

**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.

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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 PharmacySM 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.

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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

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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 |
| <p>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.</p> <p>Most adult Part D vaccines are covered by our plan at no cost to you.</p> | | | | | | |

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 | | |
| <i>sildenafil tabs 25mg, 50mg, 100mg (generic for Viagra)</i> | 1 | QL (6 tablets per 30-day supply with a maximum of 73 tablets per year); EDS |
| PRESCRIPTION VITAMINS | | |
| <i>cyanocobalamin inj 1000 mcg/ml (vitamin B12)</i> | 1 | EDS |
| <i>ergocalciferol caps 1.25mg (50,000 units) (vitamin D2)</i> | 1 | EDS |
| <i>folic acid tabs 1 mg (vitamin B9)</i> | 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 | | |
| <i>celecoxib</i> | 2 | EDS |
| <i>diclofenac potassium oral tablet 50 mg</i> | 1 | EDS |
| <i>diclofenac sodium oral</i> | 1 | EDS |
| <i>diclofenac sodium topical drops</i> | 4 | QL (450 ML per 28 days); EDS |
| <i>diclofenac sodium topical solution in metered-dose pump</i> | 4 | QL (224 GM per 28 days); EDS |
| <i>diflunisal</i> | 2 | EDS |
| <i>etodolac</i> | 2 | EDS |
| <i>ibu oral tablet 600 mg, 800 mg</i> | 1 | EDS |
| <i>ibuprofen oral suspension</i> | 1 | EDS |
| <i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> | 1 | EDS |
| <i>indomethacin oral capsule</i> | 2 | EDS |
| <i>indomethacin oral capsule, extended release</i> | 2 | EDS |
| <i>ketorolac oral</i> | 2 | EDS |
| LODINE ORAL TABLET | 2 | EDS |
| <i>meloxicam oral tablet</i> | 1 | EDS |
| <i>nabumetone</i> | 2 | EDS |
| <i>naproxen oral tablet</i> | 1 | EDS |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-------------------------------|
| <i>naproxen oral tablet, delayed release (dr/ec) 500 mg</i> | 1 | EDS |
| <i>naproxen sodium oral tablet 275 mg, 550 mg</i> | 1 | EDS |
| <i>piroxicam</i> | 2 | EDS |
| <i>sulindac</i> | 2 | EDS |
| OPIOID ANALGESICS, LONG-ACTING | | |
| <i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i> | 3 | QL (15 EA per 30 days); EDS |
| <i>methadone oral solution</i> | 2 | EDS |
| <i>methadone oral tablet</i> | 2 | EDS |
| <i>morphine oral tablet extended release</i> | 3 | QL (120 EA per 30 days); EDS |
| <i>tramadol oral tablet extended release 24 hr</i> | 3 | QL (30 EA per 30 days); EDS |
| OPIOID ANALGESICS, SHORT-ACTING | | |
| <i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i> | 2 | QL (5000 ML per 30 days); EDS |
| <i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i> | 2 | QL (360 EA per 30 days); EDS |
| <i>acetaminophen-codeine oral tablet 300-60 mg</i> | 2 | QL (180 EA per 30 days); EDS |
| <i>butorphanol nasal</i> | 2 | QL (10 ML per 30 days); EDS |
| <i>codeine sulfate</i> | 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 |
|--|-----------|-------------------------------|
| <i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i> | 2 | QL (5500 ML per 30 days); EDS |
| <i>hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i> | 2 | QL (180 EA per 30 days); EDS |
| <i>hydrocodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i> | 2 | QL (360 EA per 30 days); EDS |
| <i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i> | 2 | QL (150 EA per 30 days); EDS |
| <i>hydromorphone oral liquid</i> | 2 | EDS |
| <i>hydromorphone oral tablet</i> | 2 | EDS |
| <i>morphine concentrate oral solution</i> | 2 | EDS |
| <i>morphine oral solution</i> | 2 | EDS |
| <i>morphine oral tablet</i> | 2 | EDS |
| <i>oxycodone oral capsule</i> | 2 | EDS |
| <i>oxycodone oral concentrate</i> | 2 | EDS |
| <i>oxycodone oral solution</i> | 2 | EDS |
| <i>oxycodone oral tablet</i> | 2 | EDS |
| <i>oxycodone-acetaminophen oral tablet 10-325 mg</i> | 3 | QL (180 EA per 30 days); EDS |
| <i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i> | 3 | QL (360 EA per 30 days); EDS |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|------------------------------|
| <i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i> | 3 | QL (240 EA per 30 days); EDS |
| <i>tramadol oral tablet 100 mg</i> | 2 | QL (120 EA per 30 days); EDS |
| <i>tramadol oral tablet 50 mg</i> | 2 | EDS |
| <i>tramadol-acetaminophen</i> | 2 | QL (240 EA per 30 days); EDS |

ANESTHETICS

LOCAL ANESTHETICS

| | | |
|--|---|-----------------------------|
| <i>lidocaine hcl solution 4 % (40 mg/ml)</i> | 2 | QL (50 ML per 30 days); EDS |
| <i>lidocaine topical adhesive patch, medicated 5 %</i> | 3 | PA; EDS |
| <i>lidocaine topical ointment</i> | 4 | QL (50 GM per 30 days); EDS |
| <i>lidocaine-prilocaine topical cream</i> | 3 | QL (30 GM per 30 days); EDS |
| <i>lidocan iii</i> | 3 | PA; EDS |
| <i>tridacaine ii</i> | 3 | PA; EDS |

ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS

ALCOHOL DETERRENTS/ANTI-CRAVING

| | | |
|--------------------|---|-----|
| <i>acamprosate</i> | 2 | EDS |
| <i>disulfiram</i> | 2 | EDS |
| <i>naltrexone</i> | 1 | EDS |

OPIOID DEPENDENCE

| | | |
|-------------------------------------|---|-----|
| <i>buprenorphine hcl sublingual</i> | 1 | EDS |
| <i>buprenorphine-naloxone</i> | 2 | EDS |

OPIOID REVERSAL AGENTS

| | | |
|-----------------|---|-----|
| <i>KLOXXADO</i> | 3 | 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 |
|------------------------------------|-----------|----------------------|
| <i>naloxone injection solution</i> | 2 | EDS |
| <i>naloxone injection syringe</i> | 2 | EDS |
| OPVEE | 4 | EDS |
| REXTOVY | 3 | EDS |

SMOKING CESSATION AGENTS

| | | |
|--------------------------------------|---|-----|
| <i>bupropion hcl (smoking deter)</i> | 2 | EDS |
| NICOTROL NS | 4 | EDS |
| <i>varenicline tartrate</i> | 4 | EDS |

ANTIBACTERIALS

AMINOGLYCOSIDES

| | | |
|--|---|-----|
| <i>amikacin injection solution 500 mg/2 ml</i> | 2 | EDS |
| ARIKAYCE | 5 | PA |
| <i>gentamicin injection</i> | 2 | EDS |
| <i>gentamicin topical</i> | 2 | EDS |
| <i>neomycin</i> | 2 | EDS |
| STREPTOMYCIN | 4 | EDS |
| <i>tobramycin sulfate injection solution</i> | 2 | EDS |

ANTIBACTERIALS, OTHER

| | | |
|---|---|-----|
| <i>aztreonam</i> | 4 | EDS |
| CLEOCIN VAGINAL SUPPOSITORY | 3 | EDS |
| <i>clindamycin hcl</i> | 2 | EDS |
| <i>clindamycin in 5 % dextrose</i> | 2 | EDS |
| <i>clindamycin pediatric</i> | 2 | EDS |
| <i>clindamycin phosphate injection</i> | 2 | EDS |
| <i>clindamycin phosphate topical swab</i> | 2 | EDS |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|----------------------|
| <i>clindamycin phosphate vaginal</i> | 2 | EDS |
| <i>colistimethate inj</i> | 4 | EDS |
| DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG | 5 | |
| <i>daptomycin intravenous recon soln 500 mg</i> | 5 | |
| <i>fosfomycin tromethamine</i> | 4 | EDS |
| IMPAVIDO | 5 | PA |
| <i>linezolid</i> | 4 | EDS |
| <i>linezolid in dextrose 5%</i> | 4 | EDS |
| <i>methenamine hippurate</i> | 2 | EDS |
| <i>metronidazole in nacl (iso-os)</i> | 2 | EDS |
| <i>metronidazole oral capsule</i> | 2 | EDS |
| <i>metronidazole oral tablet 250 mg, 500 mg</i> | 2 | EDS |
| <i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i> | 2 | EDS |
| <i>nitrofurantoin macrocrystal</i> | 2 | EDS |
| <i>nitrofurantoin monohyd/m-cryst</i> | 2 | EDS |
| SIVEXTRO | 5 | |
| <i>tigecycline</i> | 4 | EDS |
| <i>tinidazole</i> | 3 | EDS |
| <i>trimethoprim</i> | 2 | EDS |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|----------------------|
| <i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 500 mg, 750 mg</i> | 3 | EDS |
| <i>vancomycin oral</i> | 4 | EDS |
| <i>vandazole</i> | 2 | EDS |
| BETA-LACTAM, CEPHALOSPORINS | | |
| <i>cefaclor oral capsule</i> | 2 | EDS |
| <i>cefaclor oral suspension for reconstitution 250 mg/5 ml</i> | 2 | EDS |
| <i>cefaclor oral tablet extended release 12 hr</i> | 2 | EDS |
| <i>cefadroxil oral capsule</i> | 2 | EDS |
| <i>cefadroxil oral tablet</i> | 2 | EDS |
| <i>cefazolin injection recon soln 1 gram, 500 mg</i> | 2 | EDS |
| <i>cefazolin intravenous recon soln 10 gram</i> | 2 | EDS |
| <i>cefdinir</i> | 2 | EDS |
| <i>cefepime injection</i> | 2 | EDS |
| <i>cefixime oral capsule</i> | 3 | EDS |
| <i>cefixime oral suspension for reconstitution</i> | 4 | EDS |
| <i>cefoxitin</i> | 2 | EDS |
| <i>cefpodoxime oral tablet</i> | 2 | EDS |
| <i>cefprozil</i> | 2 | EDS |
| <i>ceftaroline fosamil</i> | 5 | |
| <i>ceftazidime</i> | 2 | EDS |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|----------------------|
| <i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i> | 2 | EDS |
| <i>cefuroxime axetil oral tablet</i> | 2 | EDS |
| <i>cefuroxime sodium injection recon soln 750 mg</i> | 2 | EDS |
| <i>cefuroxime sodium intravenous recon soln 1.5 gram</i> | 2 | EDS |
| <i>cephalexin oral capsule 250 mg, 500 mg</i> | 1 | EDS |
| <i>cephalexin oral suspension for reconstitution</i> | 1 | EDS |
| <i>tazicef injection</i> | 2 | EDS |
| TEFLARO | 5 | |
| BETA-LACTAM, PENICILLINS | | |
| <i>amoxicillin oral capsule</i> | 1 | EDS |
| <i>amoxicillin oral suspension for reconstitution</i> | 1 | EDS |
| <i>amoxicillin oral tablet</i> | 1 | EDS |
| <i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i> | 1 | EDS |
| <i>amoxicillin-pot clavulanate oral suspension for reconstitution</i> | 2 | EDS |
| <i>amoxicillin-pot clavulanate oral tablet</i> | 2 | EDS |
| <i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i> | 2 | EDS |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|----------------------|
| <i>ampicillin oral capsule 500 mg</i> | 2 | EDS |
| <i>ampicillin sodium injection recon soln 1 gram, 10 gram, 2 gram</i> | 2 | EDS |
| <i>ampicillin-sulbactam injection</i> | 2 | EDS |
| BICILLIN L-A | 4 | EDS |
| <i>dicloxacillin</i> | 2 | EDS |
| <i>nafcillin injection</i> | 4 | EDS |
| <i>penicillin g potassium injection recon soln 20 million unit</i> | 2 | EDS |
| <i>penicillin g sodium</i> | 2 | EDS |
| <i>penicillin v potassium</i> | 2 | EDS |
| <i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i> | 3 | EDS |
| ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML | 4 | EDS |
| CARBAPENEMS | | |
| <i>ertapenem</i> | 4 | EDS |
| <i>imipenem-cilastatin</i> | 2 | EDS |
| <i>meropenem intravenous recon soln 1 gram, 500 mg</i> | 3 | EDS |
| MACROLIDES | | |
| <i>azithromycin intravenous</i> | 2 | EDS |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|------------------------|
| <i>azithromycin oral suspension for reconstitution</i> | 2 | EDS |
| <i>azithromycin oral tablet</i> | 2 | EDS |
| <i>clarithromycin</i> | 2 | EDS |
| DIFICID ORAL TABLET | 5 | QL (20 EA per 10 days) |
| ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG | 4 | EDS |
| <i>erythromycin oral</i> | 4 | EDS |
| <i>fidaxomicin</i> | 5 | QL (20 EA per 10 days) |
| QUINOLONES | | |
| <i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i> | 1 | EDS |
| <i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml</i> | 2 | EDS |
| <i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i> | 2 | EDS |
| <i>levofloxacin oral solution</i> | 2 | EDS |
| <i>levofloxacin oral tablet</i> | 1 | EDS |
| <i>moxifloxacin oral</i> | 2 | EDS |
| <i>moxifloxacin-sod.chloride(iso)</i> | 4 | EDS |
| <i>ofloxacin oral tablet 300 mg, 400 mg</i> | 2 | EDS |
| SULFONAMIDES | | |
| <i>sulfacetamide sodium (acne)</i> | 2 | EDS |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|----------------------|
| <i>sulfadiazine</i> | 4 | EDS |
| <i>sulfamethoxazole-trimethoprim oral suspension</i> | 2 | EDS |
| <i>sulfamethoxazole-trimethoprim oral tablet</i> | 1 | EDS |
| TETRACYCLINES | | |
| <i>demeclocycline</i> | 4 | EDS |
| <i>doxy-100</i> | 2 | EDS |
| <i>doxycycline hyclate intravenous</i> | 2 | EDS |
| <i>doxycycline hyclate oral capsule</i> | 2 | EDS |
| <i>doxycycline hyclate oral tablet 100 mg</i> | 2 | EDS |
| <i>doxycycline monohydrate oral capsule</i> | 2 | EDS |
| <i>doxycycline monohydrate oral suspension for reconstitution</i> | 2 | EDS |
| <i>doxycycline monohydrate oral tablet</i> | 2 | EDS |
| <i>minocycline oral capsule</i> | 2 | EDS |
| <i>minocycline oral tablet</i> | 2 | EDS |
| <i>tetracycline oral capsule</i> | 3 | EDS |
| ANTICONVULSANTS | | |
| ANTICONVULSANTS, OTHER | | |
| <i>brivaracetam oral solution</i> | 4 | PA; EDS |
| <i>brivaracetam oral tablet</i> | 5 | PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|----------------------|
| BRIVIACT ORAL SOLUTION | 4 | PA; EDS |
| BRIVIACT ORAL TABLET | 5 | PA |
| EPIDIOLEX | 5 | PA; LD |
| <i>felbamate oral suspension</i> | 4 | EDS |
| <i>felbamate oral tablet 400 mg</i> | 2 | EDS |
| <i>felbamate oral tablet 600 mg</i> | 4 | EDS |
| FINTEPLA | 5 | PA |
| FYCOMPA | 4 | PA; EDS |
| <i>levetiracetam oral solution 100 mg/ml</i> | 2 | EDS |
| <i>levetiracetam oral tablet</i> | 2 | EDS |
| <i>levetiracetam oral tablet extended release 24 hr</i> | 2 | EDS |
| LEVETIRACETAM ORAL TABLET FOR SUSPENSION | 4 | EDS |
| NAYZILAM | 4 | PA; EDS |
| <i>perampanel</i> | 4 | PA; EDS |
| <i>roweepra</i> | 2 | EDS |
| SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG | 4 | EDS |
| <i>topiramate oral solution</i> | 4 | EDS |
| <i>valproic acid</i> | 2 | EDS |
| <i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i> | 2 | EDS |
| CALCIUM CHANNEL MODIFYING AGENTS | | |
| <i>ethosuximide</i> | 2 | EDS |

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

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

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|----------------------|
| ZTALMY | 5 | LD |
| SODIUM CHANNEL AGENTS | | |
| APTIOM | 5 | PA |
| <i>carbamazepine oral capsule, er multiphase 12 hr</i> | 3 | EDS |
| <i>carbamazepine oral suspension 100 mg/5 ml</i> | 2 | EDS |
| <i>carbamazepine oral tablet</i> | 2 | EDS |
| <i>carbamazepine oral tablet extended release 12 hr</i> | 3 | EDS |
| <i>carbamazepine oral tablet, chewable 100 mg</i> | 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 |
| <i>eslicarbazepine</i> | 3 | PA; EDS |
| <i>lacosamide oral</i> | 4 | EDS |
| <i>oxcarbazepine oral suspension</i> | 4 | EDS |
| <i>oxcarbazepine oral tablet</i> | 2 | EDS |
| PHENYTEK | 2 | EDS |
| <i>phenytoin oral suspension 125 mg/5 ml</i> | 2 | EDS |
| <i>phenytoin oral tablet, chewable</i> | 2 | EDS |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|------------------------------|
| <i>phenytoin sodium extended oral capsule 100 mg</i> | 2 | EDS |
| <i>rufinamide</i> | 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 |
| <i>zonisamide</i> | 2 | EDS |
| ANTIDEMENTIA AGENTS | | |
| CHOLINESTERASE INHIBITORS | | |
| <i>donepezil oral tablet 10 mg, 5 mg</i> | 2 | EDS |
| <i>donepezil oral tablet, disintegrating</i> | 2 | EDS |
| <i>galantamine oral capsule, ext rel. pellets 24 hr</i> | 2 | QL (30 EA per 30 days); EDS |
| <i>galantamine oral solution</i> | 4 | QL (200 ML per 30 days); EDS |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-----------------------------|
| <i>galantamine oral tablet</i> | 2 | QL (60 EA per 30 days); EDS |
| <i>rivastigmine</i> | 4 | QL (30 EA per 30 days); EDS |
| <i>rivastigmine tartrate</i> | 3 | QL (60 EA per 30 days); EDS |
| N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST | | |
| <i>memantine oral solution</i> | 4 | EDS |
| <i>memantine oral tablet</i> | 2 | EDS |
| MEMANTINE ORAL TABLETS,DOSE PACK | 4 | EDS |
| ANTIDEPRESSANTS | | |
| ANTIDEPRESSANTS, OTHER | | |
| AUVELITY | 5 | |
| <i>bupropion hcl oral tablet</i> | 2 | EDS |
| <i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i> | 2 | EDS |
| BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG | 3 | EDS |
| <i>bupropion hcl oral tablet sustained-release 12 hr</i> | 2 | EDS |
| EXXUA | 5 | PA |
| <i>mirtazapine</i> | 1 | EDS |
| <i>perphenazine-amitriptyline</i> | 4 | PA; EDS |
| ZURZUVAE | 5 | PA |
| MONOAMINE OXIDASE INHIBITORS | | |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|----------------------|
| EMSAM | 5 | |
| MARPLAN | 4 | EDS |
| <i>phenelzine</i> | 2 | EDS |
| <i>tranylcypromine</i> | 4 | EDS |
| SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITORS/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR | | |
| <i>citalopram oral solution</i> | 2 | EDS |
| <i>citalopram oral tablet</i> | 1 | EDS |
| DESVENLAFAXINE | 4 | EDS |
| <i>desvenlafaxine succinate</i> | 3 | EDS |
| DRIZALMA SPRINKLE | 4 | EDS |
| ESCITALOPRAM OXALATE ORAL CAPSULE | 4 | EDS |
| <i>escitalopram oxalate oral solution</i> | 2 | EDS |
| <i>escitalopram oxalate oral tablet</i> | 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 |
| <i>fluoxetine (pmd)</i> | 2 | EDS |
| <i>fluoxetine oral capsule</i> | 2 | EDS |
| <i>fluoxetine oral solution</i> | 2 | EDS |
| <i>fluoxetine oral tablet 10 mg, 20 mg</i> | 2 | EDS |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|----------------------|
| <i>fluvoxamine oral tablet</i> | 2 | EDS |
| <i>nefazodone</i> | 2 | EDS |
| <i>paroxetine hcl oral suspension</i> | 4 | EDS |
| <i>paroxetine hcl oral tablet</i> | 1 | EDS |
| <i>paroxetine hcl oral tablet extended release 24 hr</i> | 4 | EDS |
| RALDESY | 4 | PA; EDS |
| <i>sertraline oral concentrate</i> | 2 | EDS |
| <i>sertraline oral tablet</i> | 1 | EDS |
| <i>trazodone</i> | 1 | EDS |
| TRINTELLIX | 4 | EDS |
| <i>venlafaxine oral capsule,extended release 24hr</i> | 2 | EDS |
| <i>venlafaxine oral tablet</i> | 2 | EDS |
| <i>vilazodone</i> | 3 | EDS |
| TRICYCLICS | | |
| <i>amitriptyline</i> | 4 | PA; EDS |
| <i>amoxapine</i> | 3 | EDS |
| <i>clomipramine</i> | 4 | PA; EDS |
| <i>desipramine</i> | 4 | PA; EDS |
| <i>doxepin oral capsule</i> | 4 | PA; EDS |
| <i>doxepin oral concentrate</i> | 4 | PA; EDS |
| <i>imipramine hcl</i> | 4 | PA; EDS |
| <i>nortriptyline</i> | 4 | EDS |
| <i>protriptyline</i> | 3 | EDS |
| <i>trimipramine</i> | 2 | EDS |
| ANTIEMETICS | | |
| ANTIEMETICS, OTHER | | |

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| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|----------------------|
| <i>compro</i> | 4 | EDS |
| <i>meclizine oral tablet 12.5 mg, 25 mg</i> | 2 | EDS |
| <i>prochlorperazine</i> | 4 | EDS |
| <i>prochlorperazine maleate</i> | 2 | EDS |
| <i>promethazine oral</i> | 2 | EDS |
| <i>promethazine rectal</i> | 3 | EDS |
| <i>promethegan rectal suppository 25 mg, 50 mg</i> | 4 | EDS |
| <i>scopolamine base</i> | 3 | EDS |

EMETOGENIC THERAPY ADJUNCTS

| | | |
|---|---|-------------|
| <i>aprepitant oral capsule 125 mg, 80 mg</i> | 4 | PA; EDS |
| <i>aprepitant oral capsule, dose pack</i> | 4 | PA; EDS |
| <i>dronabinol</i> | 4 | PA; EDS |
| <i>granisetron hcl oral</i> | 2 | B vs D; EDS |
| <i>ondansetron hcl oral solution</i> | 2 | B vs D; EDS |
| <i>ondansetron hcl oral tablet 4 mg, 8 mg</i> | 2 | B vs D; EDS |
| <i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i> | 2 | B vs D; EDS |

ANTIFUNGALS

ANTIFUNGALS

| | | |
|--------------------------------|---|-------------|
| AMBISOME | 5 | B vs D |
| <i>amphotericin b</i> | 2 | B vs D; EDS |
| <i>amphotericin b liposome</i> | 5 | B vs D |
| <i>caspofungin</i> | 4 | EDS |
| <i>clotrimazole troche</i> | 2 | EDS |
| <i>clotrimazole topical</i> | 2 | EDS |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|----------------------|
| CRESEMBA ORAL | 5 | PA |
| <i>econazole nitrate topical cream</i> | 4 | EDS |
| <i>fluconazole</i> | 2 | EDS |
| <i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i> | 2 | EDS |
| <i>flucytosine</i> | 5 | |
| <i>griseofulvin microsize</i> | 4 | EDS |
| <i>itraconazole</i> | 4 | EDS |
| <i>ketoconazole oral</i> | 2 | EDS |
| <i>ketoconazole topical cream</i> | 2 | EDS |
| <i>ketoconazole topical shampoo</i> | 2 | EDS |
| <i>micafungin</i> | 4 | EDS |
| <i>nyamyc</i> | 2 | EDS |
| <i>nystatin oral suspension</i> | 2 | EDS |
| <i>nystatin oral tablet</i> | 2 | EDS |
| <i>nystatin topical</i> | 2 | EDS |
| <i>nystop</i> | 2 | EDS |
| <i>posaconazole oral suspension</i> | 4 | PA; EDS |
| <i>posaconazole oral tablet, delayed release (dr/ec)</i> | 5 | PA |
| <i>terbinafine hcl oral</i> | 2 | EDS |
| <i>terconazole</i> | 2 | EDS |
| <i>voriconazole intravenous recon soln</i> | 5 | PA |
| <i>voriconazole oral suspension for reconstitution</i> | 5 | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---------------------------------|-----------|---------------------|
| <i>voriconazole oral tablet</i> | 4 | EDS |

ANTIGOUT AGENTS

ANTIGOUT AGENTS

| | | |
|---|---|------------------------------|
| <i>allopurinol oral tablet 100 mg, 300 mg</i> | 1 | EDS |
| <i>colchicine oral tablet</i> | 3 | QL (120 EA per 30 days); EDS |
| <i>febuxostat</i> | 3 | EDS |
| <i>probenecid</i> | 2 | EDS |
| <i>probenecid-colchicine</i> | 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

| | | |
|--------------------------------|---|---------------------------|
| <i>dihydroergotamine nasal</i> | 5 | PA; QL (8 ML per 30 days) |
| ERGOMAR | 3 | EDS |
| <i>ergotamine-caffeine</i> | 3 | EDS |

PROPHYLACTIC

| | | |
|---|---|-----|
| EPRONTIA | 4 | EDS |
| <i>timolol maleate oral</i> | 1 | EDS |
| <i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> | 2 | EDS |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| TOPIRAMATE ORAL CAPSULE, SPRINKLE 50 MG | 4 | EDS |

| | | |
|-------------------------------|---|-----|
| <i>topiramate oral tablet</i> | 2 | EDS |
|-------------------------------|---|-----|

SEROTONIN (5-HT) RECEPTOR AGONIST

| | | |
|--------------------|---|----------------------------|
| <i>naratriptan</i> | 2 | QL (8 EA per 30 days); EDS |
|--------------------|---|----------------------------|

| | | |
|--------------------|---|-----|
| <i>rizatriptan</i> | 2 | EDS |
|--------------------|---|-----|

| | | |
|--------------------|---|-----|
| <i>sumatriptan</i> | 4 | EDS |
|--------------------|---|-----|

| | | |
|-----------------------------------|---|-----|
| <i>sumatriptan succinate oral</i> | 2 | EDS |
|-----------------------------------|---|-----|

| | | |
|--|---|-----|
| <i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i> | 4 | EDS |
|--|---|-----|

| | | |
|--|---|-----|
| <i>sumatriptan succinate subcutaneous solution</i> | 4 | EDS |
|--|---|-----|

| | | |
|--|---|-----------------------------|
| <i>zolmitriptan oral tablet 2.5 mg</i> | 3 | QL (12 EA per 30 days); EDS |
|--|---|-----------------------------|

| | | |
|--------------------------------------|---|----------------------------|
| <i>zolmitriptan oral tablet 5 mg</i> | 3 | QL (6 EA per 30 days); EDS |
|--------------------------------------|---|----------------------------|

| | | |
|--|---|-----------------------------|
| <i>zolmitriptan oral tablet, disintegrating 2.5 mg</i> | 3 | QL (12 EA per 30 days); EDS |
|--|---|-----------------------------|

| | | |
|--|---|----------------------------|
| <i>zolmitriptan oral tablet, disintegrating 5 mg</i> | 3 | QL (6 EA per 30 days); EDS |
|--|---|----------------------------|

ANTIMYASTHENIC AGENTS

PARASYMPATHOMIMETICS

| | | |
|--|---|-----|
| <i>pyridostigmine bromide oral syrup</i> | 4 | EDS |
|--|---|-----|

| | | |
|---|---|-----|
| <i>pyridostigmine bromide oral tablet 60 mg</i> | 3 | EDS |
|---|---|-----|

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

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|----------------------|
| <i>pyridostigmine bromide oral tablet extended release 180 mg</i> | 4 | EDS |

ANTIMYCOBACTERIALS

ANTIMYCOBACTERIALS, OTHER

| | | |
|---------------------|---|-----|
| <i>dapsone oral</i> | 3 | EDS |
| <i>rifabutin</i> | 4 | EDS |

ANTITUBERCULARS

| | | |
|-----------------------|---|-----|
| <i>ethambutol</i> | 2 | EDS |
| <i>isoniazid oral</i> | 2 | EDS |
| PRIFTIN | 4 | EDS |
| <i>pyrazinamide</i> | 4 | EDS |
| <i>rifampin</i> | 2 | EDS |
| SIRTURO | 5 | |

ANTINEOPLASTICS

ALKYLATING AGENTS

| | | |
|--------------------------------------|---|-------------|
| <i>cyclophosphamide oral capsule</i> | 3 | B vs D; EDS |
| CYCLOPHOSPHAMIDE ORAL TABLET 50 MG | 3 | B vs D; EDS |
| GLEOSTINE | 4 | EDS |
| LEUKERAN | 5 | PA |
| <i>lomustine</i> | 4 | EDS |
| MATULANE | 5 | |
| VALCHLOR | 5 | PA |

ANTIANDROGENS

| | | |
|---------------------|---|---------|
| <i>abiraterone</i> | 5 | PA |
| <i>abirtega</i> | 4 | PA; EDS |
| <i>bicalutamide</i> | 2 | EDS |
| ERLEADA | 5 | PA |
| EULEXIN | 5 | PA |
| <i>nilutamide</i> | 5 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|-----------|-----------|----------------------|
| NUBEQA | 5 | PA; LD |
| XTANDI | 5 | PA |

ANTIANGIOGENIC AGENTS

| | | |
|-------------------------------------|---|--------|
| <i>lenalidomide</i> | 5 | PA; LD |
| <i>pomalidomide</i> | 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 | |
| <i>tamoxifen</i> | 2 | EDS |
| <i>toremifene</i> | 5 | |

ANTIMETABOLITES

| | | |
|---------------------------------------|---|---------|
| <i>hydroxyurea</i> | 2 | EDS |
| <i>mercaptopurine oral suspension</i> | 5 | |
| <i>mercaptopurine oral tablet</i> | 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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Date of last formulary update: 06/01/2026.

| 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

| | | |
|--------------------|---|-----|
| <i>anastrozole</i> | 2 | EDS |
| <i>exemestane</i> | 3 | EDS |
| <i>letrozole</i> | 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|------------------------------------|-----------|----------------------|
| CABOMETYX | 5 | PA |
| CALQUENCE | 5 | PA; LD |
| CAPRELSA | 5 | PA |
| COMETRIQ | 5 | PA |
| COPIKTRA | 5 | PA; LD |
| COTELLIC | 5 | PA |
| DANZITEN | 5 | PA |
| <i>dasatinib</i> | 5 | PA |
| DAURISMO | 5 | PA |
| ENSACOVE | 5 | PA; LD |
| ERIVEDGE | 5 | PA |
| <i>erlotinib</i> | 5 | PA |
| <i>everolimus (antineoplastic)</i> | 5 | PA |
| FOTIVDA | 5 | PA; LD |
| FRUZAQLA | 5 | PA |
| GAVRETO | 5 | PA; LD |
| <i>gefitinib</i> | 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 |
| <i>imatinib oral tablet 100 mg</i> | 4 | PA; EDS |
| <i>imatinib oral tablet 400 mg</i> | 5 | PA |
| IMBRUVICA ORAL CAPSULE | 5 | PA |
| IMBRUVICA ORAL SUSPENSION | 5 | PA |

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

| 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 |
| <i>lapatinib</i> | 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 |
| <i>nilotinib hcl</i> | 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 |
| <i>pazopanib oral tablet 200 mg</i> | 5 | PA |
| PEMAZYRE | 5 | PA; LD |
| PIQRAY | 5 | PA |
| QINLOCK | 5 | PA; LD |

| Drug Name | Drug Tier | Requirements/ Limits |
|------------------------------------|-----------|-------------------------|
| 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 |
| <i>sorafenib</i> | 5 | PA |
| STIVARGA | 5 | PA |
| <i>sunitinib malate</i> | 5 | PA |
| TABRECTA | 5 | PA |
| TAFINLAR | 5 | PA |
| TAGRISSE | 5 | PA |
| TALZENNA | 5 | PA |
| TASIGNA | 5 | PA |
| TEPMETKO | 5 | PA; LD |
| TIBSOVO | 5 | PA |
| <i>torpenz</i> | 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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Date of last formulary update: 06/01/2026.

| 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 | | |
| <i>bexarotene</i> | 5 | PA |
| PANRETIN | 5 | |
| <i>tretinoin (antineoplastic)</i> | 5 | |
| TREATMENT ADJUNCTS | | |
| <i>leucovorin calcium oral</i> | 2 | EDS |
| <i>mesna oral</i> | 4 | EDS |
| VORANIGO | 5 | PA |
| ANTIPARASITICS | | |
| ANTHELMINTICS | | |
| <i>albendazole</i> | 4 | EDS |
| <i>ivermectin oral tablet 3 mg</i> | 2 | EDS |
| <i>ivermectin oral tablet 6 mg</i> | 3 | EDS |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|-----------------------------|
| <i>praziquantel</i> | 4 | EDS |
| ANTIPROTOZOALS | | |
| <i>atovaquone</i> | 4 | EDS |
| <i>atovaquone-proguanil</i> | 2 | EDS |
| <i>chloroquine phosphate</i> | 2 | EDS |
| COARTEM | 3 | EDS |
| <i>hydroxychloroquine oral tablet 200 mg</i> | 2 | EDS |
| <i>mefloquine</i> | 2 | EDS |
| NEBUPENT | 4 | B vs D; EDS |
| <i>nitazoxanide</i> | 5 | |
| <i>pentamidine inhalation</i> | 3 | B vs D; EDS |
| <i>pentamidine injection</i> | 4 | EDS |
| PRIMAQUINE | 3 | EDS |
| <i>pyrimethamine</i> | 5 | PA |
| <i>quinine sulfate</i> | 3 | PA; EDS |
| ANTIPARKINSON AGENTS | | |
| ANTICHOLINERGICS | | |
| <i>benztropine oral</i> | 4 | PA; EDS |
| <i>trihexyphenidyl</i> | 3 | EDS |
| ANTIPARKINSON AGENTS, OTHER | | |
| <i>carbidopa-levodopa-entacapone</i> | 4 | EDS |
| <i>entacapone</i> | 4 | EDS |
| DOPAMINE AGONISTS | | |
| <i>apomorphine</i> | 5 | PA |
| <i>bromocriptine</i> | 2 | EDS |
| NEUPRO | 4 | QL (30 EA per 30 days); EDS |
| <i>pramipexole oral tablet</i> | 2 | EDS |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>ropinirole oral tablet</i> | 2 | EDS |
| DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS | | |
| <i>carbidopa</i> | 4 | EDS |
| <i>carbidopa-levodopa oral tablet</i> | 2 | EDS |
| <i>carbidopa-levodopa oral tablet extended release</i> | 2 | EDS |
| <i>carbidopa-levodopa oral tablet, disintegrating</i> | 2 | EDS |
| MONOAMINE OXIDASE B (MAO-B) INHIBITORS | | |
| <i>rasagiline</i> | 4 | EDS |
| <i>selegiline hcl</i> | 2 | EDS |
| ANTIPSYCHOTICS | | |
| 1ST GENERATION/TYPICAL | | |
| <i>chlorpromazine oral</i> | 4 | PA; EDS |
| <i>fluphenazine decanoate</i> | 4 | EDS |
| <i>fluphenazine hcl</i> | 4 | EDS |
| <i>haloperidol</i> | 2 | EDS |
| <i>haloperidol decanoate</i> | 2 | EDS |
| <i>haloperidol lactate injection</i> | 2 | EDS |
| <i>haloperidol lactate oral</i> | 2 | EDS |
| <i>loxapine succinate</i> | 2 | EDS |
| <i>molindone</i> | 2 | EDS |
| <i>perphenazine</i> | 4 | EDS |
| <i>pimozide</i> | 2 | EDS |
| <i>thioridazine</i> | 2 | EDS |
| <i>thiothixene</i> | 2 | EDS |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>trifluoperazine</i> | 2 | EDS |
| 2ND GENERATION/ATYPICAL | | |
| ABILIFY ASIMTUFII | 5 | |
| ABILIFY MAINTENA | 5 | |
| <i>aripiprazole oral solution</i> | 3 | EDS |
| <i>aripiprazole oral tablet</i> | 3 | EDS |
| <i>aripiprazole oral tablet, disintegrating</i> | 4 | EDS |
| ARISTADA | 5 | |
| ARISTADA INITIO | 4 | EDS |
| <i>asenapine maleate</i> | 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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Date of last formulary update: 06/01/2026.

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|----------------------|
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML | 4 | EDS |
| INVEGA TRINZA | 5 | |
| <i>lurasidone</i> | 4 | EDS |
| LYBALVI | 5 | |
| NUPLAZID | 5 | PA |
| <i>olanzapine intramuscular</i> | 2 | EDS |
| <i>olanzapine oral tablet</i> | 2 | EDS |
| <i>olanzapine oral tablet, disintegrating</i> | 4 | EDS |
| OPIPZA | 5 | |
| <i>paliperidone</i> | 4 | EDS |
| <i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> | 2 | EDS |
| <i>quetiapine oral tablet extended release 24 hr</i> | 3 | EDS |
| REXULTI ORAL TABLET | 5 | |
| <i>risperidone microspheres intramuscular suspension, extended rel recon 12.5 mg/2 ml, 25 mg/2 ml</i> | 4 | EDS |
| <i>risperidone microspheres intramuscular suspension, extended rel recon 37.5 mg/2 ml, 50 mg/2 ml</i> | 5 | |
| <i>risperidone oral solution</i> | 2 | EDS |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|---------------------------------|
| <i>risperidone oral tablet</i> | 2 | EDS |
| <i>risperidone oral tablet, disintegrating</i> | 2 | EDS |
| SECUADO | 5 | PA |
| VRAYLAR ORAL CAPSULE | 4 | EDS |
| <i>ziprasidone hcl</i> | 2 | EDS |
| <i>ziprasidone mesylate</i> | 3 | EDS |
| TREATMENT-RESISTANT | | |
| <i>clozapine oral tablet</i> | 3 | EDS |
| <i>clozapine oral tablet, disintegrating</i> | 4 | EDS |
| VERSACLOZ | 5 | |
| ANTISPASTICITY AGENTS | | |
| ANTISPASTICITY AGENTS | | |
| <i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i> | 2 | EDS |
| <i>tizanidine oral capsule 2 mg, 4 mg, 6 mg</i> | 3 | EDS |
| <i>tizanidine oral tablet</i> | 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) |
| <i>valganciclovir oral recon soln</i> | 4 | EDS |
| <i>valganciclovir oral tablet</i> | 3 | EDS |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|----------------------|
| ANTI-HEPATITIS B (HBV) AGENTS | | |
| <i>adefovir</i> | 4 | EDS |
| BARACLUDE ORAL SOLUTION | 4 | EDS |
| <i>entecavir</i> | 4 | EDS |
| <i>lamivudine oral tablet 100 mg</i> | 3 | EDS |
| VEMLIDY | 5 | |
| ANTI-HEPATITIS C (HCV) AGENTS | | |
| EPCLUSA | 5 | PA |
| HARVONI | 5 | PA |
| LEDIPASVIR-SOFOSBUVIR | 5 | PA |
| <i>ribavirin oral capsule</i> | 3 | EDS |
| <i>ribavirin oral tablet 200 mg</i> | 3 | EDS |
| SOFOSBUVIR-VELPATASVIR | 5 | PA |
| VOSEVI | 5 | PA |
| ANTIHERPETIC AGENTS | | |
| <i>acyclovir oral capsule</i> | 2 | EDS |
| <i>acyclovir oral suspension 200 mg/5 ml</i> | 4 | EDS |
| <i>acyclovir oral tablet</i> | 2 | EDS |
| <i>acyclovir sodium intravenous solution</i> | 2 | B vs D; EDS |
| <i>famciclovir</i> | 2 | EDS |
| <i>valacyclovir</i> | 2 | EDS |
| ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI) | | |
| BIKTARVY | 5 | |
| DOVATO | 5 | |
| GENVOYA | 5 | |
| ISENTRESS HD | 5 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|----------------------|
| 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 |
| <i>efavirenz oral tablet</i> | 4 | EDS |
| <i>efavirenz-emtricitabin-tenofovir</i> | 4 | EDS |
| <i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i> | 5 | |
| <i>emtricitabin-rilpivirine-tenofovir disoproxil fumarate</i> | 5 | |
| <i>etravirine oral tablet 100 mg</i> | 4 | EDS |
| <i>etravirine oral tablet 200 mg</i> | 5 | |
| INTELENCE ORAL TABLET 25 MG | 4 | EDS |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|----------------------|
| <i>nevirapine oral suspension</i> | 4 | EDS |
| <i>nevirapine oral tablet</i> | 2 | EDS |
| <i>nevirapine oral tablet extended release 24 hr 400 mg</i> | 4 | EDS |
| PIFELTRO | 5 | |

ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)

| | | |
|---|---|-----|
| <i>abacavir</i> | 4 | EDS |
| <i>abacavir-lamivudine</i> | 4 | EDS |
| CIMDUO | 5 | |
| DESCOVY | 5 | |
| <i>emtricitabine</i> | 4 | EDS |
| <i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 167-250 mg, 200-300 mg</i> | 4 | EDS |
| <i>emtricitabine-tenofovir (tdf) oral tablet 133-200 mg</i> | 5 | |
| EMTRIVA ORAL SOLUTION | 4 | EDS |
| <i>lamivudine oral solution</i> | 2 | EDS |
| <i>lamivudine oral tablet 150 mg, 300 mg</i> | 3 | EDS |
| <i>lamivudine-zidovudine</i> | 3 | EDS |
| ODEFSEY | 5 | |
| <i>tenofovir disoproxil fumarate</i> | 4 | EDS |
| TRIUMEQ | 5 | |
| TRIUMEQ PD | 4 | EDS |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|----------------------|
| VIREAD ORAL POWDER | 4 | EDS |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG | 5 | |
| <i>zidovudine</i> | 2 | EDS |

ANTI-HIV AGENTS, OTHER

| | | |
|-------------------------|---|-----|
| <i>maraviroc</i> | 5 | |
| RUKOBIA | 5 | |
| SELZENTRY ORAL SOLUTION | 3 | EDS |
| SUNLENCA ORAL | 5 | |

ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)

| | | |
|--|---|-----|
| APTIVUS | 5 | |
| <i>atazanavir</i> | 4 | EDS |
| <i>darunavir oral tablet 600 mg</i> | 4 | EDS |
| <i>darunavir oral tablet 800 mg</i> | 5 | |
| EVOTAZ | 5 | |
| <i>fosamprenavir</i> | 5 | |
| KALETRA ORAL SOLUTION | 4 | EDS |
| <i>lopinavir-ritonavir oral tablet</i> | 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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Date of last formulary update: 06/01/2026.

| Drug Name | Drug Tier | Requirements/Limits |
|----------------------|-----------|---------------------|
| <i>ritonavir</i> | 3 | EDS |
| SYMTUZA | 5 | |
| VIRACEPT ORAL TABLET | 5 | |

ANTI-INFLUENZA AGENTS

| | | |
|---|---|-----|
| <i>amantadine hcl</i> | 2 | EDS |
| <i>oseltamivir oral capsule</i> | 2 | EDS |
| <i>oseltamivir oral suspension for reconstitution</i> | 3 | EDS |
| RELENZA DISKHALER | 3 | EDS |
| <i>rimantadine</i> | 2 | EDS |
| XOFLUZA ORAL TABLET 40 MG, 80 MG | 4 | EDS |

ANTIVIRAL, CORONAVIRUS AGENTS

| | | |
|----------------|---|-----|
| LAGEVRIO (EUA) | 4 | EDS |
| PAXLOVID | 3 | EDS |

ANXIOLYTICS

ANXIOLYTICS, OTHER

| | | |
|--------------------|---|-----|
| <i>buspirone</i> | 2 | EDS |
| <i>meprobamate</i> | 4 | EDS |

BENZODIAZEPINES

| | | |
|---|---|------------------------------|
| <i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i> | 2 | QL (120 EA per 30 days); EDS |
| <i>alprazolam oral tablet 2 mg</i> | 2 | QL (150 EA per 30 days); EDS |
| <i>clorazepate dipotassium</i> | 4 | EDS |
| <i>diazepam intensol</i> | 4 | PA; EDS |
| <i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i> | 4 | PA; EDS |

| Drug Name | Drug Tier | Requirements/Limits |
|------------------------------|-----------|---------------------|
| <i>diazepam oral tablet</i> | 3 | PA; EDS |
| <i>lorazepam intensol</i> | 3 | EDS |
| <i>lorazepam oral tablet</i> | 2 | EDS |

BIPOLAR AGENTS

MOOD STABILIZERS

| | | |
|--|---|-----|
| <i>lamotrigine oral tablet</i> | 2 | EDS |
| <i>lamotrigine oral tablet, chewable dispersible</i> | 2 | EDS |
| <i>lamotrigine oral tablet, disintegrating</i> | 4 | EDS |
| <i>lithium carbonate</i> | 2 | EDS |
| <i>lithium citrate</i> | 2 | EDS |
| SUBVENITE ORAL SUSPENSION | 4 | EDS |
| <i>subvenite oral tablet</i> | 2 | EDS |

BLOOD GLUCOSE REGULATORS

ANTIDIABETIC AGENTS

| | | |
|--|---|-----------------------------|
| <i>acarbose</i> | 2 | EDS |
| <i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i> | 1 | EDS |
| <i>glipizide oral tablet 10 mg, 5 mg</i> | 1 | EDS |
| <i>glipizide oral tablet extended release 24hr</i> | 1 | EDS |
| <i>glipizide-metformin</i> | 1 | EDS |
| GLYXAMBI | 3 | QL (30 EA per 30 days); EDS |
| JANUMET | 3 | QL (60 EA per 30 days); EDS |

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

| 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 |
| <i>liraglutide</i> | 4 | PA; QL (9 ML per 30 days); EDS |
| <i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i> | 1 | EDS |
| <i>metformin oral tablet extended release 24 hr</i> | 1 | EDS |
| MOUNJARO | 3 | PA; QL (2 ML per 28 days); EDS |
| <i>nateglinide</i> | 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 |
| <i>pioglitazone</i> | 1 | EDS |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|---------------------------------|
| <i>pioglitazone-glimepiride</i> | 2 | QL (30 EA per 30 days); EDS |
| <i>pioglitazone-metformin</i> | 2 | EDS |
| <i>repaglinide</i> | 2 | EDS |
| RYBELSUS | 3 | PA; QL (30 EA per 30 days); EDS |
| <i>saxagliptin</i> | 3 | QL (30 EA per 30 days); EDS |
| <i>saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg</i> | 3 | QL (60 EA per 30 days); EDS |
| <i>saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg</i> | 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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Date of last formulary update: 06/01/2026.

| 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

| | | |
|---|---|-----|
| <i>diazoxide</i> | 5 | |
| <i>glucagon emergency kit (human)</i> | 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|--------------------------------|-----------|-------------------------|
| 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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Date of last formulary update: 06/01/2026.

| 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 INSULIN | 3 | EDS |
| NOVOLOG MIX 70-30 FLEXPEN 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

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|------------------------------|
| <i>dabigatran etexilate</i> | 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 |
| <i>enoxaparin subcutaneous syringe</i> | 4 | EDS |
| <i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 7.5 mg/0.6 ml</i> | 5 | |
| <i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml, 5 mg/0.4 ml</i> | 4 | EDS |
| <i>heparin (porcine) injection solution</i> | 2 | B vs D; EDS |
| <i>jantoven</i> | 1 | EDS |
| <i>rivaroxaban oral suspension for reconstitution</i> | 3 | QL (775 ML per 30 days); EDS |
| <i>rivaroxaban oral tablet</i> | 3 | QL (60 EA per 30 days); EDS |
| <i>warfarin</i> | 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

| | | |
|-------------------|---|-----|
| <i>anagrelide</i> | 2 | EDS |
|-------------------|---|-----|

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------------------|
| <i>eltrombopag olamine oral powder in packet</i> | 5 | PA; QL (180 EA per 30 days) |
| <i>eltrombopag olamine oral tablet 12.5 mg, 25 mg</i> | 5 | PA; QL (30 EA per 30 days) |
| <i>eltrombopag olamine oral tablet 50 mg, 75 mg</i> | 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 |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| 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 | | |
| <i>tranexamic acid oral</i> | 3 | EDS |
| PLATELET MODIFYING AGENTS | | |
| <i>aspirin-dipyridamole</i> | 4 | EDS |
| <i>cilostazol</i> | 2 | EDS |
| <i>clopidogrel oral tablet 75 mg</i> | 1 | EDS |
| <i>dipyridamole oral</i> | 2 | EDS |
| <i>prasugrel hcl</i> | 2 | EDS |
| <i>ticagrelor</i> | 3 | EDS |
| CARDIOVASCULAR AGENTS | | |
| ALPHA-ADRENERGIC AGONISTS | | |
| <i>clonidine</i> | 4 | EDS |
| <i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i> | 1 | EDS |
| <i>droxidopa oral capsule 100 mg</i> | 4 | PA; EDS |
| <i>droxidopa oral capsule 200 mg, 300 mg</i> | 5 | PA |
| <i>guanfacine oral tablet</i> | 2 | EDS |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|-------------------------|
| <i>midodrine</i> | 3 | EDS |
| ANGIOTENSIN II RECEPTOR ANTAGONISTS | | |
| <i>candesartan</i> | 2 | EDS |
| <i>irbesartan</i> | 1 | EDS |
| <i>losartan</i> | 1 | EDS |
| <i>olmesartan</i> | 2 | EDS |
| <i>telmisartan</i> | 2 | EDS |
| <i>valsartan oral tablet</i> | 1 | EDS |
| ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS | | |
| <i>benazepril</i> | 1 | EDS |
| <i>captopril</i> | 1 | EDS |
| <i>enalapril maleate oral tablet</i> | 1 | EDS |
| <i>fosinopril</i> | 1 | EDS |
| <i>lisinopril</i> | 1 | EDS |
| <i>moexipril</i> | 1 | EDS |
| <i>perindopril erbumine</i> | 1 | EDS |
| <i>quinapril</i> | 1 | EDS |
| <i>ramipril</i> | 1 | EDS |
| <i>trandolapril</i> | 1 | EDS |
| ANTIARRHYTHMICS | | |
| <i>amiodarone oral</i> | 2 | EDS |
| <i>digoxin oral solution</i> | 2 | EDS |
| <i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> | 2 | EDS |
| <i>disopyramide phosphate oral capsule</i> | 4 | EDS |
| <i>dofetilide</i> | 4 | EDS |
| <i>flecainide</i> | 2 | EDS |
| LANOXIN ORAL | 3 | EDS |
| <i>mexiletine</i> | 2 | EDS |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|-------------------------|
| MULTAQ | 3 | EDS |
| <i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i> | 2 | EDS |
| <i>propafenone oral tablet</i> | 2 | EDS |
| <i>quinidine gluconate oral</i> | 4 | EDS |
| <i>quinidine sulfate oral tablet</i> | 2 | EDS |
| <i>sotalol af</i> | 2 | EDS |
| <i>sotalol oral</i> | 2 | EDS |
| BETA-ADRENERGIC BLOCKING AGENTS | | |
| <i>acebutolol</i> | 2 | EDS |
| <i>atenolol</i> | 1 | EDS |
| <i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i> | 2 | EDS |
| <i>carvedilol</i> | 1 | EDS |
| <i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i> | 2 | EDS |
| <i>metoprolol succinate</i> | 2 | EDS |
| <i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i> | 1 | EDS |
| <i>nadolol</i> | 2 | EDS |
| <i>nebivolol</i> | 2 | EDS |
| <i>pindolol</i> | 2 | EDS |
| <i>propranolol oral capsule, extended release 24 hr</i> | 2 | EDS |
| <i>propranolol oral solution</i> | 2 | EDS |
| <i>propranolol oral tablet</i> | 1 | EDS |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|-------------------------|
| CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES | | |
| <i>amlodipine</i> | 1 | EDS |
| <i>felodipine</i> | 2 | EDS |
| <i>isradipine</i> | 2 | EDS |
| <i>nicardipine oral</i> | 2 | EDS |
| <i>nifedipine</i> | 2 | EDS |
| <i>nimodipine oral capsule</i> | 4 | EDS |
| CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES | | |
| <i>cartia xt</i> | 2 | EDS |
| <i>diltiazem hcl oral capsule, extended release 12 hr</i> | 2 | EDS |
| <i>diltiazem hcl oral capsule, extended release 24 hr 360 mg, 420 mg</i> | 2 | EDS |
| <i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> | 2 | EDS |
| <i>diltiazem hcl oral tablet</i> | 2 | EDS |
| <i>dilt-xr</i> | 2 | EDS |
| <i>tiadylt er</i> | 2 | EDS |
| <i>verapamil oral capsule, 24 hr er pellet ct</i> | 2 | EDS |
| <i>verapamil oral capsule, ext rel. pellets 24 hr</i> | 2 | EDS |
| <i>verapamil oral tablet</i> | 1 | EDS |
| <i>verapamil oral tablet extended release</i> | 2 | EDS |
| CARDIOVASCULAR AGENTS, OTHER | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---------------------------------------|-----------|---------------------------------|
| <i>aliskiren</i> | 3 | EDS |
| <i>amiloride-hydrochlorothiazide</i> | 1 | EDS |
| <i>amlodipine-atorvastatin</i> | 2 | EDS |
| <i>amlodipine-benazepril</i> | 1 | EDS |
| <i>amlodipine-olmesartan</i> | 2 | EDS |
| <i>amlodipine-valsartan</i> | 1 | EDS |
| <i>amlodipine-valsartan-hcthiazid</i> | 2 | EDS |
| <i>atenolol-chlorthalidone</i> | 1 | EDS |
| <i>benazepril-hydrochlorothiazide</i> | 1 | EDS |
| <i>bisoprolol-hydrochlorothiazide</i> | 2 | EDS |
| <i>enalapril-hydrochlorothiazide</i> | 1 | EDS |
| ENTRESTO | 3 | QL (60 EA per 30 days); EDS |
| ENTRESTO SPRINKLE | 3 | QL (240 EA per 30 days); EDS |
| <i>fosinopril-hydrochlorothiazide</i> | 1 | EDS |
| <i>irbesartan-hydrochlorothiazide</i> | 1 | EDS |
| <i>ivabradine</i> | 4 | PA; QL (60 EA per 30 days); EDS |
| <i>lisinopril-hydrochlorothiazide</i> | 1 | EDS |
| <i>losartan-hydrochlorothiazide</i> | 1 | EDS |
| <i>metoprolol ta-hydrochlorothiaz</i> | 2 | EDS |
| <i>metyrosine</i> | 5 | PA |
| <i>olmesartan-amlodipin-hcthiazid</i> | 2 | EDS |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-----------------------------|
| <i>olmesartan-hydrochlorothiazide</i> | 2 | EDS |
| <i>pentoxifylline</i> | 2 | EDS |
| <i>quinapril-hydrochlorothiazide</i> | 1 | EDS |
| <i>ranolazine</i> | 3 | EDS |
| <i>sacubitril-valsartan</i> | 3 | QL (60 EA per 30 days); EDS |
| <i>spironolacton-hydrochlorothiazid</i> | 1 | EDS |
| <i>triamterene-hydrochlorothiazid</i> | 1 | EDS |
| <i>valsartan-hydrochlorothiazide</i> | 1 | EDS |
| DIURETICS, LOOP | | |
| <i>bumetanide</i> | 2 | EDS |
| <i>furosemide injection</i> | 2 | EDS |
| <i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i> | 1 | EDS |
| <i>furosemide oral tablet</i> | 1 | EDS |
| <i>torseamide oral</i> | 2 | EDS |
| DIURETICS, POTASSIUM-SPARING | | |
| <i>amiloride</i> | 2 | EDS |
| <i>triamterene</i> | 4 | EDS |
| DIURETICS, THIAZIDE | | |
| <i>chlorthalidone oral tablet 25 mg, 50 mg</i> | 1 | EDS |
| <i>hydrochlorothiazide</i> | 1 | EDS |
| <i>indapamide</i> | 1 | EDS |
| <i>metolazone</i> | 2 | EDS |
| DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i> | 2 | EDS |
| <i>fenofibrate nanocrystallized</i> | 2 | EDS |
| <i>fenofibrate oral tablet 160 mg, 54 mg</i> | 2 | EDS |
| <i>fenofibric acid (choline)</i> | 3 | EDS |
| <i>gemfibrozil</i> | 2 | EDS |
| DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS | | |
| <i>atorvastatin</i> | 1 | EDS |
| <i>lovastatin</i> | 1 | EDS |
| <i>pravastatin</i> | 1 | EDS |
| <i>rosuvastatin</i> | 1 | EDS |
| <i>simvastatin</i> | 1 | EDS |
| DYSLIPIDEMICS, OTHER | | |
| <i>cholestyramine (with sugar) oral powder in packet</i> | 2 | EDS |
| <i>cholestyramine light oral powder in packet</i> | 2 | EDS |
| <i>colesevelam</i> | 4 | EDS |
| <i>colestipol oral packet</i> | 2 | EDS |
| <i>colestipol oral tablet</i> | 2 | EDS |
| <i>ezetimibe</i> | 2 | EDS |
| <i>ezetimibe-simvastatin</i> | 3 | EDS |
| <i>icosapent ethyl</i> | 4 | EDS |
| NEXLETOL | 3 | PA; EDS |
| NEXLIZET | 3 | PA; EDS |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-----------------------------|
| <i>niacin oral tablet extended release 24 hr</i> | 3 | QL (60 EA per 30 days); EDS |
| <i>omega-3 acid ethyl esters</i> | 2 | EDS |
| <i>prevalite oral powder in packet</i> | 2 | EDS |
| REPATHA SURECLICK | 3 | PA; EDS |
| REPATHA SYRINGE | 3 | PA; EDS |
| VASCEPA | 4 | EDS |
| MINERALOCORTICOID RECEPTOR ANTAGONISTS | | |
| <i>eplerenone</i> | 3 | EDS |
| KERENDIA | 3 | PA; EDS |
| <i>spironolactone oral tablet</i> | 1 | EDS |
| SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS (SGLT2I) | | |
| <i>dapagliflozin</i> | 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 | | |
| <i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i> | 2 | EDS |
| <i>isosorbide mononitrate</i> | 2 | EDS |
| <i>nitro-bid</i> | 2 | EDS |
| <i>nitroglycerin sublingual</i> | 2 | EDS |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|------------------------------|
| <i>nitroglycerin transdermal patch 24 hour</i> | 2 | EDS |
| <i>nitroglycerin translingual</i> | 2 | EDS |
| VERQUVO | 3 | QL (30 EA per 30 days); EDS |
| VASODILATORS, DIRECT-ACTING ARTERIAL | | |
| <i>hydralazine oral</i> | 2 | EDS |
| <i>minoxidil oral</i> | 2 | EDS |
| CENTRAL NERVOUS SYSTEM AGENTS | | |
| ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES | | |
| <i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg</i> | 4 | QL (120 EA per 30 days); EDS |
| <i>dextroamphetamine sulfate oral capsule, extended release 5 mg</i> | 4 | QL (30 EA per 30 days); EDS |
| <i>dextroamphetamine sulfate oral tablet 10 mg</i> | 3 | QL (180 EA per 30 days); EDS |
| <i>dextroamphetamine sulfate oral tablet 5 mg</i> | 3 | QL (120 EA per 30 days); EDS |
| <i>dextroamphetamine-amphetamine oral tablet</i> | 2 | QL (60 EA per 30 days); EDS |
| <i>zenzedi oral tablet 10 mg</i> | 3 | QL (180 EA per 30 days); EDS |
| <i>zenzedi oral tablet 5 mg</i> | 3 | QL (120 EA per 30 days); EDS |
| ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES | | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>atomoxetine</i> | 3 | EDS |
| <i>clonidine hcl oral tablet extended release 12 hr</i> | 2 | EDS |
| <i>dexmethylphenidate oral tablet</i> | 2 | EDS |
| <i>methylphenidate hcl oral tablet</i> | 2 | EDS |
| <i>methylphenidate hcl oral tablet extended release</i> | 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) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|----------------------------------|
| 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 |
| NUDEXTA | 5 | PA |
| <i>riluzole</i> | 3 | EDS |
| <i>tetrabenazine oral tablet 12.5 mg</i> | 4 | PA; QL (240 EA per 30 days); EDS |
| <i>tetrabenazine oral tablet 25 mg</i> | 5 | PA; QL (120 EA per 30 days) |

FIBROMYALGIA AGENTS

| | | |
|--------------------------------|---|-----|
| <i>duloxetine</i> | 2 | EDS |
| <i>milnacipran oral tablet</i> | 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 |
| <i>dalfampridine</i> | 3 | PA; EDS |
| <i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 120 mg (14)-240 mg (46)</i> | 4 | PA; EDS |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|----------------------|
| <i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i> | 5 | PA |
| <i>fingolimod</i> | 5 | PA |
| <i>glatiramer</i> | 5 | PA |
| <i>glatopa</i> | 5 | PA |
| <i>teriflunomide</i> | 5 | PA |
| VUMERITY | 5 | PA |

DENTAL AND ORAL AGENTS

DENTAL AND ORAL AGENTS

| | | |
|--|---|-----|
| <i>cevimeline</i> | 3 | EDS |
| <i>chlorhexidine gluconate</i> | 2 | EDS |
| <i>doxycycline hyclate oral tablet 20 mg</i> | 2 | EDS |
| <i>kourzeq</i> | 2 | EDS |
| <i>lidocaine viscous</i> | 2 | EDS |
| <i>periogard</i> | 2 | EDS |
| <i>pilocarpine hcl oral</i> | 3 | EDS |
| <i>triamcinolone acetonide dental</i> | 2 | EDS |

DERMATOLOGICAL AGENTS

ACNE AND ROSACEA AGENTS

| | | |
|---|---|---------|
| <i>acutane oral capsule 10 mg, 20 mg, 40 mg</i> | 4 | EDS |
| <i>acitretin</i> | 4 | PA; EDS |
| <i>adapalene topical cream</i> | 4 | EDS |
| <i>adapalene topical gel 0.3 %</i> | 4 | EDS |
| ALTRENO | 3 | PA; EDS |
| <i>amnesteem</i> | 4 | EDS |
| <i>claravis</i> | 4 | EDS |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|------------------------------|
| <i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> | 4 | EDS |
| <i>metronidazole topical cream</i> | 3 | EDS |
| <i>metronidazole topical gel</i> | 3 | EDS |
| <i>metronidazole topical lotion</i> | 3 | EDS |
| <i>tazarotene topical cream</i> | 4 | EDS |
| <i>tazarotene topical gel</i> | 4 | QL (100 GM per 30 days); EDS |
| <i>tretinoin</i> | 3 | PA; EDS |
| <i>zenatane</i> | 4 | EDS |

DERMATITIS AND PRURITUS AGENTS

| | | |
|--|---|-----|
| <i>alclometasone</i> | 2 | EDS |
| <i>ammonium lactate</i> | 2 | EDS |
| <i>betamethasone dipropionate</i> | 2 | EDS |
| <i>betamethasone valerate topical cream</i> | 2 | EDS |
| <i>betamethasone valerate topical lotion</i> | 2 | EDS |
| <i>betamethasone valerate topical ointment</i> | 2 | EDS |
| <i>betamethasone, augmented</i> | 2 | EDS |
| <i>clobetasol scalp</i> | 4 | EDS |
| <i>clobetasol topical cream 0.05 %</i> | 4 | EDS |
| <i>clobetasol topical foam</i> | 4 | EDS |
| <i>clobetasol topical gel</i> | 4 | EDS |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|----------------------------------|
| <i>clobetasol topical ointment</i> | 4 | EDS |
| <i>clobetasol-emollient</i> | 4 | EDS |
| <i>desonide topical cream</i> | 3 | QL (120 GM per 30 days); EDS |
| <i>desonide topical lotion</i> | 3 | QL (118 ML per 30 days); EDS |
| <i>desonide topical ointment</i> | 3 | QL (120 GM per 30 days); EDS |
| <i>desoximetasone topical cream 0.05 %</i> | 4 | QL (120 GM per 30 days); EDS |
| <i>desoximetasone topical cream 0.25 %</i> | 3 | QL (120 GM per 30 days); EDS |
| <i>desoximetasone topical gel</i> | 4 | QL (120 GM per 30 days); EDS |
| <i>desoximetasone topical ointment 0.05 %</i> | 4 | QL (120 GM per 30 days); EDS |
| <i>desoximetasone topical ointment 0.25 %</i> | 3 | QL (120 GM per 30 days); EDS |
| EUCRISA | 4 | PA; QL (120 GM per 30 days); EDS |
| <i>fluocinolone scalp oil</i> | 3 | EDS |
| <i>fluocinolone topical cream</i> | 3 | EDS |
| <i>fluocinolone topical ointment</i> | 3 | EDS |
| <i>fluocinolone topical solution</i> | 3 | EDS |
| <i>fluocinonide topical cream 0.05 %</i> | 2 | QL (120 GM per 30 days); EDS |
| <i>fluocinonide topical gel</i> | 2 | QL (60 GM per 30 days); EDS |
| <i>fluocinonide topical ointment</i> | 2 | QL (60 GM per 30 days); EDS |
| <i>fluocinonide topical solution</i> | 2 | EDS |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|------------------------------|
| <i>fluocinonide-emollient</i> | 2 | QL (60 GM per 30 days); EDS |
| <i>fluticasone propionate topical cream</i> | 2 | EDS |
| <i>fluticasone propionate topical ointment</i> | 2 | EDS |
| <i>halobetasol propionate topical cream</i> | 2 | EDS |
| <i>halobetasol propionate topical ointment</i> | 2 | EDS |
| <i>hydrocortisone butyrate topical cream</i> | 2 | EDS |
| <i>hydrocortisone butyrate topical solution</i> | 2 | EDS |
| <i>hydrocortisone topical lotion 2.5 %</i> | 2 | EDS |
| <i>hydrocortisone topical ointment 2.5 %</i> | 2 | EDS |
| <i>hydrocortisone valerate</i> | 2 | EDS |
| <i>mometasone topical</i> | 2 | EDS |
| <i>pimecrolimus</i> | 4 | QL (100 GM per 30 days); EDS |
| <i>selenium sulfide topical lotion</i> | 2 | EDS |
| <i>tacrolimus topical</i> | 4 | QL (100 GM per 30 days); EDS |
| <i>triamcinolone acetonide topical cream</i> | 2 | EDS |
| <i>triamcinolone acetonide topical lotion</i> | 2 | EDS |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|------------------------------|
| <i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i> | 2 | EDS |
| DERMATOLOGICAL AGENTS, OTHER | | |
| <i>calcipotriene scalp</i> | 3 | EDS |
| <i>calcipotriene topical cream</i> | 4 | QL (120 GM per 30 days); EDS |
| <i>calcipotriene topical ointment</i> | 4 | QL (120 GM per 30 days); EDS |
| <i>clotrimazole-betamethasone</i> | 2 | EDS |
| <i>diclofenac sodium topical gel 3 %</i> | 4 | PA; EDS |
| <i>fluorouracil topical cream 5 %</i> | 3 | EDS |
| <i>fluorouracil topical solution</i> | 3 | EDS |
| <i>imiquimod topical cream in packet 5 %</i> | 3 | EDS |
| <i>methoxsalen</i> | 5 | |
| <i>nystatin-triamcinolone</i> | 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) |
| <i>podofilox topical solution</i> | 2 | EDS |
| PROCTOFOAM HC | 4 | EDS |
| SANTYL | 3 | QL (90 GM per 30 days); EDS |
| <i>silver sulfadiazine</i> | 2 | EDS |
| ssd | 2 | EDS |
| PEDICULICIDES/SCABICIDES | | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-----------------------------|
| <i>malathion</i> | 4 | EDS |
| <i>permethrin</i> | 2 | EDS |
| TOPICAL ANTI-INFECTIVES | | |
| <i>acyclovir topical cream</i> | 4 | QL (5 GM per 30 days); EDS |
| <i>acyclovir topical ointment</i> | 4 | QL (30 GM per 30 days); EDS |
| <i>ciclopirox</i> | 2 | EDS |
| <i>clindamycin phosphate topical gel</i> | 3 | EDS |
| <i>clindamycin phosphate topical gel, once daily</i> | 3 | EDS |
| <i>clindamycin phosphate topical lotion</i> | 2 | EDS |
| <i>clindamycin phosphate topical solution</i> | 2 | EDS |
| <i>erythromycin with ethanol topical gel</i> | 2 | EDS |
| <i>erythromycin with ethanol topical solution</i> | 2 | EDS |
| <i>mupirocin</i> | 2 | EDS |
| <i>mupirocin calcium</i> | 4 | QL (30 GM per 30 days); EDS |
| ELECTROLYTES/MINERALS/METALS/VITAMINS | | |
| ELECTROLYTE/MINERAL REPLACEMENT | | |
| <i>carglumic acid</i> | 5 | PA |
| CLINISOL SF 15 % | 4 | B vs D; EDS |
| <i>d10 %-0.45 % sodium chloride</i> | 2 | EDS |
| <i>d2.5 %-0.45 % sodium chloride</i> | 2 | EDS |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|-------------------------|
| <i>d5 % and 0.9 % sodium chloride</i> | 2 | EDS |
| <i>d5 %-0.45 % sodium chloride</i> | 2 | EDS |
| <i>dextrose 10 % and 0.2 % nacl</i> | 2 | EDS |
| <i>dextrose 10 % in water (d10w)</i> | 2 | EDS |
| <i>dextrose 5 % in water (d5w) intravenous parenteral solution</i> | 2 | EDS |
| <i>dextrose 5%-0.2 % sod chloride</i> | 2 | EDS |
| <i>klor-con</i> | 4 | EDS |
| <i>klor-con 10</i> | 2 | EDS |
| <i>klor-con 8</i> | 2 | EDS |
| <i>klor-con m10</i> | 2 | EDS |
| <i>klor-con m15</i> | 2 | EDS |
| <i>klor-con m20</i> | 2 | EDS |
| <i>magnesium sulfate injection</i> | 2 | EDS |
| PLENAMINE | 2 | B vs D; EDS |
| <i>potassium chlorid-d5-0.45%nacl</i> | 2 | EDS |
| <i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l</i> | 2 | EDS |
| <i>potassium chloride in lr-d5</i> | 2 | EDS |
| <i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 20 meq/100 ml, 40 meq/100 ml</i> | 2 | EDS |
| <i>potassium chloride intravenous</i> | 2 | EDS |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|-------------------------|
| <i>potassium chloride oral capsule, extended release</i> | 2 | EDS |
| <i>potassium chloride oral liquid</i> | 4 | EDS |
| <i>potassium chloride oral packet 20 meq</i> | 4 | EDS |
| <i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i> | 2 | EDS |
| <i>potassium chloride oral tablet,er particles/crystals</i> | 2 | EDS |
| <i>potassium chloride-d5-0.2%nacl</i> | 2 | EDS |
| <i>potassium chloride-d5-0.9%nacl</i> | 2 | EDS |
| <i>potassium citrate oral tablet extended release</i> | 2 | EDS |
| PROSOL 20 % | 4 | B vs D; EDS |
| <i>sodium chloride 0.45 % intravenous</i> | 2 | EDS |
| <i>sodium chloride 0.9 % intravenous parenteral solution</i> | 2 | EDS |
| <i>sodium chloride 3 % hypertonic</i> | 2 | EDS |
| <i>sodium chloride 5 % hypertonic</i> | 2 | EDS |
| TPN ELECTROLYTES | 3 | EDS |
| <i>travasol 10 %</i> | 4 | B vs D; EDS |
| ELECTROLYTE/MINERAL/METAL MODIFIERS | | |
| <i>deferasirox</i> | 3 | PA; EDS |
| <i>deferiprone</i> | 5 | PA |
| JYNARQUE | 5 | PA; LD |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>penicillamine oral tablet</i> | 5 | |
| <i>tolvaptan</i> | 5 | PA |
| <i>tolvaptan (polycyst kidney dis)</i> | 5 | PA |
| <i>trientine oral capsule 250 mg</i> | 5 | |

POTASSIUM BINDERS

| | | |
|---|---|-----|
| <i>kionex oral suspension</i> | 2 | EDS |
| LOKELMA | 3 | EDS |
| <i>sodium polystyrene sulfonate</i> | 2 | EDS |
| <i>sps (with sorbitol) oral</i> | 2 | EDS |
| VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM | 3 | EDS |

VITAMINS

| | | |
|---------------------------------------|---|-----|
| <i>prenatal vitamin plus low iron</i> | 2 | EDS |
|---------------------------------------|---|-----|

GASTROINTESTINAL AGENTS

ANTI-CONSTIPATION AGENTS

| | | |
|--------------------------------|---|-----|
| <i>constulose</i> | 2 | EDS |
| <i>enulose</i> | 2 | EDS |
| <i>generlac</i> | 2 | EDS |
| <i>lactulose oral solution</i> | 2 | EDS |
| LINZESS | 3 | EDS |
| <i>lubiprostone</i> | 3 | EDS |
| MOVANTIK | 3 | EDS |
| RELISTOR ORAL | 5 | PA |
| RELISTOR SUBCUTANEOUS SOLUTION | 5 | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|-------------------------------|-----------|---------------------|
| RELISTOR SUBCUTANEOUS SYRINGE | 5 | PA |

| | | |
|----------|---|-----|
| TRULANCE | 3 | EDS |
|----------|---|-----|

ANTI-DIARRHEAL AGENTS

| | | |
|-------------------------------------|---|---------|
| <i>alosetron oral tablet 0.5 mg</i> | 4 | PA; EDS |
|-------------------------------------|---|---------|

| | | |
|-----------------------------------|---|----|
| <i>alosetron oral tablet 1 mg</i> | 5 | PA |
|-----------------------------------|---|----|

| | | |
|-------------------------------|---|-----|
| <i>diphenoxylate-atropine</i> | 4 | EDS |
|-------------------------------|---|-----|

| | | |
|--------------------------------|---|-----|
| <i>loperamide oral capsule</i> | 2 | EDS |
|--------------------------------|---|-----|

| | | |
|---------|---|----|
| XERMELO | 5 | PA |
|---------|---|----|

ANTISPASMODICS, GASTROINTESTINAL

| | | |
|---------------------------------|---|---------|
| <i>dicyclomine oral capsule</i> | 4 | PA; EDS |
|---------------------------------|---|---------|

| | | |
|----------------------------------|---|---------|
| <i>dicyclomine oral solution</i> | 4 | PA; EDS |
|----------------------------------|---|---------|

| | | |
|--------------------------------------|---|---------|
| <i>dicyclomine oral tablet 20 mg</i> | 4 | PA; EDS |
|--------------------------------------|---|---------|

| | | |
|--|---|-----|
| <i>glycopyrrolate oral tablet 1 mg, 2 mg</i> | 2 | EDS |
|--|---|-----|

GASTROINTESTINAL AGENTS, OTHER

| | | |
|-------------------|---|-----|
| <i>gavilyte-c</i> | 2 | EDS |
|-------------------|---|-----|

| | | |
|-------------------|---|-----|
| <i>gavilyte-g</i> | 2 | EDS |
|-------------------|---|-----|

| | | |
|-------------------|---|-----|
| <i>gavilyte-n</i> | 2 | EDS |
|-------------------|---|-----|

| | | |
|---|---|-----|
| <i>metoclopramide hcl oral solution</i> | 2 | EDS |
|---|---|-----|

| | | |
|---------------------------------------|---|-----|
| <i>metoclopramide hcl oral tablet</i> | 2 | EDS |
|---------------------------------------|---|-----|

| | | |
|-----------------------------|---|-----|
| <i>nitroglycerin rectal</i> | 4 | EDS |
|-----------------------------|---|-----|

| | | |
|------------------------------|---|-----|
| <i>peg 3350-electrolytes</i> | 2 | EDS |
|------------------------------|---|-----|

| | | |
|---------------------------------------|---|-----|
| <i>peg3350-sod sul-nacl-kcl-asb-c</i> | 3 | EDS |
|---------------------------------------|---|-----|

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

| Drug Name | Drug Tier | Requirements/ Limits |
|---------------------------------------|-----------|--------------------------------|
| <i>peg-electrolyte soln</i> | 2 | EDS |
| PLENVU | 3 | EDS |
| <i>sodium,potassium,m ag sulfates</i> | 3 | EDS |
| <i>ursodiol oral capsule 300 mg</i> | 3 | EDS |
| <i>ursodiol oral tablet</i> | 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

| | | |
|--|---|-----|
| <i>cimetidine</i> | 2 | EDS |
| <i>cimetidine hcl oral</i> | 3 | EDS |
| <i>famotidine oral tablet 20 mg, 40 mg</i> | 1 | EDS |

PROTECTANTS

| | | |
|-------------------------------|---|-----|
| <i>misoprostol</i> | 2 | EDS |
| <i>sucralfate oral tablet</i> | 2 | EDS |

PROTON PUMP INHIBITORS

| | | |
|---|---|-----|
| <i>esomeprazole magnesium oral capsule,delayed release(dr/ec)</i> | 3 | EDS |
| <i>lansoprazole oral capsule,delayed release(dr/ec)</i> | 2 | EDS |
| <i>omeprazole oral capsule,delayed release(dr/ec)</i> | 1 | EDS |
| <i>pantoprazole oral tablet,delayed release (dr/ec)</i> | 1 | EDS |
| <i>rabeprazole oral tablet,delayed release (dr/ec)</i> | 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 | | |

| | | |
|----------------------------------|---|--------|
| <i>betaine</i> | 5 | |
| CERDELGA | 5 | PA |
| CREON | 3 | EDS |
| <i>cromolyn oral</i> | 4 | EDS |
| CYSTAGON | 3 | EDS |
| <i>glutamine (sickle cell)</i> | 5 | PA |
| <i>nitisinone</i> | 5 | PA |
| PROLASTIN-C INTRAVENOUS SOLUTION | 5 | PA; LD |
| REVCovi | 5 | PA; LD |
| <i>sapropterin</i> | 5 | |
| <i>sodium phenylbutyrate</i> | 5 | |
| WELIREG | 5 | PA; LD |

GENITOURINARY AGENTS

ANTISPASMODICS, URINARY

| | | |
|--|---|-----|
| <i>fesoterodine</i> | 3 | EDS |
| GEMTESA | 4 | EDS |
| MYRBETRIQ | 3 | EDS |
| <i>oxybutynin chloride oral syrup</i> | 2 | EDS |
| <i>oxybutynin chloride oral tablet 5 mg</i> | 2 | EDS |
| <i>oxybutynin chloride oral tablet extended release 24hr</i> | 2 | EDS |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|---------------------------------|
| <i>solifenacin</i> | 3 | EDS |
| <i>tolterodine oral capsule, extended release 24hr</i> | 4 | QL (30 EA per 30 days); EDS |
| <i>tropium oral tablet</i> | 2 | EDS |
| BENIGN PROSTATIC HYPERTROPHY AGENTS | | |
| <i>alfuzosin</i> | 2 | EDS |
| <i>doxazosin</i> | 2 | EDS |
| <i>dutasteride</i> | 3 | EDS |
| <i>dutasteride-tamsulosin</i> | 3 | EDS |
| <i>finasteride oral tablet 5 mg</i> | 1 | EDS |
| <i>prazosin</i> | 2 | EDS |
| <i>tadalafil oral tablet 2.5 mg</i> | 4 | PA; QL (60 EA per 30 days); EDS |
| <i>tadalafil oral tablet 5 mg</i> | 4 | PA; QL (30 EA per 30 days); EDS |
| <i>tamsulosin</i> | 1 | EDS |
| <i>terazosin</i> | 1 | EDS |
| GENITOURINARY AGENTS, OTHER | | |
| <i>bethanechol chloride</i> | 2 | EDS |
| ELMIRON | 4 | EDS |
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) | | |
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) | | |
| <i>dexamethasone oral solution</i> | 2 | EDS |
| <i>dexamethasone oral tablet</i> | 2 | EDS |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|----------------------|
| <i>dexamethasone oral tablets, dose pack</i> | 2 | EDS |
| <i>fludrocortisone</i> | 2 | EDS |
| HEMADY | 4 | EDS |
| <i>hydrocortisone oral</i> | 2 | EDS |
| MEDROL ORAL TABLET 16 MG, 2 MG, 4 MG, 8 MG | 4 | B vs D; EDS |
| <i>methylprednisolone oral tablet</i> | 2 | B vs D; EDS |
| <i>methylprednisolone oral tablets, dose pack</i> | 2 | EDS |
| ORAPRED ODT | 4 | B vs D; EDS |
| <i>prednisolone oral solution</i> | 2 | B vs D; EDS |
| <i>prednisolone oral tablet</i> | 4 | B vs D; EDS |
| <i>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)</i> | 2 | B vs D; EDS |
| <i>prednisolone sodium phosphate oral tablet, disintegrating</i> | 4 | B vs D; EDS |
| <i>prednisone intensol</i> | 4 | B vs D; EDS |
| <i>prednisone oral solution</i> | 2 | B vs D; EDS |
| <i>prednisone oral tablet</i> | 1 | B vs D; EDS |
| <i>prednisone oral tablet, delayed release (dr/ec)</i> | 5 | B vs D |
| <i>prednisone oral tablets, dose pack</i> | 1 | EDS |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|----------------------|
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) | | |
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) | | |
| <i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i> | 4 | EDS |
| <i>desmopressin oral</i> | 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|----------------------|
| LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT | 5 | PA |
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) | | |
| ANDROGENS | | |
| <i>danazol</i> | 4 | EDS |
| <i>testosterone cypionate</i> | 2 | EDS |
| <i>testosterone enanthate</i> | 2 | EDS |
| <i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %), 20.25 mg/1.25 gram (1.62 %)</i> | 3 | EDS |
| <i>testosterone transdermal gel in packet</i> | 3 | EDS |
| ESTROGENS | | |
| <i>abigale</i> | 2 | EDS |
| <i>abigale lo</i> | 2 | EDS |
| <i>altavera (28)</i> | 2 | EDS |
| <i>alyacen 1/35 (28)</i> | 2 | EDS |
| <i>apri</i> | 2 | EDS |
| <i>aranelle (28)</i> | 2 | EDS |
| <i>abra eq</i> | 2 | EDS |
| <i>aviane</i> | 2 | EDS |
| <i>azurette (28)</i> | 2 | EDS |
| <i>blisovi fe 1.5/30 (28)</i> | 2 | EDS |
| <i>briellyn</i> | 2 | EDS |
| <i>conjugated estrogens</i> | 3 | EDS |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|----------------------|
| <i>cyred eq</i> | 2 | EDS |
| <i>dotti</i> | 2 | EDS |
| <i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i> | 2 | EDS |
| <i>eluryng</i> | 3 | EDS |
| <i>enilloring</i> | 3 | EDS |
| <i>enskyce</i> | 2 | EDS |
| <i>estarylla</i> | 2 | EDS |
| <i>estradiol oral</i> | 2 | EDS |
| <i>estradiol transdermal patch semiweekly</i> | 2 | EDS |
| <i>estradiol transdermal patch weekly</i> | 2 | EDS |
| <i>estradiol vaginal</i> | 2 | EDS |
| <i>estradiol-norethindrone acet</i> | 2 | EDS |
| ESTRING | 3 | EDS |
| <i>etonogestrel-ethinyl estradiol</i> | 3 | EDS |
| <i>falmina (28)</i> | 2 | EDS |
| <i>feirza</i> | 2 | EDS |
| <i>fyavolv</i> | 2 | EDS |
| <i>hailey fe 1/20 (28)</i> | 2 | EDS |
| IMVEXXY MAINTENANCE PACK | 3 | EDS |
| IMVEXXY STARTER PACK | 3 | EDS |
| <i>introvale</i> | 2 | EDS |
| <i>isibloom</i> | 2 | EDS |
| <i>jasmiel (28)</i> | 2 | EDS |
| <i>jinteli</i> | 2 | EDS |
| <i>juleber</i> | 2 | EDS |
| <i>junel 1.5/30 (21)</i> | 2 | EDS |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|----------------------|
| <i>junel 1/20 (21)</i> | 2 | EDS |
| <i>junel fe 1/20 (28)</i> | 2 | EDS |
| <i>kariva (28)</i> | 2 | EDS |
| <i>kelnor 1/35 (28)</i> | 2 | EDS |
| <i>kurvelo (28)</i> | 2 | EDS |
| <i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i> | 2 | EDS |
| <i>larin 1.5/30 (21)</i> | 2 | EDS |
| <i>larin 1/20 (21)</i> | 2 | EDS |
| <i>larin fe 1.5/30 (28)</i> | 2 | EDS |
| <i>larin fe 1/20 (28)</i> | 2 | EDS |
| <i>levonest (28)</i> | 2 | EDS |
| <i>levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg</i> | 2 | EDS |
| <i>levonorgestrel-ethinyl estradiol oral tablets,dose pack,3 month</i> | 2 | EDS |
| <i>levonorg-eth estradiol triphasic</i> | 2 | EDS |
| <i>loryna (28)</i> | 2 | EDS |
| <i>low-ogestrel (28)</i> | 2 | EDS |
| <i>luizza</i> | 2 | EDS |
| <i>lyllana</i> | 2 | EDS |
| <i>marlissa (28)</i> | 2 | EDS |
| <i>microgestin 1.5/30 (21)</i> | 2 | EDS |
| <i>microgestin 1/20 (21)</i> | 2 | EDS |
| <i>microgestin fe 1.5/30 (28)</i> | 2 | EDS |
| <i>microgestin fe 1/20 (28)</i> | 2 | EDS |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|----------------------|
| <i>mili</i> | 2 | EDS |
| <i>mimvey</i> | 2 | EDS |
| <i>necon 0.5/35 (28)</i> | 2 | EDS |
| <i>nikki (28)</i> | 2 | EDS |
| <i>norelgestromin-ethin.estradiol</i> | 3 | EDS |
| <i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i> | 2 | EDS |
| <i>norgestimate-ethinyl estradiol</i> | 2 | EDS |
| <i>nylia 1/35 (28)</i> | 2 | EDS |
| <i>nylia 7/7/7 (28)</i> | 2 | EDS |
| <i>pimtrea (28)</i> | 2 | EDS |
| PREMARIN ORAL | 3 | EDS |
| PREMARIN VAGINAL | 3 | EDS |
| PREMPHASE | 3 | EDS |
| PREMPRO | 3 | EDS |
| <i>reclipsen (28)</i> | 2 | EDS |
| <i>setlakin</i> | 2 | EDS |
| <i>tarina fe 1-20 eq (28)</i> | 2 | EDS |
| <i>tri-estarylla</i> | 2 | EDS |
| <i>tri-lo-estarylla</i> | 2 | EDS |
| <i>tri-lo-sprintec</i> | 2 | EDS |
| <i>tri-mili</i> | 2 | EDS |
| <i>tri-sprintec (28)</i> | 2 | EDS |
| <i>tri-vylibra</i> | 2 | EDS |
| <i>tri-vylibra lo</i> | 2 | EDS |
| <i>turqoz (28)</i> | 2 | EDS |
| <i>valtya</i> | 2 | EDS |
| <i>velivet triphasic regimen (28)</i> | 2 | EDS |
| <i>vestura (28)</i> | 2 | EDS |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|----------------------|
| <i>vienva</i> | 2 | EDS |
| <i>viorele (28)</i> | 2 | EDS |
| <i>vyfemla (28)</i> | 2 | EDS |
| <i>vylibra</i> | 2 | EDS |
| <i>wymzya fe</i> | 2 | EDS |
| <i>xelria fe</i> | 2 | EDS |
| <i>xulane</i> | 3 | EDS |
| <i>yuvafem</i> | 2 | EDS |
| <i>zafemy</i> | 3 | EDS |
| <i>zovia 1-35 (28)</i> | 2 | EDS |
| PROGESTINS | | |
| <i>deblitane</i> | 2 | EDS |
| DEPO-SUBQ PROVERA 104 | 3 | EDS |
| <i>gallifrey</i> | 2 | EDS |
| <i>heather</i> | 2 | EDS |
| <i>incassia</i> | 2 | EDS |
| LILETTA | 3 | EDS |
| <i>lyleq</i> | 2 | EDS |
| <i>lyza</i> | 2 | EDS |
| <i>medroxyprogesterone</i> | 2 | EDS |
| <i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i> | 2 | EDS |
| <i>megestrol oral tablet</i> | 2 | EDS |
| <i>meleya</i> | 2 | EDS |
| NEXPLANON | 3 | EDS |
| <i>norethindrone (contraceptive)</i> | 2 | EDS |
| <i>norethindrone acetate</i> | 2 | EDS |
| <i>orquidea</i> | 2 | EDS |
| <i>progesterone micronized oral</i> | 2 | EDS |
| <i>sharobel</i> | 2 | EDS |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS | | |

| | | |
|-------------------|---|-----|
| DUAVEE | 3 | EDS |
| <i>raloxifene</i> | 3 | EDS |

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)

| | | |
|---------|---|-----|
| CYTOMEL | 3 | EDS |
|---------|---|-----|

| | | |
|----------------------------------|---|-----|
| <i>levothyroxine oral tablet</i> | 1 | EDS |
|----------------------------------|---|-----|

| | | |
|--|---|-----|
| <i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> | 1 | EDS |
|--|---|-----|

| | | |
|---------------|---|-----|
| <i>liomny</i> | 2 | EDS |
|---------------|---|-----|

| | | |
|--------------------------|---|-----|
| <i>liothyronine oral</i> | 2 | EDS |
|--------------------------|---|-----|

| | | |
|-----------|---|----------------------------|
| REZDIFFRA | 5 | PA; QL (30 EA per 30 days) |
|-----------|---|----------------------------|

| | | |
|-----------|---|-----|
| SYNTHROID | 3 | EDS |
|-----------|---|-----|

| | | |
|------------------|---|-----|
| <i>unithroid</i> | 1 | EDS |
|------------------|---|-----|

HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)

HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)

| | | |
|--------------------|---|-----|
| <i>cabergoline</i> | 2 | EDS |
|--------------------|---|-----|

| | | |
|---------|---|---------|
| ELIGARD | 4 | PA; EDS |
|---------|---|---------|

| | | |
|-------------------|---|---------|
| ELIGARD (3 MONTH) | 4 | PA; EDS |
|-------------------|---|---------|

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| ELIGARD (4 MONTH) | 4 | PA; EDS |
| ELIGARD (6 MONTH) | 4 | PA; EDS |
| <i>leuprolide subcutaneous kit</i> | 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 |
| <i>mifepristone oral tablet 300 mg</i> | 5 | PA |
| <i>octreotide acetate injection solution 1,000 mcg/ml</i> | 5 | PA |
| <i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i> | 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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Date of last formulary update: 06/01/2026.

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|-----------------------------|
| HORMONAL AGENTS, SUPPRESSANT (THYROID) | | |
| ANTITHYROID AGENTS | | |
| <i>methimazole oral tablet 10 mg, 5 mg</i> | 2 | EDS |
| <i>propylthiouracil</i> | 2 | EDS |
| IMMUNOLOGICAL AGENTS | | |
| ANGIOEDEMA AGENTS | | |
| CINRYZE | 5 | PA |
| <i>icatibant</i> | 5 | PA; QL (18 ML per 30 days) |
| <i>sajazir</i> | 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) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|------------------------------|
| 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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Date of last formulary update: 06/01/2026.

| 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) |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|-----------------------------|
| 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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Date of last formulary update: 06/01/2026.

| 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 |
| <i>azathioprine oral tablet 100 mg, 75 mg</i> | 4 | B vs D; EDS |
| <i>azathioprine oral tablet 50 mg</i> | 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 |
| <i>cyclosporine modified</i> | 2 | B vs D; EDS |
| <i>cyclosporine oral capsule</i> | 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) |
| ENVARUSUS XR | 4 | B vs D; EDS |
| <i>everolimus (immunosuppressive) oral tablet 0.25 mg</i> | 4 | B vs D; EDS |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|----------------------------|
| <i>everolimus</i> (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg | 5 | B vs D |
| <i>gengraf oral capsule</i> | 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 |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-----------------------------|
| <i>leflunomide</i> | 2 | QL (30 EA per 30 days); EDS |
| <i>methotrexate sodium</i> | 2 | EDS |
| <i>methotrexate sodium (pf) injection solution</i> | 2 | EDS |
| <i>mycophenolate mofetil oral capsule</i> | 2 | B vs D; EDS |
| <i>mycophenolate mofetil oral suspension for reconstitution</i> | 5 | B vs D |
| <i>mycophenolate mofetil oral tablet</i> | 2 | B vs D; EDS |
| <i>mycophenolate sodium</i> | 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) |
| <i>sirolimus</i> | 4 | B vs D; EDS |
| <i>tacrolimus oral capsule 0.5 mg, 1 mg</i> | 3 | B vs D; EDS |
| <i>tacrolimus oral capsule 5 mg</i> | 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|-------------------------|
| 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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Date of last formulary update: 06/01/2026.

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|------------------------------|
| INFLAMMATORY BOWEL DISEASE AGENTS | | |
| AMINOSALICYLATES | | |
| <i>balsalazide</i> | 3 | EDS |
| <i>mesalamine dr capsule</i> | 4 | EDS |
| <i>mesalamine oral capsule, extended release</i> | 4 | QL (240 EA per 30 days); EDS |
| <i>mesalamine oral capsule, extended release 24hr</i> | 4 | QL (120 EA per 30 days); EDS |
| <i>mesalamine oral tablet, delayed release (dr/ec)</i> | 4 | EDS |
| <i>mesalamine rectal</i> | 4 | EDS |
| <i>sulfasalazine</i> | 2 | EDS |
| GLUCOCORTICOIDS | | |
| <i>budesonide oral capsule, delayed, ext end.release</i> | 4 | PA; EDS |
| <i>budesonide oral tablet, delayed and ext.release</i> | 5 | PA |
| <i>hydrocortisone rectal</i> | 2 | EDS |
| <i>hydrocortisone topical cream with perineal applicator 2.5 %</i> | 2 | EDS |
| <i>procto-med hc</i> | 2 | EDS |
| <i>proctosol hc topical</i> | 2 | EDS |
| <i>proctozone-hc</i> | 2 | EDS |
| METABOLIC BONE DISEASE AGENTS | | |
| METABOLIC BONE DISEASE AGENTS | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|----------------------|
| <i>alendronate oral tablet 10 mg, 35 mg, 70 mg</i> | 1 | EDS |
| BOMYNTRA | 5 | PA |
| BONSITY | 5 | PA |
| <i>calcitonin (salmon) nasal</i> | 2 | EDS |
| <i>calcitriol oral capsule</i> | 2 | B vs D; EDS |
| <i>cinacalcet</i> | 4 | B vs D; EDS |
| <i>doxercalciferol oral</i> | 4 | B vs D; EDS |
| <i>ibandronate oral</i> | 2 | EDS |
| JUBBONTI | 3 | PA; EDS |
| <i>paricalcitol oral</i> | 3 | B vs D; EDS |
| PROLIA | 3 | PA; EDS |
| RAYALDEE | 5 | |
| <i>risedronate</i> | 3 | EDS |
| <i>teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)</i> | 5 | PA |
| TYMLOS | 5 | PA |
| WYOST | 5 | PA |
| XGEVA | 5 | PA |
| MISCELLANEOUS THERAPEUTIC AGENTS | | |
| MISCELLANEOUS THERAPEUTIC AGENTS | | |
| <i>alcohol pads</i> | 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 |
| <i>intralipid intravenous emulsion 20 %</i> | 4 | B vs D; EDS |
| INTRALIPID INTRAVENOUS EMULSION 30 % | 4 | B vs D; EDS |
| <i>levocarnitine (with sugar)</i> | 2 | B vs D; EDS |
| <i>levocarnitine oral tablet</i> | 2 | B vs D; EDS |
| PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2" | 2 | PA; EDS |
| <i>sodium chloride irrigation</i> | 2 | EDS |

OPHTHALMIC AGENTS

OPHTHALMIC AGENTS, OTHER

| | | |
|--|---|-----|
| <i>atropine ophthalmic (eye) drops 1 %</i> | 2 | EDS |
| <i>bacitracin-polymyxin b</i> | 2 | EDS |
| <i>brimonidine-timolol</i> | 4 | EDS |
| <i>cyclosporine ophthalmic (eye)</i> | 3 | EDS |
| CYSTARAN | 5 | |
| <i>dorzolamide-timolol</i> | 2 | EDS |
| <i>neomycin-bacitracin-poly-hc</i> | 2 | EDS |
| <i>neomycin-bacitracin-polymyxin</i> | 2 | EDS |
| <i>neomycin-polymyxin b-dexameth</i> | 2 | EDS |
| <i>neomycin-polymyxin-gramicidin</i> | 2 | EDS |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|----------------------|
| <i>neomycin-polymyxin-hc ophthalmic (eye)</i> | 2 | EDS |
| <i>polymyxin b sulf-trimethoprim</i> | 2 | EDS |
| ROCKLATAN | 3 | EDS |
| SIMBRINZA | 4 | EDS |
| <i>sulfacetamide-prednisolone</i> | 2 | EDS |
| TOBRADEX OPHTHALMIC (EYE) OINTMENT | 3 | EDS |
| <i>tobramycin-dexamethasone</i> | 2 | EDS |
| XIIDRA | 3 | EDS |

OPHTHALMIC ANTI-ALLERGY AGENTS

| | | |
|------------------------------------|---|-----|
| <i>azelastine ophthalmic (eye)</i> | 2 | EDS |
| <i>cromolyn ophthalmic (eye)</i> | 2 | EDS |

OPHTHALMIC ANTI-INFECTIVES

| | | |
|--|---|-----|
| AZASITE | 3 | EDS |
| <i>ciprofloxacin hcl ophthalmic (eye)</i> | 2 | EDS |
| <i>erythromycin ophthalmic (eye)</i> | 2 | EDS |
| <i>gentamicin ophthalmic (eye) drops</i> | 2 | EDS |
| <i>levofloxacin ophthalmic (eye) drops 0.5 %</i> | 3 | EDS |
| <i>moxifloxacin ophthalmic (eye) drops</i> | 2 | EDS |
| <i>ofloxacin ophthalmic (eye)</i> | 2 | EDS |

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| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|----------------------------|
| <i>sulfacetamide sodium ophthalmic (eye) drops</i> | 2 | EDS |
| <i>tobramycin ophthalmic (eye)</i> | 2 | EDS |
| <i>trifluridine</i> | 2 | EDS |
| XDEMVY | 5 | PA; QL (10 ML per 42 days) |
| ZIRGAN | 4 | EDS |

OPHTHALMIC ANTI-INFLAMMATORIES

| | | |
|---|---|-----|
| <i>bromfenac ophthalmic (eye) drops 0.07 %, 0.075 %</i> | 4 | EDS |
| <i>bromfenac ophthalmic (eye) drops 0.09 %</i> | 3 | EDS |
| <i>dexamethasone sodium phosphate ophthalmic (eye)</i> | 2 | EDS |
| <i>diclofenac sodium ophthalmic (eye)</i> | 2 | EDS |
| <i>difluprednate</i> | 3 | EDS |
| <i>fluorometholone</i> | 2 | EDS |
| <i>ketorolac ophthalmic (eye)</i> | 2 | EDS |
| LOTEMAX OPHTHALMIC (EYE) OINTMENT | 4 | EDS |
| LOTEMAX SM | 4 | EDS |
| PRED MILD | 3 | EDS |
| <i>prednisolone acetate</i> | 2 | EDS |
| <i>prednisolone sodium phosphate ophthalmic (eye)</i> | 2 | EDS |

OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|-------------------------|
| <i>betaxolol ophthalmic (eye)</i> | 2 | EDS |
| <i>carteolol</i> | 1 | EDS |
| <i>levobunolol ophthalmic (eye) drops 0.5 %</i> | 2 | EDS |
| <i>timolol maleate ophthalmic (eye) drops</i> | 1 | EDS |
| <i>timolol maleate ophthalmic (eye) gel forming solution</i> | 2 | EDS |

OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER

| | | |
|---|---|-----|
| <i>acetazolamide</i> | 2 | EDS |
| <i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %</i> | 4 | EDS |
| <i>brimonidine ophthalmic (eye) drops 0.2 %</i> | 2 | EDS |
| <i>dorzolamide</i> | 2 | EDS |
| <i>methazolamide</i> | 4 | EDS |
| <i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i> | 2 | EDS |
| RHOPRESSA | 3 | EDS |

OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS

| | | |
|--|---|-----|
| <i>bimatoprost ophthalmic (eye) drops 0.03 %</i> | 3 | EDS |
| <i>latanoprost</i> | 1 | EDS |
| LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 % | 3 | EDS |
| <i>travoprost</i> | 3 | EDS |
| VYZULTA | 4 | EDS |

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| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|----------------------|
| OTIC AGENTS | | |
| OTIC AGENTS | | |
| CIPRO HC | 4 | EDS |
| <i>ciprofloxacin hcl otic (ear)</i> | 4 | EDS |
| <i>ciprofloxacin-dexamethasone</i> | 4 | EDS |
| <i>ciprofloxacin-hydrocortisone</i> | 4 | EDS |
| <i>fluocinolone acetonide oil</i> | 3 | EDS |
| <i>hydrocortisone-acetic acid</i> | 2 | EDS |
| <i>neomycin-polymyxin-hc otic (ear)</i> | 2 | EDS |
| <i>ofloxacin otic (ear)</i> | 2 | EDS |
| RESPIRATORY TRACT/PULMONARY AGENTS | | |
| ANTIHISTAMINES | | |
| <i>azelastine nasal spray, non-aerosol 137 mcg (0.1 %)</i> | 2 | EDS |
| <i>cyproheptadine</i> | 4 | EDS |
| <i>desloratadine oral tablet</i> | 2 | EDS |
| <i>hydroxyzine hcl oral tablet</i> | 4 | PA; EDS |
| <i>hydroxyzine pamoate</i> | 4 | PA; EDS |
| <i>levocetirizine</i> | 2 | EDS |
| ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS | | |
| ALVESCO | 3 | EDS |
| ARNUITY ELLIPTA | 3 | EDS |
| ASMANEX HFA | 3 | EDS |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|-------------------------------|
| 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 |
| <i>budesonide inhalation</i> | 4 | B vs D; EDS |
| <i>flunisolide</i> | 2 | QL (75 ML per 30 days); EDS |
| <i>fluticasone propionate nasal</i> | 2 | QL (32 GM per 30 days); EDS |
| <i>mometasone nasal</i> | 3 | QL (51 GM per 30 days); EDS |
| PULMICORT | 4 | B vs D; EDS |
| PULMICORT FLEXHALER | 3 | EDS |
| QVAR REDIHALER | 3 | EDS |
| ANTILEUKOTRIENES | | |
| <i>montelukast</i> | 2 | EDS |
| <i>zafirlukast</i> | 2 | QL (60 EA per 30 days); EDS |
| BRONCHODILATORS, ANTICHOLINERGIC | | |
| ATROVENT HFA | 3 | QL (25.8 GM per 30 days); EDS |
| <i>ipratropium bromide inhalation solution</i> | 2 | B vs D; EDS |
| <i>ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %)</i> | 2 | QL (60 ML per 30 days); EDS |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-------------------------------|
| <i>ipratropium bromide nasal spray, non-aerosol 42 mcg (0.06 %)</i> | 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 | | |
| <i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation 8.5 gm</i> | 2 | QL (17 GM per 30 days); EDS |
| <i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation 6.7 gm</i> | 2 | QL (13.4 GM per 30 days); EDS |
| <i>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</i> | 2 | B vs D; EDS |
| <i>albuterol sulfate oral syrup</i> | 2 | EDS |
| <i>albuterol sulfate oral tablet</i> | 4 | EDS |
| <i>arformoterol</i> | 4 | B vs D; EDS |
| <i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i> | 3 | EDS |
| EPINEPHRINE INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML | 3 | EDS |
| <i>formoterol fumarate</i> | 4 | B vs D; EDS |
| <i>levalbuterol hcl</i> | 2 | B vs D; EDS |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|----------------------------|
| LEVALBUTEROL TARTRATE | 4 | EDS |
| PERFOROMIST | 5 | B vs D |
| PROAIR RESPICLICK | 3 | EDS |
| SEREVENT DISKUS | 3 | EDS |
| STRIVERDI RESPIMAT | 3 | EDS |
| <i>terbutaline oral</i> | 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 | |
| <i>tobramycin in 0.225 % nacl</i> | 5 | B vs D |
| <i>tobramycin inhalation</i> | 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 | | |
| <i>cromolyn inhalation</i> | 3 | B vs D; EDS |
| PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE | | |
| OHTUVAYRE | 5 | B vs D |
| <i>roflumilast</i> | 3 | EDS |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>theophylline oral tablet extended release 12 hr</i> | 4 | EDS |
| <i>theophylline oral tablet extended release 24 hr</i> | 4 | EDS |

PULMONARY ANTIHYPERTENSIVES

| | | |
|---|---|---------------------------|
| ADEMPAS | 5 | PA; LD |
| <i>alyq</i> | 5 | PA |
| <i>ambrisentan</i> | 5 | PA; LD |
| <i>bosentan</i> | 5 | PA; LD |
| OPSUMIT | 5 | PA; LD |
| <i>sildenafil (pulm.hypertension) oral tablet 20 mg</i> | 3 | PA; EDS |
| <i>tadalafil (pulm.hypertension) 20 mg</i> | 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) |
| <i>pirfenidone oral capsule</i> | 5 | PA; QL (270 EA per 30 days) |
| <i>pirfenidone oral tablet 267 mg</i> | 5 | PA; QL (270 EA per 30 days) |
| PIRFENIDONE ORAL TABLET 534 MG | 5 | PA; QL (90 EA per 30 days) |
| <i>pirfenidone oral tablet 801 mg</i> | 5 | PA; QL (90 EA per 30 days) |

RESPIRATORY TRACT AGENTS, OTHER

| | | |
|-----------------------|---|-------------|
| <i>acetylcysteine</i> | 2 | B vs D; EDS |
|-----------------------|---|-------------|

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-------------------------------|
| ADVAIR HFA | 3 | EDS |
| ANORO ELLIPTA | 3 | EDS |
| BEVESPI AEROSPHERE | 3 | EDS |
| BREO ELLIPTA | 3 | EDS |
| <i>breynd</i> | 4 | QL (10.3 GM per 30 days); EDS |
| BREZTRI AEROSPHERE | 3 | QL (10.7 GM per 30 days); EDS |
| <i>budesonide-formoterol</i> | 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) |
| <i>fluticasone propion-salmeterol inhalation blister with device</i> | 3 | QL (60 EA per 30 days); EDS |
| <i>ipratropium-albuterol</i> | 2 | B vs D; EDS |
| STIOLTO RESPIMAT | 3 | EDS |
| TRELEGY ELLIPTA | 3 | QL (60 EA per 30 days); EDS |
| <i>wixela inhub</i> | 3 | QL (60 EA per 30 days); EDS |

SKELETAL MUSCLE RELAXANTS

SKELETAL MUSCLE RELAXANTS

| | | |
|--|---|-----|
| <i>carisoprodol oral tablet 350 mg</i> | 2 | EDS |
|--|---|-----|

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

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|----------------------|
| <i>chlorzoxazone oral tablet 500 mg</i> | 2 | EDS |
| <i>cyclobenzaprine oral tablet</i> | 2 | PA; EDS |
| <i>methocarbamol oral tablet 500 mg, 750 mg</i> | 2 | EDS |

SLEEP DISORDER AGENTS

SLEEP PROMOTING AGENTS

| Drug Name | Drug Tier | Requirements/ Limits |
|-----------------------------|-----------|-----------------------------|
| <i>ramelteon</i> | 3 | QL (30 EA per 30 days); EDS |
| <i>tasimelteon</i> | 5 | PA |
| <i>temazepam</i> | 4 | PA; EDS |
| <i>zolpidem oral tablet</i> | 2 | EDS |

WAKEFULNESS PROMOTING AGENTS

| | | |
|--------------------|---|---------|
| <i>armodafinil</i> | 3 | PA; EDS |
| <i>modafinil</i> | 3 | PA; EDS |
| XYWAV | 5 | PA; LD |

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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Room 509F, HHH Building
Washington, D.C. 20201
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Farsi

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توجه: اگر وارد کردن زبان صحبت می کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب های قابل دسترس، به طور رایگان موجود می باشند. با شماره 1-800-559-3500 (تله تایپ: 711) تماس بگیرید یا با ارائه دهنده 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 ప్రొవైడర్ తో 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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