Newport-Mesa Unified School District (N-MUSD) (HMO)
2026 SCAN Health Plan Formulary

List of Covered Drugs or "Drug List"

This formulary was updated on 06/01/2026. For more recent information or other questions, please contact SCAN Health Plan Member Services at 1-800-559-3500 (TTY users should call 711), 8 a.m. to 8 p.m., 7 days a week from October 1 to March 31. From April 1 to September 30, hours are 8 a.m. to 8 p.m., Monday through Friday (messages received on holidays and outside of our business hours will be returned within one business day), or visit www.scanhealthplan.com.

26EG-CAFOR116

Newport-Mesa Unified School District (N-MUSD) (HMO)
2026 Formulary (List of Covered Drugs or "Drug List")

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

26456, 18

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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 SCAN Health Plan. When it refers to "plan" or "our plan," it means SCAN Retiree Group - N-MUSD (HMO).

This document includes a Drug List (formulary) for our plan which is current as of June 2026. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2026, and from time to time during the year. You will receive notice when necessary.

You can get prescription drugs shipped to your home through our network mail-order delivery program. Express Scripts Pharmacy[SM] is our Preferred mail order pharmacy. While you can fill your prescription medications at any of our network mail order pharmacies, you may pay less at the Preferred mail order pharmacy. Typically, you should expect to receive your prescription drugs within 14 days from the time that Express Scripts mail-order pharmacy receives the order. If you do not receive your prescription drug(s) within this time, please contact SCAN Health Plan's Member Services. For your mail order prescriptions, you have the option to sign up for an automatic refill program by contacting Express Scripts Pharmacy at 1-866-553-4125, 24 hours a day, 7 days a week. TTY users should call 711. You may opt out of automatic deliveries at any time.

SCAN Health Plan is an HMO plan with a Medicare contract. Enrollment in SCAN Health Plan depends on contract renewal.

Y0057_SCAN_21816_2025_C

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What is the SCAN Retiree Group - N-MUSD 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 SCAN Retiree Group - N-MUSD 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. SCAN Retiree Group - N-MUSD will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a SCAN Retiree Group - N-MUSD network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the formulary change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: https://www.scanhealthplan.com/newport-mesa.

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 on the same or lower cost-sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary, but immediately move it to a different cost-sharing tier or add new restrictions.

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

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

  If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the SCAN Retiree Group - N-MUSD’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, or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 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 SCAN Retiree Group - N-MUSD’s formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2026 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 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 June, 2026. To get updated information about the drugs covered by SCAN Retiree Group - N-MUSD, please contact us. Our contact information appears on the front and back cover pages.

How do I use the formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 53. 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?

SCAN Retiree Group - N-MUSD covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

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

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

For discussion of drug types, please see the Evidence of Coverage, Chapter 5 Section 3.1, “The ‘Drug List’ tells which Part D drugs are covered.”

Are there any restrictions on my coverage?

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

- **Prior Authorization:** SCAN Retiree Group - N-MUSD requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from SCAN Retiree Group - N-MUSD before you fill your prescriptions. If you don’t get approval, SCAN Retiree Group - N-MUSD may not cover the drug.

- **Quantity Limits:** For certain drugs, SCAN Retiree Group - N-MUSD limits the amount of the drug that SCAN Retiree Group - N-MUSD will cover. For example, SCAN Retiree Group - N-MUSD provides 30 tablets per prescription for ramelteon. This may be in addition to a standard one-month or three-month supply.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. 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 explain our prior authorization restriction. 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 SCAN Retiree Group - N-MUSD 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 SCAN Retiree Group - N-MUSD’s formulary?” on page VI for information about how to request an exception.

What if my drug is not on the formulary?

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

If you learn that SCAN Retiree Group - N-MUSD does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by SCAN Retiree Group - N-MUSD. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by SCAN Retiree Group - N-MUSD.
- You can ask SCAN Retiree Group - N-MUSD to make an exception and cover your drug. See below for information about how to request an exception.

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How do I request an exception to the SCAN Retiree Group - N-MUSD's formulary?

You can ask SCAN Retiree Group - N-MUSD to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, SCAN Retiree Group - N-MUSD 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.

- You can ask us to cover a formulary drug at lower cost-sharing level unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.

Generally, SCAN Retiree Group - N-MUSD will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug, or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

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

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or has a coverage restriction, we will cover a temporary 30-day supply if you are not in a long-term care facility or a 31-day supply if you are a resident of a long-term care facility. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication if you are not in a long-term care facility or a 31-day supply of medication if you are a resident of a long-term care facility. If coverage is not approved, after your first 30-day supply if you are not in a long-term care facility or a 31-day supply if you are a resident of a long-term care facility, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

If you are a current member transitioning to a different level of care, you may be prescribed medications not on our formulary or your ability to get your drugs may be limited. In these instances, you need to talk with your doctor about the appropriate alternative therapies available on our formulary. If there are no appropriate alternative therapies on our formulary, you or your doctor can request an exception and ask the plan to cover the drug or remove restrictions from the drug. While you are talking with your doctor to determine the course of action, you are eligible to receive a 30-day transition supply of the drug if you are moving from a long-term care facility or a hospital stay to home or a 31-day transition supply of the drug if you are moving from home or a hospital stay to a long-term care facility.

For more information

For more detailed information about your SCAN Retiree Group - N-MUSD prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about SCAN Retiree Group - N-MUSD, 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.

The chart below lists what you will pay as your share of the costs for covered prescription drugs at our network pharmacies when you are in the Initial Coverage Stage.

Preferred cost-sharing is lower cost-sharing that may be available to you for certain covered Part D drugs at certain network pharmacies. For more information, please visit our online searchable Pharmacy Directory at www.scanhealthplan.com or call Member Services. Our contact information appears on the front and back cover pages.

Please refer to your Evidence of Coverage for information about the costs at Long-Term Care (LTC) pharmacies and out-of-network pharmacies.

If you receive “Extra Help,” your share of the cost for covered prescription drugs may vary based on the level of “Extra Help” you receive. For more information about your drug costs, look at the "LIS Rider".

SCAN Retiree Group - N-MUSD (HMO):

Drug Tier	Tier Name		Retail & Mail Order			
			Preferred		Standard	
			30-day supply	100-day supply	30-day supply	100-day supply
1	Preferred Generic		$5	$10	$10	$20
2	Generic		$5	$10	$10	$20
3	Preferred Brand	Insulin	$20	$40	$20	$40
		Other Drugs	$20	$40	$20	$40
4	Non-Preferred Drug		$20	$40	$20	$40
5	Specialty Tier		25%	N/A	25%	N/A
You won’t pay more than $20 for a one-month supply and no more than $40 for a three-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it’s on. You won’t pay more than $35 for a one-month supply and no more than $105 for a three-month supply of each insulin product covered through a coverage determination, appeal, or transition. Most adult Part D vaccines are covered by our plan at no cost to you.						

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Additional Covered Drugs

Your plan has additional coverage for the prescription drugs listed below. These prescription drugs are not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for these drugs does not count towards your out of pocket drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for these drugs.

Drug Name	Drug Tier	Requirements/Limits
ERECTILE DYSFUNCTION		
sildenafil tabs 25mg, 50mg, 100mg (generic for Viagra)	1	QL (6 tablets per 30-day supply with a maximum of 73 tablets per year); EDS
PRESCRIPTION VITAMINS		
cyanocobalamin inj 1000 mcg/ml (vitamin B12)	1	EDS
ergocalciferol caps 1.25mg (50,000 units) (vitamin D2)	1	EDS
folic acid tabs 1 mg (vitamin B9)	1	EDS

SCAN Retiree Group - N-MUSD formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by SCAN Retiree Group - N-MUSD. If you have trouble finding your drug in the list, turn to the Index that begins on page 53.

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

The information in the Requirements/Limits column tells you if SCAN Retiree Group - N-MUSD has any special requirements for coverage of your drug.

- The symbol **PA = Prior Authorization** indicates that prior authorization applies.
- The symbol **B vs D = B versus D** indicates that this drug may be covered under Medicare Part B or Part D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
- The symbol **QL = Quantity Limit** indicates that quantities dispensed are limited.
- The symbol **LD = Limited Distribution** indicates that limited distribution applies. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Member Services at 1-800-559-3500 (TTY users should call 711), 8 a.m. to 8 p.m., 7 days a week from October 1 to March 31. From April 1 to September 30, hours are 8 a.m. to 8 p.m., Monday through Friday (messages received on holidays and outside of our business hours will be returned within one business day), or visit www.scanhealthplan.com.
- The symbol **EDS = Extended Day Supply** indicates that this drug is available for an extended day supply at mail-order and many retail pharmacies.

Drug Name	Drug Tier	Requirements/ Limits
ANALGESICS		
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS		
celecoxib	2	EDS
diclofenac potassium oral tablet 50 mg	1	EDS
diclofenac sodium oral	1	EDS
diclofenac sodium topical drops	4	QL (450 ML per 28 days); EDS
diclofenac sodium topical solution in metered-dose pump	4	QL (224 GM per 28 days); EDS
diflunisal	2	EDS
etodolac	2	EDS
ibu oral tablet 600 mg, 800 mg	1	EDS
ibuprofen oral suspension	1	EDS
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	EDS
indomethacin oral capsule	2	EDS
indomethacin oral capsule, extended release	2	EDS
ketorolac oral	2	EDS
LODINE ORAL TABLET	2	EDS
meloxicam oral tablet	1	EDS
nabumetone	2	EDS
naproxen oral tablet	1	EDS
naproxen oral tablet,delayed release (dr/ec) 500 mg	1	EDS
naproxen sodium oral tablet 275 mg, 550 mg	1	EDS
piroxicam	2	EDS
sulindac	2	EDS
OPIOID ANALGESICS, LONG-ACTING		
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	3	QL (15 EA per 30 days); EDS
methadone oral solution	2	EDS
methadone oral tablet	2	EDS
morphine oral tablet extended release	3	QL (120 EA per 30 days); EDS
tramadol oral tablet extended release 24 hr	3	QL (30 EA per 30 days); EDS
OPIOID ANALGESICS, SHORT-ACTING		
acetaminophen-codeine oral solution 120-12 mg/5 ml	2	QL (5000 ML per 30 days); EDS
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg	2	QL (360 EA per 30 days); EDS
acetaminophen-codeine oral tablet 300-60 mg	2	QL (180 EA per 30 days); EDS
butorphanol nasal	2	QL (10 ML per 30 days); EDS
codeine sulfate	2	EDS

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.
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Drug Name	Drug Tier	Requirements/ Limits
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml	2	QL (5500 ML per 30 days); EDS
hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg	2	QL (180 EA per 30 days); EDS
hydrocodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg	2	QL (360 EA per 30 days); EDS
hydrocodone-ibuprofen oral tablet 7.5-200 mg	2	QL (150 EA per 30 days); EDS
hydromorphone oral liquid	2	EDS
hydromorphone oral tablet	2	EDS
morphine concentrate oral solution	2	EDS
morphine oral solution	2	EDS
morphine oral tablet	2	EDS
oxycodone oral capsule	2	EDS
oxycodone oral concentrate	2	EDS
oxycodone oral solution	2	EDS
oxycodone oral tablet	2	EDS
oxycodone-acetaminophen oral tablet 10-325 mg	3	QL (180 EA per 30 days); EDS
oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg	3	QL (360 EA per 30 days); EDS
oxycodone-acetaminophen oral tablet 7.5-325 mg	3	QL (240 EA per 30 days); EDS
tramadol oral tablet 100 mg	2	QL (120 EA per 30 days); EDS
tramadol oral tablet 50 mg	2	EDS
tramadol-acetaminophen	2	QL (240 EA per 30 days); EDS
ANESTHETICS		
LOCAL ANESTHETICS		
lidocaine hcl solution 4 % (40 mg/ml)	2	QL (50 ML per 30 days); EDS
lidocaine topical adhesive patch,medicated 5 %	3	PA; EDS
lidocaine topical ointment	4	QL (50 GM per 30 days); EDS
lidocaine-prilocaine topical cream	3	QL (30 GM per 30 days); EDS
lidocan iii	3	PA; EDS
tridacaine ii	3	PA; EDS
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
ALCOHOL DETERRENTS/ANTI-CRAVING		
acamprosate	2	EDS
disulfiram	2	EDS
naltrexone	1	EDS
OPIOID DEPENDENCE		
buprenorphine hcl sublingual	1	EDS
buprenorphine-naloxone	2	EDS
OPIOID REVERSAL AGENTS		
KLOXXADO	3	EDS

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Drug Name	Drug Tier	Requirements/ Limits
naloxone injection solution	2	EDS
naloxone injection syringe	2	EDS
OPVEE	4	EDS
REXTOVY	3	EDS
SMOKING CESSATION AGENTS		
bupropion hcl (smoking deter)	2	EDS
NICOTROL NS	4	EDS
varenicline tartrate	4	EDS
ANTIBACTERIALS		
AMINOGLYCOSIDES		
amikacin injection solution 500 mg/2 ml	2	EDS
ARIKAYCE	5	PA
gentamicin injection	2	EDS
gentamicin topical	2	EDS
neomycin	2	EDS
STREPTOMYCIN	4	EDS
tobramycin sulfate injection solution	2	EDS
ANTIBACTERIALS, OTHER		
aztreonam	4	EDS
CLEOCIN VAGINAL SUPPOSITORY	3	EDS
clindamycin hcl	2	EDS
clindamycin in 5 % dextrose	2	EDS
clindamycin pediatric	2	EDS
clindamycin phosphate injection	2	EDS
clindamycin phosphate topical swab	2	EDS
clindamycin phosphate vaginal	2	EDS
colistimethate inj	4	EDS
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	5	
daptomycin intravenous recon soln 500 mg	5	
fosfomycin tromethamine	4	EDS
IMPAVIDO	5	PA
linezolid	4	EDS
linezolid in dextrose 5%	4	EDS
methenamine hippurate	2	EDS
metronidazole in nacl (iso-os)	2	EDS
metronidazole oral capsule	2	EDS
metronidazole oral tablet 250 mg, 500 mg	2	EDS
metronidazole vaginal gel 0.75 % (37.5mg/5 gram)	2	EDS
nitrofurantoin macrocrystal	2	EDS
nitrofurantoin monohyd/m-cryst	2	EDS
SIVEXTRO	5	
tigecycline	4	EDS
tinidazole	3	EDS
trimethoprim	2	EDS

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Drug Name	Drug Tier	Requirements/ Limits
vancomycin intravenous recon soln 1,000 mg, 10 gram, 500 mg, 750 mg	3	EDS
vancomycin oral	4	EDS
vandazole	2	EDS
BETA-LACTAM, CEPHALOSPORINS		
cefaclor oral capsule	2	EDS
cefaclor oral suspension for reconstitution 250 mg/5 ml	2	EDS
cefaclor oral tablet extended release 12 hr	2	EDS
cefadroxil oral capsule	2	EDS
cefadroxil oral tablet	2	EDS
cefazolin injection recon soln 1 gram, 500 mg	2	EDS
cefazolin intravenous recon soln 10 gram	2	EDS
cefdinir	2	EDS
cefepime injection	2	EDS
cefixime oral capsule	3	EDS
cefixime oral suspension for reconstitution	4	EDS
cefoxitin	2	EDS
cefpodoxime oral tablet	2	EDS
cefprozil	2	EDS
ceftaroline fosamil	5	
ceftazidime	2	EDS
ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg	2	EDS
cefuroxime axetil oral tablet	2	EDS
cefuroxime sodium injection recon soln 750 mg	2	EDS
cefuroxime sodium intravenous recon soln 1.5 gram	2	EDS
cephalexin oral capsule 250 mg, 500 mg	1	EDS
cephalexin oral suspension for reconstitution	1	EDS
tazicef injection	2	EDS
TEFLARO	5	
BETA-LACTAM, PENICILLINS		
amoxicillin oral capsule	1	EDS
amoxicillin oral suspension for reconstitution	1	EDS
amoxicillin oral tablet	1	EDS
amoxicillin oral tablet,chewable 125 mg, 250 mg	1	EDS
amoxicillin-pot clavulanate oral suspension for reconstitution	2	EDS
amoxicillin-pot clavulanate oral tablet	2	EDS
amoxicillin-pot clavulanate oral tablet extended release 12 hr	2	EDS

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Drug Name	Drug Tier	Requirements/ Limits
ampicillin oral capsule 500 mg	2	EDS
ampicillin sodium injection recon soln 1 gram, 10 gram, 2 gram	2	EDS
ampicillin-sulbactam injection	2	EDS
BICILLIN L-A	4	EDS
dicloxacillin	2	EDS
nafcillin injection	4	EDS
penicillin g potassium injection recon soln 20 million unit	2	EDS
penicillin g sodium	2	EDS
penicillin v potassium	2	EDS
piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram	3	EDS
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML	4	EDS
CARBAPENEMS		
ertapenem	4	EDS
imipenem-cilastatin	2	EDS
meropenem intravenous recon soln 1 gram, 500 mg	3	EDS
MACROLIDES		
azithromycin intravenous	2	EDS
azithromycin oral suspension for reconstitution	2	EDS
azithromycin oral tablet	2	EDS
clarithromycin	2	EDS
DIFICID ORAL TABLET	5	QL (20 EA per 10 days)
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	4	EDS
erythromycin oral	4	EDS
fidaxomicin	5	QL (20 EA per 10 days)
QUINOLONES		
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	1	EDS
ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml	2	EDS
levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml	2	EDS
levofloxacin oral solution	2	EDS
levofloxacin oral tablet	1	EDS
moxifloxacin oral	2	EDS
moxifloxacin-sod.chloride(iso)	4	EDS
ofloxacin oral tablet 300 mg, 400 mg	2	EDS
SULFONAMIDES		
sulfacetamide sodium (acne)	2	EDS

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Drug Name	Drug Tier	Requirements/ Limits
sulfadiazine	4	EDS
sulfamethoxazole-trimethoprim oral suspension	2	EDS
sulfamethoxazole-trimethoprim oral tablet	1	EDS
TETRACYCLINES		
demeclocycline	4	EDS
doxy-100	2	EDS
doxycycline hyclate intravenous	2	EDS
doxycycline hyclate oral capsule	2	EDS
doxycycline hyclate oral tablet 100 mg	2	EDS
doxycycline monohydrate oral capsule	2	EDS
doxycycline monohydrate oral suspension for reconstitution	2	EDS
doxycycline monohydrate oral tablet	2	EDS
minocycline oral capsule	2	EDS
minocycline oral tablet	2	EDS
tetracycline oral capsule	3	EDS
ANTICONVULSANTS		
ANTICONVULSANTS, OTHER		
brivaracetam oral solution	4	PA; EDS
brivaracetam oral tablet	5	PA
BRIVIACT ORAL SOLUTION	4	PA; EDS
BRIVIACT ORAL TABLET	5	PA
EPIDIOLEX	5	PA; LD
felbamate oral suspension	4	EDS
felbamate oral tablet 400 mg	2	EDS
felbamate oral tablet 600 mg	4	EDS
FINTEPLA	5	PA
FYCOMPA	4	PA; EDS
levetiracetam oral solution 100 mg/ml	2	EDS
levetiracetam oral tablet	2	EDS
levetiracetam oral tablet extended release 24 hr	2	EDS
LEVETIRACETAM ORAL TABLET FOR SUSPENSION	4	EDS
NAYZILAM	4	PA; EDS
perampanel	4	PA; EDS
roweepra	2	EDS
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG	4	EDS
topiramate oral solution	4	EDS
valproic acid	2	EDS
valproic acid (as sodium salt) oral solution 250 mg/5 ml	2	EDS
CALCIUM CHANNEL MODIFYING AGENTS		
ethosuximide	2	EDS

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Drug Name	Drug Tier	Requirements/ Limits
methsuximide	4	EDS
GAMMA-AMINOBUTYRIC ACID (GABA) MODULATING AGENTS		
clobazam oral suspension	4	PA; EDS
clobazam oral tablet	4	PA; EDS
clonazepam oral tablet	3	EDS
clonazepam oral tablet,disintegrating	4	EDS
DIACOMIT	5	PA
diazepam rectal	4	EDS
divalproex	2	EDS
gabapentin oral capsule	2	EDS
gabapentin oral solution 250 mg/5 ml	2	EDS
gabapentin oral tablet 600 mg, 800 mg	2	EDS
phenobarbital	2	EDS
pregabalin oral capsule	2	EDS
pregabalin oral solution	2	EDS
PRIMIDONE ORAL TABLET 125 MG	3	EDS
primidone oral tablet 250 mg, 50 mg	2	EDS
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	PA
SYMPAZAN ORAL FILM 5 MG	4	PA; EDS
tiagabine	4	EDS
VALTOCO	4	PA; EDS
vigabatrin	5	LD
vigadrone	5	LD
VIGAFYDE	5	

Drug Name	Drug Tier	Requirements/ Limits
ZTALMY	5	LD
SODIUM CHANNEL AGENTS		
APTIOM	5	PA
carbamazepine oral capsule, er multiphase 12 hr	3	EDS
carbamazepine oral suspension 100 mg/5 ml	2	EDS
carbamazepine oral tablet	2	EDS
carbamazepine oral tablet extended release 12 hr	3	EDS
carbamazepine oral tablet,chewable 100 mg	2	EDS
CARBAMAZEPINE ORAL TABLET,CHEWABLE 200 MG	3	EDS
DILANTIN	3	EDS
DILANTIN EXTENDED	3	EDS
DILANTIN INFATABS	3	EDS
DILANTIN-125	3	EDS
eslicarbazepine	3	PA; EDS
lacosamide oral	4	EDS
oxcarbazepine oral suspension	4	EDS
oxcarbazepine oral tablet	2	EDS
PHENYTEK	2	EDS
phenytoin oral suspension 125 mg/5 ml	2	EDS
phenytoin oral tablet,chewable	2	EDS

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Drug Name	Drug Tier	Requirements/ Limits
phenytoin sodium extended oral capsule 100 mg	2	EDS
rufinamide	4	PA; EDS
TEGRETOL ORAL SUSPENSION	3	EDS
TEGRETOL ORAL TABLET	3	EDS
TEGRETOL XR	3	EDS
TRILEPTAL	4	EDS
XCOPRI	5	PA
XCOPRI MAINTENANCE PACK	5	PA
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)-25 MG (14)	4	PA; EDS
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)-200 MG (14), 50 MG (14)- 100 MG (14)	5	PA
ZONISADE	4	EDS
zonisamide	2	EDS
ANTIDEMENTIA AGENTS		
CHOLINESTERASE INHIBITORS		
donepezil oral tablet 10 mg, 5 mg	2	EDS
donepezil oral tablet,disintegrating	2	EDS
galantamine oral capsule,ext rel. pellets 24 hr	2	QL (30 EA per 30 days); EDS
galantamine oral solution	4	QL (200 ML per 30 days); EDS
galantamine oral tablet	2	QL (60 EA per 30 days); EDS
rivastigmine	4	QL (30 EA per 30 days); EDS
rivastigmine tartrate	3	QL (60 EA per 30 days); EDS
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST		
memantine oral solution	4	EDS
memantine oral tablet	2	EDS
MEMANTINE ORAL TABLETS,DOSE PACK	4	EDS
ANTIDEPRESSANTS		
ANTIDEPRESSANTS, OTHER		
AUVELITY	5	
bupropion hcl oral tablet	2	EDS
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	2	EDS
BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	3	EDS
bupropion hcl oral tablet sustained-release 12 hr	2	EDS
EXXUA	5	PA
mirtazapine	1	EDS
perphenazine-amitriptyline	4	PA; EDS
ZURZUVAE	5	PA
MONOAMINE OXIDASE INHIBITORS		

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Drug Name	Drug Tier	Requirements/ Limits
EMSAM	5	
MARPLAN	4	EDS
phenelzine	2	EDS
tranylcypromine	4	EDS
SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITORS/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR		
citalopram oral solution	2	EDS
citalopram oral tablet	1	EDS
DESVENLAFAXINE	4	EDS
desvenlafaxine succinate	3	EDS
DRIZALMA SPRINKLE	4	EDS
ESCITALOPRAM OXALATE ORAL CAPSULE	4	EDS
escitalopram oxalate oral solution	2	EDS
escitalopram oxalate oral tablet	2	EDS
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	4	EDS
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	4	EDS
fluoxetine (pmdd)	2	EDS
fluoxetine oral capsule	2	EDS
fluoxetine oral solution	2	EDS
fluoxetine oral tablet 10 mg, 20 mg	2	EDS
fluvoxamine oral tablet	2	EDS
nefazodone	2	EDS
paroxetine hcl oral suspension	4	EDS
paroxetine hcl oral tablet	1	EDS
paroxetine hcl oral tablet extended release 24 hr	4	EDS
RALDESY	4	PA; EDS
sertraline oral concentrate	2	EDS
sertraline oral tablet	1	EDS
trazodone	1	EDS
TRINTELLIX	4	EDS
venlafaxine oral capsule,extended release 24hr	2	EDS
venlafaxine oral tablet	2	EDS
vilazodone	3	EDS
TRICYCLICS		
amitriptyline	4	PA; EDS
amoxapine	3	EDS
clomipramine	4	PA; EDS
desipramine	4	PA; EDS
doxepin oral capsule	4	PA; EDS
doxepin oral concentrate	4	PA; EDS
imipramine hcl	4	PA; EDS
nortriptyline	4	EDS
protriptyline	3	EDS
trimipramine	2	EDS
ANTIEMETICS		
ANTIEMETICS, OTHER		

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Drug Name	Drug Tier	Requirements/ Limits
compro	4	EDS
meclizine oral tablet 12.5 mg, 25 mg	2	EDS
prochlorperazine	4	EDS
prochlorperazine maleate	2	EDS
promethazine oral	2	EDS
promethazine rectal	3	EDS
promethegan rectal suppository 25 mg, 50 mg	4	EDS
scopolamine base	3	EDS
EMETOGENIC THERAPY ADJUNCTS		
aprepitant oral capsule 125 mg, 80 mg	4	PA; EDS
aprepitant oral capsule,dose pack	4	PA; EDS
dronabinol	4	PA; EDS
granisetron hcl oral	2	B vs D; EDS
ondansetron hcl oral solution	2	B vs D; EDS
ondansetron hcl oral tablet 4 mg, 8 mg	2	B vs D; EDS
ondansetron oral tablet,disintegrating 4 mg, 8 mg	2	B vs D; EDS
ANTIFUNGALS		
ANTIFUNGALS		
AMBISOME	5	B vs D
amphotericin b	2	B vs D; EDS
amphotericin b liposome	5	B vs D
caspofungin	4	EDS
clotrimazole troche	2	EDS
clotrimazole topical	2	EDS
CRESEMBA ORAL	5	PA
econazole nitrate topical cream	4	EDS
fluconazole	2	EDS
fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml	2	EDS
flucytosine	5	
griseofulvin microsize	4	EDS
itraconazole	4	EDS
ketoconazole oral	2	EDS
ketoconazole topical cream	2	EDS
ketoconazole topical shampoo	2	EDS
micafungin	4	EDS
nyamyc	2	EDS
nystatin oral suspension	2	EDS
nystatin oral tablet	2	EDS
nystatin topical	2	EDS
nystop	2	EDS
posaconazole oral suspension	4	PA; EDS
posaconazole oral tablet,delayed release (dr/ec)	5	PA
terbinafine hcl oral	2	EDS
terconazole	2	EDS
voriconazole intravenous recon soln	5	PA
voriconazole oral suspension for reconstitution	5	

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Drug Name	Drug Tier	Requirements/ Limits
voriconazole oral tablet	4	EDS
ANTIGOUT AGENTS		
ANTIGOUT AGENTS		
allopurinol oral tablet 100 mg, 300 mg	1	EDS
colchicine oral tablet	3	QL (120 EA per 30 days); EDS
febuxostat	3	EDS
probenecid	2	EDS
probenecid-colchicine	2	EDS
ANTIMIGRAINE AGENTS		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONISTS		
AIMOVIG AUTOINJECTOR	3	PA; EDS
EMGALITY PEN	3	PA; EDS
EMGALITY SYRINGE	3	PA; EDS
NURTEC ODT	3	PA; EDS
UBRELVY	3	PA; EDS
ERGOT ALKALOIDS		
dihydroergotamine nasal	5	PA; QL (8 ML per 30 days)
ERGOMAR	3	EDS
ergotamine-caffeine	3	EDS
PROPHYLACTIC		
EPRONTIA	4	EDS
timolol maleate oral	1	EDS
topiramate oral capsule, sprinkle 15 mg, 25 mg	2	EDS
TOPIRAMATE ORAL CAPSULE, SPRINKLE 50 MG	4	EDS
topiramate oral tablet	2	EDS
SEROTONIN (5-HT) RECEPTOR AGONIST		
naratriptan	2	QL (8 EA per 30 days); EDS
rizatriptan	2	EDS
sumatriptan	4	EDS
sumatriptan succinate oral	2	EDS
sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml	4	EDS
sumatriptan succinate subcutaneous solution	4	EDS
zolmitriptan oral tablet 2.5 mg	3	QL (12 EA per 30 days); EDS
zolmitriptan oral tablet 5 mg	3	QL (6 EA per 30 days); EDS
zolmitriptan oral tablet,disintegrating 2.5 mg	3	QL (12 EA per 30 days); EDS
zolmitriptan oral tablet,disintegrating 5 mg	3	QL (6 EA per 30 days); EDS
ANTIMYASTHENIC AGENTS		
PARASYMPATHOMIMETICS		
pyridostigmine bromide oral syrup	4	EDS
pyridostigmine bromide oral tablet 60 mg	3	EDS

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Drug Name	Drug Tier	Requirements/ Limits
pyridostigmine bromide oral tablet extended release 180 mg	4	EDS
ANTIMYCOBACTERIALS		
ANTIMYCOBACTERIALS, OTHER		
dapsone oral	3	EDS
rifabutin	4	EDS
ANTITUBERCULARS		
ethambutol	2	EDS
isoniazid oral	2	EDS
PRIFTIN	4	EDS
pyrazinamide	4	EDS
rifampin	2	EDS
SIRTURO	5	
ANTINEOPLASTICS		
ALKYLATING AGENTS		
cyclophosphamide oral capsule	3	B vs D; EDS
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	3	B vs D; EDS
GLEOSTINE	4	EDS
LEUKERAN	5	PA
lomustine	4	EDS
MATULANE	5	
VALCHLOR	5	PA
ANTIANDROGENS		
abiraterone	5	PA
abirtega	4	PA; EDS
bicalutamide	2	EDS
ERLEADA	5	PA
EULEXIN	5	PA
nilutamide	5	
NUBEQA	5	PA; LD
XTANDI	5	PA
ANTIANGIOGENIC AGENTS		
lenalidomide	5	PA; LD
pomalidomide	5	PA
POMALYST	5	PA; LD
THALOMID ORAL CAPSULE 100 MG, 50 MG	5	PA
ANTIESTROGENS/MODIFIERS		
INLURIYO	5	PA
ORSERDU	5	PA
SOLTAMOX	5	
tamoxifen	2	EDS
toremifene	5	
ANTIMETABOLITES		
hydroxyurea	2	EDS
mercaptopurine oral suspension	5	
mercaptopurine oral tablet	2	EDS
TABLOID	4	PA; EDS
ANTINEOPLASTICS, OTHER		
AKEEGA	5	PA; LD
AVMAPKI-FAKZYNJA	5	PA
IBRANCE ORAL TABLET	5	PA
INREBIC	5	PA; LD
ITOVEBI	5	PA
IWILFIN	5	PA; LD

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Drug Name	Drug Tier	Requirements/ Limits
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG, 600 MG/DAY(200 MG X 3)-2.5 MG	5	PA
LAZCLUZE	5	PA; LD
LONSURF	5	PA
LYSODREN	5	
MODEYSO	5	PA
OGSIVEO ORAL TABLET 100 MG, 150 MG	5	PA
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4), 600 MG/WEEK (100 MG X 6)	5	PA
ONUREG	5	PA
REVUFORJ	5	PA
VONJO	5	PA
ZOLINZA	5	PA
AROMATASE INHIBITORS, 3RD GENERATION		
anastrozole	2	EDS
exemestane	3	EDS
letrozole	2	EDS
MOLECULAR TARGET INHIBITORS		
ALECENSA	5	PA
ALUNBRIG	5	PA
AUGTYRO	5	PA
AYVAKIT	5	PA; LD
BALVERSA	5	PA
BOSULIF	5	PA
BRAFTOVI	5	PA; LD
BRUKINSA ORAL TABLET	5	PA; LD
CABOMETYX	5	PA
CALQUENCE	5	PA; LD
CAPRELSA	5	PA
COMETRIQ	5	PA
COPIKTRA	5	PA; LD
COTELLIC	5	PA
DANZITEN	5	PA
dasatinib	5	PA
DAURISMO	5	PA
ENSACOVE	5	PA; LD
ERIVEDGE	5	PA
erlotinib	5	PA
everolimus (antineoplastic)	5	PA
FOTIVDA	5	PA; LD
FRUZAQLA	5	PA
GAVRETO	5	PA; LD
gefitinib	5	PA
GILOTRIF	5	PA
GOMEKLI	5	PA
HERNEXEOS	5	PA
HYRNUO	5	PA
IBRANCE ORAL CAPSULE 125 MG	5	PA
IBTROZI	5	PA
ICLUSIG	5	PA
IDHIFA	5	PA; LD
imatinib oral tablet 100 mg	4	PA; EDS
imatinib oral tablet 400 mg	5	PA
IMBRUVICA ORAL CAPSULE	5	PA
IMBRUVICA ORAL SUSPENSION	5	PA

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Drug Name	Drug Tier	Requirements/ Limits
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	5	PA
IMKELDI	5	PA
INLYTA	5	PA
INQOVI	5	PA
JAKAFI	5	PA
JAYPIRCA	5	PA
KISQALI	5	PA
KOSELUGO	5	PA
KRAZATI	5	PA
lapatinib	5	PA
LENVIMA	5	PA
LORBRENA	5	PA
LUMAKRAS	5	PA
LYNPARZA	5	PA
LYTGOBI	5	PA; LD
MEKINIST	5	PA
MEKTOVI	5	PA; LD
NERLYNX	5	PA; LD
nilotinib hcl	5	PA
NINLARO	5	PA
ODOMZO	5	PA
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION	5	PA
OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5)	5	PA
OJJAARA	5	PA
pazopanib oral tablet 200 mg	5	PA
PEMAZYRE	5	PA; LD
PIQRAY	5	PA
QINLOCK	5	PA; LD
RETEVMO ORAL TABLET	5	PA; LD
REZLIDHIA	5	PA
ROMVIMZA	5	PA; LD
ROZLYTREK	5	PA
RUBRACA	5	PA; LD
RYDAPT	5	PA
SCEMBLIX	5	PA
sorafenib	5	PA
STIVARGA	5	PA
sunitinib malate	5	PA
TABRECTA	5	PA
TAFINLAR	5	PA
TAGRISSO	5	PA
TALZENNA	5	PA
TASIGNA	5	PA
TEPMETKO	5	PA; LD
TIBSOVO	5	PA
torpenz	5	PA
TRUQAP	5	PA
TUKYSA	5	PA; LD
TURALIO	5	PA; LD
VANFLYTA	5	PA
VENCLEXTA ORAL TABLET 10 MG, 50 MG	3	PA; EDS
VENCLEXTA ORAL TABLET 100 MG	5	PA
VENCLEXTA STARTING PACK	5	PA
VERZENIO	5	PA; LD
VITRAKVI	5	PA; LD
VIZIMPRO	5	PA
XALKORI	5	PA
XOSPATA	5	PA; LD

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Drug Name	Drug Tier	Requirements/ Limits
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80 MG/WEEK (80 MG X 1), 80MG TWICE WEEK (160 MG/WEEK)	5	PA; LD
XPOVIO ORAL TABLET 40 MG/WEEK (10 MG X 4)	5	PA
ZEJULA ORAL TABLET	5	PA; LD
ZELBORAF	5	PA
ZYKADIA	5	PA
RETINOIDS		
bexarotene	5	PA
PANRETIN	5	
tretinoin (antineoplastic)	5	
TREATMENT ADJUNCTS		
leucovorin calcium oral	2	EDS
mesna oral	4	EDS
VORANIGO	5	PA
ANTIPARASITICS		
ANTHELMINTICS		
albendazole	4	EDS
ivermectin oral tablet 3 mg	2	EDS
ivermectin oral tablet 6 mg	3	EDS
praziquantel	4	EDS
ANTIPROTOZOALS		
atovaquone	4	EDS
atovaquone-proguanil	2	EDS
chloroquine phosphate	2	EDS
COARTEM	3	EDS
hydroxychloroquine oral tablet 200 mg	2	EDS
mefloquine	2	EDS
NEBUPENT	4	B vs D; EDS
nitazoxanide	5	
pentamidine inhalation	3	B vs D; EDS
pentamidine injection	4	EDS
PRIMAQUINE	3	EDS
pyrimethamine	5	PA
quinine sulfate	3	PA; EDS
ANTIPARKINSON AGENTS		
ANTICHOLINERGICS		
benztropine oral	4	PA; EDS
trihexyphenidyl	3	EDS
ANTIPARKINSON AGENTS, OTHER		
carbidopa-levodopa-entacapone	4	EDS
entacapone	4	EDS
DOPAMINE AGONISTS		
apomorphine	5	PA
bromocriptine	2	EDS
NEUPRO	4	QL (30 EA per 30 days); EDS
pramipexole oral tablet	2	EDS

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Drug Name	Drug Tier	Requirements/ Limits
ropinirole oral tablet	2	EDS
DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS		
carbidopa	4	EDS
carbidopa-levodopa oral tablet	2	EDS
carbidopa-levodopa oral tablet extended release	2	EDS
carbidopa-levodopa oral tablet,disintegrating	2	EDS
MONOAMINE OXIDASE B (MAO-B) INHIBITORS		
rasagiline	4	EDS
selegiline hcl	2	EDS
ANTIPSYCHOTICS		
1ST GENERATION/TYPICAL		
chlorpromazine oral	4	PA; EDS
fluphenazine decanoate	4	EDS
fluphenazine hcl	4	EDS
haloperidol	2	EDS
haloperidol decanoate	2	EDS
haloperidol lactate injection	2	EDS
haloperidol lactate oral	2	EDS
loxapine succinate	2	EDS
molindone	2	EDS
perphenazine	4	EDS
pimozide	2	EDS
thioridazine	2	EDS
thiothixene	2	EDS
trifluoperazine	2	EDS
2ND GENERATION/ATYPICAL		
ABILIFY ASIMTUFII	5	
ABILIFY MAINTENA	5	
aripiprazole oral solution	3	EDS
aripiprazole oral tablet	3	EDS
aripiprazole oral tablet,disintegrating	4	EDS
ARISTADA	5	
ARISTADA INITIO	4	EDS
asenapine maleate	4	EDS
CAPLYTA	5	PA
ERZOFRI INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 351 MG/2.25 ML, 78 MG/0.5 ML	5	
ERZOFRI INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	4	EDS
FANAPT	4	PA; EDS
FANAPT TITRATION PACK A	4	PA; EDS
INVEGA HAFYERA	5	
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 78 MG/0.5 ML	5	

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Drug Name	Drug Tier	Requirements/ Limits
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	4	EDS
INVEGA TRINZA	5	
lurasidone	4	EDS
LYBALVI	5	
NUPLAZID	5	PA
olanzapine intramuscular	2	EDS
olanzapine oral tablet	2	EDS
olanzapine oral tablet,disintegrating	4	EDS
OPIPZA	5	
paliperidone	4	EDS
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	2	EDS
quetiapine oral tablet extended release 24 hr	3	EDS
REXULTI ORAL TABLET	5	
risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml, 25 mg/2 ml	4	EDS
risperidone microspheres intramuscular suspension,extended rel recon 37.5 mg/2 ml, 50 mg/2 ml	5	
risperidone oral solution	2	EDS
risperidone oral tablet	2	EDS
risperidone oral tablet,disintegrating	2	EDS
SECUADO	5	PA
VRAYLAR ORAL CAPSULE	4	EDS
ziprasidone hcl	2	EDS
ziprasidone mesylate	3	EDS
TREATMENT-RESISTANT		
clozapine oral tablet	3	EDS
clozapine oral tablet,disintegrating	4	EDS
VERSACLOZ	5	
ANTISPASTICITY AGENTS		
ANTISPASTICITY AGENTS		
baclofen oral tablet 10 mg, 20 mg, 5 mg	2	EDS
tizanidine oral capsule 2 mg, 4 mg, 6 mg	3	EDS
tizanidine oral tablet	2	EDS
ANTIVIRALS		
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS		
LIVTENCITY	5	PA; QL (120 EA per 30 days); LD
PREVYMIS ORAL PELLETS IN PACKET	5	PA; QL (120 EA per 30 days)
PREVYMIS ORAL TABLET	5	PA; QL (30 EA per 30 days)
valganciclovir oral recon soln	4	EDS
valganciclovir oral tablet	3	EDS

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Drug Name	Drug Tier	Requirements/ Limits
ANTI-HEPATITIS B (HBV) AGENTS		
adefovir	4	EDS
BARACLUDE ORAL SOLUTION	4	EDS
entecavir	4	EDS
lamivudine oral tablet 100 mg	3	EDS
VEMLIDY	5	
ANTI-HEPATITIS C (HCV) AGENTS		
EPCLUSA	5	PA
HARVONI	5	PA
LEDIPASVIR-SOFOSBUVIR	5	PA
ribavirin oral capsule	3	EDS
ribavirin oral tablet 200 mg	3	EDS
SOFOSBUVIR-VELPATASVIR	5	PA
VOSEVI	5	PA
ANTIHERPETIC AGENTS		
acyclovir oral capsule	2	EDS
acyclovir oral suspension 200 mg/5 ml	4	EDS
acyclovir oral tablet	2	EDS
acyclovir sodium intravenous solution	2	B vs D; EDS
famciclovir	2	EDS
valacyclovir	2	EDS
ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)		
BIKTARVY	5	
DOVATO	5	
GENVOYA	5	
ISENTRESS HD	5	
ISENTRESS ORAL POWDER IN PACKET	5	
ISENTRESS ORAL TABLET	5	
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	3	EDS
JULUCA	5	
STRIBILD	5	
TIVICAY ORAL TABLET 50 MG	5	
TIVICAY PD	4	EDS
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)		
COMPLERA	5	
DELSTRIGO	5	
EDURANT	5	
EDURANT PED	4	EDS
efavirenz oral tablet	4	EDS
efavirenz-emtricitabin-tenofov	4	EDS
efavirenz-lamivu-tenofov disop	5	
emtricita-rilpivirine-tenof df	5	
etravirine oral tablet 100 mg	4	EDS
etravirine oral tablet 200 mg	5	
INTELENCE ORAL TABLET 25 MG	4	EDS

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Drug Name	Drug Tier	Requirements/ Limits
nevirapine oral suspension	4	EDS
nevirapine oral tablet	2	EDS
nevirapine oral tablet extended release 24 hr 400 mg	4	EDS
PIFELTRO	5	
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)		
abacavir	4	EDS
abacavir-lamivudine	4	EDS
CIMDUO	5	
DESCOVY	5	
emtricitabine	4	EDS
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 167-250 mg, 200-300 mg	4	EDS
emtricitabine-tenofovir (tdf) oral tablet 133-200 mg	5	
EMTRIVA ORAL SOLUTION	4	EDS
lamivudine oral solution	2	EDS
lamivudine oral tablet 150 mg, 300 mg	3	EDS
lamivudine-zidovudine	3	EDS
ODEFSEY	5	
tenofovir disoproxil fumarate	4	EDS
TRIUMEQ	5	
TRIUMEQ PD	4	EDS
VIREAD ORAL POWDER	4	EDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	
zidovudine	2	EDS
ANTI-HIV AGENTS, OTHER		
maraviroc	5	
RUKOBIA	5	
SELZENTRY ORAL SOLUTION	3	EDS
SUNLENCA ORAL	5	
ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)		
APTIVUS	5	
atazanavir	4	EDS
darunavir oral tablet 600 mg	4	EDS
darunavir oral tablet 800 mg	5	
EVOTAZ	5	
fosamprenavir	5	
KALETRA ORAL SOLUTION	4	EDS
lopinavir-ritonavir oral tablet	4	EDS
NORVIR ORAL POWDER IN PACKET	3	EDS
PREZCOBIX	5	
PREZISTA ORAL SUSPENSION	4	EDS
PREZISTA ORAL TABLET 150 MG, 75 MG	4	EDS
REYATAZ ORAL POWDER IN PACKET	5	

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Drug Name	Drug Tier	Requirements/ Limits
ritonavir	3	EDS
SYMTUZA	5	
VIRACEPT ORAL TABLET	5	
ANTI-INFLUENZA AGENTS		
amantadine hcl	2	EDS
oseltamivir oral capsule	2	EDS
oseltamivir oral suspension for reconstitution	3	EDS
RELENZA DISKHALER	3	EDS
rimantadine	2	EDS
XOFLUZA ORAL TABLET 40 MG, 80 MG	4	EDS
ANTIVIRAL, CORONAVIRUS AGENTS		
LAGEVRIO (EUA)	4	EDS
PAXLOVID	3	EDS
ANXIOLYTICS		
ANXIOLYTICS, OTHER		
buspirone	2	EDS
meprobamate	4	EDS
BENZODIAZEPINES		
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg	2	QL (120 EA per 30 days); EDS
alprazolam oral tablet 2 mg	2	QL (150 EA per 30 days); EDS
clorazepate dipotassium	4	EDS
diazepam intensol	4	PA; EDS
diazepam oral solution 5 mg/5 ml (1 mg/ml)	4	PA; EDS
diazepam oral tablet	3	PA; EDS
lorazepam intensol	3	EDS
lorazepam oral tablet	2	EDS
BIPOLAR AGENTS		
MOOD STABILIZERS		
lamotrigine oral tablet	2	EDS
lamotrigine oral tablet, chewable dispersible	2	EDS
lamotrigine oral tablet,disintegrating	4	EDS
lithium carbonate	2	EDS
lithium citrate	2	EDS
SUBVENITE ORAL SUSPENSION	4	EDS
subvenite oral tablet	2	EDS
BLOOD GLUCOSE REGULATORS		
ANTIDIABETIC AGENTS		
acarbose	2	EDS
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	EDS
glipizide oral tablet 10 mg, 5 mg	1	EDS
glipizide oral tablet extended release 24hr	1	EDS
glipizide-metformin	1	EDS
GLYXAMBI	3	QL (30 EA per 30 days); EDS
JANUMET	3	QL (60 EA per 30 days); EDS

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Drug Name	Drug Tier	Requirements/ Limits
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	3	QL (30 EA per 30 days); EDS
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	3	QL (60 EA per 30 days); EDS
JANUVIA	3	QL (30 EA per 30 days); EDS
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG	3	QL (60 EA per 30 days); EDS
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	3	QL (60 EA per 30 days); EDS
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	QL (30 EA per 30 days); EDS
liraglutide	4	PA; QL (9 ML per 30 days); EDS
metformin oral tablet 1,000 mg, 500 mg, 850 mg	1	EDS
metformin oral tablet extended release 24 hr	1	EDS
MOUNJARO	3	PA; QL (2 ML per 28 days); EDS
nateglinide	2	EDS
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	3	PA; QL (3 ML per 28 days); EDS
pioglitazone	1	EDS
pioglitazone-glimepiride	2	QL (30 EA per 30 days); EDS
pioglitazone-metformin	2	EDS
repaglinide	2	EDS
RYBELSUS	3	PA; QL (30 EA per 30 days); EDS
saxagliptin	3	QL (30 EA per 30 days); EDS
saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg	3	QL (60 EA per 30 days); EDS
saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg	3	QL (30 EA per 30 days); EDS
SOLIQUA 100/33	3	EDS
SYNJARDY	3	QL (60 EA per 30 days); EDS
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	3	QL (30 EA per 30 days); EDS
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	3	QL (60 EA per 30 days); EDS
TRADJENTA	3	QL (30 EA per 30 days); EDS
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	3	QL (30 EA per 30 days); EDS

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Drug Name	Drug Tier	Requirements/ Limits
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	3	QL (60 EA per 30 days); EDS
TRULICITY	3	PA; QL (2 ML per 28 days); EDS
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	3	QL (30 EA per 30 days); EDS
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	3	QL (60 EA per 30 days); EDS
GLYCEMIC AGENTS		
diazoxide	5	
glucagon emergency kit (human)	3	EDS
GVOKE	3	EDS
GVOKE HYPOPEN 2-PACK	3	EDS
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	3	EDS
INSULINS		
FIASP FLEXTOUCH U-100 INSULIN	3	EDS
FIASP PENFILL U-100 INSULIN	3	EDS
FIASP U-100 INSULIN	3	EDS
HUMALOG JUNIOR KWIKPEN U-100	3	EDS
HUMALOG KWIKPEN INSULIN	3	EDS
HUMALOG MIX 50-50 KWIKPEN	3	EDS
HUMALOG MIX 75-25 KWIKPEN	3	EDS
HUMALOG MIX 75-25(U-100)INSULN	3	EDS
HUMALOG U-100 INSULIN	3	EDS
HUMULIN 70/30 U-100 INSULIN	3	EDS
HUMULIN 70/30 U-100 KWIKPEN	3	EDS
HUMULIN N NPH INSULIN KWIKPEN	3	EDS
HUMULIN N NPH U-100 INSULIN	3	EDS
HUMULIN R REGULAR U-100 INSULN	3	EDS
HUMULIN R U-500 (CONC) INSULIN	3	EDS
HUMULIN R U-500 (CONC) KWIKPEN	3	EDS
INSULIN LISPRO	3	EDS
INSULIN LISPRO PROTAMIN-LISPRO	3	EDS
LANTUS SOLOSTAR U-100 INSULIN	3	EDS
LANTUS U-100 INSULIN	3	EDS
LYUMJEV KWIKPEN U-100 INSULIN	3	EDS
LYUMJEV KWIKPEN U-200 INSULIN	3	EDS
LYUMJEV U-100 INSULIN	3	EDS

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Drug Name	Drug Tier	Requirements/ Limits
NOVOLIN 70/30 U-100 INSULIN	3	EDS
NOVOLIN 70-30 FLEXPEN U-100	3	EDS
NOVOLIN N FLEXPEN	3	EDS
NOVOLIN N NPH U-100 INSULIN	3	EDS
NOVOLIN R FLEXPEN	3	EDS
NOVOLIN R REGULAR U100 INSULIN	3	EDS
NOVOLOG FLEXPEN U-100 INSULIN	3	EDS
NOVOLOG MIX 70-30 U-100 INSULN	3	EDS
NOVOLOG MIX 70-30FLEXPEN U-100	3	EDS
NOVOLOG PENFILL U-100 INSULIN	3	EDS
NOVOLOG U-100 INSULIN ASPART	3	EDS
TOUJEO MAX U-300 SOLOSTAR	3	EDS
TOUJEO SOLOSTAR U-300 INSULIN	3	EDS
TRESIBA FLEXTOUCH U-100	3	EDS
TRESIBA FLEXTOUCH U-200	3	EDS
TRESIBA U-100 INSULIN	3	EDS
BLOOD PRODUCTS AND MODIFIERS		
ANTICOAGULANTS		
dabigatran etexilate	3	QL (60 EA per 30 days); EDS
ELIQUIS DVT-PE TREAT 30D START	3	QL (74 EA per 180 days); EDS
ELIQUIS ORAL TABLET	3	QL (60 EA per 30 days); EDS
enoxaparin subcutaneous syringe	4	EDS
fondaparinux subcutaneous syringe 10 mg/0.8 ml, 7.5 mg/0.6 ml	5	
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml, 5 mg/0.4 ml	4	EDS
heparin (porcine) injection solution	2	B vs D; EDS
jantoven	1	EDS
rivaroxaban oral suspension for reconstitution	3	QL (775 ML per 30 days); EDS
rivaroxaban oral tablet	3	QL (60 EA per 30 days); EDS
warfarin	1	EDS
XARELTO DVT-PE TREAT 30D START	3	QL (51 EA per 180 days); EDS
XARELTO ORAL SUSPENSION FOR RECONSTITUTION	3	QL (775 ML per 30 days); EDS
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	3	QL (30 EA per 30 days); EDS
XARELTO ORAL TABLET 2.5 MG	3	QL (60 EA per 30 days); EDS
BLOOD PRODUCTS AND MODIFIERS, OTHER		
anagrelide	2	EDS

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Drug Name	Drug Tier	Requirements/ Limits
eltrombopag olamine oral powder in packet	5	PA; QL (180 EA per 30 days)
eltrombopag olamine oral tablet 12.5 mg, 25 mg	5	PA; QL (30 EA per 30 days)
eltrombopag olamine oral tablet 50 mg, 75 mg	5	PA; QL (60 EA per 30 days)
FULPHILA	5	PA
NIVESTYM	5	PA
NYVEPRIA	5	PA
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; EDS
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	5	PA
PROMACTA ORAL POWDER IN PACKET	5	PA; QL (180 EA per 30 days); LD
PROMACTA ORAL TABLET 12.5 MG, 25 MG	5	PA; QL (30 EA per 30 days); LD
PROMACTA ORAL TABLET 50 MG, 75 MG	5	PA; QL (60 EA per 30 days); LD
RELEUKO SUBCUTANEOUS	4	PA; EDS
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; EDS
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	5	PA
UDENYCA	5	PA
UDENYCA AUTOINJECTOR	5	PA
HEMOSTASIS AGENTS		
tranexamic acid oral	3	EDS
PLATELET MODIFYING AGENTS		
aspirin-dipyridamole	4	EDS
cilostazol	2	EDS
clopidogrel oral tablet 75 mg	1	EDS
dipyridamole oral	2	EDS
prasugrel hcl	2	EDS
ticagrelor	3	EDS
CARDIOVASCULAR AGENTS		
ALPHA-ADRENERGIC AGONISTS		
clonidine	4	EDS
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	EDS
droxidopa oral capsule 100 mg	4	PA; EDS
droxidopa oral capsule 200 mg, 300 mg	5	PA
guanfacine oral tablet	2	EDS

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Drug Name	Drug Tier	Requirements/ Limits
midodrine	3	EDS
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan	2	EDS
irbesartan	1	EDS
losartan	1	EDS
olmesartan	2	EDS
telmisartan	2	EDS
valsartan oral tablet	1	EDS
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS		
benazepril	1	EDS
captopril	1	EDS
enalapril maleate oral tablet	1	EDS
fosinopril	1	EDS
lisinopril	1	EDS
moexipril	1	EDS
perindopril erbumine	1	EDS
quinapril	1	EDS
ramipril	1	EDS
trandolapril	1	EDS
ANTIARRHYTHMICS		
amiodarone oral	2	EDS
digoxin oral solution	2	EDS
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	2	EDS
disopyramide phosphate oral capsule	4	EDS
dofetilide	4	EDS
flecainide	2	EDS
LANOXIN ORAL	3	EDS
mexiletine	2	EDS
MULTAQ	3	EDS
pacerone oral tablet 100 mg, 200 mg, 400 mg	2	EDS
propafenone oral tablet	2	EDS
quinidine gluconate oral	4	EDS
quinidine sulfate oral tablet	2	EDS
sotalol af	2	EDS
sotalol oral	2	EDS
BETA-ADRENERGIC BLOCKING AGENTS		
acebutolol	2	EDS
atenolol	1	EDS
bisoprolol fumarate oral tablet 10 mg, 5 mg	2	EDS
carvedilol	1	EDS
labetalol oral tablet 100 mg, 200 mg, 300 mg	2	EDS
metoprolol succinate	2	EDS
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	EDS
nadolol	2	EDS
nebivolol	2	EDS
pindolol	2	EDS
propranolol oral capsule,extended release 24 hr	2	EDS
propranolol oral solution	2	EDS
propranolol oral tablet	1	EDS

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Drug Name	Drug Tier	Requirements/ Limits
CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES		
amlodipine	1	EDS
felodipine	2	EDS
isradipine	2	EDS
nicardipine oral	2	EDS
nifedipine	2	EDS
nimodipine oral capsule	4	EDS
CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES		
cartia xt	2	EDS
diltiazem hcl oral capsule,extended release 12 hr	2	EDS
diltiazem hcl oral capsule,extended release 24 hr 360 mg, 420 mg	2	EDS
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	2	EDS
diltiazem hcl oral tablet	2	EDS
dilt-xr	2	EDS
tiadylt er	2	EDS
verapamil oral capsule, 24 hr er pellet ct	2	EDS
verapamil oral capsule,ext rel. pellets 24 hr	2	EDS
verapamil oral tablet	1	EDS
verapamil oral tablet extended release	2	EDS
CARDIOVASCULAR AGENTS, OTHER		
aliskiren	3	EDS
amiloride-hydrochlorothiazide	1	EDS
amlodipine-atorvastatin	2	EDS
amlodipine-benazepril	1	EDS
amlodipine-olmesartan	2	EDS
amlodipine-valsartan	1	EDS
amlodipine-valsartan-hcthiazid	2	EDS
atenolol-chlorthalidone	1	EDS
benazepril-hydrochlorothiazide	1	EDS
bisoprolol-hydrochlorothiazide	2	EDS
enalapril-hydrochlorothiazide	1	EDS
ENTRESTO	3	QL (60 EA per 30 days); EDS
ENTRESTO SPRINKLE	3	QL (240 EA per 30 days); EDS
fosinopril-hydrochlorothiazide	1	EDS
irbesartan-hydrochlorothiazide	1	EDS
ivabradine	4	PA; QL (60 EA per 30 days); EDS
lisinopril-hydrochlorothiazide	1	EDS
losartan-hydrochlorothiazide	1	EDS
metoprolol ta-hydrochlorothiaz	2	EDS
metyrosine	5	PA
olmesartan-amlodipin-hcthiazid	2	EDS

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Drug Name	Drug Tier	Requirements/ Limits
olmesartan-hydrochlorothiazide	2	EDS
pentoxifylline	2	EDS
quinapril-hydrochlorothiazide	1	EDS
ranolazine	3	EDS
sacubitril-valsartan	3	QL (60 EA per 30 days); EDS
spironolacton-hydrochlorothiaz	1	EDS
triamterene-hydrochlorothiazid	1	EDS
valsartan-hydrochlorothiazide	1	EDS
DIURETICS, LOOP		
bumetanide	2	EDS
furosemide injection	2	EDS
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	1	EDS
furosemide oral tablet	1	EDS
torsemide oral	2	EDS
DIURETICS, POTASSIUM-SPARING		
amiloride	2	EDS
triamterene	4	EDS
DIURETICS, THIAZIDE		
chlorthalidone oral tablet 25 mg, 50 mg	1	EDS
hydrochlorothiazide	1	EDS
indapamide	1	EDS
metolazone	2	EDS
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES		
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	2	EDS
fenofibrate nanocrystallized	2	EDS
fenofibrate oral tablet 160 mg, 54 mg	2	EDS
fenofibric acid (choline)	3	EDS
gemfibrozil	2	EDS
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS		
atorvastatin	1	EDS
lovastatin	1	EDS
pravastatin	1	EDS
rosuvastatin	1	EDS
simvastatin	1	EDS
DYSLIPIDEMICS, OTHER		
cholestyramine (with sugar) oral powder in packet	2	EDS
cholestyramine light oral powder in packet	2	EDS
colesevelam	4	EDS
colestipol oral packet	2	EDS
colestipol oral tablet	2	EDS
ezetimibe	2	EDS
ezetimibe-simvastatin	3	EDS
icosapent ethyl	4	EDS
NEXLETOL	3	PA; EDS
NEXLIZET	3	PA; EDS

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Drug Name	Drug Tier	Requirements/ Limits
niacin oral tablet extended release 24 hr	3	QL (60 EA per 30 days); EDS
omega-3 acid ethyl esters	2	EDS
prevalite oral powder in packet	2	EDS
REPATHA SURECLICK	3	PA; EDS
REPATHA SYRINGE	3	PA; EDS
VASCEPA	4	EDS
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
eplerenone	3	EDS
KERENDIA	3	PA; EDS
spironolactone oral tablet	1	EDS
SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS (SGLT2I)		
dapagliflozin	3	QL (30 EA per 30 days); EDS
FARXIGA	3	QL (30 EA per 30 days); EDS
JARDIANCE	3	QL (30 EA per 30 days); EDS
VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	2	EDS
isosorbide mononitrate	2	EDS
nitro-bid	2	EDS
nitroglycerin sublingual	2	EDS
nitroglycerin transdermal patch 24 hour	2	EDS
nitroglycerin translingual	2	EDS
VERQUVO	3	QL (30 EA per 30 days); EDS
VASODILATORS, DIRECT-ACTING ARTERIAL		
hydralazine oral	2	EDS
minoxidil oral	2	EDS
CENTRAL NERVOUS SYSTEM AGENTS		
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES		
dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg	4	QL (120 EA per 30 days); EDS
dextroamphetamine sulfate oral capsule, extended release 5 mg	4	QL (30 EA per 30 days); EDS
dextroamphetamine sulfate oral tablet 10 mg	3	QL (180 EA per 30 days); EDS
dextroamphetamine sulfate oral tablet 5 mg	3	QL (120 EA per 30 days); EDS
dextroamphetamine-amphetamine oral tablet	2	QL (60 EA per 30 days); EDS
zenzedi oral tablet 10 mg	3	QL (180 EA per 30 days); EDS
zenzedi oral tablet 5 mg	3	QL (120 EA per 30 days); EDS
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES		

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Drug Name	Drug Tier	Requirements/ Limits
atomoxetine	3	EDS
clonidine hcl oral tablet extended release 12 hr	2	EDS
dexmethylphenidate oral tablet	2	EDS
methylphenidate hcl oral tablet	2	EDS
methylphenidate hcl oral tablet extended release	3	EDS
CENTRAL NERVOUS SYSTEM, OTHER		
AUSTEDO ORAL TABLET 12 MG, 9 MG	5	PA; QL (120 EA per 30 days); LD
AUSTEDO ORAL TABLET 6 MG	5	PA; QL (60 EA per 30 days); LD
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 6 MG	5	PA; QL (90 EA per 30 days); LD
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG	5	PA; QL (60 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 24 MG	5	PA; QL (60 EA per 30 days); LD
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 30 MG, 36 MG, 42 MG, 48 MG	5	PA; QL (30 EA per 30 days)
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	5	PA; QL (28 EA per 28 days)
COBENFY	4	EDS
COBENFY STARTER PACK	4	EDS
NUEDEXTA	5	PA
riluzole	3	EDS
tetrabenazine oral tablet 12.5 mg	4	PA; QL (240 EA per 30 days); EDS
tetrabenazine oral tablet 25 mg	5	PA; QL (120 EA per 30 days)
FIBROMYALGIA AGENTS		
duloxetine	2	EDS
milnacipran oral tablet	3	EDS
SAVELLA	3	EDS
MULTIPLE SCLEROSIS AGENTS		
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	5	PA
AVONEX INTRAMUSCULAR SYRINGE KIT	5	PA
BETASERON SUBCUTANEOUS KIT	5	PA
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	5	PA
dalfampridine	3	PA; EDS
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg, 120 mg (14)-240 mg (46)	4	PA; EDS

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Drug Name	Drug Tier	Requirements/ Limits
dimethyl fumarate oral capsule,delayed release(dr/ec) 240 mg	5	PA
fingolimod	5	PA
glatiramer	5	PA
glatopa	5	PA
teriflunomide	5	PA
VUMERITY	5	PA
DENTAL AND ORAL AGENTS		
DENTAL AND ORAL AGENTS		
cevimeline	3	EDS
chlorhexidine gluconate	2	EDS
doxycycline hyclate oral tablet 20 mg	2	EDS
kourzeq	2	EDS
lidocaine viscous	2	EDS
periogard	2	EDS
pilocarpine hcl oral	3	EDS
triamcinolone acetonide dental	2	EDS
DERMATOLOGICAL AGENTS		
ACNE AND ROSACEA AGENTS		
accutane oral capsule 10 mg, 20 mg, 40 mg	4	EDS
acitretin	4	PA; EDS
adapalene topical cream	4	EDS
adapalene topical gel 0.3 %	4	EDS
ALTRENO	3	PA; EDS
amnesteem	4	EDS
claravis	4	EDS
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	4	EDS
metronidazole topical cream	3	EDS
metronidazole topical gel	3	EDS
metronidazole topical lotion	3	EDS
tazarotene topical cream	4	EDS
tazarotene topical gel	4	QL (100 GM per 30 days); EDS
tretinoin	3	PA; EDS
zenatane	4	EDS
DERMATITIS AND PRURITUS AGENTS		
alclometasone	2	EDS
ammonium lactate	2	EDS
betamethasone dipropionate	2	EDS
betamethasone valerate topical cream	2	EDS
betamethasone valerate topical lotion	2	EDS
betamethasone valerate topical ointment	2	EDS
betamethasone, augmented	2	EDS
clobetasol scalp	4	EDS
clobetasol topical cream 0.05 %	4	EDS
clobetasol topical foam	4	EDS
clobetasol topical gel	4	EDS

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Drug Name	Drug Tier	Requirements/ Limits
clobetasol topical ointment	4	EDS
clobetasol-emollient	4	EDS
desonide topical cream	3	QL (120 GM per 30 days); EDS
desonide topical lotion	3	QL (118 ML per 30 days); EDS
desonide topical ointment	3	QL (120 GM per 30 days); EDS
desoximetasone topical cream 0.05 %	4	QL (120 GM per 30 days); EDS
desoximetasone topical cream 0.25 %	3	QL (120 GM per 30 days); EDS
desoximetasone topical gel	4	QL (120 GM per 30 days); EDS
desoximetasone topical ointment 0.05 %	4	QL (120 GM per 30 days); EDS
desoximetasone topical ointment 0.25 %	3	QL (120 GM per 30 days); EDS
EUCRISA	4	PA; QL (120 GM per 30 days); EDS
fluocinolone scalp oil	3	EDS
fluocinolone topical cream	3	EDS
fluocinolone topical ointment	3	EDS
fluocinolone topical solution	3	EDS
fluocinonide topical cream 0.05 %	2	QL (120 GM per 30 days); EDS
fluocinonide topical gel	2	QL (60 GM per 30 days); EDS
fluocinonide topical ointment	2	QL (60 GM per 30 days); EDS
fluocinonide topical solution	2	EDS
fluocinonide-emollient	2	QL (60 GM per 30 days); EDS
fluticasone propionate topical cream	2	EDS
fluticasone propionate topical ointment	2	EDS
halobetasol propionate topical cream	2	EDS
halobetasol propionate topical ointment	2	EDS
hydrocortisone butyrate topical cream	2	EDS
hydrocortisone butyrate topical solution	2	EDS
hydrocortisone topical lotion 2.5 %	2	EDS
hydrocortisone topical ointment 2.5 %	2	EDS
hydrocortisone valerate	2	EDS
mometasone topical	2	EDS
pimecrolimus	4	QL (100 GM per 30 days); EDS
selenium sulfide topical lotion	2	EDS
tacrolimus topical	4	QL (100 GM per 30 days); EDS
triamcinolone acetonide topical cream	2	EDS
triamcinolone acetonide topical lotion	2	EDS

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Drug Name	Drug Tier	Requirements/ Limits
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	2	EDS
DERMATOLOGICAL AGENTS, OTHER		
calcipotriene scalp	3	EDS
calcipotriene topical cream	4	QL (120 GM per 30 days); EDS
calcipotriene topical ointment	4	QL (120 GM per 30 days); EDS
clotrimazole-betamethasone	2	EDS
diclofenac sodium topical gel 3 %	4	PA; EDS
fluorouracil topical cream 5 %	3	EDS
fluorouracil topical solution	3	EDS
imiquimod topical cream in packet 5 %	3	EDS
methoxsalen	5	
nystatin-triamcinolone	3	EDS
OTEZLA	5	PA; QL (60 EA per 30 days)
OTEZLA XR	5	PA; QL (30 EA per 30 days)
OTEZLA XR INITIATION	5	PA; QL (41 EA per 28 days)
podofilox topical solution	2	EDS
PROCTOFOAM HC	4	EDS
SANTYL	3	QL (90 GM per 30 days); EDS
silver sulfadiazine	2	EDS
ssd	2	EDS
PEDICULICIDES/SCABICIDES		
malathion	4	EDS
permethrin	2	EDS
TOPICAL ANTI-INFECTIVES		
acyclovir topical cream	4	QL (5 GM per 30 days); EDS
acyclovir topical ointment	4	QL (30 GM per 30 days); EDS
ciclopirox	2	EDS
clindamycin phosphate topical gel	3	EDS
clindamycin phosphate topical gel, once daily	3	EDS
clindamycin phosphate topical lotion	2	EDS
clindamycin phosphate topical solution	2	EDS
erythromycin with ethanol topical gel	2	EDS
erythromycin with ethanol topical solution	2	EDS
mupirocin	2	EDS
mupirocin calcium	4	QL (30 GM per 30 days); EDS
ELECTROLYTES/MINERALS/METALS/VITAMINS		
ELECTROLYTE/MINERAL REPLACEMENT		
carglumic acid	5	PA
CLINISOL SF 15 %	4	B vs D; EDS
d10 %-0.45 % sodium chloride	2	EDS
d2.5 %-0.45 % sodium chloride	2	EDS

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Drug Name	Drug Tier	Requirements/ Limits
d5 % and 0.9 % sodium chloride	2	EDS
d5 %-0.45 % sodium chloride	2	EDS
dextrose 10 % and 0.2 % nacl	2	EDS
dextrose 10 % in water (d10w)	2	EDS
dextrose 5 % in water (d5w) intravenous parenteral solution	2	EDS
dextrose 5%-0.2 % sod chloride	2	EDS
klor-con	4	EDS
klor-con 10	2	EDS
klor-con 8	2	EDS
klor-con m10	2	EDS
klor-con m15	2	EDS
klor-con m20	2	EDS
magnesium sulfate injection	2	EDS
PLENAMINE	2	B vs D; EDS
potassium chlorid-d5-0.45%nacl	2	EDS
potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l	2	EDS
potassium chloride in lr-d5	2	EDS
potassium chloride in water intravenous piggyback 10 meq/100 ml, 20 meq/100 ml, 40 meq/100 ml	2	EDS
potassium chloride intravenous	2	EDS
potassium chloride oral capsule, extended release	2	EDS
potassium chloride oral liquid	4	EDS
potassium chloride oral packet 20 meq	4	EDS
potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq	2	EDS
potassium chloride oral tablet,er particles/crystals	2	EDS
potassium chloride-d5-0.2%nacl	2	EDS
potassium chloride-d5-0.9%nacl	2	EDS
potassium citrate oral tablet extended release	2	EDS
PROSOL 20 %	4	B vs D; EDS
sodium chloride 0.45 % intravenous	2	EDS
sodium chloride 0.9 % intravenous parenteral solution	2	EDS
sodium chloride 3 % hypertonic	2	EDS
sodium chloride 5 % hypertonic	2	EDS
TPN ELECTROLYTES	3	EDS
travasol 10 %	4	B vs D; EDS
ELECTROLYTE/MINERAL/METAL MODIFIERS		
deferasirox	3	PA; EDS
deferiprone	5	PA
JYNARQUE	5	PA; LD

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Drug Name	Drug Tier	Requirements/ Limits
penicillamine oral tablet	5	
tolvaptan	5	PA
tolvaptan (polycys kidney dis)	5	PA
trientine oral capsule 250 mg	5	
POTASSIUM BINDERS		
kionex oral suspension	2	EDS
LOKELMA	3	EDS
sodium polystyrene sulfonate	2	EDS
sps (with sorbitol) oral	2	EDS
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	3	EDS
VITAMINS		
prenatal vitamin plus low iron	2	EDS
GASTROINTESTINAL AGENTS		
ANTI-CONSTIPATION AGENTS		
constulose	2	EDS
enulose	2	EDS
generlac	2	EDS
lactulose oral solution	2	EDS
LINZESS	3	EDS
lubiprostone	3	EDS
MOVANTIK	3	EDS
RELISTOR ORAL	5	PA
RELISTOR SUBCUTANEOUS SOLUTION	5	PA
RELISTOR SUBCUTANEOUS SYRINGE	5	PA
TRULANCE	3	EDS
ANTI-DIARRHEAL AGENTS		
alosetron oral tablet 0.5 mg	4	PA; EDS
alosetron oral tablet 1 mg	5	PA
diphenoxylate-atropine	4	EDS
loperamide oral capsule	2	EDS
XERMELO	5	PA
ANTISPASMODICS, GASTROINTESTINAL		
dicyclomine oral capsule	4	PA; EDS
dicyclomine oral solution	4	PA; EDS
dicyclomine oral tablet 20 mg	4	PA; EDS
glycopyrrolate oral tablet 1 mg, 2 mg	2	EDS
GASTROINTESTINAL AGENTS, OTHER		
gavilyte-c	2	EDS
gavilyte-g	2	EDS
gavilyte-n	2	EDS
metoclopramide hcl oral solution	2	EDS
metoclopramide hcl oral tablet	2	EDS
nitroglycerin rectal	4	EDS
peg 3350-electrolytes	2	EDS
peg3350-sod sul-nacl-kcl-asb-c	3	EDS

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Drug Name	Drug Tier	Requirements/ Limits
peg-electrolyte soln	2	EDS
PLENVU	3	EDS
sodium,potassium,mag sulfates	3	EDS
ursodiol oral capsule 300 mg	3	EDS
ursodiol oral tablet	3	EDS
VOWST	5	PA; LD
XIFAXAN ORAL TABLET 200 MG	3	PA; QL (9 EA per 30 days); EDS
XIFAXAN ORAL TABLET 550 MG	5	PA; QL (90 EA per 30 days)
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS		
cimetidine	2	EDS
cimetidine hcl oral	3	EDS
famotidine oral tablet 20 mg, 40 mg	1	EDS
PROTECTANTS		
misoprostol	2	EDS
sucralfate oral tablet	2	EDS
PROTON PUMP INHIBITORS		
esomeprazole magnesium oral capsule,delayed release(dr/ec)	3	EDS
lansoprazole oral capsule,delayed release(dr/ec)	2	EDS
omeprazole oral capsule,delayed release(dr/ec)	1	EDS
pantoprazole oral tablet,delayed release (dr/ec)	1	EDS
rabeprazole oral tablet,delayed release (dr/ec)	3	EDS

Drug Name	Drug Tier	Requirements/ Limits
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
betaine	5	
CERDELGA	5	PA
CREON	3	EDS
cromolyn oral	4	EDS
CYSTAGON	3	EDS
glutamine (sickle cell)	5	PA
nitisinone	5	PA
PROLASTIN-C INTRAVENOUS SOLUTION	5	PA; LD
REVCOVI	5	PA; LD
sapropterin	5	
sodium phenylbutyrate	5	
WELIREG	5	PA; LD
GENITOURINARY AGENTS		
ANTISPASMODICS, URINARY		
fesoterodine	3	EDS
GEMTESA	4	EDS
MYRBETRIQ	3	EDS
oxybutynin chloride oral syrup	2	EDS
oxybutynin chloride oral tablet 5 mg	2	EDS
oxybutynin chloride oral tablet extended release 24hr	2	EDS

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Drug Name	Drug Tier	Requirements/ Limits
solifenacin	3	EDS
tolterodine oral capsule,extended release 24hr	4	QL (30 EA per 30 days); EDS
trospium oral tablet	2	EDS
BENIGN PROSTATIC HYPERTROPHY AGENTS		
alfuzosin	2	EDS
doxazosin	2	EDS
dutasteride	3	EDS
dutasteride-tamsulosin	3	EDS
finasteride oral tablet 5 mg	1	EDS
prazosin	2	EDS
tadalafil oral tablet 2.5 mg	4	PA; QL (60 EA per 30 days); EDS
tadalafil oral tablet 5 mg	4	PA; QL (30 EA per 30 days); EDS
tamsulosin	1	EDS
terazosin	1	EDS
GENITOURINARY AGENTS, OTHER		
bethanechol chloride	2	EDS
ELMIRON	4	EDS
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
dexamethasone oral solution	2	EDS
dexamethasone oral tablet	2	EDS
dexamethasone oral tablets,dose pack	2	EDS
fludrocortisone	2	EDS
HEMADY	4	EDS
hydrocortisone oral	2	EDS
MEDROL ORAL TABLET 16 MG, 2 MG, 4 MG, 8 MG	4	B vs D; EDS
methylprednisolone oral tablet	2	B vs D; EDS
methylprednisolone oral tablets,dose pack	2	EDS
ORAPRED ODT	4	B vs D; EDS
prednisolone oral solution	2	B vs D; EDS
prednisolone oral tablet	4	B vs D; EDS
prednisolone sodium phosphate oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)	2	B vs D; EDS
prednisolone sodium phosphate oral tablet,disintegrating	4	B vs D; EDS
prednisone intensol	4	B vs D; EDS
prednisone oral solution	2	B vs D; EDS
prednisone oral tablet	1	B vs D; EDS
prednisone oral tablet,delayed release (dr/ec)	5	B vs D
prednisone oral tablets,dose pack	1	EDS

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Drug Name	Drug Tier	Requirements/ Limits
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)	4	EDS
desmopressin oral	2	EDS
GENOTROPIN	5	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML	4	PA; EDS
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	5	PA
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT)	5	PA
HUMATROPE INJECTION CARTRIDGE 6 MG (18 UNIT)	4	PA; EDS
INCRELEX	5	PA
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT	5	PA
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
ANDROGENS		
danazol	4	EDS
testosterone cypionate	2	EDS
testosterone enanthate	2	EDS
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %), 20.25 mg/1.25 gram (1.62 %)	3	EDS
testosterone transdermal gel in packet	3	EDS
ESTROGENS		
abigale	2	EDS
abigale lo	2	EDS
altavera (28)	2	EDS
alyacen 1/35 (28)	2	EDS
apri	2	EDS
aranelle (28)	2	EDS
aubra eq	2	EDS
aviane	2	EDS
azurette (28)	2	EDS
blisovi fe 1.5/30 (28)	2	EDS
briellyn	2	EDS
conjugated estrogens	3	EDS

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Drug Name	Drug Tier	Requirements/ Limits
cyred eq	2	EDS
dotti	2	EDS
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg	2	EDS
eluryng	3	EDS
enilloring	3	EDS
enskyce	2	EDS
estarylla	2	EDS
estradiol oral	2	EDS
estradiol transdermal patch semiweekly	2	EDS
estradiol transdermal patch weekly	2	EDS
estradiol vaginal	2	EDS
estradiol-norethindrone acet	2	EDS
ESTRING	3	EDS
etonogestrel-ethinyl estradiol	3	EDS
falmina (28)	2	EDS
feirza	2	EDS
fyavolv	2	EDS
hailey fe 1/20 (28)	2	EDS
IMVEXXY MAINTENANCE PACK	3	EDS
IMVEXXY STARTER PACK	3	EDS
introvale	2	EDS
isibloom	2	EDS
jasmiel (28)	2	EDS
jinteli	2	EDS
juleber	2	EDS
junel 1.5/30 (21)	2	EDS
junel 1/20 (21)	2	EDS
junel fe 1/20 (28)	2	EDS
kariva (28)	2	EDS
kelnor 1/35 (28)	2	EDS
kurvelo (28)	2	EDS
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)	2	EDS
larin 1.5/30 (21)	2	EDS
larin 1/20 (21)	2	EDS
larin fe 1.5/30 (28)	2	EDS
larin fe 1/20 (28)	2	EDS
levonest (28)	2	EDS
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg	2	EDS
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month	2	EDS
levonorg-eth estrad triphasic	2	EDS
loryna (28)	2	EDS
low-ogestrel (28)	2	EDS
luizza	2	EDS
lyllana	2	EDS
marlissa (28)	2	EDS
microgestin 1.5/30 (21)	2	EDS
microgestin 1/20 (21)	2	EDS
microgestin fe 1.5/30 (28)	2	EDS
microgestin fe 1/20 (28)	2	EDS

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Drug Name	Drug Tier	Requirements/ Limits
mili	2	EDS
mimvey	2	EDS
necon 0.5/35 (28)	2	EDS
nikki (28)	2	EDS
norelgestromin-ethin.estradiol	3	EDS
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	2	EDS
norgestimate-ethinyl estradiol	2	EDS
nylia 1/35 (28)	2	EDS
nylia 7/7/7 (28)	2	EDS
pimtrea (28)	2	EDS
PREMARIN ORAL	3	EDS
PREMARIN VAGINAL	3	EDS
PREMPHASE	3	EDS
PREMPRO	3	EDS
reclipsen (28)	2	EDS
setlakin	2	EDS
tarina fe 1-20 eq (28)	2	EDS
tri-estarylla	2	EDS
tri-lo-estarylla	2	EDS
tri-lo-sprintec	2	EDS
tri-mili	2	EDS
tri-sprintec (28)	2	EDS
tri-vylibra	2	EDS
tri-vylibra lo	2	EDS
turqoz (28)	2	EDS
valtya	2	EDS
velivet triphasic regimen (28)	2	EDS
vestura (28)	2	EDS
vienva	2	EDS
viorele (28)	2	EDS
vyfemla (28)	2	EDS
vylibra	2	EDS
wymzya fe	2	EDS
xelria fe	2	EDS
xulane	3	EDS
yuvafem	2	EDS
zafemy	3	EDS
zovia 1-35 (28)	2	EDS
PROGESTINS		
deblitane	2	EDS
DEPO-SUBQ PROVERA 104	3	EDS
gallifrey	2	EDS
heather	2	EDS
incassia	2	EDS
LILETTA	3	EDS
lyleq	2	EDS
lyza	2	EDS
medroxyprogesterone	2	EDS
megestrol oral suspension 400 mg/10 ml (40 mg/ml)	2	EDS
megestrol oral tablet	2	EDS
meleya	2	EDS
NEXPLANON	3	EDS
norethindrone (contraceptive)	2	EDS
norethindrone acetate	2	EDS
orquidea	2	EDS
progesterone micronized oral	2	EDS
sharobel	2	EDS

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Drug Name	Drug Tier	Requirements/ Limits
SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS		
DUAVEE	3	EDS
raloxifene	3	EDS
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
CYTOMEL	3	EDS
levothyroxine oral tablet	1	EDS
levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	EDS
liomny	2	EDS
liothyronine oral	2	EDS
REZDIFFRA	5	PA; QL (30 EA per 30 days)
SYNTHROID	3	EDS
unithroid	1	EDS
HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		
HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		
cabergoline	2	EDS
ELIGARD	4	PA; EDS
ELIGARD (3 MONTH)	4	PA; EDS
ELIGARD (4 MONTH)	4	PA; EDS
ELIGARD (6 MONTH)	4	PA; EDS
leuprolide subcutaneous kit	4	PA; EDS
LUPRON DEPOT	5	PA
LUPRON DEPOT (3 MONTH)	5	PA
LUPRON DEPOT (4 MONTH)	5	PA
LUPRON DEPOT (6 MONTH)	5	PA
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	5	PA
LUPRON DEPOT-PED INTRAMUSCULAR KIT 7.5 MG (PED)	5	PA
mifepristone oral tablet 300 mg	5	PA
octreotide acetate injection solution 1,000 mcg/ml	5	PA
octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	4	PA; EDS
ORGOVYX	5	PA; LD
SIGNIFOR	5	PA
SOMAVERT	5	PA
SYNAREL	4	EDS
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	4	PA; EDS

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Drug Name	Drug Tier	Requirements/ Limits
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
ANTITHYROID AGENTS		
methimazole oral tablet 10 mg, 5 mg	2	EDS
propylthiouracil	2	EDS
IMMUNOLOGICAL AGENTS		
ANGIOEDEMA AGENTS		
CINRYZE	5	PA
icatibant	5	PA; QL (18 ML per 30 days)
sajazir	5	PA
IMMUNOGLOBULINS		
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	5	B vs D
GAMMAGARD S-D (IGA < 1 MCG/ML)	5	B vs D
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	5	B vs D
IMMUNOLOGICAL AGENTS, OTHER		
ARCALYST	5	PA
BENLYSTA SUBCUTANEOUS	5	PA
COSENTYX (2 SYRINGES)	5	PA; QL (10 ML per 28 days)
COSENTYX PEN (2 PENS)	5	PA; QL (10 ML per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; QL (2.5 ML per 28 days)
COSENTYX UNOREADY PEN	5	PA; QL (10 ML per 28 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	5	PA; QL (3.42 ML per 28 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5	PA; QL (8 ML per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	5	PA; QL (3.42 ML per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	5	PA; QL (8 ML per 28 days)
KINERET	5	PA; QL (20.1 ML per 30 days)
ORENCIA CLICKJECT	5	PA; QL (4 ML per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	5	PA; QL (4 ML per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	5	PA; QL (1.6 ML per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	5	PA; QL (2.8 ML per 28 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	5	PA; QL (55 EA per 180 days)
RIDAURA	3	EDS
RINVOQ LQ	5	PA; QL (360 ML per 30 days)

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Drug Name	Drug Tier	Requirements/ Limits
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	5	PA; QL (30 EA per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	5	PA; QL (84 EA per 180 days)
SELARSDI SUBCUTANEOUS SOLUTION	3	PA; QL (0.5 ML per 28 days); EDS
SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	3	PA; QL (0.5 ML per 28 days); EDS
SELARSDI SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; QL (1 ML per 28 days)
SKYRIZI SUBCUTANEOUS PEN INJECTOR	5	PA; QL (2 ML per 28 days)
SKYRIZI SUBCUTANEOUS SYRINGE	5	PA; QL (2 ML per 28 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	5	PA; QL (1.2 ML per 56 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	5	PA; QL (2.4 ML per 56 days)
STELARA SUBCUTANEOUS SOLUTION	5	PA; QL (0.5 ML per 28 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	5	PA; QL (0.5 ML per 28 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; QL (1 ML per 28 days)
TREMFYA ONE-PRESS	5	PA; QL (2 ML per 28 days)
TREMFYA PEN INDUCTION PK(2PEN)	5	PA; QL (12 ML per 180 days)
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	5	PA; QL (2 ML per 28 days)
TREMFYA SUBCUTANEOUS SYRINGE	5	PA; QL (2 ML per 28 days)
TYENNE AUTOINJECTOR	5	PA; QL (3.6 ML per 28 days)
TYENNE SUBCUTANEOUS	5	PA; QL (3.6 ML per 28 days)
USTEKINUMAB SUBCUTANEOUS SOLUTION	5	PA; QL (0.5 ML per 28 days)
USTEKINUMAB SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	5	PA; QL (0.5 ML per 28 days)
USTEKINUMAB SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; QL (1 ML per 28 days)
USTEKINUMAB-AEKN SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	3	PA; EDS

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Drug Name	Drug Tier	Requirements/ Limits
USTEKINUMAB-AEKN SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA
XELJANZ ORAL SOLUTION	5	PA; QL (300 ML per 30 days)
XELJANZ ORAL TABLET	5	PA; QL (60 EA per 30 days)
XELJANZ XR	5	PA; QL (30 EA per 30 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML	5	PA; QL (8 ML per 28 days); LD
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	5	PA; QL (1 ML per 28 days); LD
XOLAIR SUBCUTANEOUS RECON SOLN	5	PA; QL (8 EA per 28 days); LD
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML	5	PA; QL (8 ML per 28 days); LD
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; QL (1 ML per 28 days); LD
YESINTEK SUBCUTANEOUS SOLUTION	3	PA; QL (0.5 ML per 28 days); EDS
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	3	PA; QL (0.5 ML per 28 days); EDS
YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; QL (1 ML per 28 days)

Drug Name	Drug Tier	Requirements/ Limits
IMMUNOSTIMULANTS		
ACTIMMUNE	5	PA
BESREMI	5	PA; LD
PEGASYS SUBCUTANEOUS SOLUTION	5	PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL	4	B vs D; EDS
AZASAN	4	B vs D; EDS
azathioprine oral tablet 100 mg, 75 mg	4	B vs D; EDS
azathioprine oral tablet 50 mg	2	B vs D; EDS
CELLCEPT ORAL CAPSULE	4	B vs D; EDS
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION	5	B vs D
CELLCEPT ORAL TABLET	5	B vs D
cyclosporine modified	2	B vs D; EDS
cyclosporine oral capsule	3	B vs D; EDS
ENBREL MINI	5	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION	5	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SYRINGE	5	PA; QL (8 ML per 28 days)
ENBREL SURECLICK	5	PA; QL (8 ML per 28 days)
ENVARSUS XR	4	B vs D; EDS
everolimus (immunosuppressive) oral tablet 0.25 mg	4	B vs D; EDS

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Drug Name	Drug Tier	Requirements/ Limits
everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg	5	B vs D
gengraf oral capsule	2	B vs D; EDS
HADLIMA	5	PA; QL (8 ML per 28 days)
HADLIMA PUSHTOUCH	5	PA; QL (8 ML per 28 days)
HADLIMA(CF)	5	PA; QL (4 ML per 28 days)
HADLIMA(CF) PUSHTOUCH	5	PA; QL (4 ML per 28 days)
HUMIRA PEN	5	PA; QL (4 EA per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; QL (4 EA per 28 days)
HUMIRA(CF) PEN CROHNS-UC-HS	5	PA; QL (3 EA per 180 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS	5	PA; QL (3 EA per 180 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	5	PA; QL (4 EA per 28 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; QL (2 EA per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	5	PA; QL (2 EA per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	5	PA; QL (4 EA per 28 days)
IMURAN	4	B vs D; EDS
JYLAMVO	4	EDS
leflunomide	2	QL (30 EA per 30 days); EDS
methotrexate sodium	2	EDS
methotrexate sodium (pf) injection solution	2	EDS
mycophenolate mofetil oral capsule	2	B vs D; EDS
mycophenolate mofetil oral suspension for reconstitution	5	B vs D
mycophenolate mofetil oral tablet	2	B vs D; EDS
mycophenolate sodium	4	B vs D; EDS
MYFORTIC	4	B vs D; EDS
MYHIBBIN	4	B vs D; EDS
NEORAL	4	B vs D; EDS
PEGASYS SUBCUTANEOUS SYRINGE	5	PA
PROGRAF ORAL	4	B vs D; EDS
SANDIMMUNE ORAL CAPSULE	4	B vs D; EDS
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	5	PA; QL (4 EA per 28 days)
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	5	PA; QL (3 EA per 28 days)
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML	5	PA; QL (2 EA per 28 days)

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Drug Name	Drug Tier	Requirements/ Limits
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	5	PA; QL (4 EA per 28 days)
sirolimus	4	B vs D; EDS
tacrolimus oral capsule 0.5 mg, 1 mg	3	B vs D; EDS
tacrolimus oral capsule 5 mg	4	B vs D; EDS
VACCINES		
ABRYSVO (PF)	3	EDS
ACTHIB (PF)	3	EDS
ADACEL(TDAP ADOLESN/ADULT)(PF)	3	EDS
AREXVY (PF)	3	EDS
BCG VACCINE, LIVE (PF)	3	EDS
BEXSERO	3	EDS
BOOSTRIX TDAP	3	EDS
DAPTACEL (DTAP PEDIATRIC) (PF)	3	EDS
ENGERIX-B (PF)	3	B vs D; EDS
ENGERIX-B PEDIATRIC (PF)	3	B vs D; EDS
GARDASIL 9 (PF)	4	EDS
HAVRIX (PF)	3	EDS
HEPLISAV-B (PF)	3	B vs D; EDS
HIBERIX (PF)	3	EDS
IMOVAX RABIES VACCINE (PF)	3	EDS
INFANRIX (DTAP) (PF)	3	EDS
IPOL	3	EDS
IXIARO (PF)	4	EDS
JYNNEOS (PF)	3	B vs D; EDS
KINRIX (PF)	3	EDS
MENQUADFI (PF)	3	EDS
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT	3	EDS
M-M-R II (PF)	3	EDS
MRESVIA (PF)	3	EDS
PEDIARIX (PF)	3	EDS
PEDVAX HIB (PF)	3	EDS
PENBRAYA (PF)	3	EDS
PENMENVY MEN A-B-C-W-Y (PF)	3	EDS
PENTACEL (PF)	3	EDS
PRIORIX (PF)	3	EDS
PROQUAD (PF)	3	EDS
QUADRACEL (PF)	3	EDS
RABAVERT (PF)	3	EDS
RECOMBIVAX HB (PF)	3	B vs D; EDS
ROTARIX ORAL SUSPENSION	3	EDS
ROTATEQ VACCINE	3	EDS
SHINGRIX (PF)	3	EDS
TENIVAC (PF)	3	EDS
TICOVAC	4	EDS
TRUMENBA	3	EDS
TWINRIX (PF)	3	EDS
TYPHIM VI	3	EDS
VAQTA (PF)	3	EDS
VARIVAX (PF)	3	EDS
VAXCHORA VACCINE	3	EDS
VIMKUNYA	3	EDS
VIVOTIF	3	EDS
YF-VAX (PF)	3	EDS

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Drug Name	Drug Tier	Requirements/ Limits
INFLAMMATORY BOWEL DISEASE AGENTS		
AMINOSALICYLATES		
balsalazide	3	EDS
mesalamine dr capsule	4	EDS
mesalamine oral capsule, extended release	4	QL (240 EA per 30 days); EDS
mesalamine oral capsule,extended release 24hr	4	QL (120 EA per 30 days); EDS
mesalamine oral tablet,delayed release (dr/ec)	4	EDS
mesalamine rectal	4	EDS
sulfasalazine	2	EDS
GLUCOCORTICOIDS		
budesonide oral capsule,delayed,extend.release	4	PA; EDS
budesonide oral tablet,delayed and ext.release	5	PA
hydrocortisone rectal	2	EDS
hydrocortisone topical cream with perineal applicator 2.5 %	2	EDS
procto-med hc	2	EDS
proctosol hc topical	2	EDS
proctozone-hc	2	EDS
METABOLIC BONE DISEASE AGENTS		
METABOLIC BONE DISEASE AGENTS		
alendronate oral tablet 10 mg, 35 mg, 70 mg	1	EDS
BOMYNTRA	5	PA
BONSITY	5	PA
calcitonin (salmon) nasal	2	EDS
calcitriol oral capsule	2	B vs D; EDS
cinacalcet	4	B vs D; EDS
doxercalciferol oral	4	B vs D; EDS
ibandronate oral	2	EDS
JUBBONTI	3	PA; EDS
paricalcitol oral	3	B vs D; EDS
PROLIA	3	PA; EDS
RAYALDEE	5	
risedronate	3	EDS
teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)	5	PA
TYMLOS	5	PA
WYOST	5	PA
XGEVA	5	PA
MISCELLANEOUS THERAPEUTIC AGENTS		
MISCELLANEOUS THERAPEUTIC AGENTS		
alcohol pads	2	PA; EDS
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	2	PA; EDS
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	2	PA; EDS

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Drug Name	Drug Tier	Requirements/ Limits
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE	2	PA; EDS
intralipid intravenous emulsion 20 %	4	B vs D; EDS
INTRALIPID INTRAVENOUS EMULSION 30 %	4	B vs D; EDS
levocarnitine (with sugar)	2	B vs D; EDS
levocarnitine oral tablet	2	B vs D; EDS
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	2	PA; EDS
sodium chloride irrigation	2	EDS
OPHTHALMIC AGENTS		
OPHTHALMIC AGENTS, OTHER		
atropine ophthalmic (eye) drops 1 %	2	EDS
bacitracin-polymyxin b	2	EDS
brimonidine-timolol	4	EDS
cyclosporine ophthalmic (eye)	3	EDS
CYSTARAN	5	
dorzolamide-timolol	2	EDS
neomycin-bacitracin-poly-hc	2	EDS
neomycin-bacitracin-polymyxin	2	EDS
neomycin-polymyxin b-dexameth	2	EDS
neomycin-polymyxin-gramicidin	2	EDS
neomycin-polymyxin-hc ophthalmic (eye)	2	EDS
polymyxin b sulf-trimethoprim	2	EDS
ROCKLATAN	3	EDS
SIMBRINZA	4	EDS
sulfacetamide-prednisolone	2	EDS
TOBRADEX OPHTHALMIC (EYE) OINTMENT	3	EDS
tobramycin-dexamethasone	2	EDS
XIIDRA	3	EDS
OPHTHALMIC ANTI-ALLERGY AGENTS		
azelastine ophthalmic (eye)	2	EDS
cromolyn ophthalmic (eye)	2	EDS
OPHTHALMIC ANTI-INFECTIVES		
AZASITE	3	EDS
ciprofloxacin hcl ophthalmic (eye)	2	EDS
erythromycin ophthalmic (eye)	2	EDS
gentamicin ophthalmic (eye) drops	2	EDS
levofloxacin ophthalmic (eye) drops 0.5 %	3	EDS
moxifloxacin ophthalmic (eye) drops	2	EDS
ofloxacin ophthalmic (eye)	2	EDS

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Drug Name	Drug Tier	Requirements/ Limits
sulfacetamide sodium ophthalmic (eye) drops	2	EDS
tobramycin ophthalmic (eye)	2	EDS
trifluridine	2	EDS
XDEMVY	5	PA; QL (10 ML per 42 days)
ZIRGAN	4	EDS
OPHTHALMIC ANTI-INFLAMMATORIES		
bromfenac ophthalmic (eye) drops 0.07 %, 0.075 %	4	EDS
bromfenac ophthalmic (eye) drops 0.09 %	3	EDS
dexamethasone sodium phosphate ophthalmic (eye)	2	EDS
diclofenac sodium ophthalmic (eye)	2	EDS
difluprednate	3	EDS
fluorometholone	2	EDS
ketorolac ophthalmic (eye)	2	EDS
LOTEMAX OPHTHALMIC (EYE) OINTMENT	4	EDS
LOTEMAX SM	4	EDS
PRED MILD	3	EDS
prednisolone acetate	2	EDS
prednisolone sodium phosphate ophthalmic (eye)	2	EDS
OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS		
betaxolol ophthalmic (eye)	2	EDS
carteolol	1	EDS
levobunolol ophthalmic (eye) drops 0.5 %	2	EDS
timolol maleate ophthalmic (eye) drops	1	EDS
timolol maleate ophthalmic (eye) gel forming solution	2	EDS
OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER		
acetazolamide	2	EDS
brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %	4	EDS
brimonidine ophthalmic (eye) drops 0.2 %	2	EDS
dorzolamide	2	EDS
methazolamide	4	EDS
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	2	EDS
RHOPRESSA	3	EDS
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS		
bimatoprost ophthalmic (eye) drops 0.03 %	3	EDS
latanoprost	1	EDS
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	EDS
travoprost	3	EDS
VYZULTA	4	EDS

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Drug Name	Drug Tier	Requirements/ Limits
OTIC AGENTS		
OTIC AGENTS		
CIPRO HC	4	EDS
ciprofloxacin hcl otic (ear)	4	EDS
ciprofloxacin-dexamethasone	4	EDS
ciprofloxacin-hydrocortisone	4	EDS
fluocinolone acetonide oil	3	EDS
hydrocortisone-acetic acid	2	EDS
neomycin-polymyxin-hc otic (ear)	2	EDS
ofloxacin otic (ear)	2	EDS
RESPIRATORY TRACT/PULMONARY AGENTS		
ANTIHISTAMINES		
azelastine nasal spray,non-aerosol 137 mcg (0.1 %)	2	EDS
cyproheptadine	4	EDS
desloratadine oral tablet	2	EDS
hydroxyzine hcl oral tablet	4	PA; EDS
hydroxyzine pamoate	4	PA; EDS
levocetirizine	2	EDS
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS		
ALVESCO	3	EDS
ARNUITY ELLIPTA	3	EDS
ASMANEX HFA	3	EDS
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	3	EDS
budesonide inhalation	4	B vs D; EDS
flunisolide	2	QL (75 ML per 30 days); EDS
fluticasone propionate nasal	2	QL (32 GM per 30 days); EDS
mometasone nasal	3	QL (51 GM per 30 days); EDS
PULMICORT	4	B vs D; EDS
PULMICORT FLEXHALER	3	EDS
QVAR REDIHALER	3	EDS
ANTILEUKOTRIENES		
montelukast	2	EDS
zafirlukast	2	QL (60 EA per 30 days); EDS
BRONCHODILATORS, ANTICHOLINERGIC		
ATROVENT HFA	3	QL (25.8 GM per 30 days); EDS
ipratropium bromide inhalation solution	2	B vs D; EDS
ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)	2	QL (60 ML per 30 days); EDS

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Drug Name	Drug Tier	Requirements/ Limits
ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)	2	QL (45 ML per 30 days); EDS
SPIRIVA RESPIMAT	3	QL (4 GM per 30 days); EDS
YUPELRI	5	B vs D
BRONCHODILATORS, SYMPATHOMIMETIC		
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation 8.5 gm	2	QL (17 GM per 30 days); EDS
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation 6.7 gm	2	QL (13.4 GM per 30 days); EDS
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml	2	B vs D; EDS
albuterol sulfate oral syrup	2	EDS
albuterol sulfate oral tablet	4	EDS
arformoterol	4	B vs D; EDS
epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml	3	EDS
EPINEPHRINE INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	3	EDS
formoterol fumarate	4	B vs D; EDS
levalbuterol hcl	2	B vs D; EDS
LEVALBUTEROL TARTRATE	4	EDS
PERFOROMIST	5	B vs D
PROAIR RESPICLICK	3	EDS
SEREVENT DISKUS	3	EDS
STRIVERDI RESPIMAT	3	EDS
terbutaline oral	4	EDS
CYSTIC FIBROSIS AGENTS		
BETHKIS	5	B vs D
CAYSTON	5	PA; LD
KALYDECO	5	PA
KITABIS PAK	5	B vs D
ORKAMBI	5	PA
PULMOZYME	5	B vs D
TOBI	5	B vs D
TOBI PODHALER	5	
tobramycin in 0.225 % nacl	5	B vs D
tobramycin inhalation	5	B vs D
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	5	PA; QL (56 EA per 28 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL	5	PA; QL (84 EA per 28 days)
MAST CELL STABILIZERS		
cromolyn inhalation	3	B vs D; EDS
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE		
OHTUVAYRE	5	B vs D
roflumilast	3	EDS

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.
Date of last formulary update: 06/01/2026.

Drug Name	Drug Tier	Requirements/ Limits
theophylline oral tablet extended release 12 hr	4	EDS
theophylline oral tablet extended release 24 hr	4	EDS
PULMONARY ANTIHYPERTENSIVES		
ADEMPAS	5	PA; LD
alyq	5	PA
ambrisentan	5	PA; LD
bosentan	5	PA; LD
OPSUMIT	5	PA; LD
sildenafil (pulm.hypertension) oral tablet 20 mg	3	PA; EDS
tadalafil (pulm. hypertension) 20 mg	4	PA; EDS
TRACLEER ORAL TABLET FOR SUSPENSION	5	PA; LD
UPTRAVI ORAL	5	PA
WINREVAIR	5	PA; QL (1 EA per 21 days)
PULMONARY FIBROSIS AGENTS		
OFEV	5	PA; QL (60 EA per 30 days)
pirfenidone oral capsule	5	PA; QL (270 EA per 30 days)
pirfenidone oral tablet 267 mg	5	PA; QL (270 EA per 30 days)
PIRFENIDONE ORAL TABLET 534 MG	5	PA; QL (90 EA per 30 days)
pirfenidone oral tablet 801 mg	5	PA; QL (90 EA per 30 days)
RESPIRATORY TRACT AGENTS, OTHER		
acetylcysteine	2	B vs D; EDS
ADVAIR HFA	3	EDS
ANORO ELLIPTA	3	EDS
BEVESPI AEROSPHERE	3	EDS
BREO ELLIPTA	3	EDS
breyna	4	QL (10.3 GM per 30 days); EDS
BREZTRI AEROSPHERE	3	QL (10.7 GM per 30 days); EDS
budesonide-formoterol	4	QL (10.2 GM per 30 days); EDS
COMBIVENT RESPIMAT	3	QL (8 GM per 30 days); EDS
DULERA	3	EDS
FASENRA PEN	5	PA; QL (1 ML per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	5	PA; QL (0.5 ML per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	5	PA; QL (1 ML per 28 days)
fluticasone propion-salmeterol inhalation blister with device	3	QL (60 EA per 30 days); EDS
ipratropium-albuterol	2	B vs D; EDS
STIOLTO RESPIMAT	3	EDS
TRELEGY ELLIPTA	3	QL (60 EA per 30 days); EDS
wixela inhub	3	QL (60 EA per 30 days); EDS
SKELETAL MUSCLE RELAXANTS		
SKELETAL MUSCLE RELAXANTS		
carisoprodol oral tablet 350 mg	2	EDS

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Date of last formulary update: 06/01/2026.

Drug Name	Drug Tier	Requirements/ Limits
chlorzoxazone oral tablet 500 mg	2	EDS
cyclobenzaprine oral tablet	2	PA; EDS
methocarbamol oral tablet 500 mg, 750 mg	2	EDS
SLEEP DISORDER AGENTS		
SLEEP PROMOTING AGENTS		
ramelteon	3	QL (30 EA per 30 days); EDS
tasimelteon	5	PA
temazepam	4	PA; EDS
zolpidem oral tablet	2	EDS
WAKEFULNESS PROMOTING AGENTS		
armodafinil	3	PA; EDS
modafinil	3	PA; EDS
XYWAV	5	PA; LD

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Notice of Non-Discrimination and Accessibility

Discrimination is against the law

SCAN Health Plan complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (as defined in 45 CFR § 92.101(a)(2)). **SCAN Health Plan** does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

SCAN Health Plan:

- Provides reasonable modifications and free aids and services to people with disabilities to ensure effective communication 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 SCAN Health Plan Member Services between 8 am to 8 pm, 7 days a week from October 1 to March 31. From April 1 to September 30, hours are 8 am to 8 pm Monday through Friday (messages received on holidays and outside of our business hours will be returned within one business day) by calling a number listed below.

SCAN Member Services	
SCAN Health Plan (California)	1-800-559-3500
SCAN Health Plan (Arizona)	1-855-650-7226
SCAN Health Plan (New Mexico)	1-855-826-7226
SCAN Health Plan (Nevada)	1-855-827-7226
SCAN Health Plan (Texas)	1-855-844-7226
SCAN Health Plan (Washington)	1-833-944-7226
VillageHealth	1-800-399-7226
TTY: 711	

Filing a complaint

If you believe that SCAN Health Plan has not provided these services or has otherwise discriminated on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: **Peter Yanez, Civil Rights Coordinator, Attn: Grievance and Appeals Department, P.O. Box 22616, Long Beach, CA 90801-5616, 562-989-5140, or FAX (562) 989-0958.** You can file a grievance in person or by mail, or fax. If you need help filing a grievance, **Peter Yanez, Civil Rights Coordinator**, is available to help you.

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the OCR Complaint Portal, available at: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf,
or by mail or phone at:

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

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

English - ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-559-3500 (TTY: 711) or speak to your provider."

Spanish - ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-800-559-3500 (TTY: 711) o hable con su proveedor.

Simplified Chinese - 中文 - 注意：如果您说中文，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-800-559-3500（文本电话：711）或咨询您的服务提供商。"

Traditional Chinese - 台語

注意：如果您說台語，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1-800-559-3500（TTY：711）或與您的提供者討論。」

Korean – 한국어 - 주의: 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-800-559-3500(TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오."

Vietnamese - Việt - LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-800-559-3500 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn."

Arabic

العربية

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-800-559-3500 (711) أو تحدث إلى مقدم الخدمة".

French - ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-800-559-3500 (TTY: 711) ou parlez à votre fournisseur.

Tagalog - PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-800-559-3500 (TTY: 711) o makipag-usap sa iyong provider."

German - ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-800-559-3500 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

Hindi - हिंदी - ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-800-559-3500 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।"

Japanese - 日本語 - 注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-800-559-3500
（TTY：711）までお電話ください。または、ご利用の事業者にご相談ください。

Farsi

فارسي

توجه: اگر وارد کردن زبان صحبت می‌کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک‌ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب‌های قابل دسترس، به‌طور رایگان موجود می‌باشند. با شماره 1-800-559-3500 (تله‌تایپ: 711) تماس بگیرید یا با ارائه‌دهنده خود صحبت کنید.

Russian – РУССКИЙ - ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-800-559-3500 (TTY: 711) или обратитесь к своему поставщику услуг.

Telugu – తెలుగు - సావధానం: మీరు తెలుగు మాట్లాడితే, మీకు ఉచిత భాషా సహాయ సేవలు అందుబాటులో ఉంటాయి. యాక్సెస్ చేయగల ఫార్మాట్‌లలో సమాచారాన్ని అందించడానికి తగిన సహాయక సహాయాలు మరియు సేవలు కూడా ఉచితంగా అందుబాటులో ఉంటాయి. 1-800-559-3500 (TTY: 711)కి కాల్ చేయండి లేదా మీ ప్రొవైడర్‌తో మాట్లాడండి.

Portuguese - ATENÇÃO: Se você fala [inserir idioma], serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-800-559-3500
(TTY: 711) ou fale com seu provedor.

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

This formulary was updated on 06/01/2026. For more recent information or other questions, please contact SCAN Health Plan Member Services at 1-800-559-3500 (TTY users should call 711), 8 a.m. to 8 p.m., 7 days a week from October 1 to March 31. From April 1 to September 30, hours are 8 a.m. to 8 p.m., Monday through Friday (messages received on holidays and outside of our business hours will be returned within one business day), or visit www.scanhealthplan.com.

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