

**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 04/01/2026. 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](http://www.scanhealthplan.com).

26EG-CAFOR116

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

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

**26456, 15**

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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 April 2026. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

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

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

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

Y0057\_SCAN\_21816\_2025\_C

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## What is the SCAN Retiree Group - N-MUSD formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by SCAN Retiree Group - N-MUSD in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. SCAN Retiree Group - N-MUSD will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a SCAN Retiree Group - N-MUSD network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

## Can the formulary change?

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

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

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

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

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

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the SCAN Retiree Group - N-MUSD’s formulary?”

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

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or

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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 April, 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](http://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
<b>ERECTILE DYSFUNCTION</b>		
<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
<b>PRESCRIPTION VITAMINS</b>		
<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](http://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
<b>ANALGESICS</b>		
<b>NONSTEROIDAL ANTI-INFLAMMATORY DRUGS</b>		
<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
<b>OPIOID ANALGESICS, LONG-ACTING</b>		
<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
<b>OPIOID ANALGESICS, SHORT-ACTING</b>		
<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 10-325 mg/15 ml</i>	3	QL (5500 ML per 30 days); EDS
<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

Drug Name	Drug Tier	Requirements/ Limits
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	3	QL (360 EA per 30 days); EDS
<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
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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>buprenorphine-naloxone</i>	2	EDS
<b>OPIOID REVERSAL AGENTS</b>		
KLOXXADO	3	EDS
<i>naloxone injection solution</i>	2	EDS
<i>naloxone injection syringe</i>	2	EDS
OPVEE	4	EDS
REXTOVY	3	EDS
<b>SMOKING CESSATION AGENTS</b>		
<i>bupropion hcl (smoking deter)</i>	2	EDS
NICOTROL NS	4	EDS
<i>varenicline tartrate</i>	4	EDS
<b>ANTIBACTERIALS</b>		
<b>AMINOGLYCOSIDES</b>		
<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
<b>ANTIBACTERIALS, OTHER</b>		
<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

Drug Name	Drug Tier	Requirements/ Limits
<i>clindamycin phosphate topical swab</i>	2	EDS
<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

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Date of last formulary update: 04/01/2026.

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
<b>BETA-LACTAM, CEPHALOSPORINS</b>		
<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>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	
<b>BETA-LACTAM, PENICILLINS</b>		
<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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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
<b>CARBAPENEMS</b>		
<i>ertapenem</i>	4	EDS
<i>imipenem-cilastatin</i>	2	EDS
<i>meropenem intravenous recon soln 1 gram, 500 mg</i>	3	EDS
<b>MACROLIDES</b>		
<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 ethylsuccinate oral tablet</i>	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

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Date of last formulary update: 04/01/2026.

Drug Name	Drug Tier	Requirements/ Limits
<i>sulfacetamide sodium (acne)</i>	2	EDS
<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

BRIVIACT ORAL SOLUTION	4	PA; EDS
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Drug Name	Drug Tier	Requirements/ Limits
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
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
<i>methsuximide</i>	4	EDS

### GAMMA-AMINOBUTYRIC ACID (GABA) MODULATING AGENTS

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Date of last formulary update: 04/01/2026.

Drug Name	Drug Tier	Requirements/ Limits
<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	
ZTALMY	5	LD
<b>SODIUM CHANNEL AGENTS</b>		
APTIOM	5	PA

Drug Name	Drug Tier	Requirements/ Limits
<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
<i>phenytoin sodium extended oral capsule 100 mg</i>	2	EDS
<i>rufinamide</i>	4	PA; EDS

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Drug Name	Drug Tier	Requirements/ Limits
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
<i>galantamine oral tablet</i>	2	QL (60 EA per 30 days); EDS
<i>rivastigmine</i>	4	QL (30 EA per 30 days); EDS

Drug Name	Drug Tier	Requirements/ Limits
<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

EMSAM	5	
MARPLAN	4	EDS
<i>phenelzine</i>	2	EDS

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Date of last formulary update: 04/01/2026.

Drug Name	Drug Tier	Requirements/ Limits
<i>tranylcypromine</i>	4	EDS
<b>SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITORS/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)</b>		
<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,EXTEND ED RELEASE 24 HR	4	EDS
<i>fluoxetine (pddd)</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
<i>fluvoxamine oral tablet</i>	2	EDS
<i>nefazodone</i>	2	EDS

Drug Name	Drug Tier	Requirements/ Limits
<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
<b>TRICYCLICS</b>		
<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
<b>ANTIEMETICS</b>		
<b>ANTIEMETICS, OTHER</b>		
<i>compro</i>	4	EDS
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	2	EDS

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Drug Name	Drug Tier	Requirements/ Limits
<i>prochlorperazine</i>	4	EDS
<i>prochlorperazine maleate</i>	2	EDS
<i>promethazine oral</i>	2	EDS
<i>promethazine rectal suppository 12.5 mg, 25 mg</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
CRESEMBA ORAL	5	PA

Drug Name	Drug Tier	Requirements/ Limits
<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</i>	5	PA
<i>voriconazole oral suspension for reconstitution</i>	5	
<i>voriconazole oral tablet</i>	4	EDS

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Date of last formulary update: 04/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<b>ANTIGOUT AGENTS</b>		
<b>ANTIGOUT AGENTS</b>		
<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
<b>ANTIMIGRAINE AGENTS</b>		
<b>CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONISTS</b>		
AIMOVIG AUTOINJECTOR	3	PA; EDS
EMGALITY PEN	3	PA; EDS
EMGALITY SYRINGE	3	PA; EDS
NURTEC ODT	3	PA; EDS
UBRELVY	3	PA; EDS
<b>ERGOT ALKALOIDS</b>		
<i>dihydroergotamine nasal</i>	5	PA; QL (8 ML per 30 days)
ERGOMAR	3	EDS
<i>ergotamine-caffeine</i>	3	EDS
<b>PROPHYLACTIC</b>		
EPRONTIA	4	EDS
<i>timolol maleate oral</i>	1	EDS
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	2	EDS
TOPIRAMATE ORAL CAPSULE, SPRINKLE 50 MG	4	EDS

Drug Name	Drug Tier	Requirements/Limits
<i>topiramate oral tablet</i>	2	EDS
<b>SEROTONIN (5-HT) RECEPTOR AGONIST</b>		
<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
<b>ANTIMYASTHENIC AGENTS</b>		
<b>PARASYMPATHOMIMETICS</b>		
<i>pyridostigmine bromide oral syrup</i>	4	EDS
<i>pyridostigmine bromide oral tablet 60 mg</i>	3	EDS
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	4	EDS
<b>ANTIMYCOBACTERIALS</b>		

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Drug Name	Drug Tier	Requirements/ Limits
<b>ANTIMYCOBACTERIALS, OTHER</b>		
<i>dapsone oral</i>	3	EDS
<i>rifabutin</i>	4	EDS
<b>ANTITUBERCULARS</b>		
<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	
<b>ANTINEOPLASTICS</b>		
<b>ALKYLATING AGENTS</b>		
<i>cyclophosphamide oral capsule</i>	3	B vs D; EDS
CYCLOPHOSPHAMIDE ORAL TABLET	3	B vs D; EDS
GLEOSTINE	4	EDS
LEUKERAN	5	PA
<i>lomustine</i>	4	EDS
MATULANE	5	
VALCHLOR	5	PA
<b>ANTIANDROGENS</b>		
<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	
NUBEQA	5	PA; LD
XTANDI	5	PA
<b>ANTIANGIOGENIC AGENTS</b>		
<i>lenalidomide</i>	5	PA; LD
POMALYST	5	PA; LD

Drug Name	Drug Tier	Requirements/ Limits
THALOMID ORAL CAPSULE 100 MG, 50 MG	5	PA
<b>ANTIESTROGENS/MODIFIERS</b>		
INLURIYO	5	PA
ORSERDU	5	PA
SOLTAMOX	5	
<i>tamoxifen</i>	2	EDS
<i>toremifene</i>	5	
<b>ANTIMETABOLITES</b>		
<i>hydroxyurea</i>	2	EDS
<i>mercaptopurine oral suspension</i>	5	
<i>mercaptopurine oral tablet</i>	2	EDS
TABLOID	4	PA; EDS
<b>ANTINEOPLASTICS, OTHER</b>		
AKEEGA	5	PA; LD
AVMAPKI-FAKZYNJA	5	PA
IBRANCE ORAL TABLET	5	PA
INREBIC	5	PA; LD
ITOVEBI	5	PA
IWILFIN	5	PA; LD
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

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Drug Name	Drug Tier	Requirements/Limits
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
<b>AROMATASE INHIBITORS, 3RD GENERATION</b>		
<i>anastrozole</i>	2	EDS
<i>exemestane</i>	3	EDS
<i>letrozole</i>	2	EDS
<b>MOLECULAR TARGET INHIBITORS</b>		
ALECENSA	5	PA
ALUNBRIG	5	PA
AUGTYRO	5	PA
AYVAKIT	5	PA; LD
BALVERSA	5	PA
BOSULIF	5	PA
BRAFTOVI	5	PA; LD
BRUKINSA ORAL TABLET	5	PA; LD
CABOMETYX	5	PA
CALQUENCE	5	PA; LD
CAPRELSA	5	PA
COMETRIQ	5	PA
COPIKTRA	5	PA; LD
COTELLIC	5	PA
DANZITEN	5	PA
<i>dasatinib</i>	5	PA
DAURISMO	5	PA

Drug Name	Drug Tier	Requirements/Limits
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	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
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

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Drug Name	Drug Tier	Requirements/ Limits
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
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

Drug Name	Drug Tier	Requirements/ Limits
<i>sunitinib malate</i>	5	PA
TABRECTA	5	PA
TAFINLAR	5	PA
TAGRISSE	5	PA
TALZENNA	5	PA
TASIGNA	5	PA
TAZVERIK	5	PA; LD
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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Drug Name	Drug Tier	Requirements/Limits
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 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), 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
ZYDELIG	5	PA
ZYKADIA	5	PA
<b>RETINOIDS</b>		
<i>bexarotene</i>	5	PA
PANRETIN	5	
<i>tretinoin (antineoplastic)</i>	5	
<b>TREATMENT ADJUNCTS</b>		
<i>leucovorin calcium oral</i>	2	EDS
<i>mesna oral</i>	4	EDS
VORANIGO	5	PA
<b>ANTIPARASITICS</b>		
<b>ANTHELMINTICS</b>		
<i>albendazole</i>	4	EDS
<i>ivermectin oral tablet 3 mg</i>	2	EDS

Drug Name	Drug Tier	Requirements/Limits
<i>ivermectin oral tablet 6 mg</i>	3	EDS
<i>praziquantel</i>	4	EDS
<b>ANTIPROTOZOALS</b>		
<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
<b>ANTIPARKINSON AGENTS</b>		
<b>ANTICHOLINERGICS</b>		
<i>benztropine oral</i>	4	PA; EDS
<i>trihexyphenidyl</i>	3	EDS
<b>ANTIPARKINSON AGENTS, OTHER</b>		
<i>carbidopa-levodopa-entacapone</i>	4	EDS
<i>entacapone</i>	4	EDS
<b>DOPAMINE AGONISTS</b>		
<i>apomorphine</i>	5	PA
<i>bromocriptine</i>	2	EDS
NEUPRO	4	QL (30 EA per 30 days); EDS

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Drug Name	Drug Tier	Requirements/Limits
<i>pramipexole oral tablet</i>	2	EDS
<i>ropinirole oral tablet</i>	2	EDS
<b>DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS</b>		
<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
<b>MONOAMINE OXIDASE B (MAO-B) INHIBITORS</b>		
<i>rasagiline</i>	4	EDS
<i>selegiline hcl</i>	2	EDS
<b>ANTIPSYCHOTICS</b>		
<b>1ST GENERATION/TYPICAL</b>		
<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

Drug Name	Drug Tier	Requirements/Limits
<i>thiothixene</i>	2	EDS
<i>trifluoperazine</i>	2	EDS
<b>2ND GENERATION/ATYPICAL</b>		
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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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
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
<i>risperidone oral tablet</i>	2	EDS

Drug Name	Drug Tier	Requirements/ Limits
<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
<b>TREATMENT-RESISTANT</b>		
<i>clozapine oral tablet</i>	3	EDS
<i>clozapine oral tablet, disintegrating</i>	4	EDS
VERSACLOZ	5	
<b>ANTISPASTICITY AGENTS</b>		
<b>ANTISPASTICITY AGENTS</b>		
<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
<b>ANTIVIRALS</b>		
<b>ANTI-CYTOMEGALOVIRUS (CMV) AGENTS</b>		
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
<b>ANTI-HEPATITIS B (HBV) AGENTS</b>		
<i>adefovir</i>	4	EDS

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Drug Name	Drug Tier	Requirements/Limits
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
SOFOVIR-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	
ISENTRESS ORAL POWDER IN PACKET	5	

Drug Name	Drug Tier	Requirements/Limits
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-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
<i>nevirapine oral suspension</i>	4	EDS
<i>nevirapine oral tablet</i>	2	EDS

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Drug Name	Drug Tier	Requirements/Limits
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	4	EDS
PIFELTRO	5	
<b>ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)</b>		
<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
VIREAD ORAL POWDER	4	EDS

Drug Name	Drug Tier	Requirements/Limits
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	
<i>zidovudine</i>	2	EDS
<b>ANTI-HIV AGENTS, OTHER</b>		
<i>maraviroc</i>	5	
RUKOBIA	5	
SELZENTRY ORAL SOLUTION	3	EDS
SUNLENCA ORAL	5	
TYBOST	3	EDS
<b>ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)</b>		
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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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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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 30 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 30 days); EDS

Drug Name	Drug Tier	Requirements/ Limits
<i>pioglitazone</i>	1	EDS
<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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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 30 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
ZEGALOGUE AUTOINJECTOR	3	EDS
ZEGALOGUE SYRINGE	3	EDS

### INSULINS

FIASP FLEXTOUCH U-100 INSULIN	3	EDS
FIASP PENFILL U-100 INSULIN	3	EDS

Drug Name	Drug Tier	Requirements/ Limits
FIASP U-100 INSULIN	3	EDS
HUMALOG JUNIOR KWIKPEN U-100	3	EDS
HUMALOG KWIKPEN INSULIN	3	EDS
HUMALOG MIX 50-50 KWIKPEN	3	EDS
HUMALOG MIX 75-25 KWIKPEN	3	EDS
HUMALOG MIX 75-25(U-100)INSULN	3	EDS
HUMALOG U-100 INSULIN	3	EDS
HUMULIN 70/30 U-100 INSULIN	3	EDS
HUMULIN 70/30 U-100 KWIKPEN	3	EDS
HUMULIN N NPH INSULIN KWIKPEN	3	EDS
HUMULIN N NPH U-100 INSULIN	3	EDS
HUMULIN R REGULAR U-100 INSULN	3	EDS
HUMULIN R U-500 (CONC) INSULIN	3	EDS
HUMULIN R U-500 (CONC) KWIKPEN	3	EDS
INSULIN LISPRO	3	EDS
INSULIN LISPRO PROTAMIN-LISPRO	3	EDS
LANTUS SOLOSTAR U-100 INSULIN	3	EDS
LANTUS U-100 INSULIN	3	EDS
LYUMJEV KWIKPEN U-100 INSULIN	3	EDS

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Date of last formulary update: 04/01/2026.

Drug Name	Drug Tier	Requirements/ Limits
LYUMJEV KWIKPEN U-200 INSULIN	3	EDS
LYUMJEV U-100 INSULIN	3	EDS
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

Drug Name	Drug Tier	Requirements/ Limits
<b>BLOOD PRODUCTS AND MODIFIERS</b>		
<b>ANTICOAGULANTS</b>		
<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

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Date of last formulary update: 04/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<b>BLOOD PRODUCTS AND MODIFIERS, OTHER</b>		
<i>anagrelide</i>	2	EDS
<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
<b>HEMOSTASIS AGENTS</b>		
<i>tranexamic acid oral</i>	3	EDS
<b>PLATELET MODIFYING AGENTS</b>		
<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
<b>CARDIOVASCULAR AGENTS</b>		
<b>ALPHA-ADRENERGIC AGONISTS</b>		
<i>clonidine</i>	4	EDS
<i>clonidine hcl oral tablet</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
<i>midodrine</i>	3	EDS

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Drug Name	Drug Tier	Requirements/Limits
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
<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
<b>ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS</b>		
<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
<b>ANTIARRHYTHMICS</b>		
<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
MULTAQ	3	EDS

Drug Name	Drug Tier	Requirements/Limits
<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
<b>BETA-ADRENERGIC BLOCKING AGENTS</b>		
<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
<b>CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES</b>		

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Date of last formulary update: 04/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<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

<i>aliskiren</i>	3	EDS
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Drug Name	Drug Tier	Requirements/Limits
<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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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-hydrochlorothiaz</i>	1	EDS
<i>triamterene-hydrochlorothiazid</i>	1	EDS
<i>valsartan-hydrochlorothiazide</i>	1	EDS
<b>DIURETICS, LOOP</b>		
<i>bumetanide</i>	2	EDS
<i>furosemide injection solution</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
<b>DIURETICS, POTASSIUM-SPARING</b>		
<i>amiloride</i>	2	EDS
<i>triamterene</i>	4	EDS
<b>DIURETICS, THIAZIDE</b>		
<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
<b>DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES</b>		

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
<b>DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS</b>		
<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
<b>DYSLIPIDEMICS, OTHER</b>		
<i>cholestyramine light oral powder in packet</i>	2	EDS
<i>cholestyramine 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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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
<b>MINERALOCORTICOID RECEPTOR ANTAGONISTS</b>		
<i>eplerenone</i>	3	EDS
KERENDIA	3	PA; EDS
<i>spironolactone oral tablet</i>	1	EDS
<b>SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS (SGLT2I)</b>		
DAPAGLIFLOZIN PROPANEDIOL	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
<b>VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS</b>		
<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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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
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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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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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: 04/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	2	EDS
<b>DERMATOLOGICAL AGENTS, OTHER</b>		
<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
<b>PEDICULICIDES/SCABICIDES</b>		

Drug Name	Drug Tier	Requirements/Limits
<i>malathion</i>	4	EDS
<i>permethrin</i>	2	EDS
<b>TOPICAL ANTI-INFECTIVES</b>		
<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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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 intravenous parenteral solution 20 meq/l</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

Drug Name	Drug Tier	Requirements/ Limits
<i>potassium chloride intravenous</i>	2	EDS
<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 intravenous parenteral solution 20 meq/l</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**

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Date of last formulary update: 04/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<i>deferasirox</i>	3	PA; EDS
<i>deferiprone</i>	5	PA
JYNARQUE	5	PA; LD
<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 (with sorbitol)</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

Drug Name	Drug Tier	Requirements/Limits
RELISTOR SUBCUTANEOUS SOLUTION	5	PA
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

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Drug Name	Drug Tier	Requirements/Limits
<i>peg 3350-electrolytes</i>	2	EDS
<i>peg3350-sod sul-nacl-kcl-asb-c</i>	3	EDS
<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)
<b>HISTAMINE2 (H2) RECEPTOR ANTAGONISTS</b>		
<i>cimetidine</i>	2	EDS
<i>cimetidine hcl oral</i>	3	EDS
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	EDS
<b>PROTECTANTS</b>		
<i>misoprostol</i>	2	EDS
<i>sucralfate oral tablet</i>	2	EDS
<b>PROTON PUMP INHIBITORS</b>		
<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

Drug Name	Drug Tier	Requirements/Limits
<i>pantoprazole oral tablet,delayed release (dr/ec)</i>	1	EDS
<i>rabeprazole oral tablet,delayed release (dr/ec)</i>	3	EDS
<b>GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT</b>		
<b>GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT</b>		
<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
<b>GENITOURINARY AGENTS</b>		
<b>ANTISPASMODICS, URINARY</b>		
<i>fesoterodine</i>	3	EDS
GEMTESA	4	EDS
MYRBETRIQ	3	EDS

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Date of last formulary update: 04/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<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
<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)

Drug Name	Drug Tier	Requirements/Limits
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)</b>		
<i>dexamethasone oral solution</i>	2	EDS
<i>dexamethasone oral tablet</i>	2	EDS
<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

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Date of last formulary update: 04/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<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

## 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

Drug Name	Drug Tier	Requirements/Limits
HUMATROPE INJECTION CARTRIDGE 6 MG (18 UNIT)	4	PA; EDS
INCRELEX	5	PA
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT	5	PA

## HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)

### ANDROGENS

<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>aubra eq</i>	2	EDS
<i>aviane</i>	2	EDS

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Date of last formulary update: 04/01/2026.

Drug Name	Drug Tier	Requirements/ Limits
<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
<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

Drug Name	Drug Tier	Requirements/ Limits
<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
<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, 0.15-0.03 mg</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>levora-28</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

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Date of last formulary update: 04/01/2026.

Drug Name	Drug Tier	Requirements/ Limits
<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
<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

Drug Name	Drug Tier	Requirements/ Limits
<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
<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
<b>PROGESTINS</b>		
<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

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Date of last formulary update: 04/01/2026.

Drug Name	Drug Tier	Requirements/Limits
<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

### 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)

Drug Name	Drug Tier	Requirements/Limits
<b>HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)</b>		
<i>cabergoline</i>	2	EDS
ELIGARD	4	PA; EDS
ELIGARD (3 MONTH)	4	PA; EDS
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

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Drug Name	Drug Tier	Requirements/ Limits
SIGNIFOR	5	PA
SOMAVERT	5	PA
SYNAREL	4	EDS
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	4	PA; EDS

## 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	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)

Drug Name	Drug Tier	Requirements/ Limits
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; QL (2.5 ML per 28 days)
COSENTYX UNOREADY PEN	5	PA; QL (10 ML per 28 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	5	PA; QL (3.42 ML per 28 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5	PA; QL (8 ML per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	5	PA; QL (3.42 ML per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	5	PA; QL (8 ML per 28 days)
KINERET	5	PA; QL (20.1 ML per 30 days)
ORENCIA CLICKJECT	5	PA; QL (4 ML per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	5	PA; QL (4 ML per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	5	PA; QL (1.6 ML per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	5	PA; QL (2.8 ML per 28 days)

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Drug Name	Drug Tier	Requirements/ Limits
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	5	PA; QL (2.4 ML per 56 days)
STELARA SUBCUTANEOUS SOLUTION	5	PA; QL (0.5 ML per 28 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	5	PA; QL (0.5 ML per 28 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; QL (1 ML per 28 days)
TREMFYA ONE-PRESS	5	PA; QL (2 ML per 28 days)
TREMFYA PEN INDUCTION PK(2PEN)	5	PA; QL (12 ML per 180 days)
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	5	PA; QL (2 ML per 28 days)
TREMFYA SUBCUTANEOUS SYRINGE	5	PA; QL (2 ML per 28 days)
TYENNE AUTOINJECTOR	5	PA; QL (3.6 ML per 28 days)
TYENNE SUBCUTANEOUS	5	PA; QL (3.6 ML per 28 days)
USTEKINUMAB SUBCUTANEOUS SOLUTION	5	PA; QL (0.5 ML per 28 days)
USTEKINUMAB SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	5	PA; QL (0.5 ML per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
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
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

Drug Name	Drug Tier	Requirements/Limits
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)
<b>IMMUNOSTIMULANTS</b>		
ACTIMMUNE	5	PA
BESREMI	5	PA; LD
PEGASYS SUBCUTANEOUS SOLUTION	5	PA
<b>IMMUNOSUPPRESSANTS</b>		
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)

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Drug Name	Drug Tier	Requirements/ Limits
ENBREL SUBCUTANEOUS SYRINGE	5	PA; QL (8 ML per 28 days)
ENBREL SURECLICK	5	PA; QL (8 ML per 28 days)
ENVARBUS XR	4	B vs D; EDS
<i>everolimus (immunosuppressive) oral tablet 0.25 mg</i>	4	B vs D; EDS
<i>everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg</i>	5	B vs D
<i>gengraf oral capsule</i>	2	B vs D; EDS
HADLIMA	5	PA; QL (8 ML per 28 days)
HADLIMA PUSH TOUCH	5	PA; QL (8 ML per 28 days)
HADLIMA(CF)	5	PA; QL (4 ML per 28 days)
HADLIMA(CF) PUSH TOUCH	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)

Drug Name	Drug Tier	Requirements/ Limits
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
<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

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Drug Name	Drug Tier	Requirements/Limits
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)
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
<b>VACCINES</b>		
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

Drug Name	Drug Tier	Requirements/Limits
GARDASIL 9 (PF)	4	EDS
HAVRIX (PF)	3	EDS
HEPLISAV-B (PF)	3	B vs D; EDS
HIBERIX (PF)	3	EDS
IMOVAX RABIES VACCINE (PF)	3	EDS
INFANRIX (DTAP) (PF)	3	EDS
IPOL	3	EDS
IXIARO (PF)	4	EDS
JYNNEOS (PF)	3	B vs D; EDS
KINRIX (PF)	3	EDS
MENQUADFI (PF)	3	EDS
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT	3	EDS
M-M-R II (PF)	3	EDS
MRESVIA (PF)	3	EDS
PEDIARIX (PF)	3	EDS
PEDVAX HIB (PF)	3	EDS
PENBRAYA (PF)	3	EDS
PENMENVY MEN A-B-C-W-Y (PF)	3	EDS
PENTACEL (PF)	3	EDS
PRIORIX (PF)	3	EDS
PROQUAD (PF)	3	EDS
QUADRACEL (PF)	3	EDS
RABAVERT (PF)	3	EDS
RECOMBIVAX HB (PF)	3	B vs D; EDS
ROTARIX ORAL SUSPENSION	3	EDS
ROTATEQ VACCINE	3	EDS
SHINGRIX (PF)	3	EDS

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Drug Name	Drug Tier	Requirements/Limits
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

## 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

Drug Name	Drug Tier	Requirements/Limits
<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

<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

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Drug Name	Drug Tier	Requirements/ Limits
<b>MISCELLANEOUS THERAPEUTIC AGENTS</b>		
<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
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
<b>OPHTHALMIC AGENTS</b>		
<b>OPHTHALMIC AGENTS, OTHER</b>		
<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	

Drug Name	Drug Tier	Requirements/ Limits
<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
<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
<b>OPHTHALMIC ANTI-ALLERGY AGENTS</b>		
<i>azelastine ophthalmic (eye)</i>	2	EDS
<i>cromolyn ophthalmic (eye)</i>	2	EDS
<b>OPHTHALMIC ANTI-INFECTIVES</b>		
AZASITE	3	EDS
<i>bacitracin ophthalmic (eye)</i>	2	EDS
<i>ciprofloxacin hcl ophthalmic (eye)</i>	2	EDS
<i>erythromycin ophthalmic (eye)</i>	2	EDS

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

Drug Name	Drug Tier	Requirements/ Limits
LOTEMAX SM	4	EDS
PRED MILD	3	EDS
<i>prednisolone acetate</i>	2	EDS
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	2	EDS
<b>OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS</b>		
<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
<b>OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER</b>		
<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
<b>OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS</b>		

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Drug Name	Drug Tier	Requirements/ Limits
<i>bimatoprost ophthalmic (eye)</i>	3	EDS
<i>latanoprost</i>	1	EDS
LUMIGAN OPTHALMIC (EYE) DROPS 0.01 %	3	EDS
<i>travoprost</i>	3	EDS
VYZULTA	4	EDS

## 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

Drug Name	Drug Tier	Requirements/ Limits
<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
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

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Date of last formulary update: 04/01/2026.

Drug Name	Drug Tier	Requirements/Limits
ATROVENT HFA	3	QL (25.8 GM per 30 days); EDS
<i>ipratropium bromide inhalation</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
<i>ipratropium bromide nasal spray, non-aerosol 42 mcg (0.06 %)</i>	2	QL (15 ML per 30 days); EDS
SPIRIVA RESPIMAT	3	QL (4 GM per 30 days); EDS
YUPELRI	5	B vs D
<b>BRONCHODILATORS, SYMPATHOMIMETIC</b>		
<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

Drug Name	Drug Tier	Requirements/Limits
<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
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
<b>CYSTIC FIBROSIS AGENTS</b>		
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)

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Date of last formulary update: 04/01/2026.

Drug Name	Drug Tier	Requirements/Limits
TRIKAFTA ORAL TABLETS, SEQUENTIAL	5	PA; QL (84 EA per 28 days)
<b>MAST CELL STABILIZERS</b>		
<i>cromolyn inhalation</i>	3	B vs D; EDS
<b>PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE</b>		
OHTUVAYRE	5	B vs D
<i>roflumilast</i>	3	EDS
<i>theophylline oral tablet extended release 12 hr</i>	4	EDS
<i>theophylline oral tablet extended release 24 hr</i>	4	EDS
<b>PULMONARY ANTIHYPERTENSIVES</b>		
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)
<b>PULMONARY FIBROSIS AGENTS</b>		
OFEV	5	PA; QL (60 EA per 30 days)
<i>pirfenidone oral capsule</i>	5	PA; QL (270 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<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)
<b>RESPIRATORY TRACT AGENTS, OTHER</b>		
<i>acetylcysteine</i>	2	B vs D; EDS
ADVAIR HFA	3	EDS
ANORO ELLIPTA	3	EDS
BEVESPI AEROSPHERE	3	EDS
BREO ELLIPTA	3	EDS
<i>breyna</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

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Drug Name	Drug Tier	Requirements/Limits
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
<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

Drug Name	Drug Tier	Requirements/Limits
<b>SLEEP DISORDER AGENTS</b>		
<b>SLEEP PROMOTING AGENTS</b>		
<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
<b>WAKEFULNESS PROMOTING AGENTS</b>		
<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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SCAN Member Services

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

TTY: 711

### Filing a complaint

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

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the OCR Complaint Portal, available at:

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>,

or by mail or phone at:

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

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

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

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

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

**Traditional Chinese - 台語**

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

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

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

**Arabic**

العربية

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

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

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

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

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

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

## **Farsi**

فارسي

توجه: اگر وارد کردن زبان صحبت 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 04/01/2026. 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](http://www.scanhealthplan.com).

SCAN Health Plan complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.