRAYLAR CAPS 1.5mg	2	QL (60 caps / 30 days)
VRAYLAR CAPS 3mg, 4.5mg, 6mg	2	QL (30 caps / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg	1	QL (60 caps / 30 days)
<i>ziprasidone mesylate</i> SOLR 20mg	1	QL (6 injections / 3 days)
ANTISEIZURE AGENTS		
APTIOM TABS 200mg, 400mg	2	QL (30 tabs / 30 days)
APTIOM TABS 600mg, 800mg	2	QL (60 tabs / 30 days)
BRIVIACT SOLN 10mg/ml	2	QL (600 mL / 30 days), PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	2	QL (60 tabs / 30 days), PA
<i>carbamazepine</i> CHEW 100mg, 200mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	1	
<i>clobazam</i> SUSP 2.5mg/ml	1	QL (480 mL / 30 days), PA
<i>clobazam</i> TABS 10mg, 20mg	1	QL (60 tabs / 30 days), PA
<i>clonazepam</i> TABS 2mg; TBDP 2mg	1	QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg	1	QL (90 tabs / 30 days)
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg	1	QL (180 tabs / 30 days), PA; PA applies if 65 years and older
DIACOMIT CAPS 250mg	2	QL (360 caps / 30 days), NM, PA
DIACOMIT CAPS 500mg	2	QL (180 caps / 30 days), NM, PA
DIACOMIT PACK 250mg	2	QL (360 packets / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
DIACOMIT PACK 500mg	2	QL (180 packets / 30 days), NM, PA
<i>diazepam</i> SOLN 5mg/5ml	1	QL (1200 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
<i>diazepam</i> TABS 2mg, 5mg, 10mg	1	QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	1	
<i>diazepam inj</i> SOLN 5mg/ml	1	
<i>diazepam intensol</i> CONC 5mg/ml	1	QL (240 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
DILANTIN CAPS 30mg	2	
<i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	1	
EPIDIOLEX SOLN 100mg/ml	2	QL (600 mL / 30 days), NM, PA
<i>epitol</i> TABS 200mg	1	
EPRONTIA SOLN 25mg/ml	2	QL (480 mL / 30 days), PA
<i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml	1	
<i>felbamate</i> SUSP 600mg/5ml; TABS 400mg, 600mg	1	

Drug Name	Drug Tier	Requirements/Limits
FINTEPLA SOLN 2.2mg/ml	2	QL (360 mL / 30 days), NM, PA
FYCOMPA SUSP .5mg/ml	2	QL (720 mL / 30 days), PA
FYCOMPA TABS 2mg	2	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg	2	QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg, 300mg	1	QL (360 caps / 30 days)
<i>gabapentin</i> CAPS 400mg	1	QL (270 caps / 30 days)
<i>gabapentin</i> SOLN 250mg/5ml, 300mg/6ml	1	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	1	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	1	QL (120 tabs / 30 days)
<i>lacosamide</i> SOLN 200mg/20ml	1	
<i>lacosamide</i> TABS 50mg	1	QL (120 tabs / 30 days)
<i>lacosamide</i> TABS 100mg, 150mg, 200mg	1	QL (60 tabs / 30 days)
<i>lacosamide oral</i> SOLN 10mg/ml	1	QL (1200 mL / 30 days)
<i>lamotrigine</i> CHEW 5mg, 25mg; TABS 25mg, 100mg, 150mg, 200mg	1	
<i>lamotrigine</i> TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	1	ST
<i>levetiracetam</i> SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	1	
LEVETIRACETAM TB3D 250mg	2	QL (360 tabs / 30 days)
<i>levetiracetam in sodium chloride iv soln</i> 500 mg/100ml	1	
<i>levetiracetam in sodium chloride iv soln</i> 1000 mg/100ml	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>levetiracetam in sodium chloride iv soln</i> 1500 mg/100ml	1	
LIBERVANT FILM 5mg, 7.5mg, 10mg, 12.5mg, 15mg	2	QL (10 buccal films / 30 days)
<i>methsuximide</i> CAPS 300mg	1	
NAYZILAM SOLN 5mg/0.1ml	2	QL (10 nasal units per 30 days)
<i>oxcarbazepine</i> SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	1	
<i>phenobarbital</i> ELIX 20mg/5ml	2	QL (1500 mL / 30 days), PA; PA applies if 70 years and older
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	2	QL (120 tabs / 30 days), PA; PA applies if 70 years and older
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml	2	PA; PA applies if 70 years and older
<i>phenytek</i> CAPS 200mg, 300mg	1	
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	1	
<i>phenytoin sodium</i> SOLN 50mg/ml	1	
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	1	
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg	1	QL (120 caps / 30 days), PA
<i>pregabalin</i> CAPS 200mg	1	QL (90 caps / 30 days), PA
<i>pregabalin</i> CAPS 225mg, 300mg	1	QL (60 caps / 30 days), PA
<i>pregabalin</i> SOLN 20mg/ml	1	QL (900 mL / 30 days), PA
<i>primidone</i> TABS 50mg, 125mg, 250mg	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>roweepra</i> TABS 500mg	1	
<i>rufinamide</i> SUSP 40mg/ml	2	QL (2400 mL / 30 days), PA
<i>rufinamide</i> TABS 200mg	1	QL (480 tabs / 30 days), PA
<i>rufinamide</i> TABS 400mg	2	QL (240 tabs / 30 days), PA
SPRITAM TB3D 250mg	2	QL (360 tabs / 30 days)
SPRITAM TB3D 500mg	2	QL (180 tabs / 30 days)
SPRITAM TB3D 750mg	2	QL (120 tabs / 30 days)
SPRITAM TB3D 1000mg	2	QL (90 tabs / 30 days)
<i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg	1	
SYMPAZAN FILM 5mg, 10mg, 20mg	2	QL (60 films / 30 days), PA
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	1	
<i>topiramate</i> CPSP 15mg, 25mg, 50mg; TABS 25mg, 50mg, 100mg, 200mg	1	
<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	1	
<i>valproic acid</i> CAPS 250mg	1	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	2	QL (10 blister packs per 30 days)
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	2	QL (10 blister packs per 30 days)
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	2	QL (10 blister packs per 30 days)
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	2	QL (10 blister packs per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>vigabatrin</i> PACK 500mg	2	QL (180 packets / 30 days), NM, PA
<i>vigabatrin</i> TABS 500mg	2	QL (180 tabs / 30 days), NM, PA
<i>vigadrone</i> PACK 500mg	2	QL (180 packets / 30 days), NM, PA
<i>vigadrone</i> TABS 500mg	2	QL (180 tabs / 30 days), NM, PA
VIGAFYDE SOLN 100mg/ml	2	QL (900 mL / 30 days), NM, PA
<i>vigpoder</i> PACK 500mg	2	QL (180 packets / 30 days), NM, PA
XCOPRI TABS 25mg, 50mg, 100mg	2	QL (30 tabs / 30 days)
XCOPRI TABS 150mg, 200mg	2	QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	2	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	2	QL (28 tabs / 28 days)
XCOPRI PAK 100-150	2	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	2	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	2	QL (28 tabs / 28 days)
ZONISADE SUSP 100mg/5ml	2	QL (900 mL / 30 days), PA
<i>zonisamide</i> CAPS 25mg, 50mg, 100mg	1	
ZTALMY SUSP 50mg/ml	2	QL (1100 mL / 30 days), NM, PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	1	QL (30 caps / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1	QL (90 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1	QL (60 tabs / 30 days), PA
<i>atomoxetine hcl CAPS 10mg, 18mg, 25mg</i>	1	QL (120 caps / 30 days)
<i>atomoxetine hcl CAPS 40mg</i>	1	QL (60 caps / 30 days)
<i>atomoxetine hcl CAPS 60mg, 80mg, 100mg</i>	1	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl TABS 2.5mg, 5mg</i>	1	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl TABS 10mg</i>	1	QL (60 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>guanfacine hcl (adhd)</i> TB24 1mg, 2mg, 4mg	2	QL (30 tabs / 30 days), PA; PA applies if 70 years and older
<i>guanfacine hcl (adhd)</i> TB24 3mg	2	QL (60 tabs / 30 days), PA; PA applies if 70 years and older
<i>methylphenidate hcl</i> SOLN 5mg/5ml	1	QL (1800 mL / 30 days), PA
<i>methylphenidate hcl</i> SOLN 10mg/5ml	1	QL (900 mL / 30 days), PA
<i>methylphenidate hcl</i> TABS 5mg, 10mg	1	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl</i> TABS 20mg; TBCR 10mg, 20mg	1	QL (90 tabs / 30 days), PA

HYPNOTICS

<i>DAYVIGO</i> TABS 5mg, 10mg	2	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep)</i> TABS 3mg, 6mg	1	QL (30 tabs / 30 days)
<i>eszopiclone</i> TABS 1mg, 2mg, 3mg	2	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>tasimelteon</i> CAPS 20mg	2	QL (30 caps / 30 days), NM, PA
<i>temazepam</i> CAPS 7.5mg, 30mg	1	QL (30 caps / 30 days), PA; PA applies if 65 years and older
<i>temazepam</i> CAPS 15mg	1	QL (60 caps / 30 days), PA; PA applies if 65 years and older

Drug Name	Drug Tier	Requirements/Limits
<i>zaleplon</i> CAPS 5mg	2	QL (30 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zaleplon</i> CAPS 10mg	2	QL (60 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate</i> TABS 5mg, 10mg	2	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>MIGRAINE</i>		
AIMOVIG SOAJ 70mg/ml, 140mg/ml	2	QL (1 pen / 30 days), NM, PA
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	2	
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml	2	QL (8 mL / 30 days), PA
EMGALITY SOAJ 120mg/ml	2	QL (2 pens / 30 days), NM, PA
EMGALITY SOSY 100mg/ml	2	QL (3 syringes / 30 days), NM, PA
EMGALITY SOSY 120mg/ml	2	QL (2 syringes / 30 days), NM, PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	1	QL (40 tabs / 28 days), PA
<i>naratriptan hcl</i> TABS 1mg, 2.5mg	1	QL (12 tabs / 30 days)
NURTEC TBDP 75mg	2	QL (16 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
QULIPTA TABS 10mg, 30mg, 60mg	2	QL (30 tabs / 30 days), PA
<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg	1	QL (18 tabs / 30 days)
<i>sumatriptan</i> SOLN 5mg/act	1	QL (24 units / 30 days)
<i>sumatriptan</i> SOLN 20mg/act	1	QL (12 units / 30 days)
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml	1	QL (18 injections / 30 days)
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml	1	QL (12 injections / 30 days)
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg	1	QL (12 tabs / 30 days)
UBRELVY TABS 50mg, 100mg	2	QL (16 tabs / 30 days), PA
MISCELLANEOUS		
AUSTEDO TABS 6mg	2	QL (60 tabs / 30 days), NM, PA
AUSTEDO TABS 9mg, 12mg	2	QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 6mg	2	QL (90 tabs / 30 days), NM, PA
AUSTEDO XR TB24 12mg	2	QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 18mg, 24mg	2	QL (60 tabs / 30 days), NM, PA
AUSTEDO XR TB24 30mg, 36mg, 42mg, 48mg	2	QL (30 tabs / 30 days), NM, PA
AUSTEDO XR TAB TITR KIT	2	QL (2 packs / year), NM, PA
<i>lithium</i> SOLN 8meq/5ml	1	

Drug Name	Drug Tier	Requirements/Limits
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 300mg, 450mg	1	
NUEDEXTA CAP 20-10MG	2	QL (60 caps / 30 days), PA
<i>pyridostigmine bromide</i> TABS 60mg	1	
<i>riluzole</i> TABS 50mg	1	
<i>tetrabenazine</i> TABS 12.5mg	2	QL (90 tabs / 30 days), NM, PA
<i>tetrabenazine</i> TABS 25mg	2	QL (120 tabs / 30 days), NM, PA
MULTIPLE SCLEROSIS AGENTS		
BAFIERTAM CPDR 95mg	2	QL (120 caps / 30 days), NM, PA
BETASERON KIT .3mg	2	QL (14 syringes / 28 days), NM, PA
COPAXONE SOSY 20mg/ml	2	QL (30 syringes / 30 days), NM, PA
COPAXONE SOSY 40mg/ml	2	QL (12 syringes / 28 days), NM, PA
<i>dalfampridine</i> TB12 10mg	1	QL (60 tabs / 30 days), NM, PA
<i>fingolimod hcl</i> CAPS .5mg	2	QL (30 caps / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 20mg/ml	2	QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 40mg/ml	2	QL (12 syringes / 28 days), NM, PA
<i>glatopa</i> SOSY 20mg/ml	2	QL (30 syringes / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
<i>glatopa</i> SOSY 40mg/ml	2	QL (12 syringes / 28 days), NM, PA
KESIMPTA SOAJ 20mg/0.4ml	2	QL (16 pens / 365 days), NM, PA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen</i> TABS 5mg	1	QL (90 tabs / 30 days)
<i>baclofen</i> TABS 10mg, 20mg	1	
<i>carisoprodol</i> TABS 350mg	2	QL (120 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	2	QL (90 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg	1	
<i>methocarbamol</i> TABS 500mg	2	QL (360 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>methocarbamol</i> TABS 750mg	2	QL (240 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>tizanidine hcl</i> TABS 2mg, 4mg	1	
NARCOLEPSY/CATAPLEXY		
<i>armodafinil</i> TABS 50mg	1	QL (60 tabs / 30 days), PA
<i>armodafinil</i> TABS 150mg, 200mg, 250mg	1	QL (30 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>modafinil</i> TABS 100mg	1	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 200mg	1	QL (60 tabs / 30 days), PA
SODIUM OXYBATE SOLN 500mg/ml	2	QL (540 mL / 30 days), NM, PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium</i> TBEC 333mg	1	
<i>acetadryl</i>	3	
ADVIL PM TAB 200-38MG	3	
BAYER PM TAB 38.3-500	3	
<i>bl headache pm</i>	3	
BUFFERIN AF TAB NITETIME	3	
<i>buprenorphine hcl</i> SUBL 2mg, 8mg	1	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	1	QL (60 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	1	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	1	QL (90 tabs / 30 days)
<i>bupropion hcl (smoking deterrent)</i> TB12 150mg	1	QL (60 tabs / 30 days)
COMMIT LOZG 2mg, 4mg	3	

Drug Name	Drug Tier	Requirements/Limits
<i>compoz</i> CAPS 50mg	3	
<i>cvs nicotine</i> PT24 7mg/24hr, 14mg/24hr, 21mg/24hr	3	
<i>cvs nicotine polacrilex</i> GUM 2mg, 4mg; LOZG 2mg, 4mg	3	
<i>diphenhydramine hcl (sleep)</i> TABS 25mg	3	
<i>disulfiram</i> TABS 250mg, 500mg	1	
<i>doxylamine succinate (sleep)</i> TABS 25mg	3	
<i>eq sleep-aid nighttime</i> CAPS 25mg	3	
<i>eq ibuprofen pm</i>	3	
<i>eq sleep aid nighttime</i> LIQD 50mg/30ml	3	
HCA NON-ASA TAB PM	3	
<i>naloxone hcl</i> LIQD 4mg/0.1ml	3	
<i>naloxone hcl</i> LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml	1	
<i>naltrexone hcl</i> TABS 50mg	1	
NICOTINE SYS KIT TRANSDER	3	
NICOTROL INHALER INHA 10mg	2	
NICOTROL NS SOLN 10mg/ml	2	
UNISOM TABS 25mg	3	
UNISOM SLEEPGELS CAPS 50mg	3	
<i>varenicline tartrate</i> TABS .5mg, 1mg	1	QL (56 tabs / 28 days)
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	1	QL (2 packs / year)
VIVITROL SUSR 380mg	2	NM

Drug Name	Drug Tier	Requirements/Limits
ZZZQUIL CAPS 25mg; LIQD 50mg/30ml	3	
ENDOCRINE AND METABOLIC		
ANDROGENS		
<i>danazol</i> CAPS 50mg, 100mg, 200mg	1	
<i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml	1	PA
<i>methyltestosterone</i> CAPS 10mg	2	QL (600 caps / 30 days), PA
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm	1	QL (300 gm / 30 days), PA
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	1	PA
<i>testosterone enanthate</i> SOLN 200mg/ml	1	PA
<i>testosterone pump</i> GEL 1.62%	1	QL (150 gm / 30 days), PA
ANTIDIABETICS		
<i>acarbose</i> TABS 25mg, 50mg, 100mg	1	
FARXIGA TABS 5mg, 10mg	2	QL (30 tabs / 30 days)
<i>glimepiride</i> TABS 1mg, 2mg	1	QL (90 tabs / 30 days)
<i>glimepiride</i> TABS 4mg	1	QL (60 tabs / 30 days)
<i>glipizide</i> TABS 5mg	1	QL (240 tabs / 30 days)
<i>glipizide</i> TABS 10mg	1	QL (120 tabs / 30 days)
<i>glipizide</i> TB24 2.5mg, 5mg	1	QL (90 tabs / 30 days)
<i>glipizide</i> TB24 10mg	1	QL (60 tabs / 30 days)
<i>glipizide xl</i> TB24 2.5mg, 5mg	1	QL (90 tabs / 30 days)
<i>glipizide xl</i> TB24 10mg	1	QL (60 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	QL (240 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	2	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	2	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	2	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	2	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	2	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	2	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	2	QL (30 tabs / 30 days)
JANUVIA TABS 25mg, 50mg, 100mg	2	QL (30 tabs / 30 days)
JARDIANCE TABS 10mg, 25mg	2	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	2	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	2	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	2	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	2	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	2	QL (30 tabs / 30 days)
<i>metformin hcl</i> TABS 500mg	1	QL (150 tabs / 30 days)
<i>metformin hcl</i> TABS 850mg	1	QL (90 tabs / 30 days)
<i>metformin hcl</i> TABS 1000mg	1	QL (75 tabs / 30 days)
<i>metformin hcl</i> TB24 500mg	1	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl</i> TB24 750mg	1	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)

Drug Name	Drug Tier	Requirements/Limits
MOUNJARO SOAJ 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml	2	QL (4 pens / 28 days), PA
<i>nateglinide</i> TABS 60mg, 120mg	1	QL (90 tabs / 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2mg/1.5ml	2	QL (1 pen / 28 days), PA
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml	2	QL (1 pen / 28 days), PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml	2	QL (1 pen / 28 days), PA
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml	2	QL (1 pen / 28 days), PA
<i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg	1	QL (30 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1	QL (90 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1	QL (90 tabs / 30 days)
<i>repaglinide</i> TABS 2mg	1	QL (240 tabs / 30 days)
<i>repaglinide</i> TABS .5mg, 1mg	1	QL (120 tabs / 30 days)
RYBELSUS TABS 3mg, 7mg, 14mg	2	QL (30 tabs / 30 days), PA
SYNJARDY TAB 5-500MG	2	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	2	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	2	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	2	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	2	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	2	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000	2	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	2	QL (30 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
TRADJENTA TABS 5mg	2	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	2	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	2	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	2	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	2	QL (30 tabs / 30 days)
TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	2	QL (4 pens / 28 days), PA
XIGDUO XR TAB 2.5-1000	2	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	2	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	2	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	2	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	2	QL (30 tabs / 30 days)
<i>ANTIDIABETICS, INSULINS</i>		
ADMELOG SOLN 100unit/ml	2	
ADMELOG SOLOSTAR SOPN 100unit/ml	2	
ALCOHOL SWABS: BD-EMBECTA/MHC/RUGBY	2	PA
BASAGLAR KWIKPEN SOPN 100unit/ml	2	
CEQUR SIMPL KIT PATCH 2U (3-DAY)	2	QL (10 patches / 30 days), PA
CEQUR SIMPL KIT PATCH 2U (4-DAY)	2	QL (8 patches / 24 days), PA
CEQUR SIMPL MIS INSERTER	2	QL (2 inserters / year), PA
FIASP SOLN 100unit/ml	2	
FIASP FLEXTOUCH SOPN 100unit/ml	2	

Drug Name	Drug Tier	Requirements/Limits
FIASP PENFILL SOCT 100unit/ml	2	
FIASP PUMPCART SOCT 100unit/ml	2	B/D
GAUZE PADS 2" X 2"	2	PA
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	2	B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	2	
INSULIN PEN NEEDLES: BD-EMBECTA	2	PA
INSULIN SAFETY NEEDLES: BD-EMBECTA	2	PA
INSULIN SYRINGES: BD-EMBECTA	2	PA
NOVOLIN INJ 70/30	2	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	2	(brand RELION not covered)
NOVOLIN N SUSP 100unit/ml	2	(brand RELION not covered)
NOVOLIN N FLEXPEN SUPN 100unit/ml	2	(brand RELION not covered)
NOVOLIN R SOLN 100unit/ml	2	(brand RELION not covered)
NOVOLIN R FLEXPEN SOPN 100unit/ml	2	(brand RELION not covered)
NOVOLOG SOLN 100unit/ml	2	(brand RELION not covered)
NOVOLOG FLEXPEN SOPN 100unit/ml	2	(brand RELION not covered)
NOVOLOG MIX INJ 70/30	2	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	2	(brand RELION not covered)

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Drug Name	Drug Tier	Requirements/Limits
NOVOLOG PENFILL SOCT 100unit/ml	2	(brand RELION not covered)
OMNIPOD 5 DX KIT INT G7G6	2	QL (1 kit / year), PA
OMNIPOD 5 DX MIS POD G7G6	2	QL (15 pods / 30 days), PA
OMNIPOD 5 G7 KIT INTRO	2	QL (1 kit / year), PA
OMNIPOD 5 G7 MIS PODS	2	QL (15 pods / 30 days), PA
OMNIPOD 5 LB KIT INTRO G6	2	QL (1 kit / year), PA
OMNIPOD 5 LB MIS PODS G6	2	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	2	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	2	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 10UNT/DY	2	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 15UNT/DY	2	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 20UNT/DY	2	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 25UNT/DY	2	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 30UNT/DY	2	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 35UNT/DY	2	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 40UNT/DY	2	QL (15 pods / 30 days), PA
OMNIPOD MIS CLASSIC	2	QL (15 pods / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
SOLQUA INJ 100/33	2	QL (5 pens / 25 days)
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	2	
TOUJEO SOLOSTAR SOPN 300unit/ml	2	
TRESIBA SOLN 100unit/ml	2	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	2	
XULTOPHY INJ 100/3.6	2	QL (5 pens / 30 days)
CALCIUM REGULATORS		
<i>alendronate sodium</i> SOLN 70mg/75ml	1	ST
<i>alendronate sodium</i> TABS 10mg, 35mg, 70mg	1	
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	1	B/D
<i>ibandronate sodium</i> TABS 150mg	1	B/D
PAMIDRONATE DISODIUM SOLN 6mg/ml	2	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	1	B/D
PROLIA SOSY 60mg/ml	2	QL (1 syringe / 180 days), NM
<i>risedronate sodium</i> TABS 5mg, 35mg, 150mg	1	
<i>risedronate sodium</i> TBEC 35mg	1	ST
TERIPARATIDE SOPN 620mcg/2.48ml	2	NM, PA
XGEVA SOLN 120mg/1.7ml	2	NM, PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 5mg/100ml	1	B/D, NM
CHELATING AGENTS		
CHEMET CAPS 100mg	2	

Drug Name	Drug Tier	Requirements/Limits
<i>deferasirox</i> TABS 90mg; TBSO 125mg	1	NM, PA
<i>deferasirox</i> TABS 180mg, 360mg; TBSO 250mg, 500mg	2	NM, PA
<i>kionex</i> SUSP 15gm/60ml	1	
LOKELMA PACK 5gm, 10gm	2	
<i>penicillamine</i> TABS 250mg	2	NM
<i>sodium polystyrene sulfonate powder</i>	1	
<i>sps</i> SUSP 15gm/60ml	1	
<i>sps rectal</i> SUSP 15gm/60ml	1	
<i>trientine hcl</i> CAPS 250mg	2	NM, PA
ESTROGENS		
<i>dotti</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2	
<i>estradiol</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; TABS .5mg, 1mg, 2mg	2	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	2	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	2	
<i>estradiol vaginal</i> CREA .1mg/gm; TABS 10mcg	1	
<i>estradiol valerate</i> OIL 10mg/ml, 20mg/ml, 40mg/ml	1	
<i>fyavolv tab 0.5mg-2.5mcg</i>	2	
<i>fyavolv tab 1mg-5mcg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>jinteli</i>	2	
<i>lyllana</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2	
<i>mimvey</i>	2	
<i>norethindrone acetate-ethinyl estradiol tab</i> 0.5 mg-2.5 mcg	2	
<i>norethindrone acetate-ethinyl estradiol tab</i> 1 mg-5 mcg	2	
<i>yuvaferm</i> TABS 10mcg	1	
GLUCOCORTICOIDS		
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	1	
DEXAMETHASONE INTENSOL CONC 1mg/ml	2	
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml	1	
<i>fludrocortisone acetate</i> TABS .1mg	1	
<i>hydrocortisone</i> TABS 5mg, 10mg, 20mg	1	
<i>hydrocortisone sod succinate</i> SOLR 100mg	1	
<i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg	1	B/D
<i>methylprednisolone</i> TBPK 4mg	1	
<i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml	1	B/D
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 1000mg	1	B/D
<i>prednisolone</i> SOLN 15mg/5ml	1	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml	1	B/D
<i>prednisone</i> SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D
<i>prednisone</i> TBPK 5mg, 10mg	1	
PREDNISONE INTENSOL CONC 5mg/ml	2	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	2	
GLUCOSE ELEVATING AGENTS		
BD GLUCOSE CHEW 5gm	3	
BL GLUCOSE CHEW 4gm	3	
<i>cvs glucose</i> GEL 40%	3	
CVS GLUCOSE CHW FRUIT	3	
DEX4 CHEW 1gm	3	
DEX4 FAST ACTING GLUCOSE GEL 15gm/33gm; LIQD 15gm/59ml	3	
<i>dextrose (diabetic use)</i> CHEW 4gm, 5gm; LIQD 15gm/59ml	3	
<i>diazoxide</i> SUSP 50mg/ml	2	
GLUCOSE LIQD 15gm/60ml	3	
INSTA-GLUCOSE GEL 77.4%	3	
RA TRUEPLUS GLUCOSE GEL 15gm/32ml	3	
WALGREENS GLUCOSE CHEW 4gm	3	
ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	2	
MISCELLANEOUS		
A1C NOW KIT	3	

Drug Name	Drug Tier	Requirements/Limits
ACCU-CHECK TES COMFORT	3	
ACCU-CHEK KIT FASTCLIX	3	
<i>actidose/sorbitol</i>	3	
ADJ LANCING MIS DEVICE	3	
ALDURAZYME SOLN 2.9mg/5ml	2	NM, PA
ASCENSIA MIS AUTODISC	3	
AUTOLET PLAT MIS 1.8MM	3	
<i>betaine powder for oral solution</i>	2	NM
BILI-LABSTIX TES STRIPS	3	
<i>cabergoline</i> TABS .5mg	1	
<i>carglumic acid</i> TBSO 200mg	2	NM, PA
CERDELGA CAPS 84mg	2	NM, PA
CEREZYME SOLR 400unit	2	NM, PA
<i>charcoal activated powder</i>	3	
CHARCOAL POW	3	
CHEMSTRIP TES UGK	3	
CHEMSTRIP-UG TES	3	
1ST CHOICE MIS LANCETS	3	
<i>cinacalcet hcl</i> TABS 30mg, 60mg	1	B/D, QL (60 tabs / 30 days), NM
<i>cinacalcet hcl</i> TABS 90mg	2	B/D, QL (120 tabs / 30 days), NM
CLINI-TEK MIS	3	
CYSTAGON CAPS 50mg, 150mg	2	NM, PA

Drug Name	Drug Tier	Requirements/Limits
<i>desmopressin acetate</i> SOLN 4mcg/ml	2	
<i>desmopressin acetate</i> TABS .1mg, .2mg	1	
<i>desmopressin acetate spray</i> SOLN .01%	1	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	1	
FABRAZYME SOLR 5mg, 35mg	2	NM, PA
GENOTROPIN CART 5mg, 12mg	2	NM, PA
GENOTROPIN MINISQUICK PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	2	NM, PA
INCRELEX SOLN 40mg/4ml	2	NM, PA
IOSAT TABS 130mg	3	
<i>javygtor</i> PACK 100mg, 500mg; TABS 100mg	2	NM, PA
<i>*lancets misc.***</i>	3	
<i>*lancets***</i>	3	
<i>lanreotide acetate</i> SOLN 120mg/0.5ml	2	NM, PA
<i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml; TABS 330mg	1	B/D
LUMIZYME SOLR 50mg	2	NM, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	2	NM, PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	2	NM, PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg	2	NM, PA
<i>mifepristone (hyperglycemia)</i> TABS 300mg	2	NM, PA
<i>*multiple urine test strips***</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
NAGLAZYME SOLN 1mg/ml	2	NM, PA
<i>nitisinone</i> CAPS 2mg, 5mg, 10mg, 20mg	2	NM, PA
<i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	1	NM, PA
<i>octreotide acetate</i> SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml	2	NM, PA
POTASSIUM IODIDE SOLN 65mg/ml	3	
<i>raloxifene hcl</i> TABS 60mg	1	
RELION ALL- MIS IN-ONE	3	
<i>sapropterin dihydrochloride</i> PACK 100mg, 500mg; TABS 100mg	2	NM, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	2	NM, PA
<i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg	2	NM, PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	2	NM, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	2	NM, PA
SYNAREL SOLN 2mg/ml	2	PA
THYROSAFE TABS 65mg	3	
VEOZAH TABS 45mg	2	PA
PROGESTINS		
<i>gallifrey</i> TABS 5mg	1	
<i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg	1	
<i>megestrol acetate</i> SUSP 40mg/ml	2	

Drug Name	Drug Tier	Requirements/Limits
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	2	PA
<i>norethindrone acetate</i> TABS 5mg	1	
<i>progesterone</i> CAPS 100mg, 200mg	1	
THYROID AGENTS		
<i>euthyrox</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<i>levo-t</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levoxyl</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg	1	
<i>methimazole</i> TABS 5mg, 10mg	1	
<i>propylthiouracil</i> TABS 50mg	1	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	2	
<i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
VITAMIN D ANALOGS		
<i>calcitriol</i> CAPS .25mcg, .5mcg	1	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>calcitriol (oral)</i> SOLN 1mcg/ml	1	B/D
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg	1	B/D

GASTROINTESTINAL

ANTACIDS

<i>acid gone</i>	3	
ACID GONE	3	
<i>acid relief</i>	3	
<i>alamag-plus</i>	3	
<i>aldroxicon i</i>	3	
ALKA SELTZER TAB HEARTBRN	3	
ALKA-SELTZER CHW 750-80MG	3	
ALKA-SELTZER TAB GOLD	3	
<i>alkets</i> CHEW 500mg	3	
ALUMINUM HYDROXIDE SUSP 320mg/5ml, 600mg/5ml	3	
<i>aluminum hydroxide gel</i> SUSP 320mg/5ml	3	
<i>aluminum hydroxide gel su</i> SUSP 600mg/5ml	3	
<i>antacid</i>	3	
ANTACID CHEW 1177mg	3	
<i>antacid double strength</i>	3	
<i>antacid extra strength</i>	3	
<i>antacid ultra strength</i> CHEW 1000mg	3	
BELL-ANS TAB 650MG TABS 650mg	3	
CALCIUM CARBONATE TABS 648mg, 650mg	3	

Drug Name	Drug Tier	Requirements/Limits
<i>calcium carbonate (antacid)</i> TABS 648mg, 650mg	3	
<i>cvs antacid multi-symptom</i>	3	
DEWEES CARMINATIVE SUSP 250mg/5ml	3	
<i>eq antacid & anti-gas max</i>	3	
FP FOMICON SUS	3	
GAVISCON CHW	3	
GAVISCON CHW EX-STR	3	
GAVISCON SUS	3	
GELUSIL CHW	3	
<i>gnp calcium antacid child</i> CHEW 400mg	3	
<i>hm advanced antacid maxim</i>	3	
<i>hm magnesium</i> TABS 250mg	3	
HYVEE ADVCD SUS ANTACID	3	
<i>longs acid relief extra s</i> CHEW 750mg	3	
MAALOX MAX CHW 1000-60	3	
MAALOX QUICK DISSOLVE MAX CHEW 1000mg	3	
MAG-AL LIQ	3	
<i>mag-caps</i> CAPS 140mg	3	
MAG-OX 400 TAB 400MG TABS 400mg	3	
<i>magaldrate</i> SUSP 540mg/5ml	3	
<i>magaldrate w/ simethicone susp</i> 1080-30 mg/5ml	3	
MAGNESIUM CAPS 500mg	3	

Drug Name	Drug Tier	Requirements/Limits
MAGNESIUM OXIDE CAPS 400mg	3	
<i>magnesium oxide</i> TABS 400mg, 420mg	3	
<i>maox</i> TABS 420mg	3	
MI-ACID CHW	3	
MYLANTA CHW 400MG CHEW 400mg	3	
MYLANTA SUS	3	
MYLANTA SUS SUPREME	3	
RI-MAG SUSP 540mg/5ml	3	
RI-MAG PLUS SUS	3	
ROLAIDS CHW	3	
ROLAIDS CHW EX ST	3	
ROLAIDS MULT CHW SYMPTOM	3	
<i>sodium bicarbonate (antacid)</i> TABS 325mg, 650mg	3	
<i>*sodium bicarbonate powder**</i>	3	
SODIUM POW BICARBON	3	
<i>tgt antacid extra strengt</i>	3	
TUMS CHEW 500mg	3	
TUMS CALCIUM FOR LIFE BON CHEW 750mg	3	
<i>tums gas relief</i>	3	
URO MAG CAPS 140mg	3	
ANTI-DIARRHEAL		
ABATINEX CAPS 680mg	3	
ACIDOPHILUS WAFR 1mg	3	

Drug Name	Drug Tier	Requirements/Limits
ACIDOPHILUS CAP	3	
ACIDOPHILUS/ TAB CIT PECT	3	
<i>anti-diarrheal</i> CAPS 2mg; LIQD 1mg/5ml; SOLN 1mg/7.5ml; TABS 2mg	3	
<i>bismuth subsalicylate</i> CHEW 262mg; SUSP 525mg/15ml	3	
CULTURELLE CAPS 10bcell	3	
CULTURELLE CAP	3	
CULTURELLE CHW DIGESTIV	3	
CULTURELLE CHW KIDS	3	
CULTURELLE KIDS PACK 5bcell	3	
<i>cvs acidophilus probiotic</i>	3	
<i>cvs anti-diarrheal</i> SUSP 262mg/15ml	3	
<i>cvs bismuth</i> TABS 262mg	3	
<i>cvs digestive probiotic</i> CAPS 250mg	3	
<i>flora assist</i>	3	
FLORAJEN CAP ACIDOPHI	3	
FLORASTOR CAPS 250mg; PACK 250mg	3	
<i>hm probiotic digestive he</i> CAPS 20bcell	3	
IMODIUM A-D SOLN 1mg/7.5ml; TABS 2mg	3	
IMODIUM A-D LIQ 1MG/5ML LIQD 1mg/5ml	3	
IMODIUM ADV TAB	3	
KAOLIN POW	3	

Drug Name	Drug Tier	Requirements/Limits
<i>kaolin powder</i>	3	
KAOPECTATE SUS 262/15ML	3	
KAOPECTATE SUS EX ST	3	
KAOPECTATE TAB	3	
LACTINEX CHW	3	
LACTINEX GRA	3	
LACTINEX TAB	3	
<i>*lactobacillus acidophilus-pectin cap**</i>	3	
<i>*lactobacillus chew tab**</i>	3	
MORE-DOPHILUS ACIDOPHILUS POWD 1550mg/1.55gm	3	
PEPTO-BISMOL TO-GO CHEW 262mg	3	
<i>qc anti-diarrheal advance</i>	3	
RESTORE PAK	3	
4X PROBIOTIC TAB	3	
ANTIEMETICS		
<i>ambizine</i> TABS 25mg	3	
<i>aprepitant</i> CAPS 40mg, 80mg, 125mg	1	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	1	B/D
BL MOTION SI TAB 25MG	3	
<i>bonine</i> CHEW 25mg	3	
<i>compro</i> SUPP 25mg	1	
<i>dimenhydrinate</i> TABS 50mg	3	

Drug Name	Drug Tier	Requirements/Limits
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg	1	B/D, QL (60 caps / 30 days)
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	1	
<i>granisetron hcl</i> TABS 1mg	1	B/D
HCA MOT SICK TAB 50MG	3	
<i>meclizine hcl</i> TABS 12.5mg	3	
<i>meclizine hcl</i> TABS 12.5mg, 25mg	2	
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml; TABS 5mg, 10mg	1	
<i>ondansetron</i> TBDP 4mg, 8mg	1	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	1	
<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg	1	B/D
<i>prochlorperazine</i> SUPP 25mg	1	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	1	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	1	
<i>promethazine hcl</i> SOLN 6.25mg/5ml, 25mg/ml, 50mg/ml; TABS 12.5mg, 25mg, 50mg	2	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>scopolamine</i> PT72 1mg/3days	2	QL (10 patches / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
ANTISPASMODICS		
<i>dicyclomine hcl</i> CAPS 10mg; SOLN 10mg/5ml; TABS 20mg	2	

Drug Name	Drug Tier	Requirements/Limits
<i>glycopyrrolate</i> TABS 1mg	1	QL (90 tabs / 30 days)
<i>glycopyrrolate</i> TABS 2mg	1	QL (120 tabs / 30 days)
<i>DIGESTIVE AGENTS</i>		
CVS DAIRY RELIEF EXTRA ST TABS 4500unit	3	
<i>cvs lactase</i> TABS 3000unit	3	
<i>dairy digestive ultra</i> TABS 9000unit	3	
<i>fast acting dairy aid</i> TABS 9000unit	3	
FP DAIRY-REL TAB 3000UNIT	3	
GAS-X CAP PREVENT	3	
LACTAID FAST ACT CHEW 9000unit; TABS 9000unit	3	
<i>sb lactase</i> TABS 3000unit	3	
<i>H2-RECEPTOR ANTAGONISTS</i>		
<i>acid controller</i> TABS 10mg	3	
<i>cimetidine tab 200 mg</i> TABS 200mg	3	
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml; TABS 20mg, 40mg	1	
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	1	
<i>gnp acid control 75</i> TABS 75mg	3	
<i>gnp acid control 150 maxi</i> TABS 150mg	3	
<i>kls acid controller maxim</i> TABS 20mg	3	
<i>nizatidine</i> CAPS 150mg, 300mg	1	
PEPCID AC TABS 10mg	3	
ZANTAC TAB 75MG	3	

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Drug Name	Drug Tier	Requirements/Limits
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium</i> CAPS 750mg	1	
<i>budesonide</i> CPEP 3mg	1	QL (90 caps / 30 days), PA
<i>budesonide</i> TB24 9mg	2	QL (30 tabs / 30 days), PA
<i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml	1	
<i>mesalamine</i> CP24 .375gm	1	QL (120 caps / 30 days)
<i>mesalamine</i> CPDR 400mg	1	QL (180 caps / 30 days)
<i>mesalamine</i> ENEM 4gm	1	QL (1680 mL / 28 days)
<i>mesalamine</i> SUPP 1000mg	1	QL (30 suppositories / 30 days)
<i>mesalamine</i> TBEC 1.2gm	1	QL (120 tabs / 30 days)
<i>mesalamine w/ cleanser</i> KIT 4gm	1	QL (28 bottles / 28 days)
<i>sulfasalazine</i> TABS 500mg; TBEC 500mg	1	
LAXATIVES		
<i>alophen</i> TBEC 5mg	3	
<i>benefiber on the go</i>	3	
BENEFIBER POW	3	
<i>bisac-evac</i> SUPP 10mg	3	
<i>bl epsom salt</i>	3	
<i>bl laxative pills</i> TABS 15mg, 25mg	3	
<i>bl magnesium citrate</i>	3	
<i>bl mineral oil</i>	3	
<i>bl natural fiber</i> POWD 48.57%	3	

Drug Name	Drug Tier	Requirements/Limits
<i>calcium polycarbophil</i> TABS 625mg	3	
CASTOR OIL OIL 100%	3	
<i>castor oil stimulant laxa</i> OIL 100%	3	
CELLOTHYL TAB 500MG TABS 500mg	3	
CEO-TWO SUP	3	
<i>chocolated laxative</i> CHEW 15mg	3	
CITRUCEL POW ORANGE	3	
<i>clearlax</i>	3	
COLACE CAPS 50mg	3	
<i>colace 2-in-1</i>	3	
<i>colace adult</i> SUPP 2.1gm	3	
COLACE CAP 100MG CAPS 100mg	3	
COLACE LIQ 150/15ML LIQD 150mg/15ml	3	
<i>colace pediatric</i> SUPP 1.2gm	3	
COLACE SYP 60/15ML SYRP 60mg/15ml	3	
<i>constulose</i> SOLN 10gm/15ml	1	
<i>cvs enema disposable</i>	3	
CVS EPSOM GRA SALT	3	
<i>cvs fiber</i> CAPS .52gm	3	
<i>cvs fiber laxative</i> POWD 30.9%	3	
<i>cvs laxative dietary supp</i> TABS 500mg	3	
<i>cvs mineral oil</i>	3	
<i>cvs mini enema kids</i> ENEM 100mg/5ml	3	

Drug Name	Drug Tier	Requirements/Limits
<i>cvs nat fiber laxative</i> POWD 100%	3	
<i>cvs natural daily fiber</i> POWD 51.7%	3	
<i>cvs natural fiber supplem</i> PACK 58.6%	3	
<i>cvs senna</i> TABS 8.6mg	3	
<i>dietary fiber laxative</i> POWD 28.3%	3	
<i>diocto</i> LIQD 150mg/15ml	3	
<i>doculase</i>	3	
<i>docusate calcium</i> CAPS 240mg	3	
<i>docusate sodium</i> CAPS 100mg, 250mg; SYRP 60mg/15ml; TABS 100mg	3	
<i>docusol mini</i> ENEM 283mg/5ml	3	
DULCOLAX TBEC 5mg	3	
<i>dulcolax milk of magnesia</i> SUSP 400mg/5ml	3	
<i>eck soluble fiber</i> POWD 2gm/19gm	3	
ENEMEEZ KIDS ENEM 100mg/5ml	3	
<i>enemeez plus</i>	3	
<i>enulose</i> SOLN 10gm/15ml	1	
EPSOM SALT GRA	3	
EPSOM SALT POW	3	
EQUALACTIN CHEW 625mg	3	
EVAC POW	3	
EX-LAX CHEW 15mg	3	
EX-LAX MILK SUS OF MAGNE	3	

Drug Name	Drug Tier	Requirements/Limits
FIBER LAX POW 95%	3	
<i>fiber therapy</i> POWD 25%	3	
FIBERCON TAB 625MG TABS 625mg	3	
FLEET BISACODYL ENEM 10mg/30ml	3	
FLEET ENE PED	3	
FLEET ENEMA	3	
FLEET LIQUID GLYCERIN SUP ENEM 5.4gm/dose	3	
<i>fp fiber laxative</i> POWD 95%	3	
FV MINERAL OIL HEAVY	3	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-n/flavor pack</i>	1	
<i>generlac</i> SOLN 10gm/15ml	1	
<i>glycerin (laxative)</i> SUPP 1gm, 2gm	3	
GLYCERIN ADULT SUPP 2gm	3	
<i>glycerin adult</i> SUPP 80.7%	3	
<i>goodsense clearlax</i> POWD 17gm/scoop	3	
<i>goodsense fiber</i> TABS 500mg	3	
HCA BISACODY SUP 10MG	3	
HCA LAX-X TAB 25MG	3	
<i>hm fiber</i> POWD 51.7%	3	
HYDROCIL INS POW 95% PACK 95%	3	

Drug Name	Drug Tier	Requirements/Limits
KAOPTECTATE STOOL SOFTENER CAPS 240mg	3	
KONSYL PACK 60.3%; POWD 60.3%, 71.67%	3	
KONSYL DAILY FIBER PACK 28.3%	3	
KONSYL POW 100%	3	
KONSYL-D POWD 52.3%	3	
<i>lactulose</i> SOLN 10gm/15ml	1	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	1	
<i>laxmar</i> POWD 33%	3	
<i>magnesium sulfate granules</i>	3	
METAMUCIL CAPS .36gm	3	
<i>metamucil 3-in-1 daily fi</i>	3	
METAMUCIL 4-IN-1 FIBER PACK 51.7%	3	
METAMUCIL POW 28% CIT PACK 28%	3	
METAMUCIL POW 48.57%	3	
METAMUCIL POW 58.6 CIT PACK 58.6%	3	
METAMUCIL POW 58.6%	3	
METAMUCIL POW 63%	3	
METAMUCIL POW ORANGE POWD 33%	3	
METAMUCIL WAF	3	
<i>milk of magnesia concentr</i> SUSP 2400mg/10ml	3	
MINERAL OIL	3	

Drug Name	Drug Tier	Requirements/Limits
<i>mineral oil (bulk)</i>	3	
MINERAL OIL ENE	3	
MINERAL OIL LIGHT	3	
<i>mineral oil light (bulk)</i>	3	
MIRALAX PACK 17gm; POWD 17gm/scoop	3	
<i>natural vegetable fiber</i> POWD 63%	3	
<i>osco natural fiber laxati</i> PACK 28%	3	
PEDIA-LAX CHEW 400mg; LIQD 50mg/15ml; SUPP 1gm, 2.8gm	3	
<i>pediatric enema</i>	3	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
PHILLIPS TABS 500mg	3	
PLENVU SOL	2	
<i>psyllium</i> POWD 68%	3	
<i>ra laxative extra strengt</i> TABS 17.2mg	3	
<i>senexon</i> LIQD 8.8mg/5ml	3	
SENNALAX SYRP 176mg/5ml	3	
SENNALAX LEAVES MIS	3	
SENOKOT SYRP 8.8mg/5ml; TABS 8.6mg	3	
SENOKOT S TAB 8.6-50MG	3	
SENOKOT XTRA TABS 17.2mg	3	
<i>sm fiber</i> POWD 51.7%	3	

Drug Name	Drug Tier	Requirements/Limits
SM LAXATIVE TAB REGULAR	3	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	1	
SORBITOL SOLN 70%	3	
<i>vacuant mini-enema ENEM 283mg</i>	3	
<i>vacuant plus mini-enema</i>	3	
MISCELLANEOUS		
<i>alka-seltzer anti-gas CAPS 125mg</i>	3	
<i>alosetron hcl TABS 1mg</i>	2	QL (60 tabs / 30 days), PA
<i>alosetron hcl TABS .5mg</i>	1	QL (60 tabs / 30 days), PA
<i>anti gas CAPS 166mg</i>	3	
BICARSIM TABS 80mg	3	
BICARSIM FORTE TABS 125mg	3	
CREON CAP 3000UNIT	2	
CREON CAP 6000UNIT	2	
CREON CAP 12000UNT	2	
CREON CAP 24000UNT	2	
CREON CAP 36000UNT	2	
<i>cromolyn sodium (mastocytosis) CONC 100mg/5ml</i>	1	
<i>cvs gas relief drops extr LIQD 40mg/0.6ml</i>	3	
<i>cvs gas relief extra stre CHEW 125mg</i>	3	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	2	
EMETROL SOL	3	
GAS RELIEF CAP 125MG	3	
GAS-X CHEW 80mg	3	
GAS-X EXTRA STRENGTH CHEW 125mg; STRP 62.5mg	3	
GATTEX KIT 5mg	2	NM, PA
<i>hm anti-nausea</i>	3	
<i>kls acid controller compl</i>	3	
LINZESS CAPS 72mcg, 145mcg, 290mcg	2	QL (30 caps / 30 days)
LITTLE TUMMY DRO 20/0.3ML	3	
<i>loperamide hcl CAPS 2mg</i>	1	
<i>misoprostol TABS 100mcg, 200mcg</i>	1	
MOVANTIK TABS 12.5mg, 25mg	2	QL (30 tabs / 30 days)
PEPCID CHW COMPLETE	3	
PHAZYME CAPS 180mg	3	
PHAZYME MAXIMUM STRENGTH CAPS 250mg	3	
PHAZYME MS CAP 166MG CAPS 166mg	3	
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	2	QL (28 syringes / 28 days), PA
<i>sb anti-gas CAPS 180mg</i>	3	
<i>simethicone CHEW 80mg; TABS 80mg</i>	3	
<i>simethicone susp 40 mg/0. SUSP 40mg/0.6ml</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>sucralfate</i> TABS 1gm	1	
<i>ursodiol</i> CAPS 300mg; TABS 250mg, 500mg	1	
VOWST CAP	2	QL (12 caps / 30 days), NM, PA
XERMELO TABS 250mg	2	QL (84 tabs / 28 days), NM, PA
XIFAXAN TABS 550mg	2	PA
ZENPEP CAP 3000UNIT	2	
ZENPEP CAP 5000UNIT	2	
ZENPEP CAP 10000UNT	2	
ZENPEP CAP 15000UNT	2	
ZENPEP CAP 20000UNT	2	
ZENPEP CAP 25000UNT	2	
ZENPEP CAP 40000UNT	2	
ZENPEP CAP 60000UNT	2	
PROTON PUMP INHIBITORS		
<i>acid reducer</i> CPDR 20.6mg	3	
<i>esomeprazole magnesium</i> CPDR 20mg, 40mg	1	QL (30 caps / 30 days), ST
<i>heartburn treatment 24 ho</i> CPDR 15mg	3	
<i>lansoprazole</i> CPDR 15mg, 30mg	1	QL (60 caps / 30 days)
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1	
<i>omeprazole</i> TBEC 20mg	3	
<i>pantoprazole sodium</i> SOLR 40mg; TBEC 20mg, 40mg	1	

Drug Name	Drug Tier	Requirements/Limits
PRILOSEC OTC TBEC 20mg	3	
<i>rabeprazole sodium</i> TBEC 20mg	1	QL (30 tabs / 30 days)

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

<i>alfuzosin hcl</i> TB24 10mg	1	QL (30 tabs / 30 days)
<i>dutasteride</i> CAPS .5mg	1	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	1	QL (30 caps / 30 days)
<i>finasteride</i> TABS 5mg	1	QL (30 tabs / 30 days)
<i>tadalafil</i> TABS 5mg	1	QL (30 tabs / 30 days), PA
<i>tamsulosin hcl</i> CAPS .4mg	1	QL (60 caps / 30 days)

MISCELLANEOUS

A + D PERSON MIS CARE WIP	3	
<i>acetic acid</i> SOLN .25%	1	
<i>azo dine</i> TABS 95mg	3	
<i>azo dine maximum strength</i> TABS 97.5mg	3	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	1	
<i>cvs disposable douche med</i> SOLN .3%	3	
<i>fq breathable adult brief</i>	3	
GLYCINE POW	3	
<i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg	1	
SUMMERS EVE SOL 0.3%	3	
URO-TRIN TAB 95MG TABS 95mg	3	

Drug Name	Drug Tier	Requirements/Limits
URINARY ANTISPASMODICS		
MYRBETRIQ SRER 8mg/ml	2	QL (300 mL / 28 days)
MYRBETRIQ TB24 25mg, 50mg	2	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> SOLN 5mg/5ml	1	QL (600 mL / 30 days)
<i>oxybutynin chloride</i> TABS 5mg	1	QL (120 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 5mg	1	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 10mg, 15mg	1	QL (60 tabs / 30 days)
<i>solifenacin succinate</i> TABS 5mg, 10mg	1	QL (30 tabs / 30 days)
<i>tolterodine tartrate</i> CP24 2mg, 4mg	1	QL (30 caps / 30 days), ST
<i>tolterodine tartrate</i> TABS 1mg, 2mg	1	QL (60 tabs / 30 days)
<i>trospium chloride</i> TABS 20mg	1	QL (60 tabs / 30 days)
VAGINAL ANTI-INFECTIVES		
<i>af-miconazole</i> 7 CREA 2%	3	
<i>bl miconazole</i> 3	3	
<i>clindamycin phosphate vaginal</i> CREA 2%	1	
CLOTRIMAZOLE CRE 2%	3	
<i>clotrimazole vaginal</i> CREA 1%	3	
<i>cvs miconazole</i> 3	3	
GYNE-LOTTRIMIN CREA 1%	3	
<i>metronidazole vaginal</i> GEL .75%	1	
<i>miconazole</i> 3 combination	3	
MICONAZOLE KIT 200MG/2%	3	
<i>miconazole nitrate vaginal</i> SUPP 100mg	3	

Drug Name	Drug Tier	Requirements/Limits
<i>miconazole nitrate vaginal supp 1200 mg & 2% cream kit</i>	3	
<i>monistat 1-day OINT 6.5%</i>	3	
MONISTAT 3 CREA 4%	3	
MONISTAT 3 KIT COMBINAT	3	
MONISTAT 7 CREA 2%; SUPP 100mg	3	
<i>qc 3 day vaginal cream CREA 4%</i>	3	
<i>sm 3-day vaginal CREA 2%</i>	3	
<i>terconazole vaginal CREA .4%, .8%; SUPP 80mg</i>	1	
TIOCONAZOLE OIN -1	3	

HEMATOLOGIC

ANTICOAGULANTS

<i>dabigatran etexilate mesylate CAPS 75mg, 150mg</i>	1	QL (60 caps / 30 days)
<i>dabigatran etexilate mesylate CAPS 110mg</i>	1	QL (120 caps / 30 days)
ELIQUIS TABS 2.5mg	2	QL (60 tabs / 30 days)
ELIQUIS TABS 5mg	2	QL (74 tabs / 30 days)
ELIQUIS STARTER PACK TBPK 5mg	2	QL (74 tabs / 30 days)
<i>enoxaparin sodium SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml</i>	1	
<i>fondaparinux sodium SOLN 2.5mg/0.5ml</i>	1	
<i>fondaparinux sodium SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml</i>	2	
HEP SOD/NACL INJ 25000UNT	2	

Drug Name	Drug Tier	Requirements/Limits
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	1	B/D
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
<i>rivaroxaban</i> TABS 2.5mg	2	QL (60 tabs / 30 days)
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO SUSR 1mg/ml	2	QL (620 mL / 30 days)
XARELTO TABS 2.5mg	2	QL (60 tabs / 30 days)
XARELTO TABS 10mg, 15mg, 20mg	2	QL (30 tabs / 30 days)
XARELTO STAR TAB 15/20MG	2	QL (51 tabs / 30 days)
HEMATOPOIETIC GROWTH FACTORS		
FULPHILA SOSY 6mg/0.6ml	2	QL (2 syringes / 28 days), NM, PA
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml, 20000unit/ml, 40000unit/ml	2	NM, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	2	NM, PA
IRON		
<i>abatron af</i>	3	
ABATRON LIQ	3	
<i>altorex</i> CAPS 150mg	3	
BIFERA TAB 28MG	3	
<i>bl iron</i>	3	
<i>cvs iron</i> TABS 27mg	3	
<i>eql carbonyl iron</i> TABS 45mg	3	

Drug Name	Drug Tier	Requirements/Limits
EZFE 200 CAPS 200mg	3	
<i>fe c</i>	3	
<i>fe c tab plus</i>	3	
FE SULFATE POW	3	
<i>fe tabs</i> TBEC 325mg	3	
FEOSOL TABS 45mg, 200mg	3	
FER-IN-SOL SOLN 15mg/ml	3	
<i>fer-iron</i> SOLN 15mg/ml	3	
FERGON TABS 240mg	3	
FERGON TAB 320MG TABS 320mg	3	
FERRETTS TABS 325mg	3	
FERRETTS IPS SOLN 40mg/15ml	3	
FERRIMIN 150 TABS 150mg	3	
FERRO-SEQUEL TAB 65-25MG	3	
<i>ferrocite</i> TABS 324mg	3	
FERROUS FUMARATE TABS 29mg	3	
<i>ferrous fumarate</i> TABS 325mg	3	
<i>ferrous gluconate</i> TABS 320mg	3	
FERROUS GLUCONATE TABS 324mg	3	
FERROUS SULFATE LIQD 220mg/5ml; TBCR 140mg; TBEC 324mg	3	
<i>ferrous sulfate</i> SOLN 300mg/5ml; SYRP 300mg/5ml; TABS 27mg; TBCR 50mg	3	
<i>ferrous sulfate dried</i> TBCR 160mg	3	

Drug Name	Drug Tier	Requirements/Limits
<i>ferrous sulfate elixir</i> 22 ELIX 220mg/5ml	3	
FERROUS SULFATE ELIXIR 22 ELIX 220mg/5ml	3	
<i>ferrous sulfate iron</i> TABS 200mg	3	
FOLITAB 500 TAB	3	
FUSION CAP	3	
<i>gnp iron</i> TBCR 45mg	3	
<i>hematron</i>	3	
HEMOCYTE TABS 324mg	3	
ICAR PEDIATRIC SUSP 15mg/1.25ml	3	
ICAR-C TAB	3	
INTEGRA CAP	3	
IRO-PLEX LIQ	3	
IRO-PLEX TAB 165-2MG	3	
IRON TABS 28mg, 90mg, 256mg	3	
IRON 21/7 MIS	3	
IRON CHEWS PEDIATRIC CHEW 15mg	3	
<i>*iron combination elixir*</i>	3	
<i>iron slow release</i> TBCR 45mg	3	
IRON UP LIQD 15mg/0.5ml	3	
<i>kp ferrous gluconate</i> TABS 324mg	3	
NOVAFERRUM 50 CAPS 50mg	3	
NOVAFERRUM LIQ 125	3	

Drug Name	Drug Tier	Requirements/Limits
NOVAFERRUM PEDIATRIC DROP LIQD 15mg/ml	3	
PERFECT IRON TABS 25mg	3	
PROFE CAPS 180mg	3	
PROFERRIN ES TAB 12 MG	3	
RA HIGH POTENCY IRON TABS 27mg	3	
<i>ra slow release iron</i> TBCR 47.5mg	3	
SLOW FE TBCR 45mg, 160mg	3	
SM SLOW RELEASE IRON TBCR 143mg	3	
TANDEM CAP	3	
VITRON-C TAB 65-125MG	3	
<i>wee care</i> SUSP 15mg/1.25ml	3	
MISCELLANEOUS		
ALVAIZ TABS 9mg, 54mg	2	QL (60 tabs / 30 days), NM, PA
ALVAIZ TABS 18mg, 36mg	2	QL (90 tabs / 30 days), NM, PA
<i>anagrelide hcl</i> CAPS .5mg, 1mg	1	
BERINERT KIT 500unit	2	QL (24 boxes / 30 days), NM, PA
<i>cilostazol</i> TABS 50mg, 100mg	1	
DOPTelet TABS 20mg	2	NM, PA
HAEGARDA SOLR 2000unit	2	QL (30 vials / 30 days), NM, PA
HAEGARDA SOLR 3000unit	2	QL (20 vials / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
<i>icatibant acetate</i> SOSY 30mg/3ml	2	QL (9 syringes / 30 days), NM, PA
<i>l-glutamine (sickle cell)</i> PACK 5gm	2	NM, PA
<i>pentoxifylline</i> TBCR 400mg	1	
<i>sajazir</i> SOSY 30mg/3ml	2	QL (9 syringes / 30 days), NM, PA
SIKLOS TABS 100mg, 1000mg	2	
TAVNEOS CAPS 10mg	2	QL (180 caps / 30 days), NM, PA
<i>tranexamic acid</i> SOLN 1000mg/10ml; TABS 650mg	1	

PLATELET AGGREGATION INHIBITORS

<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	1	
BRILINTA TABS 60mg, 90mg	2	
<i>clopidogrel bisulfate</i> TABS 75mg	1	
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg	2	PA; PA applies if 70 years and older
<i>prasugrel hcl</i> TABS 5mg, 10mg	1	

IMMUNOLOGIC AGENTS

AUTOIMMUNE AGENTS

ADALIMUMAB-AACF (2 PEN) AJKT 40mg/0.8ml	2	QL (56 pens / 365 days), NM, PA
ADALIMUMAB-AACF (2 SYRING PSKT 40mg/0.8ml	2	QL (56 syringes / 365 days), NM, PA
ADALIMUMAB-AACF STARTER P AJKT 40mg/0.8ml	2	QL (2 packs / year), NM, PA
COSENTYX SOLN 125mg/5ml	2	NM, PA
COSENTYX SOSY 75mg/0.5ml	2	QL (16 syringes / 365 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
COSENTYX SOSY 150mg/ml	2	QL (32 syringes / 365 days), NM, PA
COSENTYX SENSOREADY PEN SOAJ 150mg/ml	2	QL (32 pens / 365 days), NM, PA
COSENTYX UNOREADY SOAJ 300mg/2ml	2	QL (16 pens / 365 days), NM, PA
DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml	2	QL (4 pens / 28 days), NM, PA
DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml	2	QL (4 syringes / 28 days), NM, PA
ENBREL SOLN 25mg/0.5ml	2	QL (16 vials / 28 days), NM, PA
ENBREL SOSY 25mg/0.5ml	2	QL (16 syringes / 28 days), NM, PA
ENBREL SOSY 50mg/ml	2	QL (8 syringes / 28 days), NM, PA
ENBREL MINI SOCT 50mg/ml	2	QL (8 cartridges / 28 days), NM, PA
ENBREL SURECLICK SOAJ 50mg/ml	2	QL (8 pens / 28 days), NM, PA
HUMIRA PSKT 10mg/0.1ml	2	QL (2 syringes / 28 days), NM, PA
HUMIRA PSKT 20mg/0.2ml	2	QL (4 syringes / 28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	2	QL (6 syringes / 28 days), NM, PA
HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml	2	QL (6 pens / 28 days), NM, PA
HUMIRA PEN AJKT 80mg/0.8ml	2	QL (4 pens / 28 days), NM, PA
HUMIRA PEN KIT PS/UV	2	QL (3 pens / 28 days), NM, PA

This document includes a list of drugs covered on our formulary as of May 1, 2025. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml	2	QL (3 pens / 28 days), NM, PA
HUMIRA PEN-PEDIATRIC UC S AJKT 80mg/0.8ml	2	QL (4 pens / 28 days), NM, PA
IDACIO (2 PEN) AJKT 40mg/0.8ml	2	QL (56 pens / 365 days), NM, PA
IDACIO (2 SYRINGE) PSKT 40mg/0.8ml	2	QL (56 syringes / 365 days), NM, PA
IDACIO CROHN INJ DISEASE AJKT 40mg/0.8ml	2	QL (2 packs / year), NM, PA
IDACIO PLAQU INJ PSORIASIS AJKT 40mg/0.8ml	2	QL (2 packs / year), NM, PA
INFLIXIMAB SOLR 100mg	2	NM, PA
REMICADE SOLR 100mg	2	NM, PA
RENFLEXIS SOLR 100mg	2	NM, PA
RINVOQ TB24 15mg, 30mg	2	QL (30 tabs / 30 days), NM, PA
RINVOQ TB24 45mg	2	QL (168 tabs / year), NM, PA
RINVOQ LQ SOLN 1mg/ml	2	QL (360 mL / 30 days), NM, PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml	2	QL (1 cartridge / 56 days), NM, PA
SKYRIZI SOLN 600mg/10ml	2	NM, PA
SKYRIZI SOSY 150mg/ml	2	QL (6 syringes / 365 days), NM, PA
SKYRIZI PEN SOAJ 150mg/ml	2	QL (6 pens / 365 days), NM, PA
SOTYKTU TABS 6mg	2	QL (30 tabs / 30 days), NM, PA

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Drug Name	Drug Tier	Requirements/Limits
STELARA SOLN 45mg/0.5ml	2	QL (1 vial / 28 days), NM, PA
STELARA SOLN 130mg/26ml	2	NM, PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	2	QL (1 syringe / 28 days), NM, PA
TREMFYA SOAJ 100mg/ml, 200mg/2ml	2	QL (1 pen / 28 days), NM, PA
TREMFYA SOLN 200mg/20ml	2	NM, PA
TREMFYA SOSY 100mg/ml, 200mg/2ml	2	QL (1 syringe / 28 days), NM, PA
TYENNE SOAJ 162mg/0.9ml	2	QL (4 pens / 28 days), NM, PA
TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	2	NM, PA
TYENNE SOSY 162mg/0.9ml	2	QL (4 syringes / 28 days), NM, PA
VELSIPITY TABS 2mg	2	QL (30 tabs / 30 days), NM, PA
XELJANZ SOLN 1mg/ml	2	QL (480 mL / 24 days), NM, PA
XELJANZ TABS 5mg, 10mg	2	QL (60 tabs / 30 days), NM, PA
XELJANZ XR TB24 11mg, 22mg	2	QL (30 tabs / 30 days), NM, PA
<i>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</i>		
<i>hydroxychloroquine sulfate</i> TABS 200mg	1	
JYLAMVO SOLN 2mg/ml	2	B/D
<i>leflunomide</i> TABS 10mg, 20mg	1	QL (30 tabs / 30 days)
<i>methotrexate sodium</i> TABS 2.5mg	1	

Drug Name	Drug Tier	Requirements/Limits
XATMEP SOLN 2.5mg/ml	2	B/D
IMMUNOGLOBULINS		
ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	2	NM, PA
BIVIGAM SOLN 5gm/50ml, 10%	2	NM, PA
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	2	NM, PA
GAMASTAN INJ	2	B/D, NM
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	2	NM, PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	2	NM, PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	2	NM, PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	2	NM, PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	2	NM, PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	2	NM, PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	2	NM, PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	2	NM, PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 100mcg/0.5ml	2	NM, PA

Drug Name	Drug Tier	Requirements/Limits
ARCALYST SOLR 220mg	2	NM, PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 .5mg, 1mg, 5mg	2	B/D, NM
<i>azathioprine</i> TABS 50mg	1	B/D
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml	2	QL (8 syringes / 28 days), NM, PA
BENLYSTA SOLR 120mg, 400mg	2	NM, PA
<i>cyclosporine</i> CAPS 25mg, 100mg	1	B/D, NM
<i>cyclosporine modified (for microemulsion)</i> CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	1	B/D, NM
<i>everolimus (immunosuppressant)</i> TABS .25mg, .5mg, .75mg, 1mg	2	B/D, NM
<i>engraf</i> CAPS 25mg, 100mg; SOLN 100mg/ml	1	B/D, NM
<i>mycophenolate mofetil</i> CAPS 250mg; TABS 500mg	1	B/D, NM
<i>mycophenolate mofetil</i> SUSR 200mg/ml	2	B/D, NM
<i>mycophenolate sodium</i> TBEC 180mg, 360mg	1	B/D, NM
NULOJIX SOLR 250mg	2	B/D, NM
PROGRAF PACK .2mg, 1mg	2	B/D, NM
REZUROCK TABS 200mg	2	QL (30 tabs / 30 days), NM, PA
<i>sirolimus</i> SOLN 1mg/ml	2	B/D, NM
<i>sirolimus</i> TABS .5mg, 1mg, 2mg	1	B/D, NM
<i>tacrolimus</i> CAPS .5mg, 1mg, 5mg	1	B/D, NM

Drug Name	Drug Tier	Requirements/Limits
VACCINES		
ABRYSVO SOLR 120mcg/0.5ml	1	
ACTHIB INJ	1	
ADACEL INJ	1	
AREXVY SUSR 120mcg/0.5ml	1	
BCG VACCINE SOLR 50mg	1	
BEXSERO INJ	1	
BOOSTRIX INJ	1	
DAPTACEL INJ	1	
DENGVAxia SUS	1	
DIP/TET PED INJ 25-5LFU	1	B/D
ENGRIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	1	B/D
GARDASIL 9 INJ	1	
HAVRIX SUSP 1440elu/ml; SUSY 720elu/0.5ml	1	
HEPLISAV-B SOSY 20mcg/0.5ml	1	B/D
HIBERIX SOLR 10mcg	1	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	1	B/D
INFANRIX INJ	1	
IPOL INJ INACTIVE	1	
IXCHIQ INJ	1	
IXIARO INJ	1	
JYNNEOS SUSP .5ml	1	B/D

Drug Name	Drug Tier	Requirements/Limits
KINRIX INJ	1	
M-M-R II INJ	1	
MENACTRA INJ	1	
MENQUADFI INJ	1	
MENVEO INJ	1	
MENVEO SOL	1	
MRESVIA SUSY 50mcg/0.5ml	1	
PEDIARIX INJ 0.5ML	1	
PEDVAX HIB SUSP 7.5mcg/0.5ml	1	
PENBRAYA INJ	1	
PENTACEL INJ	1	
PRIORIX INJ	1	
PROQUAD INJ	1	
QUADRACEL INJ 0.5ML	1	
RABAVERT INJ	1	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	1	B/D
ROTARIX SUS	1	
ROTATEQ SOL	1	
SHINGRIX SUSR 50mcg/0.5ml	1	QL (2 vials per lifetime)
TENIVAC INJ 5-2LF	1	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	1	
TRUMENBA INJ	1	

Drug Name	Drug Tier	Requirements/Limits
TWINRIX INJ	1	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	1	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	1	
VARIVAX SUSR 1350pfu/0.5ml	1	
VAXCHORA SUS	1	
VIVOTIF CAP EC	1	
YF-VAX INJ	1	

INJECTABLE

ANTI-COAGULANT FOR IV

<i>heparin sodium (porcine) lock flush</i> SOLN 1unit/ml, 10unit/ml, 100unit/ml	3
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STERILE INJECTABLE

<i>water for injection</i>	3
<i>water for iv injection</i>	3

MISCELLANEOUS

MISCELLANEOUS

ACACIA POW	3
<i>acacia powder</i>	3
ACETAMIN POW	3
ACETIC ACID SOLN 3%	3
ALCOHOL SOL DENATURE	3
ALLANTOIN POW	3
<i>almond oil (sweet)</i>	3
<i>alum (ammonium) powder</i>	3
ALUM AMMONIU POW	3

Drug Name	Drug Tier	Requirements/Limits
AMMONIUM GRA CHLORIDE	3	
ANISE FLAVOR OIL	3	
AQUABASE OIN	3	
ASCORBIC ACD POW	3	
BENZYL ALC LIQ	3	
BIOFLAVINOID POW LEMON	3	
BIOFLAVONOID POW CITRUS	3	
BISMUTH POW SUBNITRA	3	
BISMUTH SUBC POW	3	
<i>bismuth subcarbonate powder</i>	3	
<i>bismuth subnitrate powder</i>	3	
BL BORIC ACI POW	3	
BL GLYCERIN LIQ	3	
BL PETROLEUM OIN JELLY	3	
BLENDED SUSP SUS COMPOUND	3	
<i>boric acid powder</i>	3	
BUBBLE GUM SYP	3	
<i>calcium hydroxide powder</i>	3	
CALCIUM POW SACCHARA	3	
CARBOMER POW 1342	3	
<i>castor oil</i>	3	
CASTOR OIL OIL 100%	3	
CETYL ALCOHO GRA	3	

Drug Name	Drug Tier	Requirements/Limits
CHERRY CON	3	
<i>cherry syrup</i>	3	
CHLOROFORM SOL	3	
<i>chloroform soln</i>	3	
CITRIC ACID GRA	3	
<i>citric acid granules</i>	3	
<i>citric acid powder</i>	3	
<i>clove oil</i>	3	
CLOVE OIL	3	
<i>cocoa butter</i>	3	
COCOA BUTTER LOT	3	
<i>coconut oil</i>	3	
<i>collodion flexible</i>	3	
COLLODION LIQ FLEXIBLE	3	
COTTONSEED OIL	3	
CROTON OIL	3	
CRYSTAL LAKE LIQ WATER	3	
D-VITAMIN E POW SUCCINAT	3	
DELBASE OIN COMPOUND	3	
DL-MENTHOL CRY	3	
FATTYBLEND MIS	3	
FD&C BLUE #2 POW	3	
FD&C RED 40 POW	3	

Drug Name	Drug Tier	Requirements/Limits
FDC BLUE 1 POW AL LAKE	3	
FDC RED #40 POW AL LAKE	3	
FDC YELLOW 5 POW AL LAKE	3	
FERRIC POW SUBSULFA	3	
FLAVOR CONC LIQ GRAPE	3	
FULLERS POW EARTH	3	
<i>glycerin liquid</i>	3	
<i>glycolic acid crystals</i>	3	
GNP PETROLEU GEL JELLY	3	
GRAPE SEED OIL	3	
GREEN TEA EXTRACT LIQD 90%	3	
GRX WHITE OIN PETROLAT	3	
HYDROPHILIC OIN PETROLAT	3	
<i>hydrophilic ointment</i>	3	
INDOLE-3- POW CARBINOL	3	
INOSITOL POW HEXANICO	3	
IODINE CRY	3	
<i>karaya gum</i>	3	
KARAYA GUM	3	
LACTIC ACID SOL	3	
LACTOSE POW	3	
<i>lactose powder</i>	3	
LIP BALM OIN NATURAL	3	

Drug Name	Drug Tier	Requirements/Limits
LIPOIL OIL	3	
LIPOVAN BASE CRE	3	
LOLLIBASE POW	3	
LOZIBASE MIS	3	
MANNITOL POW	3	
<i>menthol crystals</i>	3	
METHYLCELLULOSE GEL 2%, 3%	3	
<i>methylcellulose powder</i>	3	
NICE PURE POW BAK SODA	3	
ORA-HESIVE PST BASE	3	
<i>*oral vehicles***</i>	3	
OXALIC ACID CRY	3	
<i>oxalic acid crystals</i>	3	
PCCA MBK MIS FAT ACID	3	
PEG 1000 LIQ	3	
PERUVIAN LIQ BALSAM	3	
<i>petrolatum ointment</i>	3	
<i>petrolatum, hydrophilic ointment</i>	3	
PHOSPHATIDYL POW 20%	3	
PLURONIC GEL 20%, 30%	3	
POLYSORBATE SOL 20	3	
POT NITRATE GRA	3	
POT SORBATE CRY	3	

Drug Name	Drug Tier	Requirements/Limits
POTASSIUM HYDROXIDE SOLN 10%, 20%	3	
PROPYLENE GL SOL	3	
<i>propylene glycol</i>	3	
<i>raspberry syrup</i>	3	
RED YEAST POW RICE	3	
<i>simple - syrup</i>	3	
SOD BENZOATE POW	3	
SOD METABISU GRA	3	
SOD PERBORAT CRY	3	
SOD PROPION POW	3	
SOD SULFITE POW	3	
<i>sodium benzoate powder</i>	3	
SODIUM BORAT POW	3	
SODIUM CITRA GRA	3	
<i>sorbitol</i> SOLN 70%	3	
STEVIA EXTRACT POWD 90%	3	
SULFUR POW	3	
SUSPENDOL-S LIQ	3	
TALC POW	3	
<i>talc powder</i>	3	
THYMOL CRY	3	
TROCHIBASE S MIS	3	
<i>turpentine liq</i>	3	

Drug Name	Drug Tier	Requirements/Limits
UNIBASE CRE	3	
UREA BEA	3	
VEEGUM MIS LUMP	3	
<i>white petrolatum gel</i>	3	
<i>white petrolatum ointment</i>	3	
WITEPSOL MIS	3	
ZINC CHLORID GRA	3	
ZINC OXIDE POW	3	

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

BABY DARLNG POW PED ELEC	3	
<i>buffered salt</i>	3	
CERALYTE 50 LIQ	3	
CERASPORT SOL	3	
<i>hm potassium TABS 595mg</i>	3	
<i>hydralife</i>	3	
MEDI-LYTE TAB	3	
<i>*oral electrolyte for soln***</i>	3	
<i>*oral electrolyte solution***</i>	3	
<i>osco potassium gluconate TABS 550mg</i>	3	
POT GLUCONAT TAB 500MG	3	
<i>potassium TABS 99mg</i>	3	
<i>potassium gluconate TABS 2meq</i>	3	
POTASSIUM GLUCONATE TABS 550mg	3	

Drug Name	Drug Tier	Requirements/Limits
POTASSIUM GLUCONATE ER TBCR 595mg	3	
POTASSIUM TAB CHELATED	3	
REPLACE TAB SR	3	
<i>ELECTROLYTES/MINERALS, INJECTABLE</i>		
D2.5W/NACL INJ 0.45%	2	
D10W/NACL INJ 0.2%	2	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	1	
<i>dextrose 5% in lactated ringers</i>	1	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.3%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.225%</i>	1	
<i>dextrose 10% w/ sodium chloride 0.45%</i>	1	
ISOLYTE-P INJ /D5W	2	
ISOLYTE-S INJ PH 7.4	2	
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	1	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	1	
KCL/D5W/NACL INJ 0.3/0.9%	2	
<i>lactated ringer's solution</i>	1	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	2	
<i>magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	2	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	2	
<i>multiple electrolytes ph 5.5</i>	1	
<i>multiple electrolytes ph 7.4</i>	1	
POT CHL 20MEQ/L IN NACL 0.9% INJ	2	
POT CHL 20MEQ/L IN NACL 0.45% INJ	2	
POT CHL 40MEQ/L IN NACL 0.9% INJ	2	
<i>potassium chloride SOLN 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml</i>	1	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>sodium chloride</i> SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	1	
TPN ELECTROL INJ	2	B/D
<i>ELECTROLYTES/MINERALS/VITAMINS, ORAL</i>		
<i>klor-con</i> PACK 20meq	1	
<i>klor-con 8</i> TBCR 8meq	1	
<i>klor-con 10</i> TBCR 10meq	1	
<i>klor-con m10</i> TBCR 10meq	1	
<i>klor-con m15</i> TBCR 15meq	1	
<i>klor-con m20</i> TBCR 20meq	1	
M-NATAL PLUS TAB	2	
<i>potassium chloride</i> CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 20meq	1	
<i>potassium chloride microencapsulated crystals er</i> TBCR 10meq, 15meq, 20meq	1	
PRENATAL TAB 27-1MG	2	
PRENATAL TAB PLUS	2	
<i>sodium fluoride</i> chew; tab; 1.1 (0.5 f) mg/ml soln	1	
WESTAB PLUS TAB 27-1MG	2	
<i>IV NUTRITION</i>		
CLINIMIX INJ 4.25/D5W	2	B/D
CLINIMIX INJ 4.25/D10	2	B/D
CLINIMIX INJ 5%/D15W	2	B/D
CLINIMIX INJ 5%/D20W	2	B/D
CLINIMIX INJ 6/5	2	B/D

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX INJ 8/10	2	B/D
CLINIMIX INJ 8/14	2	B/D
<i>clinisol sf 15%</i>	1	B/D
CLINOLIPID EMU 20%	2	B/D
COPPER SULF CRY	3	
<i>dextrose SOLN 5%, 10%</i>	1	
<i>dextrose SOLN 50%, 70%</i>	1	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	2	B/D
NUTRILIPID EMUL 20gm/100ml	2	B/D
<i>plenamine</i>	1	B/D
PREMASOL SOL 10%	2	B/D
PROSOL INJ 20%	2	B/D
TRAVASOL INJ 10%	2	B/D
TROPHAMINE INJ 10%	2	B/D
MINERALS		
BEELITH TAB	3	
<i>bl calcium 500/d</i>	3	
<i>bl calcium 600 + d</i>	3	
<i>bl calcium citrate+d</i>	3	
<i>bl calcium/magnesium/zinc</i>	3	
<i>bl magnesium TABS 250mg</i>	3	
BONE MEAL TAB	3	
<i>*bone meal w/ vitamin d tab***</i>	3	

Drug Name	Drug Tier	Requirements/Limits
CA GLUCONATE TAB 50MG	3	
CA HI-CAL/D TAB 500MG	3	
CA PHOS DIHY POW DIBASIC	3	
CA/MG TAB	3	
CA/MG/ZN TAB	3	
CAL CIT MAL/ TAB VITAMIND	3	
CAL-CITRATE TAB PLUS D	3	
CAL-LAC CAPS 500mg	3	
CAL-MAG COMP TAB	3	
CAL-QUICK LIQ 500-400	3	
CAL/MAG TAB CHEW	3	
CAL/MAG/VITD TAB	3	
CALC CHEWABL CHW 600 PLUS	3	
CALC CIT+D3 TAB 250-200	3	
CALC/MAGNES TAB 333-167	3	
CALC/VIT D3 CHW 200-200	3	
CALC/VIT D3 CHW DISNEY	3	
<i>calcarb 600</i> TABS 1500mg	3	
<i>calcarb 600/vitamin d</i>	3	
CALCET CHW BITES	3	
CALCET PETIT TAB 200-250	3	
<i>calci-chew</i> CHEW 1250mg	3	
CALCI-CHEW CHEW 1250mg	3	

Drug Name	Drug Tier	Requirements/Limits
CALCI-MIX CAPS 1250mg	3	
<i>calcio del mar</i> TABS 1250mg	3	
<i>calcitrate</i> TABS 950mg	3	
<i>calcium</i> TABS 600mg	3	
<i>calcium 500+d high potenc</i>	3	
<i>calcium 500/d</i>	3	
<i>calcium 600 + d</i>	3	
<i>calcium 600 mg w/ vitamin d tab</i>	3	
<i>calcium 600 with vitamin</i>	3	
<i>calcium 600-d</i>	3	
CALCIUM 1000 TAB + D	3	
<i>calcium 1200+d3</i>	3	
CALCIUM ACETATE TABS 668mg	3	
CALCIUM CARB POW	3	
CALCIUM CARB TAB 600MG	3	
<i>calcium carb-cholecalcif chew tab 500 mg-2.5mcg (100 unit)</i>	3	
<i>calcium carb-cholecalciferol tab 250 mg-3.125 mcg (125 unit)</i>	3	
<i>calcium carb-cholecalciferol tab 500 mg-3.125 mcg (125 unit)</i>	3	
<i>calcium carb-cholecalciferol tab 500 mg-10 mcg (400 unit)</i>	3	
<i>*calcium carb-vit d w/ minerals chew tab 600 mg-400 unit***</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>*calcium carb-vit d w/ minerals chew tab 1200 mg-1000 unit**</i>	3	
CALCIUM CARBONATE CHEW 260mg; POWD 800mg/2gm	3	
<i>calcium carbonate (antacid) SUSP 1250mg/5ml</i>	3	
<i>calcium carbonate powder</i>	3	
<i>calcium carbonate-ergocalciferol tab 500 mg-5 mcg (200 unit)</i>	3	
<i>*calcium carbonate-vit d</i>	3	
<i>calcium carbonate-vitamin d tab 250 mg-3.125 mcg (125 unit)</i>	3	
<i>calcium carbonate-vitamin d tab 500 mg-3.125 mcg (125 unit)</i>	3	
<i>calcium cit-vit d tab 315 mg-6.25 mcg(250 unit) (elem ca)</i>	3	
CALCIUM CIT/ TAB VIT D	3	
CALCIUM CITR TAB + D	3	
CALCIUM CITRATE GRAN 760mg/3.5gm; TABS 250mg, 1040mg	3	
<i>calcium citrate + d3</i>	3	
<i>calcium citrate-vitamin d tab 1500 mg-200 unit</i>	3	
<i>calcium gluconate TABS 500mg, 650mg</i>	3	
CALCIUM GLUCONATE TABS 500mg, 650mg	3	
<i>calcium gluconate powder</i>	3	
<i>calcium gummies</i>	3	

Drug Name	Drug Tier	Requirements/Limits
CALCIUM LACTATE TABS 100mg, 648mg, 750mg	3	
<i>calcium lactate</i> TABS 650mg	3	
<i>calcium liquid caps</i>	3	
<i>calcium phos-cholecalcif chew tab 250 mg-12.5 mcg (500 unit)</i>	3	
CALCIUM PLUS CAP VIT D	3	
CALCIUM SOFT CHW CARAMEL	3	
CALCIUM TAB 600MG	3	
CALCIUM TAB FORMULA	3	
<i>calcium w/ magnesium tab 333-167 mg</i>	3	
<i>calcium w/ magnesium tab 500-250 mg</i>	3	
<i>calcium w/ vitamin d & k chew tab 500 mg-100 unit-40 mcg</i>	3	
<i>calcium-carb 600 + d</i>	3	
<i>calcium-magnesium-zinc tab 333-133-8.3 mg</i>	3	
<i>calcium-magnesium-zinc tab 334-134-5 mg</i>	3	
<i>calcium-vitamin d tab 600 mg-5 mcg (200 unit)</i>	3	
CALCIUM/C/D CHW 500MG	3	
CALCIUM/D3 CAP 600-2500	3	
CALCIUM/D TAB 600/200	3	
CALCIUM/MAGN TAB 250-155	3	
CALCIUM/VITD CAP 600-400	3	

Drug Name	Drug Tier	Requirements/Limits
CALTRATE 600 CHW 600-800	3	
CALTRATE 600 CHW +D PLUS	3	
CALTRATE + D TAB 300-800	3	
CALTRATE +D3 TAB 600-800	3	
CALTRATE+D TAB 600-800	3	
<i>calvite p&d</i>	3	
CHELATED CALCIUM TABS 200mg	3	
CHELATED MG TAB 100MG TABS 100mg	3	
CHELATED MUL TAB MINERAL	3	
CITRACAL CAL CHW GUMMIES	3	
CITRACAL CAL TAB +D SLOW	3	
CITRACAL TAB MAXIMUM	3	
CITRACAL TAB VIT D	3	
CITRACAL+D3 CHW 250-500	3	
CORAL CALCIU CAP	3	
CORAL CALCIU CAP 1000MG	3	
CORAL CAP CALCIUM	3	
<i>cvs magnesium citrate</i> CAPS 125mg	3	
<i>cvs selenium</i> TABS 200mcg	3	
<i>cvs selenium natural</i> TABS 100mcg	3	
<i>cvs zinc</i> LOZG 10mg	3	
<i>600+d3 plus minerals</i>	3	
DIASENSE MAGNESIUM TABS 241.3mg	3	

Drug Name	Drug Tier	Requirements/Limits
ECK HI-CAL TAB 500MG	3	
<i>eq calcium 500+d</i>	3	
<i>eq calcium 600+d+minerals</i>	3	
EQL CALCIUM CAP VIT D	3	
<i>eq calcium gummies</i>	3	
<i>eq calcium soft chews</i>	3	
<i>gnp calcium 500 +d3</i>	3	
GUMMY BITES CHW	3	
HCA ELEMENTA CAP MAGNESIU	3	
<i>hca elemental magnesium CAPS 300mg</i>	3	
HCA ZINC GLU TAB 50MG	3	
<i>hm calcium 600 & vitamin</i>	3	
<i>iodine (kelp) TABS .15mg</i>	3	
<i>kp calcium 600+d3</i>	3	
<i>kp mag-oxide magnesium TABS 200mg</i>	3	
LIQUID CALCI CAP WITH D3	3	
LOCALNESIUM TAB	3	
LOCALNESIUM TAB -C	3	
MAG64 TBEC 64mg	3	
MAG CARBONAT POW	3	
MAG GLYCINATE TABS 100mg	3	
MAG-200 TABS 200mg	3	
MAG-G TABS 500mg	3	

Drug Name	Drug Tier	Requirements/Limits
MAG-SR PLUS TAB CALCIUM	3	
MAG-TAB SR TBCR 84mg	3	
<i>magbee</i>	3	
<i>magdelay</i> TBEC 64mg	3	
MAGDELAY TBEC 70mg	3	
MAGINEX TBEC 615mg	3	
MAGNEBIND TAB 200	3	
MAGNEBIND TAB 300	3	
<i>magnesium</i> TABS 30mg, 100mg	3	
MAGNESIUM TABS 200mg	3	
<i>magnesium chloride</i> TBEC 64mg	3	
MAGNESIUM CITRATE CAPS 125mg; TABS 100mg	3	
MAGNESIUM ELEMENTAL TABS 30mg	3	
<i>magnesium gluconate</i> TABS 27.5mg	3	
MAGNESIUM GLUCONATE TABS 250mg, 500mg, 550mg	3	
<i>magnesium glycinate</i> CAPS 100mg	3	
MAGNESIUM GLYCINATE CAPS 100mg	3	
<i>magnesium lactate</i> TBCR 7meq	3	
MAGNESIUM OXIDE CAPS 400mg; TABS 250mg	3	
<i>magnesium oxide (mg supplement)</i> CAPS 500mg; TABS 250mg, 400mg, 500mg	3	
MAGNESIUM SULFATE CAPS 70mg	3	

This document includes a list of drugs covered on our formulary as of May 1, 2025. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>magnesium tab 200 mg</i>	3	
<i>magnesium tab 400 mg</i>	3	
MAGONATE LIQ 1000/5ML	3	
<i>mar-zinc TABS 220mg</i>	3	
MONOCAL TAB 3-250	3	
<i>*multiple minerals tab**</i>	3	
NU-MAG TAB 71.5-119	3	
ORAZINC TABS 110mg	3	
<i>os-cal</i>	3	
OS-CAL TABS 1250mg	3	
OS-CAL TAB 500 + D	3	
OS-CAL ULTRA TAB	3	
OSTEO-PORETI TAB	3	
<i>oyster shell TABS 500mg</i>	3	
OYSTER SHELL CALCIUM TABS 250mg	3	
PARVA-CAL TAB 250-100	3	
PARVA-CAL TAB 500MG	3	
PHOS-NAK POW CONCENTR	3	
POSTURE-D TAB 600MG	3	
POSTURE-D TAB CALC/MAG	3	
<i>potassium & sodium phosphates powder pack 280-160-250 mg</i>	3	
RA CA/BORON TAB	3	
<i>ra calcium 600 TABS 600mg</i>	3	

Drug Name	Drug Tier	Requirements/Limits
RA OYS SHL/D TAB 500MG	3	
<i>ra potassium/magnesium as</i>	3	
RISACAL-D TAB	3	
SE PLUS PROTEIN TABS 200mcg	3	
<i>selenium</i> TABS 50mcg	3	
SELENIUM TBCR 200mcg	3	
SELENIUM TAB 50MCG	3	
SLOW MAGNESIUM CHLORIDE/	3	
<i>sm calcium plus/vitamin d</i>	3	
SM CORAL CALCIUM TABS 1000mg	3	
SOD CHLORIDE GRA	3	
<i>sodium chloride</i> TABS 1gm	3	
SODIUM CHLORIDE TABS 1gm	3	
TR MAG COMPL CAP 400MG	3	
UPCAL D POW	3	
VIACTIV CHW CAMEL	3	
ZINC LOZG 10mg	3	
<i>zinc</i> TABS 50mg	3	
ZINC 15 TABS 66mg	3	
<i>zinc gluconate</i> TABS 30mg, 50mg, 100mg	3	
ZINC SULFATE CAPS 50mg	3	
<i>zinc sulfate</i> CAPS 220mg; TABS 66mg	3	
ZINC SULFATE POW	3	

Drug Name	Drug Tier	Requirements/Limits
<i>zinc sulfate powder</i>	3	
MISCELLANEOUS		
ADULT OMEGA CHW PLUS DHA	3	
ADVERA LIQ CHOCOLAT	3	
ALBA-LYBE NR LIQ	3	
ALP HIGH3 CAP 600MG	3	
<i>alpha betic</i> CAPS 200mg	3	
ALPHA LIPOIC ACID CAPS 50mg, 200mg, 300mg	3	
ALPHA-LIPOIC ACID TABS 100mg	3	
<i>alpha-lipoic acid (thioctic acid)</i> CAPS 100mg, 600mg; TABS 100mg	3	
<i>arginine</i> CAPS 500mg; TABS 500mg	3	
ARGININE PACK 500mg; TABS 500mg	3	
ARGININE2000 PACK 2000mg	3	
ARGININE CAP 500 MG CAPS 500mg	3	
<i>arthx ds</i>	3	
<i>azo d-mannose</i> CAPS 500mg	3	
BIO-FLAX CAPS 1000mg	3	
<i>bioginkgo 24/6</i> TABS 60mg	3	
<i>bl flax seed oil</i> CAPS 1000mg	3	
CHEW Q CHEW 30mg	3	
CHEW Q CHW 100MG	3	
CHEW Q CHW 600MG	3	
<i>cidaflex</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>cidatine</i> TABS 500mg	3	
CO Q10 TABS 100mg	3	
CO Q-10 CAPS 300mg	3	
CO-ENZYME WAF Q10/E	3	
COENZYME Q10 CHEW 60mg; LIQD 30mg/5ml; TABS 25mg, 50mg, 200mg	3	
<i>coenzyme q10 (ubidecarenone)</i> CAPS 10mg, 30mg, 50mg, 60mg, 75mg, 100mg, 150mg, 200mg, 300mg, 400mg; TABS 25mg, 60mg	3	
COENZYME Q-10 CAPS 75mg	3	
COQ10/VIT E CAP 100-10	3	
COQ10/VIT E CAP 200-200	3	
COQ-10 TR CPR 100mg	3	
COROMEGA EMU OMEGA 3	3	
COROMEGA MIS	3	
CRANBERRY (VACCINIUM MACR CAPS 400mg	3	
<i>cranberry (vaccinium macrocarpon)</i> CAPS 200mg, 250mg, 425mg	3	
<i>cvs glucose liquid shot</i>	3	
<i>cvs l-lysine</i> TABS 500mg	3	
<i>cvs natural fish oil</i>	3	
<i>cvs quality sleep</i> CAPS 10mg	3	
<i>cyto arg</i>	3	
CYTO-Q LIQD 80mg/10ml	3	

Drug Name	Drug Tier	Requirements/Limits
CYTO-Q MAX LIQD 100mg/ml	3	
D-MANNOSE CAPS 500mg	3	
DEXTROSE GRA ANHYDROU	3	
DIABETISWEET POW	3	
DL-METHIONIN POW	3	
<i>emulsified omega-3</i>	3	
<i>eql lutein</i> CAPS 20mg	3	
EQL OMEGA 3 CAP 1400MG	3	
<i>eql omega 3 fish oil</i>	3	
ESTROVEN TAB ENERGY	3	
FATIGUE REL TAB COMPLEX	3	
<i>fish oil adult gummies</i>	3	
FISH OIL CAP 150MG	3	
FISH OIL CAP 180MG	3	
FISH OIL CAP 183.33MG	3	
FISH OIL CAP 900MG	3	
FISH OIL CAP 1360MG	3	
FISH OIL CHW 875MG	3	
<i>fish oil maximum strength</i>	3	
<i>fish oil pearls</i>	3	
FLAX SEED CAP 1300MG	3	
<i>*flaxseed (linseed) cap 1200 mg***</i>	3	
<i>*flaxseed (linseed) oral oil***</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>*flaxseed (linseed) oral powder***</i>	3	
FLAXSEED OIL CAPS 1030mg	3	
<i>fp glucosamine</i>	3	
GINKGO BILOB TAB PLUS	3	
GINKGO BILOBA CAPS 30mg, 50mg, 100mg, 200mg, 500mg; TABS 230mg	3	
<i>ginkgo biloba</i> CAPS 40mg, 60mg, 120mg; TABS 120mg	3	
GINKGO PHYTOSOME CAPS 80mg	3	
GLUCOSAMINE CAP CHONDROI	3	
<i>*glucosamine-chondroitin-</i>	3	
GLUCOSE LIQ SHOT	3	
GLUTAMINE POW RAP RLS	3	
<i>glutamine powder</i>	3	
GNP FISH OIL CAP 840MG	3	
GOWEY TIN TINCTURE	3	
HM FISH OIL CAP 554MG	3	
<i>kp glucosamine chondroiti</i>	3	
<i>kp melatonin</i> TABS 3mg	3	
L-ARGININE TABS 1000mg	3	
L-ARGININE POW	3	
L-CARNITINE CAPS 250mg	3	
L-CYSTINE POW	3	
L-ISOLEUCINE POW	3	

Drug Name	Drug Tier	Requirements/Limits
L-TRYPTOPHAN TAB 500MG TABS 500mg	3	
L-TYROSINE POW	3	
L-VALINE POW	3	
LECITHIN GRA	3	
LIPOIC ACID CAPS 150mg	3	
LIQ-10 SYP	3	
LIQSORB LIQD 100mg/ml	3	
<i>lutein</i> CAPS 6mg	3	
<i>melatonin</i> CAPS 5mg; LIQD 1mg/ml; TABS 1mg, 5mg; TBDP 5mg	3	
MELATONIN LIQD 1mg/4ml; TABS 300mcg	3	
MELATONIN TAB 1-10MG	3	
MELATONIN TAB 3-10MG	3	
<i>melatonin tr</i> TBCR 10mg	3	
<i>melatonin-pyridoxine tab 3-10 mg</i>	3	
<i>melatonin-pyridoxine tab 5-10 mg</i>	3	
NAC CAPS 500mg	3	
<i>nac</i> CAPS 600mg	3	
NEOQ10 CAPS 125mg	3	
<i>*nutritional supplement liquid**</i>	3	
<i>odorless coated fish oil/</i>	3	
OMEGA POWER CAP 1050MG	3	
OMEGA-3 CAP 350MG	3	

Drug Name	Drug Tier	Requirements/Limits
OMEGA-3 CAP FISH OIL	3	
<i>omega-3 fatty acids</i> CAPS 500mg	3	
<i>*omega-3 fatty acids cap 435 mg**</i>	3	
OMEGA-3 IQ CHW 240MG	3	
OMEGAPURE CAP 780 EC	3	
<i>prasterone (dhea)</i> CAPS 25mg	3	
PRASTERONE (DHEA) CAP 25 CAPS 25mg	3	
PRO NUTRIENT CAP OMEGA3	3	
PROTO-CHOL CAP 1000MG CAPS 1000mg	3	
PURE L-CITRULLINE CAPS 600mg	3	
<i>px fish oil</i>	3	
Q-GEL CAPS 15mg	3	
<i>q-up</i> LIQD 30mg/5ml	3	
<i>qunol coq10/ubiquinol/meg</i> CAPS 100mg	3	
<i>ra ginkgo biloba</i> TABS 40mg	3	
<i>ra l-arginine</i> TABS 1000mg	3	
SALMON CAP 200MG	3	
<i>saw palmetto (serenoa repens)</i> CAPS 160mg, 450mg	3	
SAW PALMETTO CAP 450MG CAPS 450mg	3	
<i>sm flax seed oil</i> CAPS 1000mg	3	
<i>sm ginkgo biloba</i> TABS 60mg	3	
<i>sodium saccharin powder</i>	3	
SUPER TWIN CAP EPA/DHA	3	

Drug Name	Drug Tier	Requirements/Limits
<i>sv d-mannose</i> CAPS 500mg	3	
TRUEPLUS GEL GLUCOSE	3	
TRUEPLUS GLUCOSE CHEW 4gm	3	
<i>tryptophan</i> TABS 500mg	3	
ULTRA COQ10 CAPS 75mg	3	
<i>valine powder</i>	3	
VITALINE COQ10 TABS 60mg	3	
VITAMINS		
<i>a thru z advantage</i>	3	
<i>a thru z select</i>	3	
<i>a-10000</i> CAPS 10000unit	3	
A/BETA CAROT TAB 25000UNT	3	
ABC COMPLETE TAB WOMEN	3	
<i>abc-z -tr</i>	3	
<i>abdek</i>	3	
ABDEK CAP	3	
<i>abdek pediatric</i>	3	
ACEROLA C-500 WAFR 500mg	3	
ACTIFLOVIT TAB EAR HEAL	3	
ACTITROM CAP	3	
ACTIVE 55 LIQ PLUS	3	
ACTIVESSENT PAK	3	
ADEKS PEDIAT DRO	3	
ADLT ONE DLY CHW GUMMIES	3	

Drug Name	Drug Tier	Requirements/Limits
ADRENAL TAB CALM	3	
<i>50+ adult eye health</i>	3	
ADVANCED CA/ TAB D/MAGNES	3	
AIRBORNE LOZ	3	
ALIVE MULTI CHW CHILDRNS	3	
ALLBEE-T TAB	3	
<i>alph-e-mixed</i> CAPS 200unit	3	
<i>alph-e-mixed 1000</i> CAPS 1000unit	3	
AMINO-MIN-D CAP	3	
<i>animal chewable multiple</i>	3	
<i>animal chews</i>	3	
ANIMAL SHAPE CHW IRON	3	
<i>animal shapes plus extra</i>	3	
ANTIOXIDANT CAP	3	
ANTIOXIDANT CHW VITAMINS	3	
<i>antioxidant pack</i>	3	
APATATE LIQ	3	
APETEX ELX	3	
APETIGEN TAB PLUS	3	
APETIGEN-PLS SOL	3	
<i>apetonic</i>	3	
APPEAREX TABS 2.5mg	3	
AQUA-E LIQD 75unit/ml	3	

Drug Name	Drug Tier	Requirements/Limits
AQUASOL E SOLN 15unit/0.3ml	3	
AQUASOL E CAP 100IU CAPS 100iu	3	
AQUASOL E CAP 400IU CAPS 400iu	3	
<i>aquavit-e</i> SOLN 15unit/0.3ml	3	
ASCOCID POW	3	
ASCOCID-1000 TAB	3	
<i>ascorbic acid</i> CHEW 100mg, 250mg, 500mg; CPCR 500mg; LIQD 500mg/5ml; SYRP 500mg/5ml; TABS 100mg, 250mg, 500mg, 1000mg; TBCR 500mg, 1000mg, 1500mg	3	
<i>ascorbic acid oral crystals</i>	3	
AVAIL TAB	3	
<i>b complete</i>	3	
B COMPLEX +C TAB TR	3	
<i>b complex maxi</i>	3	
B COMPLEX TAB FORM #1	3	
B COMPLEX/FO TAB	3	
B-1 TABS 500mg	3	
B-6 TABS 500mg	3	
B-12 CAPS 1000mcg; LOZG 1000mcg; TABS 2000mcg, 2500mcg	3	
B-12 DOTS TBDP 500mcg	3	
B-12 DUAL SPECTRUM TBCR 5000mcg	3	
B-12 QUICK DISSOLVE TBDP 5000mcg	3	
B-12 SUB 1000MCG	3	

Drug Name	Drug Tier	Requirements/Limits
B-12 SUPER STRENGTH LIQD 5000mcg/ml	3	
<i>b-12 tr</i> TBCR 2000mcg	3	
<i>b-100</i>	3	
B-100 COMPLX TAB	3	
<i>b-100 tr</i>	3	
<i>*b-complex vitamin cap**</i>	3	
<i>*b-complex vitamin elixir**</i>	3	
<i>*b-complex vitamin sublingual liquid**</i>	3	
<i>*b-complex w/ c & e + zn tab***</i>	3	
<i>*b-complex w/ c cap**</i>	3	
<i>*b-complex w/ c tab er**</i>	3	
<i>*b-complex w/ c tab**</i>	3	
<i>*b-complex w/ folic acid tab**</i>	3	
<i>*b-complex w/ minerals ta</i>	3	
B-NATAL LOZG 25mg; LPOP 25mg	3	
BABY DDROPS LIQD 400ut/0.028ml	3	
<i>baby super daily d3</i> LIQD 400ut/0.028ml	3	
<i>baby vitamin</i>	3	
<i>baby vitamin/iron</i>	3	
BALANCE B-50 TAB	3	
BETA CAROTEN CAP 25000UNT	3	
<i>beta carotene</i> CAPS 25000unit	3	
BIO-D-MULSION LIQD 400unt/0.04ml	3	

Drug Name	Drug Tier	Requirements/Limits
BIO-D-MULSION FORTE LIQD 2000unt/0.04ml	3	
<i>*bioflavonoid products cap**</i>	3	
<i>*bioflavonoid products chew tab**</i>	3	
<i>*bioflavonoid products tab er**</i>	3	
<i>*bioflavonoid products tab**</i>	3	
BIOTIN CAPS 1mg	3	
<i>biotin</i> CAPS 10mg, 2500mcg, 5000mcg; TABS 300mcg, 1000mcg	3	
BIOTIN FORTE TAB	3	
BIOTIN FORTE TAB /ZINC	3	
BIOVOL SYP	3	
<i>bl brewers yeast</i>	3	
<i>bl niacin tr</i> TBCR 250mg	3	
<i>bl prenatal vitamins</i>	3	
BPROTECT PED DRO TRI-VITE	3	
C-BUFF POW	3	
CAL-CITRATE CAPS 150mg	3	
CALCI-MAX CAP	3	
<i>calcidol</i> SOLN 200mcg/ml	3	
<i>calcium ascorbate</i> TABS 500mg	3	
<i>calcium citrate plus</i>	3	
<i>calcium pantothenate</i> TABS 500mg	3	
CARDIOTEK TAB	3	

Drug Name	Drug Tier	Requirements/Limits
CATEMINE TAB	3	
<i>centrum kids complete</i>	3	
CENTRUM SPEC PAK PRENATAL	3	
CHILDRENS CHW COMPLETE	3	
CHLORELLA CAP	3	
<i>cholecalciferol</i> CAPS 10000unit; CHEW 2000unit	3	
CHROMIUM PIC TAB 500MCG	3	
CL PRENATAL TAB 28-0.8MG	3	
<i>*cobalamin combination sl tab***</i>	3	
<i>*cobalamin combination tab***</i>	3	
COD LIVER OIL	3	
<i>*cod liver oil cap***</i>	3	
<i>*cod liver oil***</i>	3	
<i>complex b-100</i>	3	
CONCEPTIONXR MIS MOTILITY	3	
<i>crush vitamin c drops</i> LOZG 60mg	3	
CVS B12 CHEW 2500mcg	3	
<i>cvs b-12</i> LIQD 1000mcg/15ml; TBDP 1500mcg	3	
<i>cvs childrens vitamin d f</i> CHEW 400unit	3	
<i>cvs d3</i> CAPS 400unit, 1000unit, 2000unit, 5000unit; CHEW 1000unit	3	
<i>cvs e oil</i> OIL 100unt/0.25ml	3	
<i>cvs niacin</i> TABS 100mg	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>cvx niacin flush free</i>	3	
CVS PRENATAL TAB 27-0.8MG	3	
<i>cyanocobalamin</i> LOZG 500mcg; SOLN 1000mcg/ml; SUBL 1000mcg, 2500mcg, 3000mcg, 5000mcg; TABS 50mcg, 100mcg, 250mcg, 500mcg, 1000mcg, 2000mcg; TBCR 1000mcg	3	
CYTO B2 POWD 343mg/gm	3	
D3 DOTS TBDP 2000unit	3	
<i>d3 maximum strength</i> LIQD 5000unit/ml	3	
<i>d3 vitamin</i> LIQD 400unit/ml	3	
<i>d3-50</i> CAPS 50000unit	3	
<i>d 400</i> TABS 400unit	3	
<i>d 1000</i> TABS 1000unit	3	
<i>d 2000</i> TABS 2000unit	3	
D-BIOTIN CAP 10MG CAPS 10mg	3	
D-VI-SOL LIQD 400unit/ml	3	
DAILY MULTI TAB VIT/IRON	3	
DDROPS LIQD 1000ut/0.028ml, 2000ut/0.028ml	3	
DECARA CAPS 25000unit	3	
DEKAS CAP ESSENTIA	3	
DEKAS LIQ ESSENTIA	3	
DEKAS PLUS LIQ	3	
<i>dialyvite 800</i>	3	
DIALYVITE WAF PLUS D	3	

Drug Name	Drug Tier	Requirements/Limits
DIALYVITE/ TAB ZINC	3	
DINO-LIFE CHW IRON-ZIN	3	
DRISDOL SOLN 8000unit/ml	3	
<i>dry e-synthetic</i> TABS 400unit	3	
E600 CAPS 600unit	3	
<i>endur-acin</i> TBCR 750mg	3	
<i>endur-amide</i> TBCR 500mg	3	
ENDUR-AMIDE TBCR 750mg	3	
ENDURACIN TAB 500MG SR TBCR 500mg	3	
ENFAMIL MIS EXPECTA	3	
<i>eql air protector</i>	3	
<i>eql b complex</i>	3	
<i>eql gummies childrens</i>	3	
<i>eql niacin flush free</i> CAPS 500mg	3	
<i>ergocalciferol</i> CAPS 50000unit	3	
ESTROFACTORS TAB	3	
EZFE FORTE CAP	3	
<i>fa-8</i> CAPS .8mg; TABS 800mcg	3	
FLINTSTONES CHW COMPLETE	3	
FLINTSTONES CHW TODDLER	3	
FOLGARD TAB	3	
FOLIC + B12 TAB	3	
<i>folic acid</i> CAPS 5mg; TABS 1mg, 400mcg	3	

Drug Name	Drug Tier	Requirements/Limits
FOLIC ACID CAPS 20mg	3	
FOLIC ACID TAB 400MCG	3	
FOLTABS 800 TAB	3	
FRUIT C CHW 200MG	3	
FV VITAMIN E TAB 200IU TABS 200iu	3	
GERIATRIC LIQ VITAMIN	3	
GERITOL LIQ TONIC	3	
GEVRABON LIQ	3	
GNP DAILY MIS PRENATAL	3	
<i>gnp niacin</i> TABS 250mg	3	
<i>gnp vitamin b1</i> TABS 100mg	3	
<i>gnp vitamin d super stren</i> TABS 5000unit	3	
HARD NAILS CAPS 2.5mg	3	
HCA NIACIN TAB 250MG TR	3	
HCA VIT B12 TAB 500MCG	3	
HCA VIT C CHW 250MG	3	
HCA VIT C CHW 500MG	3	
HONEY BEARS CHW	3	
<i>hydroxocobalamin acetate</i> SOLN 1000mcg/ml	3	
ICAPS LUTEIN TAB ZEAXANTH	3	
<i>immune system booster</i>	3	
<i>*iron w/ vitamin liq**</i>	3	
<i>k 100</i> TABS 100mcg	3	

Drug Name	Drug Tier	Requirements/Limits
KEY-E CHEW 400unit	3	
<i>kp folic acid</i> TABS 1mg	3	
<i>kp niacin</i> TABS 500mg	3	
<i>kp vitamin e</i> CAPS 100unit	3	
KPN PRENATAL TAB	3	
<i>lexinal</i> TABS 2.5mg	3	
LIQUI C LIQ 500/5ML LIQD 500mg/5ml	3	
<i>liqui-e</i> LIQD 400unit/15ml	3	
LIQUID C LIQ	3	
MEPHYTON TABS 5mg	3	
METHISCOL CAP	3	
<i>methylcobalamin</i> SUBL 1000mcg	3	
MIL-A-MULSIO EMU	3	
MTERYTI TAB	3	
MTERYTI TAB FOLIC 5	3	
<i>multi-delyn</i>	3	
MULTI-DELYN LIQ /IRON	3	
<i>*multiple vitamin cap**</i>	3	
<i>*multiple vitamin tab**</i>	3	
<i>*multiple vitamins w/ calcium tab**</i>	3	
<i>*multiple vitamins w/ min</i>	3	
<i>*multiple vitamins w/ minerals tab**</i>	3	
MVW COMPLETE DRO PEDIATRI	3	

Drug Name	Drug Tier	Requirements/Limits
NANOVM POW 1-3 YRS	3	
NASCOBAL SOLN 500mcg/0.1ml	3	
<i>nat-rul antioxidants c+e</i>	3	
NEPHRO-VITE TAB RX	3	
NEPHRONEX LIQ 0.9/5ML	3	
<i>nestrex</i> TABS 25mg	3	
<i>niacin</i> CPCR 125mg, 250mg, 500mg; TABS 50mg; TBCR 1000mg	3	
NIACIN FLUSH-FREE EXTRA S CAPS 750mg	3	
<i>niacin tab cr 500 mg</i> TBCR 500mg	3	
NIACIN TR TBCR 1000mg	3	
<i>niacinamide</i> TABS 500mg	3	
NIACINOL CAPS 500mg	3	
NICOBID CAP 125MG CR CPCR 125mg	3	
NICOBID CAP 250MG CR CPCR 250mg	3	
NICOBID CAP 500MG CR CPCR 500mg	3	
ONE A DAY CAP PRENATAL	3	
OPTIMAL D3 M CAPS 14000unit	3	
P D NATAL/FA TAB	3	
PALMITATE-A TABS 15000unit	3	
<i>*pediatric multiple vitam</i>	3	
<i>*pediatric multiple vitamin w/ minerals & c chew tab 60 mg**</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>*pediatric multiple vitamins w/ iron chew tab 12 mg**</i>	3	
<i>*pediatric multiple vitamins w/ iron chew tab**</i>	3	
<i>phytonadione</i> SOLN 1mg/0.5ml, 10mg/ml; TABS 5mg	3	
<i>poly-c</i>	3	
POLY-VI-SOL SOL 50MG/ML	3	
POLY-VI-SOL SOL IRON	3	
PRENAT MULTI CAP +DHA	3	
PRENATAL CAP FORMULA	3	
PRENATAL DHA PAK MULTI	3	
PRENATAL FRM TAB A-FREE	3	
PRENATAL GUM CHW 0.4-32.5	3	
PRENATAL TAB	3	
<i>pyridoxine hcl</i> TABS 50mg, 100mg, 250mg	3	
<i>qc b-complex + vitamin c</i>	3	
RA VITAMIN B-1 TABS 100mg	3	
RA VITAMIN B-12 LIQD 1000mcg/ml	3	
REPLESTA WAFR 50000unit	3	
REPLESTA CHILDRENS WAFR 14000unit	3	
<i>riboflavin</i> TABS 25mg, 50mg, 100mg	3	
RIBOFLAVIN TABS 400mg	3	
SCOOBY-DOO CHW	3	

Drug Name	Drug Tier	Requirements/Limits
SESAME ST CHW VITAMINS	3	
SLO-NIACIN TBCR 750mg	3	
SM B-COMPLEX TAB /VIT C	3	
<i>sm biotin</i> TABS 5000mcg	3	
SM VITAMIN D3 MAXIMUM STR CAPS 4000unit	3	
STRESS B CMP TAB /C TR	3	
STRESSCAPS CAP	3	
STUART ONE CAP	3	
SUPER DAILY D3 LIQD 1000unt/0.03ml	3	
SUPERIORSOURCE K1 TBDP 500mcg	3	
<i>sv b12</i> SUBL 500mcg	3	
<i>sv b12 fast dissolve</i> TBDP 5000mcg	3	
<i>th b complex/iron/vitamin</i>	3	
THER B COMPL TAB W/C	3	
THERA MULTI LIQ	3	
THERA-D 4000 TABS 4000unit	3	
THERANATAL CAP ONE	3	
THERANATAL MIS COMPLETE	3	
THERANATAL PAK OVAVITE	3	
<i>thiamine hcl</i> SOLN 100mg/ml; TABS 50mg, 100mg, 250mg, 500mg	3	
TRI-VI-SOL SOL A/C/D	3	
UPSPRING BABY VITAMIN D LIQD 400ut/0.025ml	3	

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Drug Name	Drug Tier	Requirements/Limits
VICKS VITAMIN C DROPS LOZG 60mg	3	
VIT C+ZINC TAB 15-60MG	3	
VITA-C CRY	3	
VITACRAVES CHW +OMEGA-3	3	
VITAMAX CHW	3	
<i>vitamin a</i> CAPS 8000iu; TABS 10000iu	3	
VITAMIN A CAP 8000UNIT	3	
VITAMIN B12 LIQD 3000mcg/ml	3	
VITAMIN B 12 LOZG 250mcg	3	
VITAMIN B-12 LOZG 50mcg	3	
VITAMIN B-12 SUB 1000MCG SUBL 1000mcg	3	
VITAMIN C SYRP 500mg/5ml; TABS 100mg	3	
VITAMIN C SOL	3	
VITAMIN D CAPS 400unit, 2000unit	3	
VITAMIN D2 TABS 400unit, 2000unit	3	
VITAMIN D3 LIQD 1000unit/spray, 1200unit/15ml; TABS 3000unit, 10000unit; TBDP 5000unit	3	
VITAMIN D3 IMMUNE HEALTH LIQD 25mcg/10ml	3	
<i>vitamin d3 ultra potency</i> TABS 1250mcg	3	
<i>vitamin e</i> CAPS 400iu; TABS 200iu	3	
VITAMIN E TABS 100unit	3	
<i>vitamin e-100</i> TABS 100unit	3	

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Drug Name	Drug Tier	Requirements/Limits
VITAMIN K TABS 100mcg	3	
VITAMIN K2 TABS 40mcg	3	
*vitamin mixture tab**	3	
*vitamins a & d cap***	3	
*vitamins a & d tab***	3	
*vitamins w/ lipotropics cap**	3	
ZINC & C LOZ 20-120MG	3	

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	
<i>neo-polycin hc ophth oint 1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	1	
<i>neomycin-polymyxin-hc ophth susp</i>	1	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1	
TOBRADEX OIN 0.3-0.1%	2	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	
ZYLET SUS 0.5-0.3%	2	

ANTI-INFECTIVES

<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	
BESIVANCE SUSP .6%	2	

Drug Name	Drug Tier	Requirements/Limits
CILOXAN OINT .3%	2	
<i>ciprofloxacin hcl (ophth)</i> SOLN .3%	1	
<i>erythromycin (ophth)</i> OINT 5mg/gm	1	
<i>gatifloxacin (ophth)</i> SOLN .5%	1	
<i>gentamicin sulfate (ophth)</i> SOLN .3%	1	
<i>moxifloxacin hcl (ophth)</i> SOLN .5%	1	QL (12 mL / 30 days)
<i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1	
<i>ofloxacin (ophth)</i> SOLN .3%	1	
<i>polycin ophth oint</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium (ophth)</i> OINT 10%; SOLN 10%	1	
<i>tobramycin (ophth)</i> SOLN .3%	1	
<i>trifluridine</i> SOLN 1%	1	
XDEMVY SOLN .25%	2	NM, PA
ZIRGAN GEL .15%	2	
ANTI-INFLAMMATORIES		
<i>bromfenac sodium (ophth)</i> SOLN .07%, .075%	1	
<i>dexamethasone sodium phosphate (ophth)</i> SOLN .1%	1	

Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac sodium (ophth)</i> SOLN .1%	1	
FLAREX SUSP .1%	2	
<i>fluorometholone (ophth)</i> SUSP .1%	1	
<i>flurbiprofen sodium</i> SOLN .03%	1	
<i>ketorolac tromethamine (ophth)</i> SOLN .4%, .5%	1	
LOTEMAX OINT .5%	2	
<i>loteprednol etabonate</i> SUSP .2%	1	
<i>prednisolone acetate (ophth)</i> SUSP 1%	1	
PREDNISOLONE SODIUM PHOSP SOLN 1%	2	
ANTIALLERGICS		
<i>alaway</i> SOLN .035%	3	
<i>altazine moisture relief</i> SOLN .05%	3	
<i>azelastine hcl (ophth)</i> SOLN .05%	1	
<i>cromolyn sodium (ophth)</i> SOLN 4%	1	
<i>cvs olopatadine hydrochlo</i> SOLN .2%	3	
<i>eye allergy itch relief</i> SOLN .2%	3	
<i>eye allergy itch/redness</i> SOLN .1%	3	
<i>gnp olopatadine hydrochlo</i> SOLN .1%, .2%	3	
<i>hm eye allergy itch/redne</i> SOLN .1%	3	
NAPHCN-A SOL OP	3	
<i>olopatadine hcl</i> SOLN .1%, .2%	3	
OPCON-A SOL OP	3	
PATADAY SOLN .1%, .2%	3	

Drug Name	Drug Tier	Requirements/Limits
PATADAY EXTRA STRENGTH SOLN .7%	3	
<i>tgt eye allergy relief</i>	3	
VISINE SOLN .05%	3	
ANTIGLAUCOMA		
<i>betaxolol hcl (ophth)</i> SOLN .5%	1	
BETOPTIC-S SUSP .25%	2	
<i>brimonidine tartrate</i> SOLN .15%, .2%	1	
<i>brinzolamide</i> SUSP 1%	1	
<i>carteolol hcl (ophth)</i> SOLN 1%	1	
COMBIGAN SOL 0.2/0.5%	2	
<i>dorzolamide hcl</i> SOLN 2%	1	
<i>dorzolamide hcl-timolol maleate ophth soln</i> 2-0.5%	1	
<i>latanoprost</i> SOLN .005%	1	
<i>levobunolol hcl</i> SOLN .5%	1	
LUMIGAN SOLN .01%	2	
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	1	
RHOPRESSA SOLN .02%	2	
ROCKLATAN DRO	2	
SIMBRINZA SUS 1-0.2%	2	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%; SOLN .25%, .5%	1	
VYZULTA SOLN .024%	2	
MISCELLANEOUS		
<i>adsorbonac</i> SOLN 5%	3	

Drug Name	Drug Tier	Requirements/Limits
<i>ak-rinse</i>	3	
AKWA TEARS OIN OP	3	
ALCON SALINE SOL SEN EYES	3	
<i>altalube</i>	3	
<i>20/20 artificial tears</i>	3	
<i>artificial tears</i> SOLN 1.4%	3	
ATROPINE SULFATE SOLN 1%	2	
<i>atropine sulfate (ophthalmic)</i> SOLN 1%	1	
<i>biolle gel tears</i> GEL 1%	3	
<i>biolle tears</i> SOLN .5%	3	
BLINK TEARS LUBRICATING E SOLN .25%	3	
COLLYRIUM SOL OP	3	
<i>cvs gentle lubricant eye</i> SOLN .3%	3	
<i>cvs lubricant eye drops</i> SOLN .5%	3	
<i>cvs lubricant gel drops</i> GEL 1%	3	
CYSTADROPS SOLN .37%	2	NM, PA
CYSTARAN SOLN .44%	2	NM, PA
DAKRINA SOL 2.7-2%	3	
<i>eq artificial tears</i>	3	
<i>eq lubricant eye drops hi</i>	3	
EYE STREAM SOL OP	3	
EYSUVIS SUSP .25%	2	
GENTEAL GEL	3	

Drug Name	Drug Tier	Requirements/Limits
GENTEAL MILD TO MODERATE SOLN .3%	3	
GENTEAL SEVERE GEL .3%	3	
GENTEAL TEAR SOL MOD PF	3	
GONAK SOLN 2.5%	3	
<i>gonioscopic prism</i> SOLN 2.5%	3	
<i>goodsense lubricant eye d</i>	3	
HCA TEARS SOL PLUS	3	
ISOPTO TEARS SOLN .5%	3	
LIQUIFILM TEARS SOLN 1.4%	3	
<i>lubricant eye drops</i> SOLN .6%	3	
<i>lubricant eye drops/dual-</i>	3	
LUBRICNT GEL DRO 0.25-0.3	3	
MIEBO SOLN 1.338gm/ml	2	
MOISTURE EYE DRO	3	
<i>moisturizing lubricant ey</i> SOLN .25%	3	
MURO 128 OINT 5%; SOLN 2%, 5%	3	
<i>optics mini drops</i>	3	
<i>proparacaine hcl</i> SOLN .5%	1	
<i>ra cleaning/disinfecting</i> SOLN 3%	3	
REFRESH DRO OP	3	
REFRESH GEL OPTIVE	3	
REFRESH LIQUIGEL GEL 1%	3	
REFRESH OPTI DRO 0.5-0.9%	3	

Drug Name	Drug Tier	Requirements/Limits
REFRESH PLUS SOLN .5%	3	
REFRESH SOL OPTIVE	3	
RESTASIS EMUL .05%	2	
RESTASIS MULTIDOSE EMUL .05%	2	
RETAINE HPMC SOLN .3%	3	
RETAINE MGD EMU 0.5-0.5%	3	
<i>sodium chloride hypertonic</i> OINT 5%	3	
STERILE LUBRICANT DROPS LIQD .7%	3	
SYSTANE BALANCE RESTORATI SOLN .6%	3	
SYSTANE FREE GEL	3	
SYSTANE PF SOL	3	
TEARS NATURA OIN PM	3	
THERATEARS GEL 1%; SOLN .25%	3	
VISINE PURE DRO TEARS	3	
VISINE TIRED EYE RELIEF SOLN 1%	3	
XIIDRA SOLN 5%	2	

OTIC

OTIC AGENTS

<i>acetic acid (otic)</i> SOLN 2%	1	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	1	
<i>flac</i> OIL .01%	1	
<i>fluocinolone acetonide (otic)</i> OIL .01%	1	
<i>neomycin-polymyxin-hc otic soln 1%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	1	
<i>ofloxacin (otic) SOLN .3%</i>	1	

RESPIRATORY

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

ANORO ELLIPT AER 62.5-25	2	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	2	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE	2	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	2	QL (4 inhalers / 28 days)
COMBIVENT AER 20-100	2	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG	2	QL (60 blisters / 30 days)
TRELEGY AER ELLIPTA 200-62.5-25 MCG	2	QL (60 blisters / 30 days)

ANTICHOLINERGICS

ATROVENT HFA AERS 17mcg/act	2	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA AEPB 62.5mcg/inh	2	QL (30 blisters / 30 days)
<i>ipratropium bromide SOLN .02%</i>	1	B/D
<i>ipratropium bromide (nasal) SOLN .03%, .06%</i>	1	

ANTI-HISTAMINES

AHIST TABS 25mg	3	
ALA-HIST IR TABS 2mg	3	

Drug Name	Drug Tier	Requirements/Limits
<i>alavert</i> TABS 10mg; TBDP 10mg	3	
ALAVERT SYP	3	
<i>aler-cap</i> CAPS 25mg; TABS 25mg	3	
<i>all day allergy childrens</i> CHEW 5mg, 10mg	3	
<i>aller-chlor</i> SYRP 2mg/5ml; TABS 4mg	3	
<i>aller-ease</i> TABS 60mg	3	
<i>aller-ease childrens</i> SUSP 30mg/5ml	3	
<i>allergy</i> TBCR 12mg	3	
<i>allergy childrens</i> SOLN 5mg/5ml	3	
<i>allergy rapid melts child</i> CHEW 12.5mg	3	
<i>azelastine hcl</i> SOLN .1%	1	
<i>banophen</i> CAPS 50mg	3	
BENADRYL ALLERGY CHEW 12.5mg	3	
BENADRYL CAP 25MG CAPS 25mg	3	
BENADRYL TAB 25MG TABS 25mg	3	
<i>cetirizine hcl</i> SOLN 5mg/5ml	1	QL (300 mL / 30 days)
CHLOR-TRIMETON SYRP 2mg/5ml; TABS 4mg	3	
CHLOR-TRIMETON REPETABS TBCR 12mg	3	
CLARITIN CAPS 10mg	3	
<i>cyproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg	2	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>diphenhydramine hcl</i> SOLN 50mg/ml	1	

Drug Name	Drug Tier	Requirements/Limits
DIPHENHYDRAMINE HYDROCHLO LIQD 6.25mg/ml	3	
ED CHLORPED LIQD 2mg/ml	3	
<i>goodsense all day allergy</i> SOLN 5mg/5ml; TABS 10mg	3	
HISTEX CHEW 1.25mg; SYRP 2.5mg/5ml	3	
HISTEX PD LIQD .938mg/ml	3	
HISTEX PDX LIQD 1.25mg/ml	3	
<i>24hr allergy relief</i> TABS 180mg	3	
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml	2	PA; PA applies if 70 years and older
<i>hydroxyzine hcl</i> SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg	2	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg	2	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
KC ALLERGY LIQ RELIEF	3	
<i>kp cetirizine hcl</i> TABS 5mg	3	
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml	1	QL (300 mL / 30 days)
<i>levocetirizine dihydrochloride</i> TABS 5mg	1	QL (30 tabs / 30 days)
<i>loratadine</i> CAPS 10mg	3	
<i>m-hist pd</i> LIQD .625mg/ml	3	
PEDIAVENT CHEW 1mg; SYRP 2mg/5ml	3	
<i>ra allergy</i> LIQD 12.5mg/5ml	3	

Drug Name	Drug Tier	Requirements/Limits
<i>sm allergy relief</i> TABS 1.34mg	3	
TAVIST ALLERGY TABS 1.34mg	3	
TRIPROLIDINE HYDROCHLORID LIQD .313mg/ml	3	
VANACLEAR PD LIQD .313mg/ml	3	
VANAHIST PD LIQD .625mg/ml	3	
VANAMINE PD LIQD 6.25mg/ml	3	
ZYRTEC CHILDRENS ALLERGY SOLN 1mg/ml	3	

BETA AGONISTS

<i>albuterol sulfate</i> AERS 108mcg/act	1	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	1	QL (2 inhalers / 30 days); (generic of Proventil HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	1	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	1	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg	1	
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	1	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act	1	QL (2 inhalers / 30 days), ST
SEREVENT DISKUS AEPB 50mcg/dose	2	QL (60 inhalations / 30 days)
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	1	

Drug Name	Drug Tier	Requirements/Limits
VENTOLIN HFA AERS 108mcg/act	2	QL (2 inhalers / 30 days)
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	2	QL (6 inhalers / 30 days)
COUGH AND COLD		
<i>a.r.m.</i>	3	
<i>aceta-gesic</i>	3	
<i>acetadryl</i>	3	
<i>acta-tabs pe</i>	3	
ACTICON SOL 1-30	3	
ACTICON TAB 2-60MG	3	
ACTIDOGESIC TAB 1-500MG	3	
<i>actifed cold/sinus</i>	3	
ACTINEL LIQ	3	
ACTINEL LIQ PEDIATRI	3	
ADULT DISPOS MIS MOUTHPIE	3	
ADVIL COLD/ TAB SINUS	3	
<i>af-dibromm</i>	3	
<i>af-dibromm dm</i>	3	
<i>af-ibup sinus</i>	3	
<i>af-pseudoephedrine hcl</i> TABS 30mg	3	
<i>af-tussin dm</i>	3	
AFRIN SPR 0.05% SOLN .05%	3	
AIRZONE PEAK MIS FLOW MTR	3	
ALA-HIST PE TAB 2-10MG	3	

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Drug Name	Drug Tier	Requirements/Limits
ALAHIST CF TAB 10-2-20	3	
ALAHIST DM LIQ 7.5-2-15	3	
<i>alavert allergy/sinus</i>	3	
ALEVE COLD & TAB SINUS	3	
<i>alka-seltzer plus night c</i>	3	
ALKA-SELTZER TAB PLS COLD	3	
<i>all day allergy d-12</i>	3	
<i>all day pain relief sinus</i>	3	
<i>all-nite multi-symptom co</i>	3	
<i>allerest</i>	3	
<i>allergy multi-symptom</i>	3	
<i>allergy multi-symptom nig</i>	3	
ALLERGY/SINU TAB HEADACHE	3	
ALLFEN TABS 400mg	3	
<i>allfen dm</i>	3	
ALOE VESTA LIQ WHIRLBTH	3	
<i>altarussin SYRP 100mg/5ml</i>	3	
<i>altarussin dm</i>	3	
<i>ambi 10peh/400gfn</i>	3	
<i>ambi 10peh/400gfn/20dm</i>	3	
<i>ambi 12.5cpd/1dcpm/30pse</i>	3	
<i>ambi 40pse/400gfn</i>	3	
AMBI 60PSE/ TAB 400GFN	3	

Drug Name	Drug Tier	Requirements/Limits
<i>ambitussin ac</i>	3	
ANTI HIST NAS TAB DECONGES	3	
ANTITUSS CG/ SYP CODEINE	3	
AP-HIST DM LIQ 7.5-4-15	3	
AQUANAZ TAB	3	
BENADRYL TAB ALL/COLD	3	
BENYLIN SYP 15MG/5ML SYRP 15mg/5ml	3	
BENYLIN-DME LIQ	3	
BENZEDREX INH	3	
<i>benzonatate</i> CAPS 100mg, 200mg	3	
<i>bidex</i> TABS 400mg	3	
<i>bio t pres</i>	3	
<i>biofed</i> LIQD 30mg/5ml	3	
BROHIST D TAB 4-10MG	3	
<i>bromfed dm</i>	3	
<i>broncho saline</i> AERS .9%	3	
BROTAPP DM LIQ 15-1-5/5	3	
<i>*camphor-eucalyptus-menthol - oint***</i>	3	
CAPMIST DM TAB	3	
CAPRON DM LIQ	3	
CAPRON DMT TAB 30-30MG	3	
CARBAPHEN CH SUS	3	
<i>chest congestion & pain r</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>chest congestion relief d</i>	3	
<i>childrens plus multi-symp</i>	3	
<i>childrens pseuphedrin</i> LIQD 15mg/5ml	3	
CHILDRENS SUS PLUS CLD	3	
<i>childs allergy cold/cough</i>	3	
CHLO HIST SOL	3	
CHLO TUSS LIQ	3	
CLEAN START TAB VAPORIZE	3	
CLEAR COUGH LIQ PM	3	
CLOFERA LIQ	3	
CNTC CLD/FLU TAB DAY/NGHT	3	
<i>codar gf</i>	3	
CODITUSSIN LIQ AC	3	
CODITUSSIN LIQ DAC	3	
<i>666 cold</i>	3	
<i>cold & flu relief nightti</i>	3	
<i>cold head congestion day/</i>	3	
<i>cold head congestion dayt</i>	3	
<i>666 cold preparation</i>	3	
<i>cold relief plus</i>	3	
COMTREX CLD/ PAK CGH D/NT	3	
COMTREX COLD TAB & COUGH	3	
<i>comtrex severe cold & sin</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>contac cold+flu maximum s</i>	3	
<i>contac-d TABS 10mg</i>	3	
<i>corfen-dm</i>	3	
CORICIDN HBP TAB 2-325MG	3	
CORICIDN HBP TAB CGH&COLD	3	
<i>cough & chest congestion</i>	3	
<i>cough & cold</i>	3	
<i>cough cold & sore throat</i>	3	
<i>cough suppressant long-ac SYRP</i> 15mg/5ml	3	
<i>coughtab TABS 200mg</i>	3	
<i>cvs allergy relief d</i>	3	
CVS CHEST CONGESTION CHIL PACK 100mg	3	
<i>cvs chest congestion plus</i>	3	
<i>cvs chest rub medicated</i>	3	
<i>cvs cold & cough children</i>	3	
<i>cvs cold & cough nighttim</i>	3	
<i>cvs cold & flu bp</i>	3	
<i>cvs cold & sinus multi-sy</i>	3	
<i>cvs flu & severe cold nig</i>	3	
<i>cvs nighttime cough</i>	3	
<i>cvs stuffy nose & cold ch</i>	3	
DAY TIME CAP COLD/FLU	3	

Drug Name	Drug Tier	Requirements/Limits
<i>daytime multi-symptom col</i>	3	
DECONEX DMX TAB	3	
DECONEX IR TAB 10-385MG	3	
DELSYM SUER 30mg/5ml	3	
<i>despec</i>	3	
<i>dexbrompheniramine-phenylephrine tab 2-10 mg</i>	3	
<i>dextromethorphan hbr</i> SYRP 10mg/5ml	3	
<i>dextromethorphan-guaifene</i>	3	
<i>dextromethorphan-guaifenesin syrup 10-100 mg/5ml</i>	3	
DIABETIC TUS LIQ DM	3	
DIABETIC TUS LIQ EX	3	
DIABETIC TUS LIQ MAX STR	3	
DIMETAPP CLD ELX /ALLERGY	3	
DIMETAPP ELX 1-15/5ML	3	
DIMETAPP LIQ CHILD	3	
DOLOGEN TAB	3	
DORCOL LIQ DECONGES LIQD 15mg/5ml	3	
<i>doxylamine-phenylephrine tab 7.5-10 mg</i>	3	
DURAFLU TAB	3	
DURAVENT DM TAB	3	
ED A-HIST DM TAB 10-4-10	3	
ED A-HIST LIQ 4-10/5ML	3	

Drug Name	Drug Tier	Requirements/Limits
ED BRON GP LIQ	3	
ED CHLORPED DRO D	3	
<i>eq cold & cough dm child</i>	3	
<i>eq tussin dm cough/chest</i>	3	
<i>eq flu & severe cold mul</i>	3	
<i>eq tussin dm cough/chest</i>	3	
EXCEDRIN SIN TAB HEADACHE	3	
FLOWTUSS SOL 2.5-200	3	
FLU & SORE POW THROAT	3	
<i>geri-tussin dm</i>	3	
GLEN PE LIQ	3	
GLENAX PEB LIQ	3	
GLENTUSS LIQ	3	
GLUCOSSIN-DM LIQD 15mg/5ml	3	
<i>gnp allergy & congestion</i>	3	
<i>gnp allergy plus sinus he</i>	3	
<i>gnp allergy sinus pe day</i>	3	
<i>goodsense cold & head con</i>	3	
<i>goodsense cough dm SUER 30mg/5ml</i>	3	
<i>goodsense day time cold &</i>	3	
<i>goodsense nighttime cold</i>	3	
<i>guaicon dms</i>	3	
<i>guaifenesin liquid 100 mg LIQD</i> 100mg/5ml	3	

Drug Name	Drug Tier	Requirements/Limits
GUAIFENESIN TAB 200 MG TABS 200mg	3	
HCA SUPHEDRI TAB PLUS	3	
HCA TUSSIN LIQ CF	3	
HISTAGESIC TAB	3	
HISTEX-AC SYP	3	
HISTEX-DM SYP	3	
HISTEX-PE SYP 2.5-10/5	3	
<i>hm severe cold cough & fl</i>	3	
<i>hm severe cold/cough/flu</i>	3	
<i>12 hour cold</i> TB12 120mg	3	
HUMIBID CS TAB 20-400MG	3	
HUMIBID MAXIMUM STRENGTH TB12 1200mg	3	
HYCOFENIX SOL	3	
HYDROC/GUAIF SOL 2.5-200	3	
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	3	
<i>hydrocodone w/ homatropine syrup 5-1.5 mg/5ml</i>	3	
<i>hydromet</i>	3	
LODRANE D CAP 4-60MG	3	
LOHIST-DM SYP 5-2-10MG	3	
<i>lohist-peb</i>	3	
LORTUSS DM LIQ	3	
LORTUSS EX LIQ	3	

Drug Name	Drug Tier	Requirements/Limits
LORTUSS LQ LIQ	3	
3M AIR WARM MIS MASK	3	
M-CLEAR WC LIQ 100-6.33	3	
M-END DMX LIQ	3	
M-END PE LIQ	3	
<i>m-end wc</i>	3	
MAPAP SINUS TAB PE	3	
MAR-COF BP LIQ 30-2-7.5	3	
MAR-COF CG LIQ 225-7.5	3	
MAXIPHEN DM TAB	3	
<i>medi-tussin dm</i>	3	
MEDICATED OIN RUB	3	
MEDIFIN PE TAB 10-400MG	3	
MICROSPACER MIS	3	
MS COLD MIS DAY/NITE	3	
MUCINEX TB12 600mg	3	
MUCINEX CAP DAY/NGHT	3	
MUCINEX CAP FAST-MAX	3	
MUCINEX CGH GRA 5-100MG	3	
MUCINEX CHLD LIQ MULTISYM	3	
MUCINEX COLD LIQ /KIDS	3	
MUCINEX COLD LIQ CHILD	3	
MUCINEX COLD LIQ SINUS	3	

Drug Name	Drug Tier	Requirements/Limits
MUCINEX D TAB 60-600MG	3	
MUCINEX D/N PAK FAST/MAX	3	
MUCINEX FAST MIS DAY/NGHT	3	
MUCINEX FAST TAB 5-10-200	3	
<i>mucinex fast-max day time</i>	3	
<i>mucinex sinus-max day/nig</i>	3	
<i>mucus congestion & cough</i>	3	
<i>mucus relief dm</i>	3	
<i>mucus relief dm maximum s</i>	3	
NASAL DECONGESTANT LIQD 30mg/5ml; SYRP 30mg/5ml	3	
NASOPEN PE LIQ	3	
NEO-SYNEPHRINE SOLN 1%	3	
NEXAFED SINS TAB + PAIN	3	
NIGHT TIME CAP COLD/FLU	3	
<i>nighttime cold & flu</i>	3	
<i>nighttime sinus & congest</i>	3	
NINJACOF LIQ	3	
NINJACOF-A LIQ	3	
NINJACOF-XG LIQ 200-8/5	3	
NIVANEX DMX TAB	3	
<i>non-asa severe allergy</i>	3	
NYQUIL COUGH LIQ 6.25-15	3	
NYQUIL SINEX CAP NT RELF	3	

Drug Name	Drug Tier	Requirements/Limits
OBREDON SOL 2.5-200	3	
<i>oxymetazoline hcl SOLN .05%</i>	3	
PEDIACARE INFANT SOLN 7.5mg/0.8ml	3	
PEDIACARE LIQ CGH/COLD	3	
PEDIATRIC MIS MASK	3	
PERCOGESIC TAB 12.5-325	3	
PHANATUSS SYP	3	
<i>phenylephrine w/ dm-gg liqd 10-18-200 mg/15ml</i>	3	
<i>phenylephrine w/ dm-gg syrup 5-10-100 mg/5ml</i>	3	
<i>phenylephrine w/ dm-gg tab 10-17.5-385 mg</i>	3	
POLY HIST TAB 7.5-10MG	3	
POLY-HIST DM LIQ 5-25-10	3	
POLY-HIST PD LIQ	3	
POLY-TUSSIN LIQ 10-4-10	3	
POLY-VENT DM TAB	3	
POLY-VENT IR TAB 60-380MG	3	
PRO-RED AC SYP 5-1-9/5	3	
<i>promethazine vc/codeine</i>	3	
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	3	
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	3	
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>pseudoeph-chlorphen w/ hydrocodone soln</i> 60-4-5 mg/5ml	3	
<i>pseudoephed-bromphen-dm syrup</i> 30-2-10 mg/5ml	3	
<i>pseudoephedrine hcl</i> SOLN 7.5mg/0.8ml; SYRP 30mg/5ml; TABS 60mg	3	
PYRILAMIN/PE TAB 25-10MG	3	
<i>q-tussin dm</i>	3	
<i>ra day/night maximum stre</i>	3	
<i>ra severe cold/night time</i>	3	
<i>ra tussin cough dm sugar</i>	3	
REFENESEN TAB CHST CNG	3	
<i>relcof c</i>	3	
RESCON TAB 2-60MG	3	
RESCON-DM SYP	3	
RESPAIRE-30 CAP	3	
<i>robafen dm clear</i>	3	
<i>robafen dm cough clear</i>	3	
ROBITUSSIN COUGHGELS CAPS 15mg	3	
ROBITUSSIN LIQ CGH/CLD	3	
ROBITUSSIN SYP 100/5ML SYRP 100mg/5ml	3	
RYDEX LIQ	3	
RYMED TAB 2-10MG	3	
<i>sb cough control</i> CAPS 15mg	3	

Drug Name	Drug Tier	Requirements/Limits
<i>sb cough control cf</i>	3	
<i>sb cough relief</i> LIQD 15mg/5ml	3	
<i>siltussin-dm</i>	3	
SINUS RELIEF TAB DAY/NGHT	3	
<i>sm tussin dm</i>	3	
<i>sm tussin dm cough/chest</i>	3	
STAHIST AD LIQ	3	
STAHIST AD TAB 25-60MG	3	
SUDAFED PE MAXIMUM STRENG TABS 10mg	3	
SUDAFED PE PAK COLD	3	
SUDAFED SINUS CONGESTION TABS 30mg	3	
SUDAFED TAB 60MG TABS 60mg	3	
TESSALON PERLES CAPS 100mg	3	
<i>tg 10peh/380gfn/15dm</i>	3	
<i>tgt cough formula dm max</i>	3	
<i>th cold & allergy</i>	3	
THERAFLU PAK SEV COLD	3	
THERAFLU SEV POW COLD/CGH	3	
TRIAMINIC NT LIQ COLD/CGH	3	
TRIAMINIC SOL COLD/CGH	3	
TRIAMINIC SYP CLD/ALRG	3	
TRIAMINIC SYP COLD/CGH	3	

Drug Name	Drug Tier	Requirements/Limits
<i>triprolidine & pseudoephedrine tab 2.5-60 mg</i>	3	
<i>trymine cg</i>	3	
TUSNEL C SYP	3	
TUSNEL PED DRO 7.5-50	3	
TUSNEL TAB	3	
TUSNEL-DM DRO PEDIATRC	3	
<i>tussin dm</i>	3	
TYL ALLERGY TAB SINUS	3	
TYLENOL ALLE TAB MULTI-SY	3	
TYLENOL CHLD SUS COLD FLU	3	
TYLENOL COLD LIQ MAX	3	
TYLENOL COLD LIQ MULTI-S	3	
TYLENOL COLD LIQ MULTI-SY	3	
TYLENOL COLD TAB HEAD CON	3	
TYLENOL COLD TAB RELIEF	3	
TYLENOL SINU PAK CNG/PAIN	3	
TYLENOL TAB CLD/HD	3	
VANACOF AC LIQ 12.5-25	3	
VANACOF DM LIQ	3	
VANACOF LIQ	3	
VANACOF-8 LIQ 25-50/15	3	
VANATAB AC TAB 12.5-25	3	
VANATAB DM TAB 5-9-198	3	

Drug Name	Drug Tier	Requirements/Limits
<i>vazotab</i>	3	
<i>vicks dayquil severe cold</i>	3	
VICKS NYQUIL LIQ COLD/FLU	3	
VICKS OIN VAPORUB	3	
WAL-FLU COLD POW SORE THR	3	
<i>wal-tussin cough & chest</i>	3	
<i>4-way fast acting SOLN 1%</i>	3	
ZUTRIPRO LIQ 60-4-5MG	3	
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	1	
<i>zafirlukast</i> TABS 10mg, 20mg	1	
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	1	B/D
<i>afrin saline nasal mist</i>	3	
ALYFTREK TAB 4-20-50	2	QL (84 tabs / 28 days), NM, PA
ALYFTREK TAB 10-50-125	2	QL (56 tabs / 28 days), NM, PA
ARALAST NP SOLR 500mg, 1000mg	2	NM, PA
<i>asthmanefrin refill</i> NEBU 2.25%	3	
<i>ayr nasal drops</i> SOLN .65%	3	
AYR NASAL DROPS SOLN .65%	3	
AYR NASAL MIST ALLERGY & SOLN 2.65%	3	
AYR SALINE KIT NETI RNS	3	
<i>ayr saline nasal</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>bronchial mist</i> AERS .22mg/act	3	
BRONCHITOL CAPS 40mg	2	QL (560 caps / 28 days), NM, PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	1	B/D
<i>cromolyn sodium (nasal)</i> AERS 4%	3	
CVS NASAL MIST AERS .9%, 3%	3	
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml	1	(generic of EpiPen)
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml	1	(generic of Adrenaclick)
EPINEPHRINE AER MIST AERS .22mg/act	3	
FASENRA SOSY 10mg/0.5ml, 30mg/ml	2	QL (1 syringe / 28 days), NM, PA
FASENRA PEN SOAJ 30mg/ml	2	QL (1 pen / 28 days), NM, PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg	2	QL (56 packets / 28 days), NM, PA
KALYDECO TABS 150mg	2	QL (60 tabs / 30 days), NM, PA
NASADROPS SALINE ON THE G SOLN .9%	3	
NASOGEL GEL	3	
OCEAN NASAL SPRAY SOLN .65%	3	
OFEV CAPS 100mg, 150mg	2	QL (60 caps / 30 days), NM, PA
ORKAMBI GRA 75-94MG	2	QL (56 packets / 28 days), NM, PA
ORKAMBI GRA 100-125	2	QL (56 packets / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
ORKAMBI GRA 150-188	2	QL (56 packets / 28 days), NM, PA
ORKAMBI TAB 100-125	2	QL (112 tabs / 28 days), NM, PA
ORKAMBI TAB 200-125	2	QL (112 tabs / 28 days), NM, PA
<i>pirfenidone</i> CAPS 267mg	2	QL (270 caps / 30 days), NM, PA
<i>pirfenidone</i> TABS 267mg	2	QL (270 tabs / 30 days), NM, PA
<i>pirfenidone</i> TABS 534mg, 801mg	2	QL (90 tabs / 30 days), NM, PA
PROLASTIN-C SOLN 1000mg/20ml	2	NM, PA
PULMOZYME SOLN 2.5mg/2.5ml	2	NM, PA
RHINARIS SOLN .2%	3	
<i>roflumilast</i> TABS 250mcg	1	QL (56 tabs / year)
<i>roflumilast</i> TABS 500mcg	1	QL (30 tabs / 30 days)
S2 NEBU 2.25%	3	
SINUS WASH CRY SALT	3	
SYMDEKO TAB 50-75MG	2	QL (56 tabs / 28 days), NM, PA
SYMDEKO TAB 100-150	2	QL (56 tabs / 28 days), NM, PA
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	1	
TRIKAFTA PAK 59.5MG	2	QL (56 packs / 28 days), NM, PA
TRIKAFTA PAK 75MG	2	QL (56 packs / 28 days), NM, PA

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Drug Name	Drug Tier	Requirements/Limits
TRIKAFTA TAB 50-25-37.5MG & 75MG	2	QL (84 tabs / 28 days), NM, PA
TRIKAFTA TAB 100-50-75MG & 150MG	2	QL (84 tabs / 28 days), NM, PA
XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml	2	QL (4 pens / 28 days), NM, PA
XOLAIR SOAJ 150mg/ml	2	QL (8 pens / 28 days), NM, PA
XOLAIR SOLR 150mg	2	QL (8 vials / 28 days), NM, PA
XOLAIR SOSY 75mg/0.5ml, 300mg/2ml	2	QL (4 syringes / 28 days), NM, PA
XOLAIR SOSY 150mg/ml	2	QL (8 syringes / 28 days), NM, PA
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	2	NM, PA
<i>NASAL STEROIDS</i>		
FLONASE SENSIMIST SUSP 27.5mcg/spray	3	
<i>flunisolide (nasal)</i> SOLN .025%	1	QL (3 bottles / 30 days)
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act	1	QL (1 bottle / 30 days)
<i>gnp 24 hour nasal allerg</i> AERO 55mcg/act	3	
<i>kls aller-flo</i> SUSP 50mcg/act	3	
NASACORT ALR SPR 55MCG/AC	3	
XHANCE EXHU 93mcg/act	2	QL (32 mL / 30 days), PA
<i>STEROID INHALANTS</i>		
ALVESCO AERS 80mcg/act	2	QL (3 inhalers / 30 days)

Drug Name	Drug Tier	Requirements/Limits
ALVESCO AERS 160mcg/act	2	QL (2 inhalers / 30 days)
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	2	QL (30 inhalations / 30 days)
<i>budesonide (inhalation) SUSP .25mg/2ml, .5mg/2ml</i>	1	B/D
<i>STEROID/BETA-AGONIST COMBINATIONS</i>		
ADVAIR HFA AER 45/21	2	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	2	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	2	QL (1 inhaler / 30 days)
AIRSUPRA AER 90-80MCG	2	QL (3 inhalers / 30 days)
BREO ELLIPTA INH 50-25MCG	2	QL (60 blisters / 30 days)
BREO ELLIPTA INH 100-25	2	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	2	QL (60 blisters / 30 days)
<i>breynd</i>	1	QL (3 inhalers / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	1	QL (3 inhalers / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	1	QL (3 inhalers / 30 days)
DULERA AER 50-5MCG	2	QL (3 inhalers / 30 days)
DULERA AER 100-5MCG	2	QL (3 inhalers / 30 days)
DULERA AER 200-5MCG	2	QL (3 inhalers / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	1	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	1	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	1	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>wixela inhub</i>	1	QL (60 inhalations / 30 days)

TOPICAL

DERMATOLOGY, ACNE

<i>accutane</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>acne 10</i> GEL 10%	3	
<i>acne foaming wash</i> LIQD 10%	3	
ACNE MEDICATION LOTN 10%	3	
<i>acne medication 5</i> GEL 5%	3	
ACNE MEDICATION 5 LOTN 5%	3	
ACNEFREE KIT SEVERE	3	
<i>amnesteam</i> CAPS 10mg, 20mg, 40mg	1	PA
<i>benzoyl peroxide</i> GEL 2.5%; LOTN 5%, 10%	3	
<i>benzoyl peroxide cleanser</i> LIQD 6%	3	
BENZOYL PEROXIDE CLEANSER LIQD 6%	3	
<i>benzoyl peroxide-erythromycin gel</i> 5-3%	1	QL (46.6 gm / 30 days)
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>clindamycin phosphate (topical)</i> GEL 1%	1	QL (75 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate (topical)</i> LOTN 1%; SOLN 1%	1	QL (60 mL / 30 days)
<i>cvx acne cleansing bar</i> BAR 10%	3	
<i>cvx advanced 3-in-1 exfol</i> LIQD 5%	3	
<i>ery</i> PADS 2%	1	QL (60 pledgets / 30 days)
<i>erythromycin (acne aid)</i> GEL 2%	1	QL (60 gm / 30 days)
<i>erythromycin (acne aid)</i> SOLN 2%	1	QL (60 mL / 30 days)
<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>sulfacetamide sodium (acne)</i> LOTN 10%	1	QL (118 mL / 30 days)
<i>tretinoin</i> CREA .025%, .05%, .1%; GEL .01%, .025%	1	QL (45 gm / 30 days), PA
<i>twice-daily clindamycin phosphate (topical)</i> GEL 1%	1	QL (75 gm / 30 days)
<i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
DERMATOLOGY, ANTIBIOTICS		
<i>alba-3</i>	3	
ANTIBIOTIC CRE	3	
BACIGUENT OINT 500unit/gm	3	
<i>bacitracin (topical)</i> OINT 500u/gm	3	
<i>bacitracin zinc</i> OINT 500unit/gm	3	
<i>*bacitracin-polymyxin b oint***</i>	3	
<i>eql antibiotic + pain rel</i>	3	
<i>gentamicin sulfate (topical)</i> CREA .1%; OINT .1%	1	QL (30 gm / 30 days)
<i>mp triple antibiotic plus</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>mupirocin</i> OINT 2%	1	QL (220 gm / 30 days)
MYCITRACIN OIN	3	
POLYSPORIN OIN	3	
<i>ra antibiotic/pain relief</i>	3	
<i>silver sulfadiazine</i> CREA 1%	1	
SPECTROCIN OIN PLUS	3	
<i>ssd</i> CREA 1%	1	
SULFAMYLON CREA 85mg/gm	2	QL (453.6 gm / 30 days)
DERMATOLOGY, ANTIFUNGALS		
<i>absorbine jr</i> SOLN 1%	3	
AFTATE ATHLE POW FOOT 1% POWD 1%	3	
<i>aftate athlete's foot</i> AERO 1%	3	
ALEVAZOL OINT 1%	3	
ALOE VESTA 2-N-1 ANTIFUNG OINT 2%	3	
<i>antifungal</i> CREA 1%, 2%	3	
<i>athletes foot powder spra</i> AERP 2%	3	
AZOLEN TINCTURE SOLN 2%	3	
<i>butenafine hcl</i> CREA 1%	3	
<i>castellani paint</i> LIQD 1.5%	3	
<i>ciclopirox</i> SHAM 1%	1	QL (120 mL / 30 days)
<i>ciclopirox olamine</i> CREA .77%	1	QL (90 gm / 30 days)
<i>ciclopirox olamine</i> SUSP .77%	1	QL (60 mL / 30 days)
<i>clotrimazole (topical)</i> CREA 1%	1	QL (45 gm / 30 days)
<i>clotrimazole (topical)</i> SOLN 1%	1	QL (60 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	1	QL (45 gm / 30 days)
CLOVERINE OIN SALVE	3	
<i>critic-aid clear af</i> OINT 2%	3	
CRUEX CRE 1%	3	
<i>cvs af spray powder</i> AERP 1%	3	
DESENEX MAX CREA 1%	3	
<i>econazole nitrate</i> CREA 1%	1	QL (85 gm / 30 days)
<i>eql antifungal</i> CREA 1%	3	
FUNGOID TINCTURE KIT 2%	3	
<i>ketoconazole (topical)</i> CREA 2%	1	QL (60 gm / 30 days)
<i>ketoconazole (topical)</i> SHAM 2%	1	QL (120 mL / 30 days)
<i>klayesta</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)
LAMISIL ADVANCED GEL 1%	3	
MICATIN AERP 2%	3	
MICATIN CRE 2%	3	
MICATIN POW 2% POWD 2%	3	
NP-27 AERP 1%; CREA 1%	3	
NP-27 SOL 1% SOLN 1%	3	
<i>nyamyc</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)
<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm	1	QL (30 gm / 30 days)
<i>nystatin (topical)</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)
<i>nystop</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>original ointment</i>	3	
<i>ra antifungal foot care CREA 1%</i>	3	
<i>remedy phytoplex antifung POWD 2%</i>	3	
<i>selenium sulfide LOTN 2.5%</i>	1	
TINACTIN AERO 1%	3	
<i>tolnaftate POWD 1%</i>	3	
DERMATOLOGY, ANTIHISTAMINES		
<i>allergy cream CREA 2%</i>	3	
<i>allergy relief maximum st</i>	3	
BENADRYL CRE 2% EX ST	3	
BENADRYL MAXIMUM STRENGTH SOLN 2%	3	
BENADRYL SPR 2-0.1%	3	
<i>diphenhydramine hcl (topical) SOLN 2%</i>	3	
<i>diphenhydramine-zinc acetate cream 2-0.1%</i>	3	
ITCH RELIEF CREA 2%	3	
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin CAPS 10mg, 17.5mg, 25mg</i>	1	PA
<i>calcipotriene CREA .005%; OINT .005%</i>	1	QL (120 gm / 30 days), PA
<i>calcipotriene SOLN .005%</i>	1	QL (120 mL / 30 days), PA
<i>calcitrene OINT .005%</i>	1	QL (120 gm / 30 days), PA
ENSTILAR AER	2	QL (120 gm / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>tazarotene</i> CREA .05%, .1%	1	QL (60 gm / 30 days), PA
TAZORAC CREA .05%	2	QL (60 gm / 30 days), PA
<i>DERMATOLOGY, CORTICOSTEROIDS</i>		
<i>ala-cort</i> CREA 1%	1	
<i>alclometasone dipropionate</i> CREA .05%; OINT .05%	1	QL (60 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> CREA .05%; OINT .05%	1	QL (120 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> LOTN .05%	1	QL (120 mL / 30 days)
<i>betamethasone dipropionate augmented</i> CREA .05%; GEL .05%; OINT .05%	1	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> LOTN .05%	1	QL (120 mL / 30 days)
<i>betamethasone valerate</i> CREA .1%; OINT .1%	1	QL (120 gm / 30 days)
<i>betamethasone valerate</i> LOTN .1%	1	QL (120 mL / 30 days)
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05%	1	QL (60 gm / 30 days)
<i>clobetasol propionate</i> SOLN .05%	1	QL (50 mL / 30 days)
<i>clobetasol propionate e</i> CREA .05%	1	QL (60 gm / 30 days)
CORTIZONE-10 CRE 1%	3	
<i>cortizone-10 eczema</i> LOTN 1%	3	
CORTIZONE-10 OIN 1%	3	
CORTIZONE-10 SOL SCALP 1% SOLN 1%	3	
<i>eql anti-itch maximum str</i> OINT 1%	3	

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinolone acetonide</i> CREA .01%	1	QL (60 gm / 30 days)
<i>fluocinolone acetonide</i> CREA .025%; OINT .025%	1	QL (120 gm / 30 days)
<i>fluocinolone acetonide</i> OIL .01%	1	QL (118.28 mL / 30 days)
<i>fluocinolone acetonide</i> SOLN .01%	1	QL (60 mL / 30 days)
<i>fluocinonide</i> CREA .05%	1	QL (120 gm / 30 days)
<i>fluocinonide</i> GEL .05%; OINT .05%	1	QL (60 gm / 30 days)
<i>fluocinonide</i> SOLN .05%	1	QL (60 mL / 30 days)
<i>fluocinonide emulsified base</i> CREA .05%	1	QL (120 gm / 30 days)
<i>fluticasone propionate</i> CREA .05%; OINT .005%	1	
<i>halobetasol propionate</i> CREA .05%; OINT .05%	1	QL (50 gm / 30 days)
HYDROCORT CRE 0.5%	3	
HYDROCORT CRE 1%	3	
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%	1	
<i>hydrocortisone (topical)</i> CREA .5%; OINT .5%; SOLN 1%	3	
<i>hydrocortisone (topical)</i> OINT 1%	1	QL (30 gm / 30 days)
<i>hydrocortisone valerate</i> CREA .2%	1	QL (60 gm / 30 days)
<i>hydrocortisone-aloe vera cream</i> 0.5%	3	
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	1	
<i>tgt anti-itch/aloe maximu</i>	3	
<i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5%	1	QL (454 gm / 30 days)

This document includes a list of drugs covered on our formulary as of May 1, 2025. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%; OINT .025%, .1%, .5%	1	
<i>triderm</i> CREA .5%	1	QL (454 gm / 30 days)
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i> PRSY 2%	1	QL (60 mL / 30 days), PA
<i>lidocaine</i> OINT 5%	1	QL (50 gm / 30 days), PA
<i>lidocaine</i> PTCH 5%	1	QL (3 patches / 1 day), PA
<i>lidocaine hcl</i> SOLN 4%	1	QL (50 mL / 30 days), PA
<i>lidocaine-prilocaine cream</i> 2.5-2.5%	1	B/D, QL (30 gm / 30 days)
<i>lidocan</i> PTCH 5%	1	QL (3 patches / 1 day), PA
<i>tridacaine ii</i> PTCH 5%	1	QL (3 patches / 1 day), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
A + D PERSON LOT	3	
<i>a+d first aid</i>	3	
ABREVA CREA 10%	3	
<i>absorbine jr back patch</i> PTCH 5%	3	
ACNE-AID BAR	3	
ACNO CLEANSE LIQ	3	
ACTIMARIS GEL WOUND	3	
<i>advanced healing ointment</i> OINT 41%	3	
AGREE SHA EX CLEAN	3	

Drug Name	Drug Tier	Requirements/Limits
<i>ala seb</i>	3	
ALCOHOL SOL /WG 70%	3	
<i>alcohol, rubbing</i> SOLN 70%	3	
ALLCLENZ LIQ	3	
<i>aloe vesta 2-n-1 body was</i>	3	
ALOE VESTA 2-N-1 SKIN CON LOTN 3%	3	
<i>alphasoft</i>	3	
ALUMINUM CHLORIDE CRYST 25%	3	
<i>amedia triple zero lanolin</i>	3	
<i>americerin</i>	3	
AMERIGEL LOT BARRIER	3	
<i>ameriphor</i>	3	
<i>amlactin</i> CREA 12%	3	
AMMENS MEDIC POW	3	
<i>amplify relief mm</i>	3	
<i>analgesia</i> CREA 10%	3	
ANALPRAM-HC LOT 2.5%	3	
<i>anecream</i> CREA 4%	3	
<i>anecream5</i> CREA 5%	3	
<i>anti-dandruff shampoo</i> SHAM 1%	3	
ANTI-ITCH LOT 1% LOTN 1%	3	
<i>anti-itch medication</i>	3	
ANTIPHLOGIST CRE	3	

Drug Name	Drug Tier	Requirements/Limits
<i>antiseptic</i> SOLN 10%	3	
<i>antiseptic skin cleanser</i> SOLN 4%	3	
<i>anusoI-hc</i> SUPP 25mg	3	
AQUA CARE CREA 10%	3	
<i>aqua care</i> CREA 10%; LOTN 10%	3	
<i>aqua lube</i>	3	
<i>aqua net conditon norm</i>	3	
AQUAPHILIC OIN	3	
AQUAPHOR 3 IN 1 DIAPER RA CREA 15%	3	
AQUASITE PAD 4"X4"	3	
ARCTIC RELIEF PAIN RELIEV	3	
<i>arctic relief roll-on pai</i> GEL 4%	3	
ARGLAES POW	3	
<i>arthritis pain relieving</i> CREA .075%	3	
ASPERCREME/ALOE CREA 10%	3	
AVEENO ANTI- LOT ITCH	3	
AVEENO BABY SOOTHING RELI CREA 13%	3	
AVEENO SKIN OIL RELIEF	3	
<i>baby ease</i> OINT 30%	3	
BABY EYELID PAD CLEANSER	3	
BABY MONKEY CRE 2-12%	3	
<i>baby vitamin a & d</i>	3	
BALMEX CREA 11.3%; STCK 11.3%	3	

Drug Name	Drug Tier	Requirements/Limits
BALMEX ADULT CARE CREA 11.3%	3	
BALMEX COMPLETE PROTECTIO CREA 11.3%	3	
BASIS FACIAL CRE MOIST	3	
BAZA CLEANSE & PROTECT LOTN 2%	3	
BENGAY CRE GREASLES	3	
<i>bengay pain relief/massag</i> GEL 2.5%	3	
BENZOIN CMPD TIN	3	
<i>benzoin compound tincture</i>	3	
BENZOIN TIN	3	
<i>benzoin tincture</i>	3	
BERRI-FREEZ PAIN RELIEVIN LIQD 10%	3	
BETADINE OINT 10%; SOLN 5%, 10%	3	
BETADINE PREPSTICK SWAB 10%	3	
BETADINE SCR SOL 7.5% SOLN 7.5%	3	
BETASAL SHA 3% SHAM 3%	3	
<i>betasept surgical scrub</i> LIQD 4%	3	
<i>bexarotene (topical)</i> GEL 1%	2	QL (60 gm / 30 days), NM, PA
<i>biofreeze</i> LIQD 10%	3	
<i>biofreeze cool the pain</i> AERO 10.5%	3	
<i>bl cold & hot therapy bal</i>	3	
BL ISOPROPYL ALCOHOL SOLN 91%, 99%	3	
<i>bl isopropyl rubbing alco</i> SOLN 70%	3	

Drug Name	Drug Tier	Requirements/Limits
BL ISOPROPYL RUBBING ALCO SOLN 70%	3	
BL MINERAL OIL LIGHT	3	
<i>bl wart remover</i> LIQD 17%	3	
BL WITCH HAZ LIQ 86%	3	
<i>blue gel</i> GEL 2%	3	
BLUE STAR OIN	3	
BORIC ACID GRA	3	
<i>boric acid granules</i>	3	
BOUDREAUXS BUTT PASTE OINT 16%	3	
BULL FROG SPR MOSQUITO	3	
BURN SPRAY AER	3	
CALAMINE LOT	3	
CALAMINE LOT PHENOLAT	3	
<i>*calamine lotion***</i>	3	
<i>*calamine phenolated lotion***</i>	3	
<i>calamine plus</i>	3	
CALAMINE POW	3	
<i>calamine powder</i>	3	
CALAZIME SKN PST PROTECT	3	
CAMPBOR CRY	3	
<i>camphor crystals</i>	3	
<i>capsaicin</i> CREA .025%, .075%	3	
CAPSAICIN POW	3	

Drug Name	Drug Tier	Requirements/Limits
CAPZASIN-HP CREA .1%	3	
CAPZASIN-P CRE 0.025% CREA .025%	3	
<i>carb-o-philic/20</i> CREA 20%	3	
CARMOL 10 LOTN 10%	3	
CARMOL 20 CREA 20%	3	
<i>cerave baby</i> LOTN 1%	3	
CLORPACTIN WCS-90 POWD 2gm	3	
COATS ALOE CREME CREA .5%	3	
COATS ALOE GELLY GEL .5%	3	
COATS ALOE MOISTURIZING L LOTN .5%	3	
COLEMAN 100 MAX INSECT RE LIQD 98.11%	3	
COLEMAN INSECT REPELLENT/ AERO 25%	3	
COLEMN BOTAN LIQ INSECT	3	
COLEMN INSEC SPR SKINSMAR	3	
COMFEEL FILM MIS	3	
COMPOUND W LIQD 17%	3	
COMPOUND W MAXIMUM STRENG GEL 17%	3	
<i>constant-clens</i>	3	
<i>corn fix</i> SOLN 17%	3	
<i>cottontails diaper rash c</i> OINT 10%	3	
COZIMA CREA 24%	3	
CUTTER ALL FAMILY MOSQUIT SHEE 7.15%	3	

Drug Name	Drug Tier	Requirements/Limits
<i>cvs alcohol</i> SOLN 91%	3	
<i>cvs anti-itch</i>	3	
<i>cvs anti-itch sensitive s</i> LOTN 1%	3	
<i>cvs hydrogen peroxide</i> SOLN 3%	3	
<i>cvs muscle rub</i>	3	
<i>cvs wart remover gel pen</i> GEL 17%	3	
DAKINS SOLUTION FULL STRE SOLN .5%	3	
DAKINS SOLUTION HALF STRE SOLN .25%	3	
DAKINS SOLUTION QUARTER S SOLN .125%	3	
DERMAGRAN OIN	3	
<i>dermamed</i>	3	
<i>*dermatological products misc - aerosol**</i>	3	
DERMAZINC SPRAY LIQD .25%	3	
<i>desitin</i> CREA 13%	3	
DESITIN OINT 40%	3	
DESITIN CREAMY OINT 10%	3	
DESITIN MAXIMUM STRENGTH PSTE 40%	3	
<i>desitin rapid relief</i> CREA 13%	3	
DHS TAR SHAM .5%	3	
DHS ZINC SHA 2% SHAM 2%	3	
<i>diaper rash</i> CREA 10%	3	
<i>dibucaine (rectal)</i> OINT 1%	3	

Drug Name	Drug Tier	Requirements/Limits
<i>dickinsons witch hazel</i>	3	
<i>diclofenac sodium (topical)</i> SOLN 1.5%	1	QL (300 mL / 28 days)
<i>docosanol</i> CREA 10%	3	
DR SMITHS ADULT BARRIER OINT 10%	3	
DR SMITHS ADULT BARRIER S AERO 10%	3	
DRS CHOICE KIT CLOSURE	3	
DY-O-DERM VITILIGO STAIN SOLN 6.55%	3	
<i>e-oil</i> OIL 400unit/ml	3	
<i>eck a & d</i>	3	
ECK IODINE TIN 2%	3	
EHA LOTION 4% LOTN 4%	3	
ELA-MAX CREA 4%	3	
ELA-MAX 5 CREA 5%	3	
ELTA SEAL MOISTURE BARRIE CREA 6%	3	
<i>*emollient - cream**</i>	3	
ENEGEL GEL	3	
<i>eq hygienic cleansing wip</i>	3	
<i>eq aloe after sun</i>	3	
ETHY ALCOHOL SOL 70%	3	
<i>fluorouracil (topical)</i> CREA 5%	1	QL (40 gm / 30 days)
<i>fluorouracil (topical)</i> SOLN 2%, 5%	1	QL (10 mL / 30 days)
FORAXA EMU	3	
<i>formaldehyde</i> SOLN 37%	3	

Drug Name	Drug Tier	Requirements/Limits
FORMALDEHYDE SOLN 37%	3	
<i>formulation r</i>	3	
FP ANTI-ITCH CRE MEDICATE	3	
FREEZE IT GEL 0.2-3.5%	3	
<i>fv iodine tincture</i>	3	
<i>geri-hydrolac</i> LOTN 5%	3	
<i>glycerin topical liquid</i>	3	
<i>glycolic acid</i> SOLN 70%	3	
<i>gnp arthritis pain relief</i> CREA .1%	3	
<i>gnp isopropyl alcohol</i> SOLN 99%	3	
GOLD BOND POW	3	
<i>gold bond rapid relief</i>	3	
GOLD DUST POW WOUND	3	
GOODSENSE CAPSAICIN ARTHR LIQD .15%	3	
<i>goodsense hemorrhoidal</i>	3	
<i>goodsense hemorrhoidal oi</i>	3	
<i>grx dyne swab</i> SWAB 10%	3	
<i>grx wound</i>	3	
<i>h-chlor 12</i> SOLN .125%	3	
<i>hca alcohol swabs</i>	3	
HCA GLYCERIN LIQ	3	
HCA HEMORRHO OIN	3	
<i>hemorrhoid</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>hemorrhoidal</i>	3	
<i>hemorrhoidal cooling</i>	3	
<i>hemorrhoidal suppositorie</i>	3	
HEMORROID SUP 3%	3	
HIBICLENS LIQ 4% LIQD 4%	3	
HIBICLENS SOL 4% SOLN 4%	3	
HUGGIES DIAPER RASH CREAM CREA 10%	3	
<i>hydrocortisone (rectal)</i> CREA 1%, 2.5%	1	
<i>hydrocortisone acetate w/ pramoxine perianal cream 2.5-1%</i>	3	
HYDROGEN PEROXIDE SOLN 3%	3	
<i>hysept 25</i> SOLN .25%	3	
<i>hysept 50</i> SOLN .5%	3	
ICY HOT PAIN RELIEVING GE GEL 2.5%	3	
<i>imiquimod</i> CREA 5%	1	QL (24 packets / 30 days)
INSTACLEAN LIQ	3	
IODINE TIN 2% MILD	3	
IODINE TIN STRONG	3	
<i>*iodine tincture strong**</i>	3	
IODOFLEX PADS .9%	3	
IODOSORB GEL .9%	3	
<i>ionil-t</i> SHAM 1%	3	
<i>isopropyl alcohol 70%</i>	3	

Drug Name	Drug Tier	Requirements/Limits
ISOPROPYL ALCOHOL WIPES MISC 70%	3	
JESSNERS SOL	3	
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	1	
LACTICARE LOT 5%	3	
<i>lidocaine pain relief pat</i> PTCH 4%	3	
<i>*liniments & rubs - cream**</i>	3	
<i>*liniments & rubs - ointment**</i>	3	
LMX 4 CREA 4%	3	
LUXAMEND CRE	3	
3M DURABLE CRE MOISTURI	3	
MEDERMA CRE SPF 30	3	
<i>metronidazole (topical)</i> CREA .75%; GEL .75%	1	QL (45 gm / 30 days)
<i>metronidazole (topical)</i> LOTN .75%	1	QL (59 mL / 30 days)
MOISTURE BARRIER CREA 5%	3	
<i>moisturel therapeutic</i> LOTN 3%	3	
<i>moisturizing lotion</i> LOTN 1.5%	3	
MUSCLE RUB CRE ULT STR	3	
MUSCLE RUB OIN	3	
4-N-1 CREA 1%	3	
NATRAPEL LIQD 20%	3	
NATRAPEL 12-HOUR TICK & I AERO 20%	3	
<i>nitroglycerin (intra-anal)</i> OINT .4%	1	QL (30 gm / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>noble formula</i> LIQD .25%	3	
NUPERCAINAL OINT 1%	3	
OCUSOFT LID AER ORIGINAL	3	
OPERAND CHLORHEXIDINE GLU LIQD 2%	3	
OXIPOR VHC LOT	3	
PANRETIN GEL .1%	2	QL (60 gm / 30 days), PA
PETROLATUM OIN	3	
PHARMABASE BARRIER OINT 9.38%	3	
PHENOL LIQ	3	
<i>phenol liquid</i>	3	
<i>phenylephrine in hard fat</i>	3	
<i>pimecrolimus</i> CREA 1%	1	QL (100 gm / 30 days), PA
<i>podofilox</i> SOLN .5%	1	QL (7 mL / 28 days)
POLAR FROST GEL 4%	3	
<i>povidone-iodine</i> OINT 10%; SOLN 5%, 7.5%	3	
POVIDONE-IODINE PREP PAD PADS 10%	3	
<i>powders</i> POWD .1%	3	
<i>pramoxine hcl (rectal)</i> FOAM 1%	3	
PREDATOR CREA 4%	3	
PREPARATIO H CRE TOTABLE	3	
PREPARATIO H GEL	3	
PREPARATION OIN H	3	

Drug Name	Drug Tier	Requirements/Limits
PROCORT CRE	3	
<i>procto-med hc</i> CREA 2.5%	1	
<i>proctocort</i> CREA 1%	1	
PROCTOCORT SUPP 30mg	3	
PROCTOFOAM AER NS 1% FOAM 1%	3	
<i>proctosol hc</i> CREA 2.5%	1	
<i>proctozone-hc</i> CREA 2.5%	1	
<i>psoriasin</i> LIQD 3%	3	
PSORIASIS MEDICATED SKIN LIQD 3%	3	
<i>pyrithione zinc</i> SHAM 2%	3	
<i>ra body powder medicated</i>	3	
<i>ra medicated first aid sp</i>	3	
REMEDY CLEANSING BODY LOT LOTN 1.5%	3	
REMEDY PST CALAZIME	3	
REMEDY SKIN REPAIR CREA 1.5%	3	
REPEL SPORTSMEN MAX LOTN 40%	3	
RISAMINE OIN	3	
SARNA LOT	3	
<i>*scar treatment products - cream**</i>	3	
<i>scholls for her cracked s</i> CREA 1.5%	3	
SCYTERA FOAM 2%	3	
SEBULEX SHA	3	
SECURA EXTRA PROTECTIVE CREA 30.6%	3	

Drug Name	Drug Tier	Requirements/Limits
SELSUN BLUE LOTN 1%	3	
2ND SKIN PAD MST BURN	3	
SKIN PROTECTANT MOISTURE CREA 12%	3	
<i>*skin protectants misc - PSTE 49.8%</i>	3	
<i>sm anti-dandruff coal tar SHAM .5%</i>	3	
<i>*soap & cleansers - bar***</i>	3	
SOOTH-IT PAD PADS 50%	3	
STIMULEN LOT	3	
STOPAIN LIQD 8%	3	
SWEEN CRE	3	
<i>tacrolimus (topical) OINT .03%, .1%</i>	1	QL (100 gm / 30 days), PA
TANNIC ACID POW	3	
<i>tannic acid powder</i>	3	
<i>tgt hemorrhoidal supposit</i>	3	
THERAPLEX T SHAM 1%	3	
THERASEAL LOTN 1%	3	
TRIPLE PASTE OINT 12.8%	3	
VALCHLOR GEL .016%	2	QL (60 gm / 30 days), NM, PA
VITAMIN A&D OIN	3	
WART OFF SOL 17% SOLN 17%	3	
<i>white petrolatum topical gel</i>	3	
WOUN'DRES GEL	3	

Drug Name	Drug Tier	Requirements/Limits
<i>*wound dressings - pads***</i>	3	
Z-BUM CREA 22%	3	
ZIKS ARTHRIT CRE RELIEF	3	
ZINC OXIDE PSTE 25%	3	
<i>zinc oxide (topical)</i> OINT 20%, 40%; PSTE 25%	3	
ZOSTRIX NATURAL PAIN RELI CREA .033%	3	
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>a-200</i> AERO .5%	3	
<i>a-200 maximum strength</i>	3	
<i>bl permethrin</i> LIQD 1%	3	
<i>complete lice treatment k</i>	3	
<i>cvs permethrin</i> LOTN 1%	3	
END LICE M/S LIQ	3	
<i>hca lice shampoo</i>	3	
<i>malathion</i> LOTN .5%	1	QL (59 mL / 30 days)
NIX COMPLETE KIT LICE 1%	3	
NIX CREME LIQ RINSE 1% LIQD 1%	3	
<i>permethrin</i> CREA 5%	1	QL (60 gm / 30 days)
PERMETHRIN LOT 1%	3	
PRONTO SHA 0.33-4%	3	
<i>pyrethrins-piperonyl butoxide liq 0.3-3%</i>	3	
RID AERO .5%	3	
RID COMPLETE KIT LICE	3	

Drug Name	Drug Tier	Requirements/Limits
RID ESS LICE KIT 0.33-4%	3	
RID LIQ	3	
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX GEL .01%	2	QL (30 gm / 30 days), PA
SANTYL OINT 250unit/gm	2	QL (180 gm / 30 days)
<i>sodium chloride (gu irrigant)</i> SOLN .9%	1	
<i>water for irrigation, sterile irrigation soln</i>	1	
MOUTH/THROAT/DENTAL AGENTS		
ACTISEP SOL	3	
ACTISEP SPR	3	
<i>allevacaine</i> SOLN 20%	3	
ANBESOL GEL 10%; LIQD 10%	3	
<i>anbesol cold sore therapy</i>	3	
ANBESOL MAXIMUM STRENGTH GEL 20%; LIQD 20%	3	
<i>*artificial saliva - solution***</i>	3	
ASTRING-O-SO LIQ MTHWASH	3	
BABY ANBESOL GEL 7.5%	3	
<i>baby oral pain</i> GEL 7.5%	3	
<i>baby teething</i> GEL 7.5%	3	
<i>baby teething pain medici</i> GEL 7.5%	3	
<i>benz-o-sthetic</i> GEL 20%; LIQD 20%; SOLN 20%	3	
BENZ-O-STHETIC SWAB 20%	3	
<i>benzodent</i> CREA 20%	3	

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Drug Name	Drug Tier	Requirements/Limits
BLISTEX OIN MEDICATE	3	
CAPHOSOL SOL	3	
<i>cavarest</i> GEL 1.1%	3	
CEPACOL LOZG 2mg	3	
CEPACOL DUAL SPR RELIEF	3	
CEPACOL FIZZLERS TBDP 6mg	3	
CEPACOL LOZ 15-2.3MG	3	
CEPACOL LOZ 15-20MG	3	
CEPACOL LOZ EXTRA ST	3	
CEPACOL LOZ INSTAMAX	3	
CEPACOL MAX LOZ NUMBING	3	
CEPACOL REGULAR STRENGTH LOZG 3mg	3	
CEPACOL SORE LOZ 10-2.1MG	3	
CEPACOL SORE LOZ 15-3.6MG	3	
CEPACOL SORE LOZ THRT MAX	3	
CEPACOL SORE SPR 0.1-33%	3	
CEPACOL SORE THROAT LOZG 5.4mg	3	
CEPACOL SORE THROAT/POST LOZG 5.4mg	3	
<i>cevimeline hcl</i> CAPS 30mg	1	
CHERACOL SORE THROAT LIQD 1.4%	3	
<i>cherry cough drops</i>	3	
<i>chloraseptic gargle</i> LIQD 1.4%	3	
CHLORASEPTIC LOZ 6-10MG	3	

Drug Name	Drug Tier	Requirements/Limits
CHLORASEPTIC LOZ CHERRY	3	
CHLORASEPTIC LOZ CITRUS	3	
CHLORASEPTIC LOZ HONY LEM	3	
CHLORASEPTIC LOZ MAX	3	
CHLORASEPTIC LOZ MENTHOL	3	
CHLORASEPTIC MIS	3	
CHLORASEPTIC MIS KIDS	3	
<i>chloraseptic warming sore</i> LOZG 15mg	3	
CHLORASEPTIC WARMING SORE LOZG 15mg	3	
<i>chlorhexidine gluconate (mouth-throat)</i> SOLN .12%	1	
<i>clotrimazole</i> TROC 10mg	1	QL (150 lozenges / 30 days)
CONTROL DENT CRE ADHESIVE	3	
COUGH DROPS LOZG 2.7mg, 3.1mg, 5mg, 10mg	3	
<i>cough drops</i> LOZG 5.4mg, 5.8mg, 6.5mg, 7mg, 7.5mg, 7.6mg, 8mg, 8.4mg	3	
<i>cough drops menthol</i>	3	
<i>cough drops sugar free</i> LOZG 5.8mg, 7.6mg	3	
<i>cvs baby teething oral pa</i> GEL 7.5%	3	
<i>cvs cherry menthol drops</i>	3	
<i>cvs cough drops sugar fre</i> LOZG 5.8mg, 7.6mg	3	
<i>cvs honey lemon drops</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>cvs menthol drops</i>	3	
<i>cvs oral anesthetic maxim GEL</i> 20%	3	
<i>cvs oral pain reliever PSTE</i> 20%	3	
<i>cvs oral pain reliever ma CREA</i> 20%; PSTE 20%	3	
<i>cvs sore throat</i>	3	
<i>cvs sore throat maximum s</i>	3	
CVS SORE THROAT RELIEF PO LPOP 20mg	3	
<i>cvs throat relief pops ch</i> LPOP 10mg	3	
DADS MENTHOL THROAT DROP LOZG 3.5mg	3	
<i>dent-o-kain/20 LIQD</i> 20%	3	
DENTIVA LOZ	3	
DENTS TOOTHACHE GUM GUM 20%	3	
<i>*denture care products - cream***</i>	3	
DIABETIC TUSSIN COUGH DRO LOZG 6mg	3	
DUAL RELIEF LIQ	3	
EFFERDENT PAK PWR CLN	3	
EFFERDENT TAB PLUS	3	
<i>eq cough drops sugar free</i> LOZG 5.8mg	3	
<i>eql cough drops</i> LOZG 5.8mg, 7.5mg, 7.6mg	3	
EZO CUSHIONS MIS LOW REG	3	
FIRST-MOUTHW SUS BLM	3	
FRUIT FROSTERS LOZG 7mg	3	

Drug Name	Drug Tier	Requirements/Limits
G-BUCAL-C SOL 0.15-0.1	3	
GILTUSS SPR BUCALSEP	3	
<i>gnp cough drops</i> LOZG 6.5mg, 7mg	3	
GNP HERBAL LOZG 4.8mg	3	
<i>gnp oral pain relief</i> LIQD 20%	3	
<i>gnp throat drops</i> LOZG 2.8mg	3	
<i>goodsense oral pain relie</i> GEL 20%	3	
GUMSOL LIQ	3	
GUMSOL SPR	3	
HURRICAINA AERO 20%; SOLN 20%	3	
<i>hurricane</i> GEL 20%	3	
HURRICAINA ONE SOLN 20%	3	
HURRICAINA SNAP-N-GO SWAB 20%	3	
HURRIPAK STARTER KIT KIT 20%	3	
<i>instant oral pain relief</i> GEL 20%	3	
<i>intense toothache pain re</i> GEL 20%	3	
<i>kank-a mouth pain</i> SOLN 20%	3	
<i>kourzeq</i> PSTE .1%	1	
<i>larynex</i>	3	
<i>lidocaine hcl (mouth-throat)</i> SOLN 2%	1	
LITTLE COLDS COLD RELIEF LPOP 19mg	3	
LITTLE COLDS SOOTHING THR STRP 19mg	3	
LITTLE TEETH GEL 7.5%	3	

Drug Name	Drug Tier	Requirements/Limits
<i>lollicaine</i> GEL 20%	3	
LUDENS DUAL LOZ RELIEF	3	
LUDENS THROAT DROPS LOZG 1mg, 1.6mg, 1.7mg, 2.5mg, 2.8mg	3	
<i>medikoff drops</i> LOZG 7.6mg	3	
<i>menthol cough drops</i> LOZG 5mg	3	
<i>*mouthwashes - liquid**</i>	3	
MUCINEX LIQ INSTASOO	3	
<i>natural herb cough drops</i> LOZG 3mg	3	
<i>nycoff</i>	3	
<i>nystatin (mouth-throat)</i> SUSP 100000unit/ml	1	
ORA-FILM STRP 6%	3	
<i>oral analgesic maximum st</i> GEL 20%; LIQD 20%; PSTE 20%	3	
<i>oral anesthetic maximum s</i> PSTE 20%	3	
ORAMAGIC PLUS SUSR 10%	3	
ORASEP SPR	3	
<i>orastat maximum strength</i> GEL 20%	3	
<i>periogard</i> SOLN .12%	1	
PERMA-GRIP POW	3	
<i>perox-a-mint</i> SOLN 1.5%	3	
<i>pilocarpine hcl (oral)</i> TABS 5mg, 7.5mg	1	
POLIGRIP MIS COMFORT	3	
POLIGRIP SUP CRE STRNG FR	3	

Drug Name	Drug Tier	Requirements/Limits
<i>qc cough drops</i> LOZG 5.8mg	3	
<i>qc sore throat</i>	3	
<i>ra cough drops</i> LOZG 5.4mg, 5.8mg, 6.5mg, 7mg, 7.5mg	3	
<i>ra mouth pain anesthetic</i> LIQD 20%	3	
RICOLA CHERRY HERB SUGAR LOZG 2.6mg	3	
RICOLA CHERRY HONEY HERB LOZG 2mg	3	
<i>ricola honey lemon w/echi</i> LOZG 3.5mg	3	
RICOLA HONEY-HERB LOZG 2mg	3	
RICOLA LEMON MINT LOZG 1.5mg	3	
RICOLA LEMON MINT HERB SU LOZG 1.1mg	3	
RICOLA LOZ	3	
<i>ricola mountain herb suga</i> LOZG 4.8mg	3	
<i>ricola natural herb</i> LOZG 4.8mg	3	
SALESE LOZ	3	
SEA BOND BRI GEL CLEANSER	3	
SEA BOND WAF	3	
<i>sm cough drops</i> LOZG 3.1mg, 5mg, 5.8mg, 6.5mg, 7mg, 8mg, 10mg	3	
<i>sm fruit coolers</i> LOZG 7mg	3	
<i>sm natural herb cough dro</i> LOZG 4.8mg	3	
<i>sore throat</i>	3	
SORE THROAT LOLLIPOPS LPOP 10mg	3	

Drug Name	Drug Tier	Requirements/Limits
<i>sore throat lozenges</i>	3	
SUCRETS SORE THROAT LOZG 2mg	3	
<i>tgt cough drops</i> LOZG 9.1mg	3	
<i>throat discs</i>	3	
<i>*throat lozenges - lozenges**</i>	3	
TOOTHACHE GEL 20-0.26%	3	
<i>triamcinolone acetonide (mouth)</i> PSTE .1%	1	
<i>ultra throat lozenges</i>	3	
VICKS VAPODROPS LOZG 1.7mg, 3.3mg	3	
ZILACTIN BABY GEL 10%	3	
<i>zilactin-b</i> GEL 10%	3	
ZINC W/A&C LOZ	3	
OTIC		
<i>antiseptic cleanser</i> SOLN 10%	3	
<i>auraphene-b</i> SOLN 6.5%	3	
<i>auro-dri</i> LIQD 95%	3	
HCA EAR WAX SOL 6.5% OT	3	
SWIM EAR LIQD 95%	3	

Index

*	
*artificial saliva - solution***	224
*bacitracin-polymyxin b oint***	203
*b-complex vitamin cap**	161
*b-complex vitamin elixir**	161
*b-complex vitamin sublingual liquid**	161
*b-complex w/ c & e + zn tab***	161
*b-complex w/ c cap**	161
*b-complex w/ c tab er**	161
*b-complex w/ c tab**	161
*b-complex w/ folic acid tab**	161
*b-complex w/ minerals ta	161
*bioflavonoid products cap**	162
*bioflavonoid products chew tab**	162
*bioflavonoid products tab er**	162
*bioflavonoid products tab**	162
*bone meal w/ vitamin d tab***	142
*calamine lotion***	213
*calamine phenolated lotion***	213
*calcium carbonate-vit d	145
*calcium carb-vit d w/ minerals chew tab 1200 mg-1000 unit**	145
*calcium carb-vit d w/ minerals chew tab 600 mg-400 unit***	144
*camphor-eucalyptus-menthol - oint***	185
*cobalamin combination sl tab***	163
*cobalamin combination tab***	163
*cod liver oil cap***	163
*cod liver oil***	163
*denture care products - cream***	227
*dermatological products misc - aerosol**	215
*emollient - cream**	216
*flaxseed (linseed) cap 1200 mg***	154
*flaxseed (linseed) oral oil***	154
*flaxseed (linseed) oral powder***	155
*glucosamine-chondroitin-	155
*iodine tincture strong**	218
iron combination elixir	122
*iron w/ vitamin liq**	166
*lactobacillus acidophilus-pectin cap**	105
*lactobacillus chew tab**	105
*lancets misc.***	98
*lancets***	98
*liniments & rubs - cream**	219
*liniments & rubs - ointment**	219
*mouthwashes - liquid**	229
*multiple minerals tab**	150
*multiple urine test strips***	98
*multiple vitamin cap**	167
*multiple vitamin tab**	167
*multiple vitamins w/ calcium tab**	167
*multiple vitamins w/ min	167
*multiple vitamins w/ minerals tab**	167
*nutritional supplement liquid**	156
*omega-3 fatty acids cap 435 mg**	157
*oral electrolyte for soln***	138
*oral electrolyte solution***	138
*oral vehicles***	136
*pediatric multiple vitam	168
*pediatric multiple vitamin w/ minerals & c chew tab 60 mg**	168
*pediatric multiple vitamins w/ iron chew tab 12 mg**	169
*pediatric multiple vitamins w/ iron chew tab**	169
*scar treatment products - cream**	221
*skin protectants misc -	222
*soap & cleansers - bar***	222
*sodium bicarbonate powder**	103
*throat lozenges - lozenges**	231
*vitamin mixture tab**	172
*vitamins a & d cap***	172
*vitamins a & d tab***	172
*vitamins w/ lipotropics cap**	172
*wound dressings - pads***	223
1	
12 hour cold	190
1ST CHOICE MIS LANCETS	97
2	
20/20 artificial tears	176
24hr allergy relief	181
2ND SKIN PAD MST BURN	222
3	
3M AIR WARM MIS MASK	191
3M DURABLE CRE MOISTURI	219
4	
4-N-1	219
4-way fast acting	197

This document includes a list of drugs covered on our formulary as of May 1, 2025. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

4X PROBIOTIC TAB	105
5	
50+ adult eye health	159
6	
600+d3 plus minerals	147
666 cold	186
666 cold preparation.....	186
A	
A + D PERSON LOT	209
A + D PERSON MIS CARE WIP.....	117
a thru z advantage	158
a thru z select.....	158
a.r.m.	183
A/BETA CAROT TAB 25000UNT	158
a/f pain relief	11
a+d first aid	209
a-10000	158
A1C NOW KIT	96
a-200	223
a-200 maximum strength.....	223
abacavir sulfate	25
abacavir sulfate-lamivudine tab 600-300 mg.....	27
ABATINEX	103
abatron af	120
ABATRON LIQ.....	120
ABC COMPLETE TAB WOMEN.....	158
abc-z -tr.....	158
abdek.....	158
ABDEK CAP.....	158
abdek pediatric	158
ABELCET	23
ABILIFY ASIMTUFII	68
ABILIFY MAINTENA.....	68
abiraterone acetate	36
ABREVA.....	209
ABRYSVO.....	130
absorbine jr	204
absorbine jr back patch	209
ACACIA POW	132
acacia powder.....	132
acamprosate calcium.....	85
acarbose	87
ACCU-CHECK TES COMFORT	97
ACCU-CHEK KIT FASTCLIX.....	97
accutane	202
acebutolol hcl.....	59

acephen.....	11
ACEROLA C-500	158
acetadryl.....	85, 183
aceta-gesic.....	183
ACETAMIN POW	132
acetaminophen.....	11
acetaminophen junior stre.....	11
acetaminophen w/ codeine soln 120-12 mg/5ml.....	18
acetaminophen w/ codeine tab 300-15 mg	18
acetaminophen w/ codeine tab 300-30 mg	18
acetaminophen w/ codeine tab 300-60 mg	18
acetazolamide.....	61
acetic acid	117
ACETIC ACID	132
acetic acid (otic)	178
acetylcysteine	197
acid controller.....	107
acid gone	101
ACID GONE	101
acid reducer.....	116
acid relief.....	101
ACIDOPHILUS	103
ACIDOPHILUS CAP.....	104
ACIDOPHILUS/ TAB CIT PECT	104
acitretin	206
acne 10.....	202
acne foaming wash	202
ACNE MEDICATION.....	202
acne medication 5	202
ACNE MEDICATION 5.....	202
ACNE-AID BAR.....	209
ACNEFREE KIT SEVERE	202
ACNO CLEANSE LIQ.....	209
acta-tabs pe	183
ACTHIB INJ	130
ACTICON SOL 1-30	183
ACTICON TAB 2-60MG	183
ACTIDOGESIC TAB 1-500MG	183
actidose/sorbitol	97
actifed cold/sinus.....	183
ACTIFLOVIT TAB EAR HEAL.....	158
ACTIMARIS GEL WOUND	209
ACTIMMUNE.....	128
ACTINEL LIQ.....	183
ACTINEL LIQ PEDIATRI	183
ACTISEP SOL.....	224

ACTISEP SPR	224
ACTITROM CAP	158
ACTIVE 55 LIQ PLUS.....	158
ACTIVESSENT PAK.....	158
<i>acyclovir</i>	28
<i>acyclovir sodium</i>	29
ADACEL INJ	130
ADALIMUMAB-AACF (2 PEN).....	124
ADALIMUMAB-AACF (2 SYRING.....	124
ADALIMUMAB-AACF STARTER P.....	124
<i>addaprin</i>	16
<i>added strength pain relie</i>	11
<i>adefovir dipivoxil</i>	29
ADEKS PEDIAT DRO.....	158
ADJ LANCING MIS DEVICE.....	97
ADLT ONE DLY CHW GUMMIES	158
ADMELOG.....	90
ADMELOG SOLOSTAR.....	90
<i>adprin b</i>	11
ADRENAL TAB CALM	159
<i>adsorbonac</i>	175
<i>adult aspirin regimen</i>	11
ADULT DISPOS MIS MOUTHPIE.....	183
ADULT OMEGA CHW PLUS DHA.....	152
ADVAIR HFA AER 115/21.....	201
ADVAIR HFA AER 230/21.....	201
ADVAIR HFA AER 45/21	201
ADVANCED CA/ TAB D/MAGNES	159
<i>advanced healing ointment</i>	209
ADVERA LIQ CHOCOLAT.....	152
ADVIL COLD/ TAB SINUS.....	183
<i>advil junior strength</i>	16
ADVIL PM TAB 200-38MG.....	85
<i>af-aspirin childrens</i>	11
<i>af-dibromm</i>	183
<i>af-dibromm dm</i>	183
<i>af-ibup sinus</i>	183
<i>af-miconazole 7</i>	118
<i>af-pseudoephedrine hcl</i>	183
<i>afrin saline nasal mist</i>	197
AFRIN SPR 0.05%.....	183
AFTATE ATHLE POW FOOT 1%	204
<i>aftate athlete's foot</i>	204
<i>af-tussin dm</i>	183
AGREE SHA EX CLEAN	209
AHIST	179
AIMOVIG.....	81
AIRBORNE LOZ	159
AIRSUPRA AER 90-80MCG	201
AIRZONE PEAK MIS FLOW MTR.....	183

AKEEGA TAB 100/500.....	36
AKEEGA TAB 50/500MG.....	36
<i>ak-rinse</i>	176
AKWA TEARS OIN OP.....	176
<i>ala seb</i>	210
<i>ala-cort</i>	207
ALAHIST CF TAB 10-2-20.....	184
ALAHIST DM LIQ 7.5-2-15.....	184
ALA-HIST IR	179
ALA-HIST PE TAB 2-10MG	183
<i>alamag-plus</i>	101
<i>alavert</i>	180
<i>alavert allergy/sinus</i>	184
ALAVERT SYP	180
<i>alaway</i>	174
<i>alba-3</i>	203
ALBA-LYBE NR LIQ.....	152
<i>albendazole</i>	20
<i>albuterol sulfate</i>	182
<i>alclometasone dipropionate</i>	207
ALCOHOL SOL /WG 70%.....	210
ALCOHOL SOL DENATURE.....	132
ALCOHOL SWABS: BD- EMBECTA/MHC/RUGBY	90
<i>alcohol, rubbing</i>	210
ALCON SALINE SOL SEN EYES.....	176
<i>aldroxicon i</i>	101
ALDURAZYME	97
ALECENSA	39
<i>alendronate sodium</i>	93
<i>aler-cap</i>	180
ALEVAZOL	204
ALEVE.....	16
ALEVE COLD & TAB SINUS	184
<i>alfuzosin hcl</i>	117
<i>aliskiren fumarate</i>	62
ALIVE MULTI CHW CHILDRENS.....	159
ALKA SELTZER TAB HEARTBRN	101
<i>alka-seltzer anti-gas</i>	114
ALKA-SELTZER CHW 750-80MG.....	101
<i>alka-seltzer plus night c</i>	184
ALKA-SELTZER TAB 325MG.....	11
ALKA-SELTZER TAB 500MG.....	11
ALKA-SELTZER TAB GOLD	101
ALKA-SELTZER TAB PLS COLD	184
<i>alkets</i>	101
<i>all day allergy childrens</i>	180
<i>all day allergy d-12</i>	184
<i>all day pain relief</i>	16
<i>all day pain relief sinus</i>	184

This document includes a list of drugs covered on our formulary as of May 1, 2025. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

ALLANTOIN POW	132
ALLBEE-T TAB	159
ALLCLENZ LIQ	210
<i>aller-chlor</i>	180
<i>aller-ease</i>	180
<i>aller-ease childrens</i>	180
<i>allerest</i>	184
<i>allergy</i>	180
<i>allergy childrens</i>	180
<i>allergy cream</i>	206
<i>allergy multi-symptom</i>	184
<i>allergy multi-symptom nig</i>	184
<i>allergy rapid melts child</i>	180
<i>allergy relief maximum st</i>	206
ALLERGY/SINU TAB HEADACHE	184
<i>allevacaine</i>	224
ALLFEN	184
<i>allfen dm</i>	184
<i>all-nite multi-symptom co</i>	184
<i>allopurinol</i>	11
<i>almond oil (sweet)</i>	132
ALOE VESTA 2-N-1 ANTIFUNG	204
<i>aloe vesta 2-n-1 body was</i>	210
ALOE VESTA 2-N-1 SKIN CON	210
ALOE VESTA LIQ WHIRLBTH	184
<i>alophen</i>	108
<i>alose tron hcl</i>	114
ALP HIGH3 CAP 600MG	152
<i>alpha betic</i>	152
ALPHA LIPOIC ACID	152
ALPHA-LIPOIC ACID	152
<i>alpha-lipoic acid (thioctic acid)</i>	152
<i>alphasoft</i>	210
<i>alph-e-mixed</i>	159
<i>alph-e-mixed 1000</i>	159
<i>alprazolam</i>	63
<i>altalube</i>	176
<i>altarussin</i>	184
<i>altarussin dm</i>	184
<i>altazine moisture relief</i>	174
<i>altorex</i>	120
<i>alum (ammonium) powder</i>	132
ALUM AMMONIU POW	132
ALUMINUM CHLORIDE	210
ALUMINUM HYDROXIDE	101
<i>aluminum hydroxide gel</i>	101
<i>aluminum hydroxide gel su</i>	101
ALUNBRIG	39, 40
ALUNBRIG PAK	40
ALVAIZ	123

ALVESCO	200, 201
ALYFTREK TAB 10-50-125	197
ALYFTREK TAB 4-20-50	197
ALYGLO	128
<i>alyq</i>	63
<i>amantadine hcl</i>	67
<i>ambi 10peh/400gfn</i>	184
<i>ambi 10peh/400gfn/20dm</i>	184
<i>ambi 12.5cpd/1dcpm/30pse</i>	184
<i>ambi 40pse/400gfn</i>	184
AMBI 60PSE/ TAB 400GFN	184
<i>ambitussin ac</i>	185
<i>ambizine</i>	105
<i>ambrisentan</i>	63
<i>ameda triple zero lanolin</i>	210
<i>americerin</i>	210
AMERIGEL LOT BARRIER	210
<i>ameriphor</i>	210
<i>amikacin sulfate</i>	20
<i>amiloride & hydrochlorothiazide tab 5-50</i> <i>mg</i>	61
<i>amiloride hcl</i>	61
AMINO-MIN-D CAP	159
<i>amiodarone hcl</i>	57
<i>amitriptyline hcl</i>	65
<i>amlactin</i>	210
<i>amlodipine besylate</i>	60
<i>amlodipine besylate-benazepril hcl cap 10-</i> <i>20 mg</i>	52
<i>amlodipine besylate-benazepril hcl cap 10-</i> <i>40 mg</i>	52
<i>amlodipine besylate-benazepril hcl cap 2.5-</i> <i>10 mg</i>	51
<i>amlodipine besylate-benazepril hcl cap 5-</i> <i>10 mg</i>	51
<i>amlodipine besylate-benazepril hcl cap 5-</i> <i>20 mg</i>	51
<i>amlodipine besylate-benazepril hcl cap 5-</i> <i>40 mg</i>	52
<i>amlodipine besylate-olmesartan medoxomil</i> <i>tab 10-20 mg</i>	54
<i>amlodipine besylate-olmesartan medoxomil</i> <i>tab 10-40 mg</i>	54
<i>amlodipine besylate-olmesartan medoxomil</i> <i>tab 5-20 mg</i>	54
<i>amlodipine besylate-olmesartan medoxomil</i> <i>tab 5-40 mg</i>	54
<i>amlodipine besylate-valsartan tab 10-160</i> <i>mg</i>	54

This document includes a list of drugs covered on our formulary as of May 1, 2025. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<i>amlodipine besylate-valsartan tab 10-320 mg</i>	54
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	54
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	54
AMMENS MEDIC POW	210
AMMONIUM GRA CHLORIDE	133
<i>amnesteam</i>	202
<i>amoxapine</i>	65
<i>amoxicillin</i>	32
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	32
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	32
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	33
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	33
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	33
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	33
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	33
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	33
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	78
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	79
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	79
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	79
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	79
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	78
<i>amphetamine-dextroamphetamine tab 10 mg</i>	79
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	79
<i>amphetamine-dextroamphetamine tab 15 mg</i>	79
<i>amphetamine-dextroamphetamine tab 20 mg</i>	79
<i>amphetamine-dextroamphetamine tab 30 mg</i>	79
<i>amphetamine-dextroamphetamine tab 5 mg</i>	79

<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	79
<i>amphotericin b</i>	23
<i>amphotericin b liposome</i>	23
<i>ampicillin</i>	33
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	33
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	33
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	33
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	33
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	33
<i>ampicillin sodium</i>	33
<i>amplify relief mm</i>	210
<i>anacin</i>	11
ANACIN TAB 400-30MG	11
ANACIN TAB MAX STR	12
<i>anagrelide hcl</i>	123
<i>analgesia</i>	210
ANALPRAM-HC LOT 2.5%	210
<i>anastrozole</i>	37
ANBESOL	224
<i>anbesol cold sore therapy</i>	224
ANBESOL MAXIMUM STRENGTH	224
<i>anecream</i>	210
<i>anecream5</i>	210
<i>animal chewable multiple</i>	159
<i>animal chews</i>	159
ANIMAL SHAPE CHW IRON	159
<i>animal shapes plus extra</i>	159
ANISE FLAVOR OIL	133
ANORO ELLIPT AER 62.5-25	179
<i>antacid</i>	101
ANTACID	101
<i>antacid double strength</i>	101
<i>antacid extra strength</i>	101
<i>antacid ultra strength</i>	101
<i>anti gas</i>	114
ANTIBIOTIC CRE	203
<i>anti-dandruff shampoo</i>	210
<i>anti-diarrheal</i>	104
<i>antifungal</i>	204
ANTIIST NAS TAB DECONGES	185
ANTI-ITCH LOT 1%	210
<i>anti-itch medication</i>	210
ANTIMINTH SUS 250/5ML	20
ANTIOXIDANT CAP	159

This document includes a list of drugs covered on our formulary as of May 1, 2025. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

ANTIOXIDANT CHW VITAMINS.....	159
<i>antioxidant pack</i>	159
ANTIPHLOGIST CRE	210
<i>antiseptic</i>	211
<i>antiseptic cleanser</i>	231
<i>antiseptic skin cleanser</i>	211
ANTITUSS CG/ SYP CODEINE	185
<i>anusol-hc</i>	211
APACET CHW 80MG	12
APATATE LIQ.....	159
APETEX ELX.....	159
APETIGEN TAB PLUS.....	159
APETIGEN-PLS SOL.....	159
<i>apetonic</i>	159
AP-HIST DM LIQ 7.5-4-15.....	185
APPEAREX	159
<i>aprepitant</i>	105
<i>aprepitant capsule therapy pack 80 & 125</i> <i>mg</i>	105
APTIOM	73
APTIVUS	25
<i>aqua care</i>	211
AQUA CARE	211
<i>aqua lube</i>	211
<i>aqua net conditon norm</i>	211
AQUABASE OIN.....	133
AQUA-E	159
AQUANAZ TAB.....	185
AQUAPHILIC OIN.....	211
AQUAPHOR 3 IN 1 DIAPER RA	211
AQUASITE PAD 4.....	211
AQUASOL E.....	160
AQUASOL E CAP 100IU.....	160
AQUASOL E CAP 400IU.....	160
<i>aquavit-e</i>	160
ARALAST NP.....	197
ARCALYST	129
ARCTIC RELIEF PAIN RELIEV.....	211
<i>arctic relief roll-on pai</i>	211
AREXVY	130
<i>arginine</i>	152
ARGININE.....	152
ARGININE CAP 500 MG.....	152
ARGININE2000.....	152
ARGLAES POW	211
ARIKAYCE.....	20
<i>aripiprazole</i>	69
ARISTADA	69
ARISTADA INITIO	69
<i>armodafinil</i>	84

ARNUITY ELLIPTA.....	201
<i>arthritis pain reliever</i>	12
<i>arthritis pain relieving</i>	211
<i>arthx ds</i>	152
<i>artificial tears</i>	176
<i>ascarel</i>	20
ASCENSIA MIS AUTODISC.....	97
ASCOCID POW.....	160
ASCOCID-1000 TAB	160
ASCORBIC ACD POW	133
<i>ascorbic acid</i>	160
<i>ascorbic acid oral crystals</i>	160
ASCRIPITIN TAB	12
<i>asenapine maleate</i>	69
<i>aspercreme arthritis pain</i>	12
ASPERCREME/ALOE	211
<i>aspirin</i>	12
ASPIRIN	12
<i>aspirin 81</i>	12
<i>aspirin adult low dose</i>	12
<i>aspirin adult low strengt</i>	12
<i>aspirin buffered tab 500 mg</i>	12
<i>aspirin ec adult low dose</i>	12
<i>aspirin ec low dose</i>	12
<i>aspirin enteric coated ad</i>	12
<i>aspirin low dose</i>	12
<i>aspirin powder</i>	12
<i>aspirin regimen</i>	12
<i>aspirin-caffeine tab 400-32 mg</i>	12
<i>aspirin-dipyridamole cap er 12hr 25-200</i> <i>mg</i>	124
<i>aspir-low</i>	12
ASTAGRAF XL.....	129
<i>asthmanefrin refill</i>	197
ASTRING-O-SO LIQ MTHWASH.....	224
<i>atazanavir sulfate</i>	25
<i>atenolol</i>	59
<i>atenolol & chlorthalidone tab 100-25 mg</i>	59
<i>atenolol & chlorthalidone tab 50-25 mg</i>	59
<i>athletes foot powder spra</i>	204
<i>atomoxetine hcl</i>	79
<i>atorvastatin calcium</i>	57
<i>atovaquone</i>	20
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	24
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	24
ATROPINE SULFATE.....	176
<i>atropine sulfate (ophthalmic)</i>	176
ATROVENT HFA	179

This document includes a list of drugs covered on our formulary as of May 1, 2025. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

AUGTYRO	40
auraphene-b	231
auro-dri	231
AUSTEDO	82
AUSTEDO XR.....	82
AUSTEDO XR TAB TITR KIT	82
AUTOLET PLAT MIS 1.8MM.....	97
AUVELITY TAB 45-105MG.....	65
AVAIL TAB.....	160
AVEENO ANTI- LOT ITCH.....	211
AVEENO BABY SOOTHING RELI	211
AVEENO SKIN OIL RELIEF	211
ayr nasal drops	197
AYR NASAL DROPS	197
AYR NASAL MIST ALLERGY &	197
AYR SALINE KIT NETI RNS.....	197
ayr saline nasal.....	197
AYVAKIT.....	40
azacitidine	35
azathioprine	129
azelastine hcl	180
azelastine hcl (ophth).....	174
azithromycin	31
azo dine	117
azo dine maximum strength.....	117
azo d-mannose	152
AZOLEN TINCTURE.....	204
aztreonam	20

B

<i>b complete</i>	160
B COMPLEX +C TAB TR	160
<i>b complex maxi</i>	160
B COMPLEX TAB FORM #1	160
B COMPLEX/FO TAB	160
B-1	160
<i>b-100</i>	161
B-100 COMPLX TAB.....	161
<i>b-100 tr</i>	161
B-12	160
B-12 DOTS.....	160
B-12 DUAL SPECTRUM.....	160
B-12 QUICK DISSOLVE.....	160
B-12 SUB 1000MCG	160
B-12 SUPER STRENGTH	161
<i>b-12 tr</i>	161
B-6.....	160
BABY ANBESOL.....	224
BABY DARLNG POW PED ELEC.....	138
BABY DDROPS.....	161

<i>baby ease</i>	211
BABY EYELID PAD CLEANSER.....	211
BABY MONKEY CRE 2-12%.....	211
<i>baby oral pain</i>	224
<i>baby super daily d3</i>	161
<i>baby teething</i>	224
<i>baby teething pain medici</i>	224
<i>baby vitamin</i>	161
<i>baby vitamin a & d</i>	211
<i>baby vitamin/iron</i>	161
BACIGUENT.....	203
<i>bacitracin (ophthalmic)</i>	172
<i>bacitracin (topical)</i>	203
<i>bacitracin zinc</i>	203
<i>bacitracin-polymyxin b ophth oint</i>	172
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	172
BACK PAINOFF TAB	12
<i>baclofen</i>	84
BAFIERTAM	83
BALANCE B-50 TAB.....	161
BALMEX	211
BALMEX ADULT CARE	212
BALMEX COMPLETE PROTECTIO	212
<i>balsalazide disodium</i>	108
BALVERSA	40
<i>banophen</i>	180
BARACLUDE	29
BASAGLAR KWIKPEN	90
BASIS FACIAL CRE MOIST	212
<i>bayer aspirin ec low dose</i>	12
<i>bayer chewable low dose</i>	12
<i>bayer low dose</i>	13
BAYER PLUS TAB 500MG.....	13
BAYER PM TAB 38.3-500	85
BAYER WOMENS TAB 81-300MG.....	13
BAZA CLEANSE & PROTECT.....	212
BC FAST PAIN POW RELIEF.....	13
BC FAST PAIN POW RLF ARTH	13
BCG VACCINE	130
BD GLUCOSE	96
BEELITH TAB	142
BELL-ANS TAB 650MG.....	101
BENADRYL ALLERGY.....	180
BENADRYL CAP 25MG.....	180
BENADRYL CRE 2% EX ST	206
BENADRYL MAXIMUM STRENGTH	206
BENADRYL SPR 2-0.1%	206
BENADRYL TAB 25MG.....	180
BENADRYL TAB ALL/COLD	185

This document includes a list of drugs covered on our formulary as of May 1, 2025. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	52
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	52
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	52
<i>benazepril & hydrochlorothiazide tab 5-6.25mg</i>	52
<i>benazepril hcl</i>	53
BENDAMUSTINE HYDROCHLORID	35
BENDEKA	35
<i>benefiber on the go</i>	108
BENEFIBER POW	108
BENGAY CRE GREASLES	212
<i>bengay pain relief/massag</i>	212
BENLYSTA	129
BENYLIN SYP 15MG/5ML	185
BENYLIN-DME LIQ	185
BENZEDREX INH	185
<i>benzodent</i>	224
BENZOIN CMPD TIN	212
<i>benzoin compound tincture</i>	212
BENZOIN TIN	212
<i>benzoin tincture</i>	212
<i>benzonatate</i>	185
<i>benz-o-sthetic</i>	224
BENZ-O-STHETIC	224
<i>benzoyl peroxide</i>	202
<i>benzoyl peroxide cleanser</i>	202
BENZOYL PEROXIDE CLEANSER	202
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	202
<i>benztropine mesylate</i>	67
BENZYL ALC LIQ	133
BERINERT	123
BERRI-FREEZ PAIN RELIEVIN	212
BESIVANCE	172
BESREMI	38
BETA CAROTEN CAP 25000UNT	161
<i>beta carotene</i>	161
BETADINE	212
BETADINE PREPSTICK	212
BETADINE SCR SOL 7.5%	212
<i>betaine powder for oral solution</i>	97
<i>betamethasone dipropionate (topical)</i>	207
<i>betamethasone dipropionate augmented</i>	207
<i>betamethasone valerate</i>	207
BETASAL SHA 3%	212
<i>betasept surgical scrub</i>	212
BETASERON	83

<i>betaxolol hcl</i>	59
<i>betaxolol hcl (ophth)</i>	175
<i>bethanechol chloride</i>	117
BETOPTIC-S	175
BEVESPI AER 9-4.8MCG	179
<i>bexarotene</i>	38
<i>bexarotene (topical)</i>	212
BEXSERO INJ	130
<i>bicalutamide</i>	37
BICARSIM	114
BICARSIM FORTE	114
BICILLIN L-A	33
<i>bidex</i>	185
BIFERA TAB 28MG	120
BIKTARVY TAB 30-120-15 MG	27
BIKTARVY TAB 50-200-25 MG	27
BILI-LABSTIX TES STRIPS	97
<i>bio t pres</i>	185
BIO-D-MULSION	161
BIO-D-MULSION FORTE	162
<i>biofed</i>	185
BIOFLAVINOID POW LEMON	133
BIOFLAVONOID POW CITRUS	133
BIO-FLAX	152
<i>biofreeze</i>	212
<i>biofreeze cool the pain</i>	212
<i>bioginkgo 24/6</i>	152
<i>biolle gel tears</i>	176
<i>biolle tears</i>	176
<i>biotin</i>	162
BIOTIN	162
BIOTIN FORTE TAB	162
BIOTIN FORTE TAB /ZINC	162
BIOVOL SYP	162
<i>bisac-evac</i>	108
BISMUTH POW SUBNITRA	133
BISMUTH SUBC POW	133
<i>bismuth subcarbonate powder</i>	133
<i>bismuth subnitrate powder</i>	133
<i>bismuth subsalicylate</i>	104
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	59
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	59
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	59
<i>bisoprolol fumarate</i>	59
BIVIGAM	128
BL BORIC ACI POW	133
<i>bl brewers yeast</i>	162

<i>bl calcium 500/d</i>	142
<i>bl calcium 600 + d</i>	142
<i>bl calcium citrate+d</i>	142
<i>bl calcium/magnesium/zinc</i>	142
<i>bl cold & hot therapy bal</i>	212
<i>bl epsom salt</i>	108
<i>bl flax seed oil</i>	152
BL GLUCOSE	96
BL GLYCERIN LIQ.....	133
<i>bl headache pm</i>	85
<i>bl iron</i>	120
BL ISOPROPYL ALCOHOL	212
<i>bl isopropyl rubbing alco</i>	212
BL ISOPROPYL RUBBING ALCO	213
<i>bl laxative pills</i>	108
<i>bl magnesium</i>	142
<i>bl magnesium citrate</i>	108
<i>bl miconazole 3</i>	118
<i>bl mineral oil</i>	108
BL MINERAL OIL LIGHT	213
BL MOTION SI TAB 25MG	105
<i>bl natural fiber</i>	108
<i>bl niacin tr</i>	162
<i>bl permethrin</i>	223
BL PETROLEUM OIN JELLY.....	133
<i>bl prenatal vitamins</i>	162
<i>bl wart remover</i>	213
BL WITCH HAZ LIQ 86%.....	213
BLENDED SUSP SUS COMPOUND	133
BLINK TEARS LUBRICATING E	176
BLISTEX OIN MEDICATE	225
<i>blue gel</i>	213
BLUE STAR OIN	213
B-NATAL	161
BONE MEAL TAB	142
<i>bonine</i>	105
BOOSTRIX INJ.....	130
BORIC ACID GRA	213
<i>boric acid granules</i>	213
<i>boric acid powder</i>	133
<i>bortezomib</i>	40
BORTEZOMIB.....	40
<i>bosentan</i>	63
BOSULIF	40
BOUDREAUXS BUTT PASTE.....	213
BPROTECT PED DRO TRI-VITE.....	162
BRAFTOVI.....	40
BREO ELLIPTA INH 100-25	201
BREO ELLIPTA INH 200-25	201
BREO ELLIPTA INH 50-25MCG.....	201

<i>breyana</i>	201
BREZTRI AERO AER SPHERE.....	179
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK).....	179
BRILINTA	124
<i>brimonidine tartrate</i>	175
<i>brinzolamide</i>	175
BRIVIACT	73
BROHIST D TAB 4-10MG.....	185
<i>bromfed dm</i>	185
<i>bromfenac sodium (ophth)</i>	173
<i>bromocriptine mesylate</i>	67
<i>bronchial mist</i>	198
BRONCHITOL.....	198
<i>broncho saline</i>	185
BROTAPP DM LIQ 15-1-5/5.....	185
BRUKINSA	40
BUBBLE GUM SYP.....	133
<i>budesonide</i>	108
<i>budesonide (inhalation)</i>	201
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	201
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	201
<i>buffered salt</i>	138
BUFFERIN AF TAB NITETIME.....	85
<i>bufferin extra strength</i>	13
BUFFERIN TAB 325MG.....	13
BUFFERIN TAB 500MG.....	13
BULL FROG SPR MOSQUITO.....	213
<i>bumetanide</i>	61
<i>buprenorphine</i>	18
<i>buprenorphine hcl</i>	85
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	85
<i>buprenorphine hcl-naloxone hcl sl film 2- 0.5 mg (base equiv)</i>	85
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	85
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	85
<i>buprenorphine hcl-naloxone hcl sl tab 2- 0.5 mg (base equiv)</i>	85
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	85
<i>bupropion hcl</i>	65
<i>bupropion hcl (smoking deterrent)</i>	85
BURN SPRAY AER	213
<i>buspirone hcl</i>	63
<i>butenafine hcl</i>	204

butorphanol tartrate 18

c

CA GLUCONATE TAB 50MG 143
CA HI-CAL/D TAB 500MG 143
CA PHOS DIHY POW DIBASIC 143
CA/MG TAB 143
CA/MG/ZN TAB 143
cabergoline 97
CABOMETYX 41
CAL CIT MAL/ TAB VITAMIND 143
CAL/MAG TAB CHEW 143
CAL/MAG/VITD TAB 143
CALAMINE LOT 213
CALAMINE LOT PHENOLAT 213
calamine plus 213
CALAMINE POW 213
calamine powder 213
CALAZIME SKN PST PROTECT 213
CALC CHEWABL CHW 600 PLUS 143
CALC CIT+D3 TAB 250-200 143
CALC/MAGNES TAB 333-167 143
CALC/VIT D3 CHW 200-200 143
CALC/VIT D3 CHW DISNEY 143
calcarb 600 143
calcarb 600/vitamin d 143
CALCET CHW BITES 143
CALCET PETIT TAB 200-250 143
calci-chew 143
CALCI-CHEW 143
calcidol 162
CALCI-MAX CAP 162
CALCI-MIX 144
calcio del mar 144
calcipotriene 206
calcitonin (salmon) spray 93
calcitrate 144
CAL-CITRATE 162
CAL-CITRATE TAB PLUS D 143
calcitrene 206
calcitriol 100
calcitriol (oral) 101
calcium 144
CALCIUM 1000 TAB + D 144
calcium 1200+d3 144
calcium 500/d 144
calcium 500+d high potenc 144
calcium 600 + d 144
calcium 600 mg w/ vitamin d tab 144
calcium 600 with vitamin 144

calcium 600-d 144
CALCIUM ACETATE 144
calcium ascorbate 162
CALCIUM CARB POW 144
CALCIUM CARB TAB 600MG 144
*calcium carb-cholecalcif chew tab 500 mg-
2.5mcg (100 unit)* 144
*calcium carb-cholecalciferol tab 250 mg-
3.125 mcg (125 unit)* 144
*calcium carb-cholecalciferol tab 500 mg-10
mcg (400 unit)* 144
*calcium carb-cholecalciferol tab 500 mg-
3.125 mcg (125 unit)* 144
CALCIUM CARBONATE 101, 145
calcium carbonate (antacid) 102, 145
calcium carbonate powder 145
*calcium carbonate-ergocalciferol tab 500
mg-5 mcg (200 unit)* 145
*calcium carbonate-vitamin d tab 250 mg-
3.125 mcg (125 unit)* 145
*calcium carbonate-vitamin d tab 500 mg-
3.125 mcg (125 unit)* 145
CALCIUM CIT/ TAB VIT D 145
CALCIUM CITR TAB + D 145
CALCIUM CITRATE 145
calcium citrate + d3 145
calcium citrate plus 162
*calcium citrate-vitamin d tab 1500 mg-200
unit* 145
*calcium cit-vit d tab 315 mg-6.25 mcg(250
unit) (elem ca)* 145
calcium gluconate 145
CALCIUM GLUCONATE 145
calcium gluconate powder 145
calcium gummies 145
calcium hydroxide powder 133
calcium lactate 146
CALCIUM LACTATE 146
calcium liquid caps 146
calcium pantothenate 162
*calcium phos-cholecalcif chew tab 250 mg-
12.5 mcg (500 unit)* 146
CALCIUM PLUS CAP VIT D 146
calcium polycarbophil 109
CALCIUM POW SACCHARA 133
CALCIUM SOFT CHW CARAMEL 146
CALCIUM TAB 600MG 146
CALCIUM TAB FORMULA 146
calcium w/ magnesium tab 333-167 mg 146
calcium w/ magnesium tab 500-250 mg 146

This document includes a list of drugs covered on our formulary as of May 1, 2025. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<i>calcium w/ vitamin d & k chew tab 500 mg-100 unit-40 mcg</i>	146
CALCIUM/C/D CHW 500MG.....	146
CALCIUM/D TAB 600/200.....	146
CALCIUM/D3 CAP 600-2500.....	146
CALCIUM/MAGN TAB 250-155.....	146
CALCIUM/VITD CAP 600-400.....	146
<i>calcium-carb 600 + d</i>	146
<i>calcium-magnesium-zinc tab 333-133-8.3 mg</i>	146
<i>calcium-magnesium-zinc tab 334-134-5 mg</i>	146
<i>calcium-vitamin d tab 600 mg-5 mcg (200 unit)</i>	146
CAL-LAC.....	143
CAL-MAG COMP TAB.....	143
CALQUENCE.....	41
CAL-QUICK LIQ 500-400.....	143
CALTRATE + D TAB 300-800.....	147
CALTRATE +D3 TAB 600-800.....	147
CALTRATE 600 CHW +D PLUS.....	147
CALTRATE 600 CHW 600-800.....	147
CALTRATE+D TAB 600-800.....	147
<i>calvite p&d</i>	147
CAMPBOR CRY.....	213
<i>camphor crystals</i>	213
<i>candesartan cilexetil</i>	56
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	54
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	54
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	54
CAPHOSOL SOL.....	225
CAPLYTA.....	69
CAPMIST DM TAB.....	185
CAPRELSA.....	41
CAPRON DM LIQ.....	185
CAPRON DMT TAB 30-30MG.....	185
<i>capsaicin</i>	213
CAPSAICIN POW.....	213
<i>captopril</i>	53
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	52
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	52
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	52
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	52

CAPZASIN-HP.....	214
CAPZASIN-P CRE 0.025%.....	214
<i>carb/levo orally disintegrating tab 10-100mg</i>	67
<i>carb/levo orally disintegrating tab 25-100mg</i>	67
<i>carb/levo orally disintegrating tab 25-250mg</i>	67
<i>carbamazepine</i>	73
CARBAPHEN CH SUS.....	185
<i>carbidopa & levodopa tab 10-100 mg</i>	67
<i>carbidopa & levodopa tab 25-100 mg</i>	67
<i>carbidopa & levodopa tab 25-250 mg</i>	67
<i>carbidopa & levodopa tab er 25-100 mg</i>	67
<i>carbidopa & levodopa tab er 50-200 mg</i>	68
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	68
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	68
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	68
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	68
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	68
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	68
CARBOMER POW 1342.....	133
<i>carb-o-philic/20</i>	214
<i>carboplatin</i>	35
CARDIOTEK TAB.....	162
<i>carglumic acid</i>	97
<i>carisoprodol</i>	84
CARMOL 10.....	214
CARMOL 20.....	214
<i>carteolol hcl (ophth)</i>	175
<i>cartia xt</i>	60
<i>carvedilol</i>	59
<i>caspofungin acetate</i>	23
<i>castellani paint</i>	204
<i>castor oil</i>	133
CASTOR OIL.....	109, 133
<i>castor oil stimulant laxa</i>	109
CATEMINE TAB.....	163
<i>cavarest</i>	225
CAYSTON.....	20
C-BUFF POW.....	162
<i>cefaclor</i>	30
<i>cefadroxil</i>	30
CEFAZOLIN.....	30

This document includes a list of drugs covered on our formulary as of May 1, 2025. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

CEFAZOLIN INJ 1GM/50ML	30
<i>cefazolin sodium</i>	30
CEFAZOLIN SOLN 2GM/100ML-4%	30
CEFAZOLIN/DEX SOL 1GM/50ML-4%	30
CEFAZOLIN/DEX SOL 2GM/50ML-3%	30
CEFAZOLIN/DEX SOL 3GM/150ML-4%	30
<i>cefdinir</i>	30
<i>cefepime hcl</i>	31
<i>cefixime</i>	31
<i>cefotetan disodium</i>	31
<i>cefoxitin sodium</i>	31
<i>cefpodoxime proxetil</i>	31
<i>cefprozil</i>	31
<i>ceftazidime</i>	31
<i>ceftriaxone sodium</i>	31
<i>cefuroxime axetil</i>	31
<i>cefuroxime sodium</i>	31
<i>celecoxib</i>	16
CELLOTHYL TAB 500MG	109
<i>centrum kids complete</i>	163
CENTRUM SPEC PAK PRENATAL	163
CEO-TWO SUP	109
CEPACOL	225
CEPACOL DUAL SPR RELIEF	225
CEPACOL FIZZLERS	225
CEPACOL LOZ 15-2.3MG	225
CEPACOL LOZ 15-20MG	225
CEPACOL LOZ EXTRA ST	225
CEPACOL LOZ INSTAMAX	225
CEPACOL MAX LOZ NUMBING	225
CEPACOL REGULAR STRENGTH	225
CEPACOL SORE LOZ 10-2.1MG	225
CEPACOL SORE LOZ 15-3.6MG	225
CEPACOL SORE LOZ THRT MAX	225
CEPACOL SORE SPR 0.1-33%	225
CEPACOL SORE THROAT	225
CEPACOL SORE THROAT/POST	225
<i>cephalexin</i>	31
CEQUR SIMPL KIT PATCH 2U (3-DAY)	90
CEQUR SIMPL KIT PATCH 2U (4-DAY)	90
CEQUR SIMPL MIS INSERTER	90
CERALYTE 50 LIQ	138
CERASPORT SOL	138
<i>cerave baby</i>	214
CERDELGA	97
CEREZYME	97
<i>cetirizine hcl</i>	180
CETYL ALCOHO GRA	133
<i>cevimeline hcl</i>	225
charcoal activated powder	97

CHARCOAL POW	97
CHELATED CALCIUM	147
CHELATED MG TAB 100MG	147
CHELATED MUL TAB MINERAL	147
CHEMET	93
CHEMSTRIP TES UGK	97
CHEMSTRIP-UG TES	97
CHERACOL SORE THROAT	225
CHERRY CON	134
<i>cherry cough drops</i>	225
<i>cherry syrup</i>	134
<i>chest congestion & pain r</i>	185
<i>chest congestion relief d</i>	186
CHEW Q	152
CHEW Q CHW 100MG	152
CHEW Q CHW 600MG	152
<i>childrens acetaminophen</i>	13
CHILDRENS ADVIL	16
CHILDRENS CHW COMPLETE	163
<i>childrens ibuprofen</i>	16
CHILDRENS MOTRIN JUNIOR S	17
<i>childrens plus multi-symp</i>	186
<i>childrens pseuphedrin</i>	186
CHILDRENS SUS PLUS CLD	186
<i>childs allergy cold/cough</i>	186
CHLD NON-ASA TAB 80MG	13
CHLO HIST SOL	186
CHLO TUSS LIQ	186
<i>chloraseptic gargle</i>	225
CHLORASEPTIC LOZ 6-10MG	225
CHLORASEPTIC LOZ CHERRY	226
CHLORASEPTIC LOZ CITRUS	226
CHLORASEPTIC LOZ HONY LEM	226
CHLORASEPTIC LOZ MAX	226
CHLORASEPTIC LOZ MENTHOL	226
CHLORASEPTIC MIS	226
CHLORASEPTIC MIS KIDS	226
<i>chloraseptic warming sore</i>	226
CHLORASEPTIC WARMING SORE	226
CHLORELLA CAP	163
<i>chlorhexidine gluconate (mouth-throat)</i>	226
CHLOROFORM SOL	134
<i>chloroform soln</i>	134
<i>chloroquine phosphate</i>	24
<i>chlorpromazine hcl</i>	69
<i>chlorthalidone</i>	61
CHLOR-TRIMETON	180
CHLOR-TRIMETON REPETABS	180
<i>chocolated laxative</i>	109
<i>cholecalciferol</i>	163

This document includes a list of drugs covered on our formulary as of May 1, 2025. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<i>cholestyramine</i>	58	CLINIMIX INJ 4.25/D10	141
<i>cholestyramine light</i>	58	CLINIMIX INJ 4.25/D5W	141
CHROMIUM PIC TAB 500MCG	163	CLINIMIX INJ 5%/D15W.....	141
<i>ciclopirox</i>	204	CLINIMIX INJ 5%/D20W.....	141
<i>ciclopirox olamine</i>	204	CLINIMIX INJ 6/5	141
<i>cidaflex</i>	152	CLINIMIX INJ 8/10.....	142
<i>cidatrine</i>	153	CLINIMIX INJ 8/14.....	142
<i>cilostazol</i>	123	<i>clinisol sf 15%</i>	142
CILOXAN.....	173	CLINI-TEK MIS	97
CIMDUO TAB 300-300	27	CLINOLIPID EMU 20%.....	142
<i>cimetidine tab 200 mg</i>	107	<i>clobazam</i>	73
<i>cinacalcet hcl</i>	97	<i>clobetasol propionate</i>	207
<i>ciprofloxacin 200 mg/100ml in d5w</i>	32	<i>clobetasol propionate e</i>	207
<i>ciprofloxacin 400 mg/200ml in d5w</i>	32	CLOFERA LIQ.....	186
<i>ciprofloxacin hcl</i>	32	<i>clomipramine hcl</i>	65
<i>ciprofloxacin hcl (ophth)</i>	173	<i>clonazepam</i>	73
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	178	<i>clonidine</i>	62
<i>cisplatin</i>	35	<i>clonidine hcl</i>	62
<i>citalopram hydrobromide</i>	65	<i>clopidogrel bisulfate</i>	124
CITRACAL CAL CHW GUMMIES.....	147	<i>clorazepate dipotassium</i>	73
CITRACAL CAL TAB +D SLOW	147	CLORPACTIN WCS-90	214
CITRACAL TAB MAXIMUM	147	<i>clotrimazole</i>	226
CITRACAL TAB VIT D	147	<i>clotrimazole (topical)</i>	204
CITRACAL+D3 CHW 250-500.....	147	CLOTRIMAZOLE CRE 2%	118
CITRIC ACID GRA	134	<i>clotrimazole vaginal</i>	118
<i>citric acid granules</i>	134	<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	205
<i>citric acid powder</i>	134	<i>clove oil</i>	134
CITRUCEL POW ORANGE.....	109	CLOVE OIL.....	134
CL PRENATAL TAB 28-0.8MG	163	CLOVERINE OIN SALVE.....	205
<i>claravis</i>	202	<i>clozapine</i>	69
<i>clarithromycin</i>	31	CNTC CLD/FLU TAB DAY/NGHT.....	186
CLARITIN.....	180	CO Q10	153
CLEAN START TAB VAPORIZE	186	CO Q-10	153
CLEAR COUGH LIQ PM	186	COARTEM TAB 20-120MG	24
<i>clearlax</i>	109	COATS ALOE CREME	214
<i>clindamycin hcl</i>	20	COATS ALOE GELLY	214
<i>clindamycin palmitate hydrochloride</i>	20	COATS ALOE MOISTURIZING L.....	214
<i>clindamycin phosphate</i>	20	COBENFY CAP 100-20MG	69
<i>clindamycin phosphate (topical)</i>	202, 203	COBENFY CAP 125-30MG	70
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	20	COBENFY CAP 50-20MG.....	69
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	20	COBENFY STRT CAP PACK.....	70
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	21	<i>cocoa butter</i>	134
<i>clindamycin phosphate vaginal</i>	118	COCOA BUTTER LOT.....	134
CLINDMYC/NAC INJ 300/50ML	21	<i>coconut oil</i>	134
CLINDMYC/NAC INJ 600/50ML	21	COD LIVER OIL.....	163
CLINDMYC/NAC INJ 900/50ML	21	<i>codar gf</i>	186
		CODITUSSIN LIQ AC	186
		CODITUSSIN LIQ DAC.....	186
		COENZYME Q10	153

This document includes a list of drugs covered on our formulary as of May 1, 2025. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

COENZYME Q-10	153
<i>coenzyme q10 (ubidecarenone)</i>	153
CO-ENZYME WAF Q10/E	153
COLACE	109
<i>colace 2-in-1</i>	109
<i>colace adult</i>	109
COLACE CAP 100MG	109
COLACE LIQ 150/15ML	109
<i>colace pediatric</i>	109
COLACE SYP 60/15ML	109
<i>colchicine</i>	11
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	11
<i>cold & flu relief nightti</i>	186
<i>cold head congestion day/</i>	186
<i>cold head congestion dayt</i>	186
<i>cold relief plus</i>	186
COLEMAN 100 MAX INSECT RE	214
COLEMAN INSECT REPELLENT/	214
COLEMAN BOTAN LIQ INSECT	214
COLEMAN INSEC SPR SKINSMAR	214
<i>colesevelam hcl</i>	58
<i>colestipol hcl</i>	58
<i>colistimethate sodium</i>	21
<i>collodion flexible</i>	134
COLLODION LIQ FLEXIBLE	134
COLLYRIUM SOL OP	176
COMBIGAN SOL 0.2/0.5%	175
COMBIVENT AER 20-100	179
COMETRIQ (60MG DOSE)	41
COMETRIQ KIT 100MG	41
COMETRIQ KIT 140MG	41
COMFEEL FILM MIS	214
COMMIT	85
COMPLERA TAB	27
<i>complete lice treatment k</i>	223
<i>complex b-100</i>	163
COMPOUND W	214
COMPOUND W MAXIMUM STRENG	214
<i>compoz</i>	86
<i>compro</i>	105
COMTrex CLD/ PAK CGH D/NT	186
COMTrex COLD TAB & COUGH	186
<i>comtrex severe cold & sin</i>	186
CONCEPTIONXR MIS MOTILITY	163
<i>constant-clens</i>	214
<i>constulose</i>	109
<i>contac cold+flu maximum s</i>	187
<i>contac-d</i>	187
CONTROL DENT CRE ADHESIVE	226
COPAXONE	83

COPIKTRA	41
COPPER SULF CRY	142
COQ-10 TR	153
COQ10/VIT E CAP 100-10	153
COQ10/VIT E CAP 200-200	153
CORAL CALCIU CAP	147
CORAL CALCIU CAP 1000MG	147
CORAL CAP CALCIUM	147
<i>corfen-dm</i>	187
CORICIDN HBP TAB 2-325MG	187
CORICIDN HBP TAB CGH&COLD	187
CORLANOR	62
<i>corn fix</i>	214
COROMEGA EMU OMEGA 3	153
COROMEGA MIS	153
CORTIZONE-10 CRE 1%	207
<i>cortizone-10 eczema</i>	207
CORTIZONE-10 OIN 1%	207
CORTIZONE-10 SOL SCALP 1%	207
COSENTYX	124, 125
COSENTYX SENSOREADY PEN	125
COSENTYX UNOREADY	125
COTELLIC	41
COTTONSEED OIL	134
<i>cottontails diaper rash c</i>	214
<i>cough & chest congestion</i>	187
<i>cough & cold</i>	187
<i>cough cold & sore throat</i>	187
<i>cough drops</i>	226
COUGH DROPS	226
<i>cough drops menthol</i>	226
<i>cough drops sugar free</i>	226
<i>cough suppressant long-ac</i>	187
<i>coughtab</i>	187
COZIMA	214
CRAMP TAB	13
CRANBERRY (VACCINIUM MACR	153
<i>cranberry (vaccinium macrocarpon)</i>	153
CREON CAP 12000UNT	114
CREON CAP 24000UNT	114
CREON CAP 3000UNIT	114
CREON CAP 36000UNT	114
CREON CAP 6000UNIT	114
<i>critic-aid clear af</i>	205
<i>cromolyn sodium</i>	198
<i>cromolyn sodium (mastocytosis)</i>	114
<i>cromolyn sodium (nasal)</i>	198
<i>cromolyn sodium (ophth)</i>	174
CROTON OIL	134
CRUEX CRE 1%	205

This document includes a list of drugs covered on our formulary as of May 1, 2025. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<i>crush vitamin c drops</i>	163
CRYSTAL LAKE LIQ WATER	134
CULTURELLE.....	104
CULTURELLE CAP	104
CULTURELLE CHW DIGESTIV	104
CULTURELLE CHW KIDS	104
CULTURELLE KIDS	104
CUTTER ALL FAMILY MOSQUIT	214
<i>cv's acidophilus probiotic</i>	104
<i>cv's acne cleansing bar</i>	203
<i>cv's advanced 3-in-1 exfol</i>	203
<i>cv's af spray powder</i>	205
<i>cv's alcohol</i>	215
<i>cv's allergy relief d</i>	187
<i>cv's antacid multi-symptom</i>	102
<i>cv's anti-diarrheal</i>	104
<i>cv's anti-itch</i>	215
<i>cv's anti-itch sensitive s</i>	215
<i>cv's aspirin adult low str</i>	13
<i>cv's aspirin ec</i>	13
<i>cv's aspirin low dose</i>	13
<i>cv's aspirin low strength</i>	13
<i>cv's b-12</i>	163
CVS B12.....	163
<i>cv's baby teething oral pa</i>	226
<i>cv's bismuth</i>	104
<i>cv's cherry menthol drops</i>	226
CVS CHEST CONGESTION CHIL	187
<i>cv's chest congestion plus</i>	187
<i>cv's chest rub medicated</i>	187
<i>cv's childrens vitamin d f</i>	163
<i>cv's cold & cough children</i>	187
<i>cv's cold & cough nighttim</i>	187
<i>cv's cold & flu bp</i>	187
<i>cv's cold & sinus multi-sy</i>	187
<i>cv's cough drops sugar fre</i>	226
<i>cv's d3</i>	163
CVS DAIRY RELIEF EXTRA ST	107
<i>cv's diclofenac sodium</i>	13
<i>cv's digestive probiotic</i>	104
<i>cv's disposable douche med</i>	117
<i>cv's e oil</i>	163
<i>cv's enema disposable</i>	109
CVS EPSOM GRA SALT	109
<i>cv's fiber</i>	109
<i>cv's fiber laxative</i>	109
<i>cv's flu & severe cold nig</i>	187
<i>cv's gas relief drops extr</i>	114
<i>cv's gas relief extra stre</i>	114
<i>cv's gentle lubricant eye</i>	176

<i>cv's glucose</i>	96
CVS GLUCOSE CHW FRUIT	96
<i>cv's glucose liquid shot</i>	153
<i>cv's honey lemon drops</i>	226
<i>cv's hydrogen peroxide</i>	215
<i>cv's iron</i>	120
<i>cv's lactase</i>	107
<i>cv's laxative dietary supp</i>	109
<i>cv's l-lysine</i>	153
<i>cv's lubricant eye drops</i>	176
<i>cv's lubricant gel drops</i>	176
<i>cv's magnesium citrate</i>	147
<i>cv's menthol drops</i>	227
<i>cv's miconazole 3</i>	118
<i>cv's mineral oil</i>	109
<i>cv's mini enema kids</i>	109
<i>cv's muscle rub</i>	215
CVS NASAL MIST	198
<i>cv's nat fiber laxative</i>	110
<i>cv's natural daily fiber</i>	110
<i>cv's natural fiber supplem</i>	110
<i>cv's natural fish oil</i>	153
<i>cv's niacin</i>	163
<i>cv's niacin flush free</i>	164
<i>cv's nicotine</i>	86
<i>cv's nicotine polacrilex</i>	86
<i>cv's nighttime cough</i>	187
<i>cv's olopatadine hydrochlo</i>	174
<i>cv's oral anesthetic maxim</i>	227
<i>cv's oral pain reliever</i>	227
<i>cv's oral pain reliever ma</i>	227
<i>cv's permethrin</i>	223
CVS PRENATAL TAB 27-0.8MG.....	164
<i>cv's quality sleep</i>	153
<i>cv's selenium</i>	147
<i>cv's selenium natural</i>	147
<i>cv's senna</i>	110
<i>cv's sore throat</i>	227
<i>cv's sore throat maximum s</i>	227
CVS SORE THROAT RELIEF PO.....	227
<i>cv's stuffy nose & cold ch</i>	187
<i>cv's throat relief pops ch</i>	227
<i>cv's wart remover gel pen</i>	215
<i>cv's zinc</i>	147
<i>cyanocobalamin</i>	164
<i>cyclobenzaprine hcl</i>	84
<i>cyclophosphamide</i>	35
CYCLOPHOSPHAMIDE	35
CYCLOPHOSPHAMIDE MONOHYDR	35
<i>cycloserine</i>	28

This document includes a list of drugs covered on our formulary as of May 1, 2025. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<i>cyclosporine</i>	129
<i>cyclosporine modified (for microemulsion)</i>	129
<i>cyproheptadine hcl</i>	180
CYSTADROPS	176
CYSTAGON	97
CYSTARAN	176
<i>cytarabine</i>	35
<i>cyto arg</i>	153
CYTO B2	164
CYTO-Q	153
CYTO-Q MAX	154
D	
<i>d 1000</i>	164
<i>d 2000</i>	164
<i>d 400</i>	164
D10W/NACL INJ 0.2%	139
D2.5W/NACL INJ 0.45%	139
D3 DOTS	164
<i>d3 maximum strength</i>	164
<i>d3 vitamin</i>	164
<i>d3-50</i>	164
<i>dabigatran etexilate mesylate</i>	119
DADS MENTHOL THROAT DROP	227
DAILY MULTI TAB VIT/IRON	164
<i>dairy digestive ultra</i>	107
DAKINS SOLUTION FULL STRE	215
DAKINS SOLUTION HALF STRE	215
DAKINS SOLUTION QUARTER S	215
DAKRINA SOL 2.7-2%	176
<i>dalfampridine</i>	83
<i>danazol</i>	87
<i>dantrolene sodium</i>	84
DANZITEN	41
<i>dapsone</i>	21
DAPTACEL INJ	130
<i>daptomycin</i>	21
DAPTOMYCIN	21
<i>darunavir</i>	25
<i>dasatinib</i>	41
DAURISMO	41
DAY TIME CAP COLD/FLU	187
<i>daytime multi-symptom col</i>	188
DAYVIGO	80
D-BIOTIN CAP 10MG	164
DDROPS	164
DECARA	164
DECONEX DMX TAB	188
DECONEX IR TAB 10-385MG	188

<i>deferasirox</i>	94
DEKAS CAP ESSENTIA	164
DEKAS LIQ ESSENTIA	164
DEKAS PLUS LIQ	164
DELBASE OIN COMPOUND	134
DELSTRIGO TAB	27
DELSYM	188
DENG VAXIA SUS	130
DENTIVA LOZ	227
<i>dent-o-kain/20</i>	227
DENTS TOOTHACHE GUM	227
<i>depo-testosterone</i>	87
DERMAGRAN OIN	215
<i>dermamed</i>	215
DERMAZINC SPRAY	215
DESCOVY TAB 120-15MG	27
DESCOVY TAB 200/25MG	27
DESENEX MAX	205
<i>desipramine hcl</i>	65
<i>desitin</i>	215
DESITIN	215
DESITIN CREAMY	215
DESITIN MAXIMUM STRENGTH	215
<i>desitin rapid relief</i>	215
<i>desmopressin acetate</i>	98
<i>desmopressin acetate spray</i>	98
<i>desmopressin acetate spray refrigerated</i>	98
<i>despec</i>	188
<i>desvenlafaxine succinate</i>	65
DEWEES CARMINATIVE	102
DEX4	96
DEX4 FAST ACTING GLUCOSE	96
<i>dexamethasone</i>	95
DEXAMETHASONE INTENSOL	95
<i>dexamethasone sodium phosphate</i>	95
<i>dexamethasone sodium phosphate (ophth)</i>	173
<i>dexbrompheniramine-phenylephrine tab 2- 10 mg</i>	188
<i>dexmethylphenidate hcl</i>	79
<i>dextromethorphan hbr</i>	188
<i>dextromethorphan-guaifene</i>	188
<i>dextromethorphan-guaifenesin syrup 10- 100 mg/5ml</i>	188
<i>dextrose</i>	142
<i>dextrose (diabetic use)</i>	96
<i>dextrose 10% w/ sodium chloride 0.45%</i>	139
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	139

This document includes a list of drugs covered on our formulary as of May 1, 2025. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<i>dextrose 5% in lactated ringers</i>	139
<i>dextrose 5% w/ sodium chloride 0.2%</i> ...	139
<i>dextrose 5% w/ sodium chloride 0.225%</i>	139
<i>dextrose 5% w/ sodium chloride 0.3%</i> ...	139
<i>dextrose 5% w/ sodium chloride 0.45%</i>	139
<i>dextrose 5% w/ sodium chloride 0.9%</i> ...	139
DEXTROSE GRA ANHYDROU.....	154
DHS TAR.....	215
DHS ZINC SHA 2%.....	215
DIABETIC TUS LIQ DM.....	188
DIABETIC TUS LIQ EX.....	188
DIABETIC TUS LIQ MAX STR.....	188
DIABETIC TUSSIN COUGH DRO.....	227
DIABETISWEET POW.....	154
DIACOMIT.....	73, 74
<i>dialyvite 800</i>	164
DIALYVITE WAF PLUS D.....	164
DIALYVITE/ TAB ZINC.....	165
<i>diaper rash</i>	215
DIASENSE MAGNESIUM.....	147
<i>diazepam</i>	74
<i>diazepam (anticonvulsant)</i>	74
<i>diazepam inj</i>	74
<i>diazepam intensol</i>	74
<i>diazoxide</i>	96
<i>dibucaine (rectal)</i>	215
<i>dickinsons witch hazel</i>	216
<i>diclofenac potassium</i>	17
<i>diclofenac sodium</i>	17
<i>diclofenac sodium (ophth)</i>	174
<i>diclofenac sodium (topical)</i>	13, 216
<i>dicloxacillin sodium</i>	33
<i>dicyclomine hcl</i>	106
<i>dietary fiber laxative</i>	110
DIFICID.....	31
<i>diflunisal</i>	17
<i>digoxin</i>	62
<i>dihydroergotamine mesylate</i>	81
DILANTIN.....	74
<i>diltiazem hcl</i>	60
<i>diltiazem hcl coated beads</i>	60
<i>diltiazem hcl extended release beads</i>	60
<i>dilt-xr</i>	60
<i>dimenhydrinate</i>	105
DIMETAPP CLD ELX /ALLERGY.....	188
DIMETAPP ELX 1-15/5ML.....	188
DIMETAPP LIQ CHILD.....	188
DINO-LIFE CHW IRON-ZIN.....	165
<i>diocto</i>	110

DIP/TET PED INJ 25-5LFU.....	130
<i>diphenhydramine hcl</i>	180
<i>diphenhydramine hcl (sleep)</i>	86
<i>diphenhydramine hcl (topical)</i>	206
DIPHENHYDRAMINE HYDROCHLO.....	181
<i>diphenhydramine-zinc acetate cream 2-0.1%</i>	206
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	114
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	115
<i>dipyridamole</i>	124
<i>disopyramide phosphate</i>	57
<i>disulfiram</i>	86
<i>divalproex sodium</i>	74
DL-MENTHOL CRY.....	134
DL-METHIONIN POW.....	154
D-MANNOSE.....	154
DOANS EXTRA STRENGTH.....	13
<i>docetaxel</i>	39
DOCETAXEL.....	39
DOCIVYX.....	39
<i>docosanol</i>	216
<i>doculase</i>	110
<i>docusate calcium</i>	110
<i>docusate sodium</i>	110
<i>docusol mini</i>	110
<i>dofetilide</i>	57
DOLOGEN TAB.....	188
<i>donepezil hydrochloride</i>	64
DOPTLET.....	123
DORCOL LIQ DECONGES.....	188
<i>dorzolamide hcl</i>	175
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	175
<i>dotti</i>	94
DOVATO TAB 50-300MG.....	27
<i>doxazosin mesylate</i>	53
<i>doxepin hcl</i>	65
<i>doxepin hcl (sleep)</i>	80
<i>doxorubicin hcl</i>	38
<i>doxorubicin hcl liposomal</i>	38
<i>doxy 100</i>	34
<i>doxycycline (monohydrate)</i>	34
<i>doxycycline hyclate</i>	34
<i>doxylamine succinate (sleep)</i>	86
<i>doxylamine-phenylephrine tab 7.5-10 mg</i>	188
DR SMITHS ADULT BARRIER.....	216
DR SMITHS ADULT BARRIER S.....	216

DRISDOL	165
DRIZALMA SPRINKLE	65
<i>dronabinol</i>	106
<i>droxidopa</i>	62
DRS CHOICE KIT CLOSURE.....	216
<i>dry e-synthetic</i>	165
DUAL RELIEF LIQ	227
DULCOLAX	110
<i>dulcolax milk of magnesia</i>	110
DULERA AER 100-5MCG	201
DULERA AER 200-5MCG	201
DULERA AER 50-5MCG	201
<i>duloxetine hcl</i>	65
DUPIXENT	125
DURAFLU TAB.....	188
DURAVENT DM TAB.....	188
<i>dutasteride</i>	117
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	117
D-VI-SOL.....	164
D-VITAMIN E POW SUCCINAT	134
DY-O-DERM VITILIGO STAIN	216
E	
<i>e.e.s. 400</i>	31
E600	165
<i>eck a & d</i>	216
ECK HI-CAL TAB 500MG.....	148
ECK IODINE TIN 2%.....	216
<i>eck soluble fiber</i>	110
<i>econazole nitrate</i>	205
<i>ecotrin low strength</i>	13
ECOTRIN LOW TAB 81MG EC	13
ECOTRIN MAXIMUM STRENGTH.....	13
ECOTRIN REGULAR STRENGTH	13
ED A-HIST DM TAB 10-4-10.....	188
ED A-HIST LIQ 4-10/5ML.....	188
ED BRON GP LIQ	189
ED CHLORPED	181
ED CHLORPED DRO D	189
EDURANT.....	25
<i>efavirenz</i>	25
<i>efavirenz-emtricitabine-tenofovir df tab</i> <i>600-200-300 mg</i>	27
<i>efavirenz-lamivudine-tenofovir df tab 400-</i> <i>300-300 mg</i>	27
<i>efavirenz-lamivudine-tenofovir df tab 600-</i> <i>300-300 mg</i>	27
EFFERDENT PAK PWR CLN.....	227
EFFERDENT TAB PLUS.....	227

EHA LOTION 4%	216
ELA-MAX	216
ELA-MAX 5	216
ELIGARD	37
ELIQUIS.....	119
ELIQUIS STARTER PACK	119
ELTA SEAL MOISTURE BARRIE.....	216
EMETROL SOL	115
EMGALITY	81
EMSAM.....	65
<i>emtricitabine</i>	25
<i>emtricitabine-tenofovir disoproxil fumarate</i> <i>tab 100-150 mg</i>	27
<i>emtricitabine-tenofovir disoproxil fumarate</i> <i>tab 133-200 mg</i>	27
<i>emtricitabine-tenofovir disoproxil fumarate</i> <i>tab 167-250 mg</i>	27
<i>emtricitabine-tenofovir disoproxil fumarate</i> <i>tab 200-300 mg</i>	27
EMTRIVA	25
<i>emulsified omega-3</i>	154
EMVERM	21
<i>enalapril maleate</i>	53
<i>enalapril maleate & hydrochlorothiazide tab</i> <i>10-25 mg</i>	52
<i>enalapril maleate & hydrochlorothiazide tab</i> <i>5-12.5 mg</i>	52
ENBREL.....	125
ENBREL MINI.....	125
ENBREL SURECLICK	125
END LICE M/S LIQ.....	223
<i>endocet tab 10-325mg</i>	19
<i>endocet tab 2.5-325mg</i>	18
<i>endocet tab 5-325mg</i>	19
<i>endocet tab 7.5-325mg</i>	19
<i>endur-acin</i>	165
ENDURACIN TAB 500MG SR.....	165
<i>endur-amide</i>	165
ENDUR-AMIDE	165
ENEGEL GEL	216
ENEMEEZ KIDS.....	110
<i>enemeez plus</i>	110
ENFAMIL MIS EXPECTA	165
ENERGIX-B.....	130
<i>enoxaparin sodium</i>	119
ENSTILAR AER.....	206
<i>entacapone</i>	68
<i>entecavir</i>	29
ENTRESTO CAP 15-16MG	54
ENTRESTO CAP 6-6MG	54

ENTRESTO TAB 24-26MG	54
ENTRESTO TAB 49-51MG	54
ENTRESTO TAB 97-103MG	54
enulose.....	110
e-oil	216
EPCLUSA PAK 150-37.5.....	29
EPCLUSA PAK 200-50MG	29
EPCLUSA TAB 200-50MG	29
EPCLUSA TAB 400-100	29
EPIDIOLEX	74
epinephrine (anaphylaxis)	62, 198
EPINEPHRINE AER MIST.....	198
epitol.....	74
eplerenone.....	53
EPRONTIA	74
EPSOM SALT GRA	110
EPSOM SALT POW.....	110
eq antacid & anti-gas max	102
eq arthritis pain	14
eq arthritis pain relieve.....	14
eq artificial tears	176
eq aspirin adult low dose	14
eq calcium 500+d	148
eq calcium 600+d+minerals.....	148
eq cold & cough dm child.....	189
eq cough drops sugar free.....	227
eq hygienic cleansing wip	216
eq ibuprofen.....	17
eq lubricant eye drops hi	176
eq sleep-aid nighttime	86
eq tussin dm cough/chest	189
eql air protector.....	165
eql aloe after sun	216
eql antibiotic + pain rel	203
eql antifungal.....	205
eql anti-itch maximum str	207
eql aspirin low dose	14
eql b complex	165
EQL CALCIUM CAP VIT D	148
eql calcium gummies.....	148
eql calcium soft chews	148
eql carbonyl iron.....	120
eql cough drops	227
eql flu & severe cold mul	189
eql gummies childrens	165
eql ibuprofen pm	86
eql lutein.....	154
eql naproxen sodium	17
eql niacin flush free.....	165
EQL OMEGA 3 CAP 1400MG.....	154

eql omega 3 fish oil	154
eql sleep aid nighttime	86
eql tussin dm cough/chest.....	189
EQUALACTIN	110
ergocalciferol.....	165
ergotamine w/ caffeine tab 1-100 mg	81
ERIVEDGE.....	41
ERLEADA.....	37
erlotinib hcl.....	42
ertapenem sodium	21
ery	203
ery-tab.....	31
ERYTHROCIN LACTOBIONATE	32
erythromycin (acne aid)	203
erythromycin (ophth)	173
erythromycin base	32
erythromycin ethylsuccinate	32
erythromycin lactobionate	32
escitalopram oxalate	66
esomeprazole magnesium	116
estradiol	94
estradiol & norethindrone acetate tab 0.5- 0.1 mg	94
estradiol & norethindrone acetate tab 1-0.5 mg	94
estradiol vaginal.....	94
estradiol valerate.....	94
ESTROFACTORS TAB.....	165
ESTROVEN TAB ENERGY.....	154
eszopiclone	80
ethambutol hcl.....	28
ethosuximide.....	74
ETHY ALCOHOL SOL 70%	216
etodolac.....	17
etoposide	39
etravirine	25
EULEXIN.....	37
euthyrox.....	100
EVAC POW	110
everolimus.....	42
everolimus (immunosuppressant)	129
EVOTAZ TAB 300-150.....	27
EXCEDRIN SIN TAB HEADACHE.....	189
EXCEDRIN TAB	14
exemestane	37
EX-LAX.....	110
EX-LAX MILK SUS OF MAGNE.....	110
extra strength bayer arth.....	14
eye allergy itch relief	174
eye allergy itch/redness.....	174

This document includes a list of drugs covered on our formulary as of May 1, 2025. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

EYE STREAM SOL OP	176
EYSUVIS	176
ezetimibe	58
ezetimibe-simvastatin tab 10-10 mg	58
ezetimibe-simvastatin tab 10-20 mg	58
ezetimibe-simvastatin tab 10-40 mg	58
ezetimibe-simvastatin tab 10-80 mg	58
EZFE 200	121
EZFE FORTE CAP	165
EZO CUSHIONS MIS LOW REG	227

F

<i>fa-8</i>	165
FABRAZYME	98
famciclovir	29
famotidine	107
famotidine in nacl 0.9% iv soln 20 mg/50ml	107
FANAPT	70
FANAPT PAK	70
FARXIGA	87
FASENRA	198
FASENRA PEN	198
<i>fast acting dairy aid</i>	107
FATIGUE REL TAB COMPLEX	154
FATTYBLEND MIS	134
FD&C BLUE #2 POW	134
FD&C RED 40 POW	134
FDC BLUE 1 POW AL LAKE	135
FDC RED #40 POW AL LAKE	135
FDC YELLOW 5 POW AL LAKE	135
<i>fe c</i>	121
<i>fe c tab plus</i>	121
FE SULFATE POW	121
<i>fe tabs</i>	121
felbamate	74
felodipine	60
fenofibrate	57
fenofibrate micronized	57
fentanyl	18
FEOSOL	121
FERGON	121
FERGON TAB 320MG	121
FER-IN-SOL	121
<i>fer-iron</i>	121
FERRETTS	121
FERRETTS IPS	121
FERRIC POW SUBSULFA	135
FERRIMIN 150	121
<i>ferrocite</i>	121

FERRO-SEQUEL TAB 65-25MG	121
<i>ferrous fumarate</i>	121
FERROUS FUMARATE	121
<i>ferrous gluconate</i>	121
FERROUS GLUCONATE	121
<i>ferrous sulfate</i>	121
FERROUS SULFATE	121
<i>ferrous sulfate dried</i>	121
<i>ferrous sulfate elixir 22</i>	122
FERROUS SULFATE ELIXIR 22	122
<i>ferrous sulfate iron</i>	122
FETZIMA	66
FETZIMA CAP TITRATIO	66
FEVERALL JUNIOR STRENGTH	14
FEVERALL SUP 80MG	14
FIASP	90
FIASP FLEXTOUCH	90
FIASP PENFILL	91
FIASP PUMPCART	91
FIBER LAX POW 95%	111
<i>fiber therapy</i>	111
FIBERCON TAB 625MG	111
<i>finasteride</i>	117
<i>finolimid hcl</i>	83
FINTEPLA	75
FIRMAGON	37
FIRST-MOUTHW SUS BLM	227
<i>fish oil adult gummies</i>	154
FISH OIL CAP 1360MG	154
FISH OIL CAP 150MG	154
FISH OIL CAP 180MG	154
FISH OIL CAP 183.33MG	154
FISH OIL CAP 900MG	154
FISH OIL CHW 875MG	154
<i>fish oil maximum strength</i>	154
<i>fish oil pearls</i>	154
<i>flac</i>	178
FLAREX	174
FLAVOR CONC LIQ GRAPE	135
FLAX SEED CAP 1300MG	154
FLAXSEED OIL	155
FLEBOGAMMA DIF	128
<i>flecainide acetate</i>	57
FLEET BISACODYL	111
FLEET ENE PED	111
FLEET ENEMA	111
FLEET LIQUID GLYCERIN SUP	111
FLINTSTONES CHW COMPLETE	165
FLINTSTONES CHW TODDLER	165
FLONASE SENSIMIST	200

This document includes a list of drugs covered on our formulary as of May 1, 2025. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<i>flora assist</i>	104
FLORAJEN CAP ACIDOPHI.....	104
FLORASTOR.....	104
FLOWTUSS SOL 2.5-200.....	189
FLU & SORE POW THROAT	189
<i>fluconazole</i>	23
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	23
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	23
<i>flucytosine</i>	24
<i>fludrocortisone acetate</i>	95
<i>flunisolide (nasal)</i>	200
<i>fluocinolone acetonide</i>	208
<i>fluocinolone acetonide (otic)</i>	178
<i>fluocinonide</i>	208
<i>fluocinonide emulsified base</i>	208
<i>fluorometholone (ophth)</i>	174
<i>fluorouracil</i>	36
<i>fluorouracil (topical)</i>	216
<i>fluoxetine hcl</i>	66
<i>fluphenazine decanoate</i>	70
<i>fluphenazine hcl</i>	70
<i>flurbiprofen</i>	17
<i>flurbiprofen sodium</i>	174
<i>fluticasone propionate</i>	208
<i>fluticasone propionate (nasal)</i>	200
<i>fluticasone-salmeterol aer powder ba 100- 50 mcg/act</i>	202
<i>fluticasone-salmeterol aer powder ba 250- 50 mcg/act</i>	202
<i>fluticasone-salmeterol aer powder ba 500- 50 mcg/act</i>	202
<i>fluvoxamine maleate</i>	63
FOLGARD TAB	165
FOLIC + B12 TAB.....	165
<i>folic acid</i>	165
FOLIC ACID	166
FOLIC ACID TAB 400MCG.....	166
FOLITAB 500 TAB.....	122
FOLTABS 800 TAB.....	166
<i>fondaparinux sodium</i>	119
FORAXA EMU	216
<i>formaldehyde</i>	216
FORMALDEHYDE	217
<i>formulation r</i>	217
<i>fosamprenavir calcium</i>	25
<i>fosinopril sodium</i>	53
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	52

<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	52
FOTIVDA	42
FP ANTI-ITCH CRE MEDICATE	217
FP DAIRY-REL TAB 3000UNIT.....	107
<i>fp fiber laxative</i>	111
FP FOMICON SUS	102
<i>fp glucosamine</i>	155
<i>fq breathable adult brief</i>	117
FREEZE IT GEL 0.2-3.5%	217
FRINDOVYX.....	35
FRUIT C CHW 200MG.....	166
FRUIT FROSTERS.....	227
FRUZAQLA	42
<i>ft arthritis pain</i>	14
FULLERS POW EARTH	135
FULPHILA	120
<i>fulvestrant</i>	37
FUNGOID TINCTURE	205
<i>furosemide</i>	61
<i>furosemide inj</i>	61
FUSION CAP	122
FUZEON	25
<i>fv iodine tincture</i>	217
FV MINERAL OIL HEAVY.....	111
FV VITAMIN E TAB 200IU.....	166
<i>fyavolv tab 0.5mg-2.5mcg</i>	94
<i>fyavolv tab 1mg-5mcg</i>	94
FYCOMPA	75

G

<i>gabapentin</i>	75
<i>galantamine hydrobromide</i>	64
<i>gallifrey</i>	99
GAMASTAN INJ.....	128
GAMMAGARD LIQUID.....	128
GAMMAGARD S/D IGA LESS TH	128
GAMMAKED	128
GAMMAPLEX	128
GAMUNEX-C.....	128
<i>ganciclovir sodium</i>	29
GARDASIL 9 INJ.....	130
GAS RELIEF CAP 125MG	115
GAS-X	115
GAS-X CAP PREVENT	107
GAS-X EXTRA STRENGTH.....	115
<i>gatifloxacin (ophth)</i>	173
GATTEX	115
GAUZE PADS 2	91
<i>gavilyte-c</i>	111

This document includes a list of drugs covered on our formulary as of May 1, 2025. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<i>gavilyte-g</i>	111	<i>glipizide-metformin hcl tab 5-500 mg</i>	88
<i>gavilyte-n/ flavor pack</i>	111	GLUCOSAMINE CAP CHONDROI	155
GAVISCON CHW	102	GLUCOSE	96
GAVISCON CHW EX-STR.....	102	GLUCOSE LIQ SHOT	155
GAVISCON SUS	102	GLUCOSSIN-DM	189
GAVRETO.....	42	GLUTAMINE POW RAP RLS	155
G-BUCAL-C SOL 0.15-0.1	228	<i>glutamine powder</i>	155
<i>gefitinib</i>	42	<i>glycerin (laxative)</i>	111
GELUSIL CHW.....	102	<i>glycerin adult</i>	111
<i>gemcitabine hcl</i>	36	GLYCERIN ADULT	111
<i>gemfibrozil</i>	57	<i>glycerin liquid</i>	135
<i>generlac</i>	111	<i>glycerin topical liquid</i>	217
<i>gengraf</i>	129	GLYCINE POW	117
GENOTROPIN	98	<i>glycolic acid</i>	217
GENOTROPIN MINIQUEL.....	98	<i>glycolic acid crystals</i>	135
<i>gentamicin in saline inj 0.8 mg/ml</i>	21	<i>glycopyrrolate</i>	107
<i>gentamicin in saline inj 1 mg/ml</i>	21	<i>glydo</i>	209
<i>gentamicin in saline inj 1.2 mg/ml</i>	21	GLYXAMBI TAB 10-5 MG.....	88
<i>gentamicin in saline inj 1.6 mg/ml</i>	21	GLYXAMBI TAB 25-5 MG.....	88
<i>gentamicin in saline inj 2 mg/ml</i>	21	<i>gnp 24 hour nasal allerg</i>	200
<i>gentamicin sulfate</i>	21	<i>gnp acid control 150 maxi</i>	107
<i>gentamicin sulfate (ophth)</i>	173	<i>gnp acid control 75</i>	107
<i>gentamicin sulfate (topical)</i>	203	<i>gnp allergy & congestion</i>	189
GENTEAL GEL	176	<i>gnp allergy plus sinus he</i>	189
GENTEAL MILD TO MODERATE	177	<i>gnp allergy sinus pe day</i>	189
GENTEAL SEVERE	177	<i>gnp arthritis pain</i>	14
GENTEAL TEAR SOL MOD PF	177	<i>gnp arthritis pain relief</i>	217
GENVOYA TAB	27	<i>gnp aspirin</i>	14
GERIATRIC LIQ VITAMIN	166	<i>gnp aspirin low dose</i>	14
<i>geri-hydrolac</i>	217	<i>gnp calcium 500 +d3</i>	148
GERITOL LIQ TONIC	166	<i>gnp calcium antacid child</i>	102
<i>geri-tussin dm</i>	189	<i>gnp cough drops</i>	228
GEVRABON LIQ.....	166	GNP DAILY MIS PRENATAL	166
GILOTRIF.....	42	<i>gnp diclofenac sodium</i>	14
GILTUSS SPR BUCALSEP.....	228	GNP FISH OIL CAP 840MG	155
GINKGO BILOB TAB PLUS.....	155	GNP HERBAL.....	228
<i>ginkgo biloba</i>	155	<i>gnp iron</i>	122
GINKGO BILOBA.....	155	<i>gnp isopropyl alcohol</i>	217
GINKGO PHYTOSOME	155	<i>gnp niacin</i>	166
<i>glatiramer acetate</i>	83	<i>gnp olopatadine hydrochlo</i>	174
<i>glatopa</i>	83, 84	<i>gnp oral pain relief</i>	228
GLEN PE LIQ	189	GNP PETROLEU GEL JELLY	135
GLENAX PEB LIQ	189	<i>gnp throat drops</i>	228
GLENTUSS LIQ	189	<i>gnp vitamin b1</i>	166
GLEOSTINE.....	35	<i>gnp vitamin d super stren</i>	166
<i>glimepiride</i>	87	GOLD BOND POW	217
<i>glipizide</i>	87	<i>gold bond rapid relief</i>	217
<i>glipizide xl</i>	87	GOLD DUST POW WOUND	217
<i>glipizide-metformin hcl tab 2.5-250 mg</i> ...	87	GONAK.....	177
<i>glipizide-metformin hcl tab 2.5-500 mg</i> ...	88	<i>gonioscopic prism</i>	177

This document includes a list of drugs covered on our formulary as of May 1, 2025. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<i>goodsense all day allergy</i>	181
<i>goodsense arthritis pain</i>	14
<i>goodsense aspirin</i>	14
<i>goodsense aspirin low dos</i>	14
GOODSENSE CAPSAICIN ARTHR	217
<i>goodsense clearlax</i>	111
<i>goodsense cold & head con</i>	189
<i>goodsense cough dm</i>	189
<i>goodsense day time cold &</i>	189
<i>goodsense fiber</i>	111
<i>goodsense hemorrhoidal</i>	217
<i>goodsense hemorrhoidal oi</i>	217
<i>goodsense lubricant eye d</i>	177
<i>goodsense nighttime cold</i>	189
<i>goodsense oral pain relie</i>	228
GOODY'S POW EX ST	14
GOWEY TIN TINCTURE	155
<i>granisetron hcl</i>	106
GRAPE SEED OIL	135
GREEN TEA EXTRACT	135
<i>griseofulvin microsize</i>	24
<i>griseofulvin ultramicrosize</i>	24
<i>grx dyne swab</i>	217
GRX WHITE OIN PETROLAT	135
<i>grx wound</i>	217
<i>guaicon dms</i>	189
<i>guaifenesin liquid 100 mg</i>	189
GUAIFENESIN TAB 200 MG	190
<i>guanfacine hcl</i>	62
<i>guanfacine hcl (adhd)</i>	80
GUMMY BITES CHW	148
GUMSOL LIQ	228
GUMSOL SPR	228
GYNE-LOTRIMIN	118

H

HAEGARDA	123
<i>halobetasol propionate</i>	208
<i>haloperidol</i>	70
<i>haloperidol decanoate</i>	70
<i>haloperidol lactate</i>	70
HARD NAILS	166
HARVONI PAK 33.75-150MG	29
HARVONI PAK 45-200MG	29
HARVONI TAB 45-200MG	29
HARVONI TAB 90-400MG	29
HAVRIX	130
<i>hca alcohol swabs</i>	217
HCA BISACODY SUP 10MG	111
HCA EAR WAX SOL 6.5% OT	231

HCA ELEMENTA CAP MAGNESIU	148
<i>hca elemental magnesium</i>	148
HCA GLYCERIN LIQ	217
HCA HEMORRHO OIN	217
HCA IBUPROFE CAP SOFTGEL	17
HCA LAX-X TAB 25MG	111
<i>hca lice shampoo</i>	223
HCA MOT SICK TAB 50MG	106
HCA NIACIN TAB 250MG TR	166
HCA NON-ASA TAB PM	86
HCA SUPHEDRI TAB PLUS	190
HCA TEARS SOL PLUS	177
HCA TUSSIN LIQ CF	190
HCA VIT B12 TAB 500MCG	166
HCA VIT C CHW 250MG	166
HCA VIT C CHW 500MG	166
HCA ZINC GLU TAB 50MG	148
<i>h-chlor 12</i>	217
<i>heartburn treatment 24 ho</i>	116
<i>h-e-b aspirin</i>	14
<i>hematron</i>	122
HEMOCYTE	122
<i>hemorrhoid</i>	217
<i>hemorrhoidal</i>	218
<i>hemorrhoidal cooling</i>	218
<i>hemorrhoidal suppositorie</i>	218
HEMORROID SUP 3%	218
HEP SOD/NACL INJ 25000UNT	119
<i>heparin sodium (porcine)</i>	120
<i>heparin sodium (porcine) lock flush</i>	132
HEPLISAV-B	130
HERCEP HYLEC SOL 60-10000	42
HERCEPTIN	42
HERZUMA	42
HIBERIX	130
HIBICLENS LIQ 4%	218
HIBICLENS SOL 4%	218
HISTAFLEX TAB 325-25MG	14
HISTAGESIC TAB	190
HISTEX	181
HISTEX PD	181
HISTEX PDX	181
HISTEX-AC SYP	190
HISTEX-DM SYP	190
HISTEX-PE SYP 2.5-10/5	190
<i>hm advanced antacid maxim</i>	102
<i>hm anti-nausea</i>	115
<i>hm aspirin ec low dose</i>	14
<i>hm calcium 600 & vitamin</i>	148
<i>hm eye allergy itch/redne</i>	174

This document includes a list of drugs covered on our formulary as of May 1, 2025. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<i>hm fiber</i>	111
HM FISH OIL CAP 554MG.....	155
HM IBUPROFEN SUS 100/5ML	17
<i>hm magnesium</i>	102
HM PAIN REL DRO 80/0.8ML	14
<i>hm potassium</i>	138
<i>hm probiotic digestive he</i>	104
<i>hm severe cold cough & fl</i>	190
<i>hm severe cold/cough/flu</i>	190
HONEY BEARS CHW	166
HUGGIES DIAPER RASH CREAM	218
HUMIBID CS TAB 20-400MG	190
HUMIBID MAXIMUM STRENGTH.....	190
HUMIRA.....	125
HUMIRA PEN	125
HUMIRA PEN KIT PS/UV	125
HUMIRA PEN-CD/UC/HS START	126
HUMIRA PEN-PEDIATRIC UC S	126
HUMULIN R U-500 (CONCENTR.....	91
HUMULIN R U-500 KWIKPEN.....	91
<i>hurricane</i>	228
HURRICANE	228
HURRICANE ONE	228
HURRICANE SNAP-N-GO	228
HURRIPAK STARTER KIT	228
HYCOFENIX SOL	190
<i>hydralazine hcl</i>	62
<i>hydralife</i>	138
HYDROC/GUAIF SOL 2.5-200.....	190
<i>hydrochlorothiazide</i>	61
HYDROCIL INS POW 95%.....	111
<i>hydrocodone bitart-homatropine</i> <i>methylbrom soln 5-1.5 mg/5ml</i>	190
<i>hydrocodone bitartrate</i>	18
<i>hydrocodone w/ homatropine syrup 5-1.5</i> <i>mg/5ml</i>	190
<i>hydrocodone-acetaminophen soln 7.5-325</i> <i>mg/15ml</i>	19
<i>hydrocodone-acetaminophen tab 10-325</i> <i>mg</i>	19
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	19
<i>hydrocodone-acetaminophen tab 7.5-325</i> <i>mg</i>	19
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i> ...	19
HYDROCORT CRE 0.5%	208
HYDROCORT CRE 1%	208
<i>hydrocortisone</i>	95
<i>hydrocortisone (intra rectal)</i>	108
<i>hydrocortisone (rectal)</i>	218

<i>hydrocortisone (topical)</i>	208
<i>hydrocortisone acetate w/ pramoxine</i> <i>perianal cream 2.5-1%</i>	218
<i>hydrocortisone sod succinate</i>	95
<i>hydrocortisone valerate</i>	208
<i>hydrocortisone-aloe vera cream 0.5%</i>	208
HYDROGEN PEROXIDE	218
<i>hydromet</i>	190
<i>hydromorphone hcl</i>	19
HYDROPHILIC OIN PETROLAT	135
<i>hydrophilic ointment</i>	135
<i>hydroxocobalamin acetate</i>	166
<i>hydroxychloroquine sulfate</i>	127
<i>hydroxyurea</i>	38
<i>hydroxyzine hcl</i>	181
<i>hydroxyzine pamoate</i>	181
<i>hysept 25</i>	218
<i>hysept 50</i>	218
HYVEE ADVCD SUS ANTACID	102

I

<i>ibandronate sodium</i>	93
IBRANCE	42
<i>ibu</i>	17
<i>ibuprofen</i>	17
ICAPS LUTEIN TAB ZEAXANTH.....	166
ICAR PEDIATRIC	122
ICAR-C TAB.....	122
<i>icatibant acetate</i>	124
ICLUSIG	43
ICY HOT PAIN RELIEVING GE	218
IDACIO (2 PEN).....	126
IDACIO (2 SYRINGE)	126
IDACIO CROHN INJ DISEASE	126
IDACIO PLAQU INJ PSORIASIS	126
IDHIFA	43
<i>imatinib mesylate</i>	43
IMBRUVICA	43
<i>imipenem-cilastatin intravenous for soln</i> <i>250 mg</i>	21
<i>imipenem-cilastatin intravenous for soln</i> <i>500 mg</i>	21
<i>imipramine hcl</i>	66
<i>imiquimod</i>	218
IMKELDI	43
<i>immune system booster</i>	166
IMODIUM A-D	104
IMODIUM A-D LIQ 1MG/5ML.....	104
IMODIUM ADV TAB	104
IMOVAX RABIES (H.D.C.V.)	130

This document includes a list of drugs covered on our formulary as of May 1, 2025. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

IMPAVIDO	21
INBRIJA.....	68
INCRELEX.....	98
INCRUSE ELLIPTA	179
<i>indapamide</i>	61
INDOLE-3- POW CARBINOL	135
INFANRIX INJ	130
INFLIXIMAB	126
INLYTA.....	43
INOSITOL POW HEXANICO	135
INQOVI TAB 35-100MG	36
INREBIC.....	43
INSTACLEAN LIQ.....	218
INSTA-GLUCOSE	96
<i>instant oral pain relief</i>	228
INSULIN PEN NEEDLES: BD-EMBECTA.....	91
INSULIN SAFETY NEEDLES: BD-EMBECTA.....	91
INSULIN SYRINGES: BD-EMBECTA.....	91
INTEGRA CAP.....	122
INTELENCE	25
<i>intense toothache pain re</i>	228
INTRALIPID	142
INVEGA HAFYERA.....	70
INVEGA SUSTENNA.....	70
INVEGA TRINZA.....	70
<i>iodine (kelp)</i>	148
IODINE CRY.....	135
IODINE TIN 2% MILD.....	218
IODINE TIN STRONG.....	218
IODOFLEX	218
IODOSORB.....	218
<i>ionil-t</i>	218
IOSAT	98
IPOL INJ INACTIVE.....	130
<i>ipratropium bromide</i>	179
<i>ipratropium bromide (nasal)</i>	179
<i>ipratropium-albuterol nebu soln 0.5-2.5(3)</i> <i>mg/3ml</i>	179
<i>irbesartan</i>	56
<i>irbesartan-hydrochlorothiazide tab 150-</i> <i>12.5 mg</i>	55
<i>irbesartan-hydrochlorothiazide tab 300-</i> <i>12.5 mg</i>	55
<i>irinotecan hcl</i>	39
IRON	122
IRON 21/7 MIS.....	122
IRON CHEWS PEDIATRIC.....	122
<i>iron slow release</i>	122
IRON UP.....	122
IRO-PLEX LIQ	122

IRO-PLEX TAB 165-2MG	122
ISENTRESS	25
ISENTRESS HD.....	25
ISOLYTE-P INJ /D5W.....	139
ISOLYTE-S INJ PH 7.4	139
<i>isoniazid</i>	28
<i>isopropyl alcohol 70%</i>	218
ISOPROPYL ALCOHOL WIPES	219
ISOPTO TEARS	177
<i>isosorbide dinitrate</i>	63
<i>isosorbide mononitrate</i>	63
<i>isotretinoin</i>	203
<i>isradipine</i>	60
ITCH RELIEF	206
ITOVEBI.....	43
<i>itraconazole</i>	24
<i>ivabradine hcl</i>	62
<i>ivermectin</i>	21
IWILFIN	39
IXCHIQ INJ.....	130
IXIARO INJ	130

J

JAKAFI	43
<i>jantoven</i>	120
JANUMET TAB 50-1000	88
JANUMET TAB 50-500MG	88
JANUMET XR TAB 100-1000.....	88
JANUMET XR TAB 50-1000	88
JANUMET XR TAB 50-500MG	88
JANUVIA.....	88
JARDIANCE	88
<i>javygtor</i>	98
JAYPIRCA	43, 44
JENTADUETO TAB 2.5-1000.....	88
JENTADUETO TAB 2.5-500	88
JENTADUETO TAB 2.5-850	88
JENTADUETO TAB XR 2.5-1000MG.....	88
JENTADUETO TAB XR 5-1000MG.....	88
JESSNERS SOL	219
<i>jinteli</i>	95
JR NON-ASA TAB 160MG QM	14
JULUCA TAB 50-25MG	27
JYLAMVO	127
JYNNEOS.....	130

K

<i>k 100</i>	166
KADCYLA.....	44
KALYDECO	198

This document includes a list of drugs covered on our formulary as of May 1, 2025. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

KANJINTI.....	44
<i>kank-a mouth pain</i>	228
KAOLIN POW.....	104
<i>kaolin powder</i>	105
KAOPECTATE STOOL SOFTENER.....	112
KAOPECTATE SUS 262/15ML	105
KAOPECTATE SUS EX ST.....	105
KAOPECTATE TAB	105
<i>karaya gum</i>	135
KARAYA GUM	135
KC ALLERGY LIQ RELIEF	181
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	139
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	140
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	139
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	139
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	139
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	139
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	139
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	140
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	140
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	140
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	140
KCL/D5W/NACL INJ 0.3/0.9%	140
KERENDIA.....	53
KESIMPTA	84
<i>ketoconazole</i>	24
<i>ketoconazole (topical)</i>	205
<i>ketorolac tromethamine (ophth)</i>	174
KEY-E.....	167
KEYTRUDA	44
KINRIX INJ.....	131
<i>kionex</i>	94
KISQALI 200 DOSE	44
KISQALI 200 PAK FEMARA	44
KISQALI 400 DOSE	44
KISQALI 400 PAK FEMARA	44
KISQALI 600 DOSE	44
KISQALI 600 PAK FEMARA	44
<i>klayesta</i>	205
<i>klor-con</i>	141
<i>klor-con 10</i>	141
<i>klor-con 8</i>	141
<i>klor-con m10</i>	141

<i>klor-con m15</i>	141
<i>klor-con m20</i>	141
<i>kls acid controller compl</i>	115
<i>kls acid controller maxim</i>	107
<i>kls aller-flo</i>	200
<i>kls arthritis pain relief</i>	14
<i>kls aspirin low dose</i>	15
<i>kls diclofenac sodium</i>	15
KONSYL	112
KONSYL DAILY FIBER	112
KONSYL POW 100%	112
KONSYL-D	112
KOSELUGO	44
<i>kourzeq</i>	228
<i>kp aspirin</i>	15
<i>kp calcium 600+d3</i>	148
<i>kp cetirizine hcl</i>	181
<i>kp ferrous gluconate</i>	122
<i>kp folic acid</i>	167
<i>kp glucosamine chondroitin</i>	155
<i>kp mag-oxide magnesium</i>	148
<i>kp melatonin</i>	155
<i>kp niacin</i>	167
<i>kp vitamin e</i>	167
KPN PRENATAL TAB.....	167
KRAZATI.....	44

L

<i>labetalol hcl</i>	59
<i>lacosamide</i>	75
<i>lacosamide oral</i>	75
LACTAID FAST ACT	107
<i>lactated ringer's solution</i>	140
<i>lactic acid (ammonium lactate)</i>	219
LACTIC ACID SOL.....	135
LACTICARE LOT 5%	219
LACTINEX CHW	105
LACTINEX GRA	105
LACTINEX TAB	105
LACTOSE POW	135
<i>lactose powder</i>	135
<i>lactulose</i>	112
<i>lactulose (encephalopathy)</i>	112
LAMISIL ADVANCED	205
<i>lamivudine</i>	25
<i>lamivudine (hcv)</i>	29
<i>lamivudine-zidovudine tab 150-300 mg</i>	28
<i>lamotrigine</i>	75
<i>lanreotide acetate</i>	98
<i>lansoprazole</i>	116

This document includes a list of drugs covered on our formulary as of May 1, 2025. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<i>lapatinib ditosylate</i>	44
L-ARGININE	155
L-ARGININE POW	155
<i>larynex</i>	228
<i>latanoprost</i>	175
<i>laxmar</i>	112
LAZCLUZE	44
L-CARNITINE	155
L-CYSTINE POW	155
LECITHIN GRA	156
<i>leflunomide</i>	127
<i>lenalidomide</i>	38
LENVIMA 10 MG DAILY DOSE	45
LENVIMA 12MG DAILY DOSE	45
LENVIMA 20 MG DAILY DOSE	45
LENVIMA 4 MG DAILY DOSE	44
LENVIMA 8 MG DAILY DOSE	45
LENVIMA CAP 14 MG	45
LENVIMA CAP 18 MG	45
LENVIMA CAP 24 MG	45
<i>letrozole</i>	37
<i>leucovorin calcium</i>	51
LEUKERAN	35
<i>leuprolide acetate</i>	37
<i>levalbuterol hcl</i>	182
<i>levalbuterol tartrate</i>	182
<i>levetiracetam</i>	75
LEVETIRACETAM	75
<i>levetiracetam in sodium chloride iv soln</i> <i>1000 mg/100ml</i>	75
<i>levetiracetam in sodium chloride iv soln</i> <i>1500 mg/100ml</i>	76
<i>levetiracetam in sodium chloride iv soln</i> <i>500 mg/100ml</i>	75
<i>levobunolol hcl</i>	175
<i>levocarnitine (metabolic modifiers)</i>	98
<i>levocetirizine dihydrochloride</i>	181
<i>levofloxacin</i>	32
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	32
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	32
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	32
<i>levo-t</i>	100
<i>levothyroxine sodium</i>	100
<i>levoxyl</i>	100
<i>lexinal</i>	167
<i>l-glutamine (sickle cell)</i>	124
LIBERVANT	76
<i>lidocaine</i>	209

<i>lidocaine hcl</i>	209
<i>lidocaine hcl (local anesth.)</i>	15
<i>lidocaine hcl (mouth-throat)</i>	228
<i>lidocaine pain relief pat</i>	219
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	209
<i>lidocan</i>	209
<i>linezolid</i>	21, 22
LINEZOLID INJ 2MG/ML	22
LINZESS	115
<i>liothyronine sodium</i>	100
LIP BALM OIN NATURAL	135
LIPOIC ACID	156
LIPOIL OIL	136
LIPOVAN BASE CRE	136
LIQ-10 SYP	156
LIQSORB	156
LIQUI C LIQ 500/5ML	167
LIQUID C LIQ	167
LIQUID CALCI CAP WITH D3	148
<i>liqui-e</i>	167
LIQUIFILM TEARS	177
<i>lisinopril</i>	53
<i>lisinopril & hydrochlorothiazide tab 10-12.5</i> <i>mg</i>	52
<i>lisinopril & hydrochlorothiazide tab 20-12.5</i> <i>mg</i>	53
<i>lisinopril & hydrochlorothiazide tab 20-25</i> <i>mg</i>	53
L-ISOLEUCINE POW	155
<i>lithium</i>	82
<i>lithium carbonate</i>	83
LITTLE COLDS COLD RELIEF	228
LITTLE COLDS SOOTHING THR	228
LITTLE TEETH GEL 7.5%	228
LITTLE TUMMY DRO 20/0.3ML	115
LIVTENCITY	29
LMX 4	219
LOCALNESIUM TAB	148
LOCALNESIUM TAB -C	148
LODRANE D CAP 4-60MG	190
LOHIST-DM SYP 5-2-10MG	190
<i>lohist-peb</i>	190
LOKELMA	94
LOLLIBASE POW	136
<i>lollicaine</i>	229
<i>longs acid relief extra s</i>	102
LONSURF TAB 15-6.14	36
LONSURF TAB 20-8.19	36
<i>loperamide hcl</i>	115

This document includes a list of drugs covered on our formulary as of May 1, 2025. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<i>lopinavir-ritonavir soln 400-100 mg/5ml</i> (80-20 mg/ml)	28
<i>lopinavir-ritonavir tab 100-25 mg</i>	28
<i>lopinavir-ritonavir tab 200-50 mg</i>	28
<i>loratadine</i>	181
<i>lorazepam</i>	63, 64
<i>lorazepam intensol</i>	64
<i>LORBRENA</i>	45
<i>LORTUSS DM LIQ</i>	190
<i>LORTUSS EX LIQ</i>	190
<i>LORTUSS LQ LIQ</i>	191
<i>losartan potassium</i>	56
<i>losartan potassium & hydrochlorothiazide</i> <i>tab 100-12.5 mg</i>	55
<i>losartan potassium & hydrochlorothiazide</i> <i>tab 100-25 mg</i>	55
<i>losartan potassium & hydrochlorothiazide</i> <i>tab 50-12.5 mg</i>	55
<i>LOTEMAX</i>	174
<i>loteprednol etabonate</i>	174
<i>lovastatin</i>	57
<i>loxapine succinate</i>	70
<i>LOZIBASE MIS</i>	136
<i>L-TRYPTOPHAN TAB 500MG</i>	156
<i>L-TYROSINE POW</i>	156
<i>lubricant eye drops</i>	177
<i>lubricant eye drops/dual-</i>	177
<i>LUBRICNT GEL DRO 0.25-0.3</i>	177
<i>LUDENS DUAL LOZ RELIEF</i>	229
<i>LUDENS THROAT DROPS</i>	229
<i>LUMAKRAS</i>	45
<i>LUMIGAN</i>	175
<i>LUMIZYME</i>	98
<i>LUPRON DEPOT (1-MONTH)</i>	37
<i>LUPRON DEPOT (3-MONTH)</i>	37
<i>LUPRON DEPOT-PED (1-MONTH)</i>	98
<i>LUPRON DEPOT-PED (3-MONTH)</i>	98
<i>LUPRON DEPOT-PED (6-MONTH)</i>	98
<i>lurasidone hcl</i>	70
<i>lutein</i>	156
<i>LUXAMEND CRE</i>	219
<i>L-VALINE POW</i>	156
<i>LYBALVI TAB 10-10MG</i>	70
<i>LYBALVI TAB 15-10MG</i>	71
<i>LYBALVI TAB 20-10MG</i>	71
<i>LYBALVI TAB 5-10MG</i>	70
<i>lyllana</i>	95
<i>LYNPARZA</i>	45
<i>LYSODREN</i>	37
<i>LYTGOBI (12 MG DAILY DOSE)</i>	45

<i>LYTGOBI (16 MG DAILY DOSE)</i>	45
<i>LYTGOBI (20 MG DAILY DOSE)</i>	45

M

<i>MAALOX MAX CHW 1000-60</i>	102
<i>MAALOX QUICK DISSOLVE MAX</i>	102
<i>MAG CARBONAT POW</i>	148
<i>MAG GLYCINATE</i>	148
<i>MAG-200</i>	148
<i>MAG64</i>	148
<i>MAG-AL LIQ</i>	102
<i>magaldrate</i>	102
<i>magaldrate w/ simethicone susp 1080-30</i> <i>mg/5ml</i>	102
<i>magbee</i>	149
<i>mag-caps</i>	102
<i>magdelay</i>	149
<i>MAGDELAY</i>	149
<i>MAG-G</i>	148
<i>MAGINEX</i>	149
<i>MAGNEBIND TAB 200</i>	149
<i>MAGNEBIND TAB 300</i>	149
<i>magnesium</i>	149
<i>MAGNESIUM</i>	102, 149
<i>magnesium chloride</i>	149
<i>MAGNESIUM CITRATE</i>	149
<i>MAGNESIUM ELEMENTAL</i>	149
<i>magnesium gluconate</i>	149
<i>MAGNESIUM GLUCONATE</i>	149
<i>magnesium glycinate</i>	149
<i>MAGNESIUM GLYCINATE</i>	149
<i>magnesium lactate</i>	149
<i>magnesium oxide</i>	103
<i>MAGNESIUM OXIDE</i>	103, 149
<i>magnesium oxide (mg supplement)</i>	149
<i>magnesium salicylate</i>	15
<i>magnesium sulfate</i>	140
<i>MAGNESIUM SULFATE</i>	140, 149
<i>magnesium sulfate granules</i>	112
<i>magnesium sulfate in dextrose 5% iv soln</i> <i>1 gm/100ml</i>	140
<i>magnesium tab 200 mg</i>	150
<i>magnesium tab 400 mg</i>	150
<i>MAGONATE LIQ 1000/5ML</i>	150
<i>MAG-OX 400 TAB 400MG</i>	102
<i>MAG-SR PLUS TAB CALCIUM</i>	149
<i>MAG-TAB SR</i>	149
<i>malathion</i>	223
<i>MANNITOL POW</i>	136
<i>maox</i>	103

This document includes a list of drugs covered on our formulary as of May 1, 2025. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

MAPAP SINUS TAB PE	191
<i>maraviroc</i>	26
MAR-COF BP LIQ 30-2-7.5	191
MAR-COF CG LIQ 225-7.5	191
MARPLAN	66
<i>mar-zinc</i>	150
MATULANE	39
MAVYRET PAK 50-20MG	29
MAVYRET TAB 100-40MG	29
MAXIPHEN DM TAB.....	191
M-CLEAR WC LIQ 100-6.33.....	191
<i>meclizine hcl</i>	106
MEDERMA CRE SPF 30	219
MEDICATED OIN RUB	191
MEDIFIN PE TAB 10-400MG.....	191
<i>medikoff drops</i>	229
MEDI-LYTE TAB.....	138
MEDI-TABS TAB 500MG	15
<i>medi-tussin dm</i>	191
<i>medroxyprogesterone acetate</i>	99
<i>mefloquine hcl</i>	25
<i>megestrol acetate</i>	37, 99
<i>megestrol acetate (appetite)</i>	100
MEKINIST	46
MEKTOVI	46
<i>melatonin</i>	156
MELATONIN	156
MELATONIN TAB 1-10MG.....	156
MELATONIN TAB 3-10MG.....	156
<i>melatonin tr</i>	156
<i>melatonin-pyridoxine tab 3-10 mg</i>	156
<i>melatonin-pyridoxine tab 5-10 mg</i>	156
<i>meloxicam</i>	17
<i>memantine hcl</i>	64
<i>memantine hcl tab 28 x 5 mg & 21 x 10</i> <i>mg titration pack</i>	64
<i>memantine hcl-donepezil hcl cap er 24hr</i> <i>14-10 mg</i>	64
<i>memantine hcl-donepezil hcl cap er 24hr</i> <i>21-10 mg</i>	64
<i>memantine hcl-donepezil hcl cap er 24hr</i> <i>28-10 mg</i>	64
MENACTRA INJ	131
M-END DMX LIQ	191
M-END PE LIQ.....	191
<i>m-end wc</i>	191
MENQUADFI INJ.....	131
<i>menthol cough drops</i>	229
<i>menthol crystals</i>	136
MENVEO INJ.....	131

MENVEO SOL.....	131
MEPHYTON	167
<i>mercaptopurine</i>	36
<i>meropenem</i>	22
<i>mesalamine</i>	108
<i>mesalamine w/ cleanser</i>	108
<i>mesna</i>	51
MESNEX.....	51
METAMUCIL	112
<i>metamucil 3-in-1 daily fi</i>	112
METAMUCIL 4-IN-1 FIBER	112
METAMUCIL POW 28% CIT.....	112
METAMUCIL POW 48.57%	112
METAMUCIL POW 58.6 CIT	112
METAMUCIL POW 58.6%	112
METAMUCIL POW 63%	112
METAMUCIL POW ORANGE	112
METAMUCIL WAF	112
<i>metformin hcl</i>	88
<i>methadone hcl</i>	18
<i>methadone hydrochloride i</i>	18
<i>methazolamide</i>	61
<i>methenamine hippurate</i>	22
<i>methimazole</i>	100
METHISCOL CAP	167
<i>methocarbamol</i>	84
<i>methotrexate sodium</i>	36, 127
<i>methsuximide</i>	76
METHYLCELLULOSE	136
<i>methylcellulose powder</i>	136
<i>methylcobalamin</i>	167
<i>methylphenidate hcl</i>	80
<i>methylprednisolone</i>	95
<i>methylprednisolone acetate</i>	95
<i>methylprednisolone sod succ</i>	95
<i>methyltestosterone</i>	87
<i>metoclopramide hcl</i>	106
<i>metolazone</i>	61
<i>metoprolol & hydrochlorothiazide tab 100-</i> <i>25 mg</i>	59
<i>metoprolol & hydrochlorothiazide tab 100-</i> <i>50 mg</i>	59
<i>metoprolol & hydrochlorothiazide tab 50-25</i> <i>mg</i>	59
<i>metoprolol succinate</i>	59
<i>metoprolol tartrate</i>	59
<i>metronidazole</i>	22
<i>metronidazole (topical)</i>	219
<i>metronidazole vaginal</i>	118
<i>metyrosine</i>	62

This document includes a list of drugs covered on our formulary as of May 1, 2025. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<i>m-hist pd</i>	181
MI-ACID CHW	103
<i>micafungin sodium</i>	24
MICATIN	205
MICATIN CRE 2%.....	205
MICATIN POW 2%	205
<i>miconazole 3 combination</i>	118
MICONAZOLE KIT 200MG/2%.....	118
<i>miconazole nitrate vaginal</i>	118
<i>miconazole nitrate vaginal supp 1200 mg & 2% cream kit</i>	119
MICROSPACER MIS	191
<i>midodrine hcl</i>	62
MIEBO.....	177
<i>mifepristone (hyperglycemia)</i>	98
MIL-A-MULSIO EMU	167
<i>milk of magnesia concentr</i>	112
<i>mimvey</i>	95
MINERAL OIL	112
<i>mineral oil (bulk)</i>	113
MINERAL OIL ENE	113
MINERAL OIL LIGHT.....	113
<i>mineral oil light (bulk)</i>	113
<i>miniprin low dose</i>	15
<i>minocycline hcl</i>	34
<i>minoxidil</i>	62
MIRALAX.....	113
<i>mirtazapine</i>	66
<i>misoprostol</i>	115
MITIGARE.....	11
<i>mm aspirin</i>	15
M-M-R II INJ	131
M-NATAL PLUS TAB.....	141
<i>modafinil</i>	85
<i>moexipril hcl</i>	53
MOISTURE BARRIER	219
MOISTURE EYE DRO	177
<i>moisturel therapeutic</i>	219
<i>moisturizing lotion</i>	219
<i>moisturizing lubricant ey</i>	177
<i>molindone hcl</i>	71
<i>mometasone furoate</i>	208
<i>monistat 1-day</i>	119
MONISTAT 3.....	119
MONISTAT 3 KIT COMBINAT	119
MONISTAT 7.....	119
MONJUVI	46
MONOCAL TAB 3-250	150
<i>montelukast sodium</i>	197
MORE-DOPHILUS ACIDOPHILUS.....	105

<i>morphine sulfate</i>	18, 19
<i>motrin arthritis pain</i>	15
MOTRIN MIGRA TAB 200MG	17
MOUNJARO.....	89
MOVANTIK.....	115
<i>moxifloxacin hcl</i>	32
<i>moxifloxacin hcl (ophth)</i>	173
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	32
<i>mp triple antibiotic plus</i>	203
MRESVIA.....	131
MS COLD MIS DAY/NITE.....	191
MTERYTI TAB	167
MTERYTI TAB FOLIC 5	167
MUCINEX	191
MUCINEX CAP DAY/NGHT	191
MUCINEX CAP FAST-MAX	191
MUCINEX CGH GRA 5-100MG.....	191
MUCINEX CHLD LIQ MULTISYM	191
MUCINEX COLD LIQ /KIDS	191
MUCINEX COLD LIQ CHILD	191
MUCINEX COLD LIQ SINUS	191
MUCINEX D TAB 60-600MG.....	192
MUCINEX D/N PAK FAST/MAX.....	192
MUCINEX FAST MIS DAY/NGHT	192
MUCINEX FAST TAB 5-10-200.....	192
<i>mucinex fast-max day time</i>	192
MUCINEX LIQ INSTASOO	229
<i>mucinex sinus-max day/nig</i>	192
<i>mucus congestion & cough</i>	192
<i>mucus relief dm</i>	192
<i>mucus relief dm maximum s</i>	192
MULTAQ.....	57
<i>multi-delyn</i>	167
MULTI-DELYN LIQ /IRON.....	167
<i>multiple electrolytes ph 5.5</i>	140
<i>multiple electrolytes ph 7.4</i>	140
<i>mupirocin</i>	204
MURO 128	177
MUSCLE RUB CRE ULT STR	219
MUSCLE RUB OIN.....	219
MVW COMPLETE DRO PEDIATRI.....	167
MYCITRACIN OIN.....	204
<i>mycophenolate mofetil</i>	129
<i>mycophenolate sodium</i>	129
MYLANTA CHW 400MG	103
MYLANTA SUS.....	103
MYLANTA SUS SUPREME	103
MYRBETRIQ.....	118

This document includes a list of drugs covered on our formulary as of May 1, 2025. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

N

<i>nabumetone</i>	17	<i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i>	173
<i>nac</i>	156	<i>neo-polycin hc ophth oint 1%</i>	172
NAC.....	156	NEOQ10.....	156
<i>nadolol</i>	59	NEO-SYNEPHRINE.....	192
<i>nafcillin sodium</i>	33	NEPHRONEX LIQ 0.9/5ML.....	168
NAGLAZYME.....	99	NEPHRO-VITE TAB RX.....	168
<i>nalbuphine hcl</i>	19	NERLYNX.....	46
<i>naloxone hcl</i>	86	<i>nestrex</i>	168
<i>naltrexone hcl</i>	86	<i>nevirapine</i>	26
NAMZARIC CAP 14-10MG.....	64	NEXAFED SINS TAB + PAIN.....	192
NAMZARIC CAP 21-10MG.....	64	NEXLETOL.....	58
NAMZARIC CAP 28-10MG.....	64	NEXLIZET TAB 180/10MG.....	58
NAMZARIC CAP 7-10MG.....	64	<i>niacin</i>	168
NAMZARIC CAP PACK.....	64	<i>niacin (antihyperlipidemic)</i>	58
NANOVM POW 1-3 YRS.....	168	NIACIN FLUSH-FREE EXTRA S.....	168
NAPHCN-A SOL OP.....	174	<i>niacin tab cr 500 mg</i>	168
<i>naproxen</i>	17	NIACIN TR.....	168
<i>naproxen dr</i>	17	<i>niacinamide</i>	168
<i>naproxen sodium</i>	17	NIACINOL.....	168
<i>naratriptan hcl</i>	81	<i>nicardipine hcl</i>	60
NASACORT ALR SPR 55MCG/AC.....	200	NICE PURE POW BAK SODA.....	136
NASADROPS SALINE ON THE G.....	198	NICOBID CAP 125MG CR.....	168
NASAL DECONGESTANT.....	192	NICOBID CAP 250MG CR.....	168
NASCOBAL.....	168	NICOBID CAP 500MG CR.....	168
NASOGEL GEL.....	198	<i>nicotine polacrilex</i>	15
NASOPEN PE LIQ.....	192	NICOTINE SYS KIT TRANSDER.....	86
<i>nateglinide</i>	89	NICOTROL INHALER.....	86
NATRAPEL.....	219	NICOTROL NS.....	86
NATRAPEL 12-HOUR TICK & I.....	219	<i>nifedipine</i>	60
<i>nat-rul antioxidants c+e</i>	168	NIGHT TIME CAP COLD/FLU.....	192
<i>natural herb cough drops</i>	229	<i>nighttime cold & flu</i>	192
<i>natural vegetable fiber</i>	113	<i>nighttime sinus & congest</i>	192
NAYZILAM.....	76	<i>nilutamide</i>	37
<i>nebivolol hcl</i>	60	<i>nimodipine</i>	60
<i>nefazodone hcl</i>	66	NINJACOF LIQ.....	192
<i>neomycin sulfate</i>	22	NINJACOF-A LIQ.....	192
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	173	NINJACOF-XG LIQ 200-8/5.....	192
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	173	NINLARO.....	46
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	172	<i>nitazoxanide</i>	22
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	172	<i>nitisinone</i>	99
<i>neomycin-polymyxin-hc ophth susp</i>	172	NITRO-BID.....	63
<i>neomycin-polymyxin-hc otic soln 1%</i>	178	<i>nitrofurantoin macrocrystal</i>	22
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	179	<i>nitrofurantoin monohyd macro</i>	22
		<i>nitroglycerin</i>	63
		<i>nitroglycerin (intra-anal)</i>	219
		NIVANEX DMX TAB.....	192
		NIX COMPLETE KIT LICE 1%.....	223
		NIX CREME LIQ RINSE 1%.....	223
		<i>nizatidine</i>	107

This document includes a list of drugs covered on our formulary as of May 1, 2025. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<i>noble formula</i>	220
<i>non-asa severe allergy</i>	192
<i>norethindrone acetate</i>	100
<i>norethindrone acetate-ethinyl estradiol tab</i> <i>0.5 mg-2.5 mcg</i>	95
<i>norethindrone acetate-ethinyl estradiol tab</i> <i>1 mg-5 mcg</i>	95
<i>nortriptyline hcl</i>	66
NORVIR.....	26
NOVAFERRUM 50	122
NOVAFERRUM LIQ 125.....	122
NOVAFERRUM PEDIATRIC DROP	123
NOVOLIN INJ 70/30	91
NOVOLIN INJ 70/30 FP	91
NOVOLIN N.....	91
NOVOLIN N FLEXPEN.....	91
NOVOLIN R.....	91
NOVOLIN R FLEXPEN	91
NOVOLOG.....	91
NOVOLOG FLEXPEN.....	91
NOVOLOG MIX INJ 70/30	91
NOVOLOG MIX INJ FLEXPEN.....	91
NOVOLOG PENFILL.....	92
NP-27	205
NP-27 SOL 1%	205
NUBEQA	37
NUDEXTA CAP 20-10MG	83
NULOJIX.....	129
NU-MAG TAB 71.5-119	150
NUPERCAINAL	220
NUPLAZID	71
NURTEC.....	81
NUTRILIPID	142
NUZYRA	34
<i>nyamyc</i>	205
<i>nycoff</i>	229
NYQUIL COUGH LIQ 6.25-15.....	192
NYQUIL SINEX CAP NT RELF	192
<i>nystatin</i>	24
<i>nystatin (mouth-throat)</i>	229
<i>nystatin (topical)</i>	205
<i>nystop</i>	205
o	
OBREDON SOL 2.5-200	193
OCEAN NASAL SPRAY.....	198
OCTAGAM.....	128
<i>octreotide acetate</i>	99
OCUSOFT LID AER ORIGINAL	220
ODEFSEY TAB	28

ODOMZO.....	46
<i>odorless coated fish oil/</i>	156
OFEV.....	198
<i>ofloxacin (ophth)</i>	173
<i>ofloxacin (otic)</i>	179
OGIVRI	46
OGSIVEO	46
OJEMDA.....	46
OJJAARA.....	46
<i>olanzapine</i>	71
<i>olmesartan medoxomil</i>	56
<i>olmesartan medoxomil-hydrochlorothiazide</i> <i>tab 20-12.5 mg</i>	55
<i>olmesartan medoxomil-hydrochlorothiazide</i> <i>tab 40-12.5 mg</i>	55
<i>olmesartan medoxomil-hydrochlorothiazide</i> <i>tab 40-25 mg</i>	55
<i>olmesartan-amlodipine-hydrochlorothiazide</i> <i>tab 20-5-12.5 mg</i>	55
<i>olmesartan-amlodipine-hydrochlorothiazide</i> <i>tab 40-10-12.5 mg</i>	55
<i>olmesartan-amlodipine-hydrochlorothiazide</i> <i>tab 40-10-25 mg</i>	55
<i>olmesartan-amlodipine-hydrochlorothiazide</i> <i>tab 40-5-12.5 mg</i>	55
<i>olmesartan-amlodipine-hydrochlorothiazide</i> <i>tab 40-5-25 mg</i>	55
<i>olopatadine hcl</i>	174
OMEGA POWER CAP 1050MG	156
OMEGA-3 CAP 350MG.....	156
OMEGA-3 CAP FISH OIL.....	157
<i>omega-3 fatty acids</i>	157
OMEGA-3 IQ CHW 240MG.....	157
<i>omega-3-acid ethyl esters cap 1 gm</i>	58
OMEGAPURE CAP 780 EC	157
<i>omeprazole</i>	116
OMNIPOD 5 DX KIT INT G7G6	92
OMNIPOD 5 DX MIS POD G7G6.....	92
OMNIPOD 5 G7 KIT INTRO	92
OMNIPOD 5 G7 MIS PODS	92
OMNIPOD 5 LB KIT INTRO G6.....	92
OMNIPOD 5 LB MIS PODS G6.....	92
OMNIPOD DASH KIT INTRO	92
OMNIPOD DASH MIS PODS	92
OMNIPOD GO KIT 10UNT/DY.....	92
OMNIPOD GO KIT 15UNT/DY.....	92
OMNIPOD GO KIT 20UNT/DY.....	92
OMNIPOD GO KIT 25UNT/DY.....	92
OMNIPOD GO KIT 30UNT/DY.....	92
OMNIPOD GO KIT 35UNT/DY.....	92

OMNIPOD GO KIT 40UNT/DY	92
OMNIPOD MIS CLASSIC	92
<i>ondansetron</i>	106
<i>ondansetron hcl</i>	106
ONE A DAY CAP PRENATAL	168
ONTRUZANT	46
ONUREG	36
OPCON-A SOL OP	174
OPERAND CHLORHEXIDINE GLU	220
OPIPZA	71
OPSUMIT	63
<i>optics mini drops</i>	177
OPTIMAL D3 M	168
ORA-FILM	229
ORA-HESIVE PST BASE	136
<i>oral analgesic maximum st</i>	229
<i>oral anesthetic maximum s</i>	229
ORAMAGIC PLUS	229
ORASEP SPR	229
<i>orastat maximum strength</i>	229
ORAZINC	150
ORGOVYX	37
<i>original ointment</i>	206
ORKAMBI GRA 100-125	198
ORKAMBI GRA 150-188	199
ORKAMBI GRA 75-94MG	198
ORKAMBI TAB 100-125	199
ORKAMBI TAB 200-125	199
ORSERDU	37
<i>os-cal</i>	150
OS-CAL	150
OS-CAL TAB 500 + D	150
OS-CAL ULTRA TAB	150
<i>osco natural fiber laxati</i>	113
<i>osco potassium gluconate</i>	138
<i>oseltamivir phosphate</i>	29
OSTEO-PORETI TAB	150
<i>oxacillin sodium</i>	33
OXALIC ACID CRY	136
<i>oxalic acid crystals</i>	136
<i>oxaliplatin</i>	35
<i>oxcarbazepine</i>	76
OXIPOR VHC LOT	220
<i>oxybutynin chloride</i>	118
<i>oxycodone hcl</i>	19
<i>oxycodone w/ acetaminophen tab 10-325</i> <i>mg</i>	20
<i>oxycodone w/ acetaminophen tab 2.5-325</i> <i>mg</i>	19

<i>oxycodone w/ acetaminophen tab 5-325</i> <i>mg</i>	19
<i>oxycodone w/ acetaminophen tab 7.5-325</i> <i>mg</i>	20
OXYCONTIN	18
<i>oxymetazoline hcl</i>	193
<i>oyster shell</i>	150
OYSTER SHELL CALCIUM	150
OZEMPIC (0.25 OR 0.5 MG/DOSE)	89
OZEMPIC (0.25 OR 0.5MG/DOSE)	89
OZEMPIC (1MG/DOSE)	89
OZEMPIC (2MG/DOSE)	89

P

P D NATAL/FA TAB	168
<i>pacerone</i>	57
<i>paclitaxel</i>	39
<i>paclitaxel inj 100mg</i>	39
PAIN RELIEF TAB	15
<i>painaid</i>	15
<i>paliperidone</i>	71
PALMITATE-A	168
<i>pamidronate disodium</i>	93
PAMIDRONATE DISODIUM	93
PANRETIN	220
<i>pantoprazole sodium</i>	116
PANZYGA	128
<i>paricalcitol</i>	101
<i>paroxetine hcl</i>	66
PARVA-CAL TAB 250-100	150
PARVA-CAL TAB 500MG	150
PATADAY	174
PATADAY EXTRA STRENGTH	175
PAXLOVID TAB 150-100	29
PAXLOVID TAB 300-100	29
<i>pazopanib hcl</i>	46
PCCA MBK MIS FAT ACID	136
PEDIACARE INFANT	193
PEDIACARE LIQ CGH/COLD	193
PEDIA-LAX	113
PEDIARIX INJ 0.5ML	131
<i>pediatric enema</i>	113
PEDIATRIC MIS MASK	193
PEDIAVENT	181
PEDVAX HIB	131
PEG 1000 LIQ	136
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for</i> <i>soln 236 gm</i>	113
<i>peg 3350-kcl-sod bicarb-nacl for soln 420</i> <i>gm</i>	113

PEGASYS	30
PEMAZYRE.....	46
<i>pemetrexed disodium</i>	36
PENBRAYA INJ	131
<i>penicillamine</i>	94
<i>penicillin g potassium</i>	34
<i>penicillin g sodium</i>	34
<i>penicillin v potassium</i>	34
PENTACEL INJ.....	131
<i>pentamidine isethionate inh</i>	22
<i>pentamidine isethionate inj</i>	22
<i>pentoxifylline</i>	124
PEPCID AC	107
PEPCID CHW COMPLETE	115
PEPTO-BISMOL TO-GO.....	105
PERCOGESIC TAB 12.5-325.....	193
PERFECT IRON	123
<i>perindopril erbumine</i>	53
<i>periogard</i>	229
PERMA-GRIP POW	229
<i>permethrin</i>	223
PERMETHRIN LOT 1%	223
<i>perox-a-mint</i>	229
<i>perphenazine</i>	71
PERUVIAN LIQ BALSAM	136
PETROLATUM OIN	220
<i>petrolatum ointment</i>	136
<i>petrolatum, hydrophilic ointment</i>	136
<i>pfizerpen</i>	34
PHANATUSS SYP	193
PHARMABASE BARRIER	220
PHAZYME	115
PHAZYME MAXIMUM STRENGTH	115
PHAZYME MS CAP 166MG.....	115
<i>phenelzine sulfate</i>	66
<i>phenobarbital</i>	76
<i>phenobarbital sodium</i>	76
PHENOL LIQ	220
<i>phenol liquid</i>	220
<i>phenylephrine in hard fat</i>	220
<i>phenylephrine w/ dm-gg liqd 10-18-200</i> <i>mg/15ml</i>	193
<i>phenylephrine w/ dm-gg syrup 5-10-100</i> <i>mg/5ml</i>	193
<i>phenylephrine w/ dm-gg tab 10-17.5-385</i> <i>mg</i>	193
<i>phenytek</i>	76
<i>phenytoin</i>	76
<i>phenytoin sodium</i>	76
<i>phenytoin sodium extended</i>	76

PHESGO SOL	47
PHILLIPS	113
PHOS-NAK POW CONCENTR	150
PHOSPHATIDYL POW 20%.....	136
<i>phytonadione</i>	169
PIFELTRO	26
<i>pilocarpine hcl</i>	175
<i>pilocarpine hcl (oral)</i>	229
<i>pimecrolimus</i>	220
<i>pimozide</i>	71
<i>pindolol</i>	60
<i>pioglitazone hcl</i>	89
<i>pioglitazone hcl-metformin hcl tab 15-500</i> <i>mg</i>	89
<i>pioglitazone hcl-metformin hcl tab 15-850</i> <i>mg</i>	89
<i>piperacillin sod-tazobactam na for inj 3.375</i> <i>gm (3-0.375 gm)</i>	34
<i>piperacillin sod-tazobactam sod for inj 13.5</i> <i>gm (12-1.5 gm)</i>	34
<i>piperacillin sod-tazobactam sod for inj 2.25</i> <i>gm (2-0.25 gm)</i>	34
<i>piperacillin sod-tazobactam sod for inj 4.5</i> <i>gm (4-0.5 gm)</i>	34
<i>piperacillin sod-tazobactam sod for inj 40.5</i> <i>gm (36-4.5 gm)</i>	34
PIQRAY 200MG DAILY DOSE.....	47
PIQRAY 250MG TAB DOSE.....	47
PIQRAY 300MG DAILY DOSE.....	47
<i>pirfenidone</i>	199
<i>piroxicam</i>	17
<i>plenamine</i>	142
PLENVU SOL	113
PLURONIC.....	136
<i>podofilox</i>	220
POLAR FROST	220
POLIGRIP MIS COMFORT.....	229
POLIGRIP SUP CRE STRNG FR	229
POLY HIST TAB 7.5-10MG.....	193
<i>poly-c</i>	169
<i>polycin ophth oint</i>	173
POLY-HIST DM LIQ 5-25-10.....	193
POLY-HIST PD LIQ	193
<i>polymyxin b sulfate</i>	22
<i>polymyxin b-trimethoprim ophth soln</i> <i>10000 unit/ml-0.1%</i>	173
POLYSORBATE SOL 20	136
POLYSPORIN OIN	204
POLY-TUSSIN LIQ 10-4-10	193
POLY-VENT DM TAB.....	193

This document includes a list of drugs covered on our formulary as of May 1, 2025. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

POLY-VENT IR TAB 60-380MG	193
POLY-VI-SOL SOL 50MG/ML	169
POLY-VI-SOL SOL IRON	169
POMALYST	38
<i>posaconazole</i>	24
POSTURE-D TAB 600MG	150
POSTURE-D TAB CALC/MAG	150
POT CHL 20MEQ/L IN NAACL 0.45% INJ... ..	140
POT CHL 20MEQ/L IN NAACL 0.9% INJ	140
POT CHL 40MEQ/L IN NAACL 0.9% INJ	140
POT GLUCONAT TAB 500MG	138
POT NITRATE GRA	136
POT SORBATE CRY	136
<i>potassium</i>	138
<i>potassium & sodium phosphates powder</i> <i>pack 280-160-250 mg</i>	150
<i>potassium chloride</i>	140, 141
<i>potassium chloride 20 meq/l (0.15%) in</i> <i>dextrose 5% inj</i>	140
<i>potassium chloride microencapsulated</i> <i>crystals er</i>	141
<i>potassium citrate (alkalinizer)</i>	117
<i>potassium gluconate</i>	138
POTASSIUM GLUCONATE	138
POTASSIUM GLUCONATE ER	139
POTASSIUM HYDROXIDE	137
POTASSIUM IODIDE	99
POTASSIUM TAB CHELATED	139
<i>povidone-iodine</i>	220
POVIDONE-IODINE PREP PAD	220
<i>powders</i>	220
<i>pramipexole dihydrochloride</i>	68
<i>pramoxine hcl (rectal)</i>	220
<i>prasterone (dhea)</i>	157
PRASTERONE (DHEA) CAP 25	157
<i>prasugrel hcl</i>	124
<i>pravastatin sodium</i>	57
<i>praziquantel</i>	22
<i>prazosin hcl</i>	53
PREDATOR	220
<i>prednisolone</i>	95
<i>prednisolone acetate (ophth)</i>	174
PREDNISOLONE SODIUM PHOSP	174
<i>prednisolone sodium phosphate</i>	96
<i>prednisone</i>	96
PREDNISONE INTENSOL	96
<i>pregabalin</i>	76
PREMASOL SOL 10%	142
PRENAT MULTI CAP +DHA	169
PRENATAL CAP FORMULA	169

PRENATAL DHA PAK MULTI	169
PRENATAL FRM TAB A-FREE	169
PRENATAL GUM CHW 0.4-32.5	169
PRENATAL TAB	169
PRENATAL TAB 27-1MG	141
PRENATAL TAB PLUS	141
PREPARATIO H CRE TOTABLE	220
PREPARATIO H GEL	220
PREPARATION OIN H	220
<i>prevalite</i>	58
PREVYMIS	30
PREZCOBIX TAB 800-150	28
PREZISTA	26
PRIFTIN	28
PRIOSEC OTC	117
<i>primaquine phosphate</i>	25
PRIMAQUINE PHOSPHATE	25
<i>primidone</i>	76
PRIORIX INJ	131
PRIVIGEN	128
PRO NUTRIENT CAP OMEGA3	157
<i>probenecid</i>	11
<i>prochlorperazine</i>	106
<i>prochlorperazine edisylate</i>	106
<i>prochlorperazine maleate</i>	106
PROCORT CRE	221
PROCRT	120
<i>proctocort</i>	221
PROCTOCORT	221
PROCTOFOAM AER NS 1%	221
<i>procto-med hc</i>	221
<i>proctosol hc</i>	221
<i>proctozone-hc</i>	221
PROFE	123
PROFERRIN ES TAB 12 MG	123
<i>progesterone</i>	100
PROGRAF	129
PROLASTIN-C	199
PROLIA	93
<i>promethazine hcl</i>	106
<i>promethazine vc/codeine</i>	193
<i>promethazine w/ codeine syrup 6.25-10</i> <i>mg/5ml</i>	193
<i>promethazine-dm syrup 6.25-15 mg/5ml</i> <i>.....</i>	193
<i>promethazine-phenylephrine-codeine syrup</i> <i>6.25-5-10 mg/5ml</i>	193
PRONTO SHA 0.33-4%	223
<i>propafenone hcl</i>	57
<i>proparacaine hcl</i>	177

This document includes a list of drugs covered on our formulary as of May 1, 2025. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<i>propranolol hcl</i>	60
PROPYLENE GL SOL.....	137
<i>propylene glycol</i>	137
<i>propylthiouracil</i>	100
PROQUAD INJ	131
PRO-RED AC SYP 5-1-9/5.....	193
PROSOL INJ 20%	142
PROTO-CHOL CAP 1000MG	157
<i>protriptyline hcl</i>	66
<i>pseudoeph-chlorphen w/ hydrocodone soln</i> 60-4-5 mg/5ml	194
<i>pseudoephed-bromphen-dm syrup 30-2-10</i> mg/5ml.....	194
<i>pseudoephedrine hcl</i>	194
<i>psoriasis</i>	221
PSORIASIS MEDICATED SKIN.....	221
<i>psyllium</i>	113
PULMOZYME	199
PURE L-CITRULLINE.....	157
PURIXAN.....	36
<i>px enteric aspirin</i>	15
<i>px fish oil</i>	157
<i>pyrazinamide</i>	28
<i>pyrethrins-piperonyl butoxide liq 0.3-3%</i>	223
<i>pyridostigmine bromide</i>	83
<i>pyridoxine hcl</i>	169
PYRILAMIN/PE TAB 25-10MG.....	194
<i>pyrimethamine</i>	22
<i>pyrithione zinc</i>	221
Q	
<i>qc 3 day vaginal cream</i>	119
<i>qc anti-diarrheal advance</i>	105
<i>qc aspirin low dose</i>	15
<i>qc b-complex + vitamin c</i>	169
<i>qc cough drops</i>	230
<i>qc diclofenac sodium</i>	15
<i>qc sore throat</i>	230
Q-GEL	157
QINLOCK	47
<i>q-tussin dm</i>	194
QUADRACEL INJ 0.5ML.....	131
<i>quetiapine fumarate</i>	71, 72
<i>quinapril hcl</i>	53
<i>quinidine sulfate</i>	57
<i>quinine sulfate</i>	25
QULIPTA	82
<i>qunol coq10/ubiquinol/meg</i>	157
<i>q-up</i>	157

R	
<i>ra allergy</i>	181
<i>ra antacid pain relief</i>	15
<i>ra antibiotic/pain relief</i>	204
<i>ra antifungal foot care</i>	206
<i>ra aspirin ec</i>	15
<i>ra aspirin ec adult low s</i>	15
<i>ra body powder medicated</i>	221
RA CA/BORON TAB	150
<i>ra calcium 600</i>	150
<i>ra cleaning/disinfecting</i>	177
<i>ra cough drops</i>	230
<i>ra day/night maximum stre</i>	194
<i>ra ginkgo biloba</i>	157
RA HIGH POTENCY IRON.....	123
<i>ra l-arginine</i>	157
<i>ra laxative extra strengt</i>	113
<i>ra medicated first aid sp</i>	221
<i>ra mouth pain anesthetic</i>	230
RA OYS SHL/D TAB 500MG	151
<i>ra potassium/magnesium as</i>	151
<i>ra severe cold/night time</i>	194
<i>ra slow release iron</i>	123
RA TRUEPLUS GLUCOSE	96
<i>ra tussin cough dm sugar</i>	194
RA VITAMIN B-1.....	169
RA VITAMIN B-12.....	169
RABAVERT INJ	131
<i>rabeprazole sodium</i>	117
<i>raloxifene hcl</i>	99
<i>ramipril</i>	53
<i>ranolazine</i>	62
<i>rasagiline mesylate</i>	68
<i>raspberry syrup</i>	137
RECOMBIVAX HB	131
RED YEAST POW RICE	137
REESES PINWORM MEDICINE	22
REFENESEN TAB CHST CNG.....	194
REFRESH DRO OP.....	177
REFRESH GEL OPTIVE	177
REFRESH LIQUIGEL	177
REFRESH OPTI DRO 0.5-0.9%	177
REFRESH PLUS	178
REFRESH SOL OPTIVE	178
REGANEX	224
<i>relcof c</i>	194
RELENZA DISKHALER	30
RELION ALL- MIS IN-ONE	99
RELISTOR	115

This document includes a list of drugs covered on our formulary as of May 1, 2025. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

REMEDY CLEANSING BODY LOT	221
<i>remedy phytoplex antifung</i>	206
REMEDY PST CALAZIME	221
REMEDY SKIN REPAIR.....	221
REMICADE.....	126
RENFLEXIS.....	126
<i>repaglinide</i>	89
REPATHA	58
REPATHA PUSHTRONEX SYSTEM.....	58
REPATHA SURECLICK.....	58
REPEL SPORTSMEN MAX.....	221
REPLACE TAB SR.....	139
REPLESTA.....	169
REPLESTA CHILDRENS.....	169
RESCON TAB 2-60MG.....	194
RESCON-DM SYP.....	194
RESPAIRE-30 CAP.....	194
RESTASIS.....	178
RESTASIS MULTIDOSE	178
RESTORE PAK.....	105
RETAINÉ HPMC	178
RETAINÉ MGD EMU 0.5-0.5%	178
RETEVMO.....	47
REVUFORJ.....	47
REXULTI.....	72
REYATAZ.....	26
REZLIDHIA.....	47
REZUROCK.....	129
RHINARIS.....	199
RHOPRESSA	175
<i>ribavirin (hepatitis c)</i>	30
<i>riboflavin</i>	169
RIBOFLAVIN	169
RICOLA CHERRY HERB SUGAR	230
RICOLA CHERRY HONEY HERB	230
<i>ricola honey lemon w/echi</i>	230
RICOLA HONEY-HERB.....	230
RICOLA LEMON MINT	230
RICOLA LEMON MINT HERB SU	230
RICOLA LOZ	230
<i>ricola mountain herb suga</i>	230
<i>ricola natural herb</i>	230
RID	223
RID COMPLETE KIT LICE.....	223
RID ESS LICE KIT 0.33-4%	224
RID LIQ.....	224
<i>rifabutin</i>	28
<i>rifampin</i>	28
<i>riluzole</i>	83
RI-MAG.....	103

RI-MAG PLUS SUS.....	103
<i>rimantadine hydrochloride</i>	30
RINVOQ.....	126
RINVOQ LQ	126
RISACAL-D TAB.....	151
RISAMINE OIN	221
<i>risedronate sodium</i>	93
<i>risperidone</i>	72
<i>risperidone microspheres</i>	72
<i>ritonavir</i>	26
<i>rivaroxaban</i>	120
<i>rivastigmine</i>	65
<i>rivastigmine tartrate</i>	65
<i>rizatriptan benzoate</i>	82
<i>robafen dm clear</i>	194
<i>robafen dm cough clear</i>	194
ROBITUSSIN COUGHGELS	194
ROBITUSSIN LIQ CGH/CLD	194
ROBITUSSIN SYP 100/5ML.....	194
ROCKLATAN DRO.....	175
<i>roflumilast</i>	199
ROLAIDS CHW	103
ROLAIDS CHW EX ST.....	103
ROLAIDS MULT CHW SYMPTOM.....	103
<i>ropinirole hydrochloride</i>	68
<i>rosuvastatin calcium</i>	58
ROTARIX SUS	131
ROTATEQ SOL.....	131
<i>roweepira</i>	77
ROZLYTREK.....	47
RUBRACA.....	47
<i>rufinamide</i>	77
RUKOBIA.....	26
RYBELSUS	89
RYDAPT.....	48
RYDEX LIQ	194
RYMED TAB 2-10MG.....	194

s

S2	199
<i>sajazir</i>	124
SALESE LOZ.....	230
SALMON CAP 200MG.....	157
SANTYL.....	224
<i>sapropterin dihydrochloride</i>	99
SARNA LOT	221
<i>saw palmetto (serenoa repens)</i>	157
SAW PALMETTO CAP 450MG.....	157
<i>sb anti-gas</i>	115
<i>sb aspirin</i>	15

This document includes a list of drugs covered on our formulary as of May 1, 2025. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<i>sb aspirin adult low stre</i>	15
<i>sb childrens ibuprofen</i>	17
<i>sb cough control</i>	194
<i>sb cough control cf</i>	195
<i>sb cough relief</i>	195
<i>sb lactase</i>	107
<i>sb low dose asa ec</i>	15
SCSEMBLIX	48
<i>scholls for her cracked s</i>	221
SCOOPY-DOO CHW	169
scopolamine	106
SCYTERA	221
SE PLUS PROTEIN	151
SEA BOND BRI GEL CLEANSER	230
SEA BOND WAF	230
SEBULEX SHA	221
SECUADO	72
SECURA EXTRA PROTECTIVE	221
<i>selegiline hcl</i>	68
<i>selenium</i>	151
SELENIUM	151
<i>selenium sulfide</i>	206
SELENIUM TAB 50MCG	151
SELSUN BLUE	222
SELZENTRY	26
<i>senexon</i>	113
SENNA	113
SENNA LEAVES MIS	113
SENOKOT	113
SENOKOT S TAB 8.6-50MG	113
SENOKOT XTRA	113
SEREVENT DISKUS	182
<i>sertraline hcl</i>	66
SESAME ST CHW VITAMINS	170
SHINGRIX	131
SIGNIFOR	99
SIKLOS	124
<i>sildenafil citrate (pulmonary hypertension)</i>	63
<i>siltussin-dm</i>	195
<i>silver sulfadiazine</i>	204
SIMBRINZA SUS 1-0.2%	175
<i>simethicone</i>	115
<i>simethicone susp 40 mg/0.</i>	115
<i>simple - syrup</i>	137
<i>simvastatin</i>	58
SINUS RELIEF TAB DAY/NGHT	195
SINUS WASH CRY SALT	199
<i>sirolimus</i>	129
SIRTURO	28

SKIN PROTECTANT MOISTURE	222
SKYRIZI	126
SKYRIZI PEN	126
SLO-NIACIN	170
SLOW FE	123
SLOW MAGNESIUM CHLORIDE/	151
<i>sm 3-day vaginal</i>	119
<i>sm 8 hour pain relief</i>	15
<i>sm allergy relief</i>	182
<i>sm anti-dandruff coal tar</i>	222
<i>sm arthritis pain</i>	15
<i>sm aspirin adult low stre</i>	16
<i>sm aspirin ec low strengt</i>	16
<i>sm aspirin low dose</i>	16
SM B-COMPLEX TAB /VIT C	170
<i>sm biotin</i>	170
<i>sm calcium plus/vitamin d</i>	151
SM CORAL CALCIUM	151
<i>sm cough drops</i>	230
<i>sm fiber</i>	113
<i>sm flax seed oil</i>	157
<i>sm fruit coolers</i>	230
<i>sm ginkgo biloba</i>	157
SM LAXATIVE TAB REGULAR	114
<i>sm natural herb cough dro</i>	230
SM SLOW RELEASE IRON	123
<i>sm tussin dm</i>	195
<i>sm tussin dm cough/chest</i>	195
SM VITAMIN D3 MAXIMUM STR	170
SOD BENZOATE POW	137
SOD CHLORIDE GRA	151
SOD METABISU GRA	137
SOD PERBORAT CRY	137
SOD PROPION POW	137
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-</i> <i>3.13-1.6 gm/177ml</i>	114
SOD SULFITE POW	137
<i>sodium benzoate powder</i>	137
<i>sodium bicarbonate (antacid)</i>	103
SODIUM BORAT POW	137
<i>sodium chloride</i>	141, 151
SODIUM CHLORIDE	151
<i>sodium chloride (gu irrigant)</i>	224
<i>sodium chloride hypertonic</i>	178
SODIUM CITRA GRA	137
<i>sodium fluoride chew; tab; 1.1 (0.5 f)</i> <i>mg/ml soln</i>	141
SODIUM OXYBATE	85
<i>sodium phenylbutyrate</i>	99
<i>sodium polystyrene sulfonate powder</i>	94

This document includes a list of drugs covered on our formulary as of May 1, 2025. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

SODIUM POW BICARBON	103
<i>sodium saccharin powder</i>	157
<i>solifenacin succinate</i>	118
SOLQUA INJ 100/33	93
SOLTAMOX	38
SOLU-CORTEF	96
SOMATULINE DEPOT	99
SOMAVERT	99
SOOTH-IT PAD	222
<i>sorafenib tosylate</i>	48
<i>sorbitol</i>	137
SORBITOL	114
<i>sore throat</i>	230
SORE THROAT LOLLIPOPS	230
<i>sore throat lozenges</i>	231
<i>sotalol hcl</i>	57
<i>sotalol hcl (afib/afl)</i>	57
SOTYKTU	126
SPECTROCIN OIN PLUS	204
<i>spironolactone</i>	53
<i>spironolactone & hydrochlorothiazide tab</i> <i>25-25 mg</i>	61
SPRITAM	77
<i>sps</i>	94
<i>sps rectal</i>	94
<i>ssd</i>	204
<i>st joseph aspirin</i>	16
<i>st joseph low dose aspirin</i>	16
STAHIST AD LIQ	195
STAHIST AD TAB 25-60MG	195
STELARA	127
STERILE LUBRICANT DROPS	178
STEVIA EXTRACT	137
STIMULEN LOT	222
STIVARGA	48
STOPAIN	222
<i>streptomycin sulfate</i>	22
STRESS B CMP TAB /C TR	170
STRESSCAPS CAP	170
STRIBILD TAB	28
STUART ONE CAP	170
<i>subvenite</i>	77
<i>sucrafate</i>	116
SUCRETS SORE THROAT	231
SUDAFED PE MAXIMUM STRENG	195
SUDAFED PE PAK COLD	195
SUDAFED SINUS CONGESTION	195
SUDAFED TAB 60MG	195
<i>sulfacetamide sodium (acne)</i>	203
<i>sulfacetamide sodium (ophth)</i>	173

<i>sulfacetamide sodium-prednisolone ophth</i> <i>soln 10-0.23(0.25)%</i>	172
<i>sulfadiazine</i>	22
<i>sulfamethoxazole-trimethoprim iv soln</i> <i>400-80 mg/5ml</i>	22
<i>sulfamethoxazole-trimethoprim susp 200-</i> <i>40 mg/5ml</i>	22
<i>sulfamethoxazole-trimethoprim tab 400-80</i> <i>mg</i>	23
<i>sulfamethoxazole-trimethoprim tab 800-</i> <i>160 mg</i>	23
SULFAMYLON	204
<i>sulfasalazine</i>	108
SULFUR POW	137
<i>sulindac</i>	18
<i>sumatriptan</i>	82
<i>sumatriptan succinate</i>	82
SUMMERS EVE SOL 0.3%	117
<i>sunitinib malate</i>	48
SUNLENCA	26
SUPER DAILY D3	170
SUPER TWIN CAP EPA/DHA	157
SUPERIORSOURCE K1	170
SUSPENDOL-S LIQ	137
<i>sv b12</i>	170
<i>sv b12 fast dissolve</i>	170
<i>sv d-mannose</i>	158
SWEEN CRE	222
SWIM EAR	231
SYMDEKO TAB 100-150	199
SYMDEKO TAB 50-75MG	199
SYMPAZAN	77
SYMTUZA TAB	28
SYNAREL	99
SYNJARDY TAB 12.5-1000MG	89
SYNJARDY TAB 12.5-500	89
SYNJARDY TAB 5-1000MG	89
SYNJARDY TAB 5-500MG	89
SYNJARDY XR TAB 10-1000	89
SYNJARDY XR TAB 12.5-1000	89
SYNJARDY XR TAB 25-1000	89
SYNJARDY XR TAB 5-1000MG	89
SYNTHROID	100
SYSTANE BALANCE RESTORATI	178
SYSTANE FREE GEL	178
SYSTANE PF SOL	178

T

TABLOID	36
TABRECTA	48

This document includes a list of drugs covered on our formulary as of May 1, 2025. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<i>tacrolimus</i>	129
<i>tacrolimus (topical)</i>	222
<i>tadalafil</i>	117
<i>tadalafil (pulmonary hypertension)</i>	63
TAFINLAR	48
TAGRISSO	48
TALC POW	137
<i>talc powder</i>	137
TALZENNA	48
<i>tamoxifen citrate</i>	38
<i>tamsulosin hcl</i>	117
TANDEM CAP	123
TANNIC ACID POW	222
<i>tannic acid powder</i>	222
TASIGNA	48
<i>tasimelteon</i>	80
TAVIST ALLERGY	182
TAVNEOS	124
<i>tazarotene</i>	207
<i>tazicef</i>	31
TAZORAC	207
TAZVERIK	48
TEARS NATURA OIN PM	178
TECENTRIQ	49
TECENTRIQ INJ HYBREZA	49
TEFLARO	31
<i>telmisartan</i>	56
<i>telmisartan-amlodipine tab 40-10 mg</i>	55
<i>telmisartan-amlodipine tab 40-5 mg</i>	55
<i>telmisartan-amlodipine tab 80-10 mg</i>	55
<i>telmisartan-amlodipine tab 80-5 mg</i>	55
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	56
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	56
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	56
<i>temazepam</i>	80
TEMPRA 3 CHW 160MG	16
TENIVAC INJ 5-2LF	131
<i>tenofovir disoproxil fumarate</i>	26
TEPMETKO	49
<i>terazosin hcl</i>	54
<i>terbinafine hcl</i>	24
<i>terbutaline sulfate</i>	182
<i>terconazole vaginal</i>	119
TERIPARATIDE	93
TESSALON PERLES	195
<i>testosterone</i>	87
<i>testosterone cypionate</i>	87

<i>testosterone enanthate</i>	87
<i>testosterone pump</i>	87
<i>tetrabenazine</i>	83
<i>tetracycline hcl</i>	34
<i>tg 10peh/380gfn/15dm</i>	195
<i>tgt acetaminophen melts c</i>	16
<i>tgt antacid extra strengt</i>	103
<i>tgt anti-itch/aloe maximu</i>	208
<i>tgt cough drops</i>	231
<i>tgt cough formula dm max</i>	195
<i>tgt eye allergy relief</i>	175
<i>tgt hemorrhoidal supposit</i>	222
<i>th b complex/iron/vitamin</i>	170
<i>th cold & allergy</i>	195
THALOMID	38
<i>theophylline</i>	199
THER B COMPL TAB W/C	170
THERA MULTI LIQ	170
THERA-D 4000	170
THERAFLU PAK SEV COLD	195
THERAFLU SEV POW COLD/CGH	195
THERANATAL CAP ONE	170
THERANATAL MIS COMPLETE	170
THERANATAL PAK OVAVITE	170
THERAPLEX T	222
THERASEAL	222
THERATEARS	178
<i>thiamine hcl</i>	170
<i>thioridazine hcl</i>	72
<i>thiothixene</i>	72
<i>throat discs</i>	231
THYMOL CRY	137
THYROSAFE	99
<i>tiadylt er</i>	60
<i>tiagabine hcl</i>	77
TIBSOVO	49
TICOVAC	131
<i>tigecycline</i>	35
<i>timolol maleate</i>	60
<i>timolol maleate (ophth)</i>	175
TINACTIN	206
<i>tinidazole</i>	23
TIOCONAZOLE OIN -1	119
TIVICAY	26
TIVICAY PD	26
<i>tizanidine hcl</i>	84
TOBI PODHALER	23
TOBRADEX OIN 0.3-0.1%	172
<i>tobramycin</i>	23
<i>tobramycin (ophth)</i>	173

This document includes a list of drugs covered on our formulary as of May 1, 2025. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<i>tobramycin sulfate</i>	23
<i>tobramycin-dexamethasone ophth susp</i> 0.3-0.1%	172
<i>tolnaftate</i>	206
<i>tolterodine tartrate</i>	118
<i>TOOTHACHE GEL 20-0.26%</i>	231
<i>topiramate</i>	77
<i>toremifene citrate</i>	38
<i>torpenz</i>	49
<i>torsemide</i>	61
<i>TOUJEO MAX SOLOSTAR</i>	93
<i>TOUJEO SOLOSTAR</i>	93
<i>TPN ELECTROL INJ</i>	141
<i>TR MAG COMPL CAP 400MG</i>	151
<i>TRADJENTA</i>	90
<i>tramadol hcl</i>	20
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	20
<i>trandolapril</i>	53
<i>tranexamic acid</i>	124
<i>tranylcypromine sulfate</i>	66
<i>TRAVASOL INJ 10%</i>	142
<i>TRAZIMERA</i>	49
<i>trazodone hcl</i>	66
<i>TRECTOR</i>	28
<i>TRELEGY AER ELLIPTA 100-62.5-25 MCG</i>	179
<i>TRELEGY AER ELLIPTA 200-62.5-25 MCG</i>	179
<i>TREMFYA</i>	127
<i>treprostinil</i>	63
<i>TRESIBA</i>	93
<i>TRESIBA FLEXTOUCH</i>	93
<i>tretinoin</i>	203
<i>tretinoin (chemotherapy)</i>	39
<i>triamcinolone acetonide (mouth)</i>	231
<i>triamcinolone acetonide (topical)</i>	208, 209
<i>TRIAMINIC NT LIQ COLD/CGH</i>	195
<i>TRIAMINIC SOL COLD/CGH</i>	195
<i>TRIAMINIC SYP CLD/ALRG</i>	195
<i>TRIAMINIC SYP COLD/CGH</i>	195
<i>triamterene & hydrochlorothiazide cap</i> 37.5-25 mg.....	61
<i>triamterene & hydrochlorothiazide tab</i> 37.5-25 mg.....	61
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	62
<i>tridacaine ii</i>	209
<i>triderm</i>	209
<i>trientine hcl</i>	94

<i>trifluoperazine hcl</i>	72
<i>trifluridine</i>	173
<i>trihexyphenidyl hcl</i>	68
<i>TRIJARDY XR TAB ER 24HR 10-5-1000MG</i>	90
<i>TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG</i>	90
<i>TRIJARDY XR TAB ER 24HR 25-5-1000MG</i>	90
<i>TRIJARDY XR TAB ER 24HR 5-2.5-1000MG</i>	90
<i>TRIKAFTA PAK 59.5MG</i>	199
<i>TRIKAFTA PAK 75MG</i>	199
<i>TRIKAFTA TAB 100-50-75MG & 150MG</i>	200
<i>TRIKAFTA TAB 50-25-37.5MG & 75MG</i>	200
<i>trimethoprim</i>	23
<i>trimipramine maleate</i>	66
<i>TRINTELLIX</i>	67
<i>TRIPLE PASTE</i>	222
<i>triprolidine & pseudoephedrine tab 2.5-60 mg</i>	196
<i>TRIPROLIDINE HYDROCHLORID</i>	182
<i>TRIUMEQ PD TAB</i>	28
<i>TRIUMEQ TAB</i>	28
<i>TRI-VI-SOL SOL A/C/D</i>	170
<i>TROCHIBASE S MIS</i>	137
<i>TROGARZO</i>	26
<i>TROPHAMINE INJ 10%</i>	142
<i>tropium chloride</i>	118
<i>TRUEPLUS GEL GLUCOSE</i>	158
<i>TRUEPLUS GLUCOSE</i>	158
<i>TRULICITY</i>	90
<i>TRUMENBA INJ</i>	131
<i>TRUQAP</i>	49
<i>TRUXIMA</i>	49
<i>trymine cg</i>	196
<i>tryptophan</i>	158
<i>TUKYSA</i>	49
<i>TUMS</i>	103
<i>TUMS CALCIUM FOR LIFE BON</i>	103
<i>tums gas relief</i>	103
<i>TURALIO</i>	49
<i>turpentine liq</i>	137
<i>TUSNEL C SYP</i>	196
<i>TUSNEL PED DRO 7.5-50</i>	196
<i>TUSNEL TAB</i>	196
<i>TUSNEL-DM DRO PEDIATRC</i>	196
<i>tussin dm</i>	196
<i>twice-daily clindamycin phosphate (topical)</i>	203

This document includes a list of drugs covered on our formulary as of May 1, 2025. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

TWINRIX INJ	132
TYBOST	26
TYENNE	127
TYL ALLERGY TAB SINUS	196
TYLENOL ALLE TAB MULTI-SY	196
TYLENOL CAP 500MG	16
TYLENOL CAPLETS	16
TYLENOL CHILDRENS	16
TYLENOL CHLD SUS COLD FLU	196
TYLENOL COLD LIQ MAX	196
TYLENOL COLD LIQ MULTI-S	196
TYLENOL COLD LIQ MULTI-SY	196
TYLENOL COLD TAB HEAD CON	196
TYLENOL COLD TAB RELIEF	196
TYLENOL ER TAB 650MG	16
TYLENOL EXTRA STRENGTH	16
TYLENOL SINU PAK CNG/PAIN	196
TYLENOL TAB CLD/HD	196
TYPHIM VI	132

U

UBRELVY	82
ULTRA COQ10	158
<i>ultra throat lozenges</i>	231
UNIBASE CRE	138
UNISOM	86
UNISOM SLEEPGELS	86
<i>unithroid</i>	100
UPCAL D POW	151
UPSPRING BABY VITAMIN D	170
UREA BEA	138
URO MAG	103
URO-TRIN TAB 95MG	117
<i>ursodiol</i>	116

V

<i>vacuant mini-enema</i>	114
<i>vacuant plus mini-enema</i>	114
<i>valacyclovir hcl</i>	30
VALCHLOR	222
<i>valganciclovir hcl</i>	30
<i>valine powder</i>	158
<i>valproate sodium</i>	77
<i>valproic acid</i>	77
<i>valsartan</i>	56
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	56
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	56

<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	56
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	56
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	56
VALTOCO 10 MG DOSE	77
VALTOCO 15 MG DOSE	77
VALTOCO 20 MG DOSE	77
VALTOCO 5 MG DOSE	77
VANACLEAR PD	182
VANACOF AC LIQ 12.5-25	196
VANACOF DM LIQ	196
VANACOF LIQ	196
VANACOF-8 LIQ 25-50/15	196
VANAHIST PD	182
VANAMINE PD	182
VANATAB AC TAB 12.5-25	196
VANATAB DM TAB 5-9-198	196
<i>vancomycin hcl</i>	23
VANCOMYCIN INJ 1 GM	23
VANCOMYCIN INJ 500MG	23
VANCOMYCIN INJ 750MG	23
VANFLYTA	49
VAQTA	132
<i>varenicline tartrate</i>	86
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	86
VARIVAX	132
VASCEPA	59
VAXCHORA SUS	132
<i>vazotab</i>	197
VEEGUM MIS LUMP	138
VELSIPITY	127
VENCLEXTA	49
VENCLEXTA TAB START PK	49
<i>venlafaxine hcl</i>	67
VENTOLIN HFA	183
VENTOLIN HFA (INSTITUTIONAL PACK)	183
VEOZAH	99
<i>verapamil hcl</i>	61
VERQUVO	62
VERSACLOZ	72
VERZENIO	49
VIActiv CHW CARAMEL	151
<i>vicks dayquil severe cold</i>	197
VICKS NYQUIL LIQ COLD/FLU	197
VICKS OIN VAPORUB	197
VICKS VAPODROPS	231
VICKS VITAMIN C DROPS	171

This document includes a list of drugs covered on our formulary as of May 1, 2025. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<i>vigabatrin</i>	78
<i>vigadrone</i>	78
VIGAFYDE	78
<i>vigpoder</i>	78
<i>vilazodone hcl</i>	67
<i>vincristine sulfate</i>	39
<i>vinorelbine tartrate</i>	39
VIRACEPT.....	26
VIREAD.....	26
VISINE.....	175
VISINE PURE DRO TEARS.....	178
VISINE TIRED EYE RELIEF.....	178
VIT C+ZINC TAB 15-60MG.....	171
VITA-C CRY	171
VITACRAVES CHW +OMEGA-3	171
VITALINE COQ10.....	158
VITAMAX CHW.....	171
<i>vitamin a</i>	171
VITAMIN A CAP 8000UNIT.....	171
VITAMIN A&D OIN	222
VITAMIN B 12.....	171
VITAMIN B12	171
VITAMIN B-12	171
VITAMIN B-12 SUB 1000MCG	171
VITAMIN C	171
VITAMIN C SOL.....	171
VITAMIN D.....	171
VITAMIN D2	171
VITAMIN D3	171
VITAMIN D3 IMMUNE HEALTH	171
<i>vitamin d3 ultra potency</i>	171
<i>vitamin e</i>	171
VITAMIN E.....	171
<i>vitamin e-100</i>	171
VITAMIN K	172
VITAMIN K2.....	172
VITRAKVI.....	50
VITRON-C TAB 65-125MG	123
VIVITROL.....	86
VIVOTIF CAP EC	132
VIZIMPRO.....	50
VOLTAREN ARTHRITIS PAIN.....	16
VONJO	50
VORANIGO	50
<i>voriconazole</i>	24
VOSEVI TAB	30
VOWST CAP	116
VRAYLAR.....	72
VYZULTA.....	175

W

WAL-FLU COLD POW SORE THR.....	197
WALGREENS GLUCOSE	96
<i>wal-tussin cough & chest</i>	197
<i>warfarin sodium</i>	120
WART OFF SOL 17%	222
<i>water for injection</i>	132
<i>water for irrigation, sterile irrigation soln</i>	224
<i>water for iv injection</i>	132
<i>wee care</i>	123
WELIREG.....	39
WESTAB PLUS TAB 27-1MG	141
<i>white petrolatum gel</i>	138
<i>white petrolatum ointment</i>	138
<i>white petrolatum topical gel</i>	222
WITEPSOL MIS	138
<i>wixela inhub</i>	202
WOUN'DRES GEL	222

X

XALKORI	50
XARELTO.....	120
XARELTO STAR TAB 15/20MG.....	120
XATMEP	128
XCOPRI	78
XCOPRI PAK 100-150	78
XCOPRI PAK 12.5-25	78
XCOPRI PAK 150-200MG (MAINTENANCE)	78
XCOPRI PAK 150-200MG (TITRATION).....	78
XCOPRI PAK 50-100MG	78
XDEMY.....	173
XELJANZ.....	127
XELJANZ XR.....	127
XERMELO	116
XGEVA.....	93
XHANCE.....	200
XIFAXAN.....	116
XIGDUO XR TAB 10-1000	90
XIGDUO XR TAB 10-500MG	90
XIGDUO XR TAB 2.5-1000.....	90
XIGDUO XR TAB 5-1000MG	90
XIGDUO XR TAB 5-500MG	90
XIIDRA.....	178
XOFLUZA.....	30
XOLAIR	200
XOSPATA.....	50
XPOVIO PAK (100 MG ONCE WEEKLY)	51
XPOVIO PAK (40 MG ONCE WEEKLY)	50

This document includes a list of drugs covered on our formulary as of May 1, 2025. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

XPOVIO PAK (40 MG TWICE WEEKLY).....	50
XPOVIO PAK (60 MG ONCE WEEKLY).....	50
XPOVIO PAK (60 MG TWICE WEEKLY).....	50
XPOVIO PAK (80 MG ONCE WEEKLY).....	50
XPOVIO PAK (80 MG TWICE WEEKLY).....	51
XTANDI	38
XULTOPHY INJ 100/3.6.....	93

Y

YF-VAX INJ	132
yuvafem	95

Z

<i>zafirlukast</i>	197
<i>zaleplon</i>	81
ZANTAC TAB 75MG	107
ZARXIO	120
Z-BUM	223
ZEGALOGUE	96
ZEJULA	51
ZELBORAF	51
ZEMAIRA.....	200
<i>zenatane</i>	203
ZENPEP CAP 10000UNT	116
ZENPEP CAP 15000UNT	116
ZENPEP CAP 20000UNT	116
ZENPEP CAP 25000UNT	116
ZENPEP CAP 3000UNIT	116
ZENPEP CAP 40000UNT	116
ZENPEP CAP 5000UNIT	116
ZENPEP CAP 60000UNT	116
<i>zidovudine</i>	26
ZIKS ARTHRIT CRE RELIEF	223
ZILACTIN BABY	231

<i>zilactin-b</i>	231
<i>zinc</i>	151
ZINC	151
ZINC & C LOZ 20-120MG	172
ZINC 15.....	151
ZINC CHLORID GRA	138
<i>zinc gluconate</i>	151
ZINC OXIDE.....	223
<i>zinc oxide (topical)</i>	223
ZINC OXIDE POW	138
<i>zinc sulfate</i>	151
ZINC SULFATE	151
ZINC SULFATE POW	151
<i>zinc sulfate powder</i>	152
ZINC W/A&C LOZ	231
<i>ziprasidone hcl</i>	73
<i>ziprasidone mesylate</i>	73
ZIRABEV.....	51
ZIRGAN	173
<i>zoledronic acid</i>	93
ZOLINZA	51
<i>zolpidem tartrate</i>	81
ZONISADE	78
<i>zonisamide</i>	78
ZOSTRIX NATURAL PAIN RELI	223
ZTALMY.....	78
ZURZUVAE	67
ZUTRIPRO LIQ 60-4-5MG.....	197
ZYDELIG.....	51
ZYKADIA	51
ZYLET SUS 0.5-0.3%.....	172
ZYRTEC CHILDRENS ALLERGY	182
ZZZQUIL	87