# 2027 Formulary

Priority Health Medicare

## List of Covered Drugs or “Drug List”

*Please read:*
*This document contains information about the drugs we cover in this plan.*

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This formulary was updated on 10/5/2026. For more recent information or other questions, please contact Priority Health Medicare Customer Care toll-free at 888.389.6648 (TTY: 711). From Oct. 1 – Mar. 31, we’re available seven days a week from 8 a.m. – 8 p.m. ET. From Apr. 1 – Sept. 30, we’re available Mon. – Fri. from 8 a.m. – 8 p.m. and Sat. 8 a.m. - noon ET. You can also log in to your member portal at *priorityhealth.com* to send us a message.

This formulary was last updated on 10/5/2026

## 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 Priority Health. When it refers to “plan” or “our plan,” it means Priority Health Medicare.

This document includes the Drug List (formulary) for our plan which is current as of January 1, 2027. 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, 2027, and from time to time during the year.

## What is the Priority Health Medicare 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 Priority Health Medicare 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. Priority Health Medicare will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Priority Health Medicare 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: *priorityhealth.com/formulary/medicare/individual-current-year*.

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

- **Immediate substitution 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 Priority Health Medicare Formulary?”

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

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.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

  If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the Priority Health Medicare Formulary?"

**Changes that will not affect you if you are currently taking the drug:**

Generally, if you are taking a drug on our 2027 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2027 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 January 1, 2027. To get updated information about the drugs covered by Priority Health Medicare, please contact us. Our contact information appears on the front and back cover pages. If there are significant changes to the formulary, you may receive a letter in the mail outlining those changes.

## How do I use the formulary?

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

**1. Medical Condition**

The formulary begins on page 15. 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 15. Then look under the category name for your drug.

**2. Alphabetical Listing**

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

Priority Health Medicare 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 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.

## 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:** Priority Health Medicare requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from Priority Health Medicare based on specific criteria before you fill your prescriptions. If you don't get approval, Priority Health Medicare may not cover the drug.
- **Quantity Limits:** For certain drugs, Priority Health Medicare limits the amount of the drug that Priority Health Medicare will cover. For example, Priority Health Medicare provides 60 tablets per prescription for *losartan potassium 100 mg*. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Priority Health Medicare requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Priority Health Medicare may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Priority Health Medicare will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 15. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Priority Health Medicare 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 Priority Health Medicare Formulary?" on the next page 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 Customer Care and ask if your drug is covered.

If you learn that Priority Health Medicare does not cover your drug, you have two options:

- You can ask Customer Care for a list of similar drugs that are covered by Priority Health Medicare. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by Priority Health Medicare.
- You can ask Priority Health Medicare to make an exception and cover your drug. See below for information about how to request an exception.

## How do I request an exception to the Priority Health Medicare Formulary?

You can ask Priority Health Medicare 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, Priority Health Medicare 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 a 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, Priority Health Medicare 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 us 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 request 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 your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. If coverage is not approved, after your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

Priority Health Medicare provides members experiencing a level of care change with a transition supply of at least 30 days of medication unless the prescription is written for fewer days.

## For more information

For more detailed information about your Priority Health Medicare prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Priority Health Medicare, 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 *medicare.gov*.

# Priority Health Medicare Formulary

The formulary that begins on page 15 provides coverage information about the drugs covered by Priority Health Medicare. If you have trouble finding your drug in the list, turn to the Index that begins on the page following the Drug List.

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

The information in the Requirements/Limits column tells you if Priority Health Medicare has any special requirements for coverage of your drug.

## List of Abbreviations

**B/D: Part B vs. Part D.** This drug requires prior authorization and may be covered differently under Medicare Part B (medical services) or D (prescription drug coverage) depending on your circumstances. Information may need to be submitted by your doctor describing the use and setting of the drug to make the determination.

**EA: Each**

**ED: Excluded Drug.** This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total 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 this drug. Only our **Priority**Medicare® Thrive and **Priority**Medicare® Thrive Plus plans offer coverage for these excluded drugs.

**GM: Grams**

**HI: Home Infusion.** This prescription drug may be covered under our medical benefit. For more information, call Customer Care at toll-free 888.389.6648 (TTY: 711). From Oct. 1 – Mar. 31, we're available seven days a week from 8 a.m. – 8 p.m. ET. From Apr. 1 – Sept. 30, we're available Mon. – Fri. from 8 a.m. – 8 p.m. and Sat. 8 a.m. - noon ET. You can also log in to your member portal at *priorityhealth.com* to send us a message.

**LA: Limited Availability.** This prescription may be available only at certain pharmacies. For more information, consult your Provider/Pharmacy Directory or call Customer Care at toll-free 888.389.6648 (TTY:711). From Oct. 1 – Mar. 31, we're available seven days a week from 8 a.m. – 8 p.m. ET. From Apr. 1 – Sept. 30, we're available Mon. – Fri. from 8 a.m. – 8 p.m. and Sat. 8 a.m. - noon ET. You can also log in to your member portal at *priorityhealth.com* to send us a message.

**ML: Milliliters**

**NE: No Express Scripts.** This drug is not available to be filled at Express Scripts Home Delivery Pharmacy.

**PA: Prior Authorization.** Priority Health Medicare requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from Priority Health Medicare based on specific criteria before you fill your prescriptions. If you don't get approval, Priority Health Medicare may not cover the drug.

**QL: Quantity Limit.** For certain drugs, Priority Health Medicare limits the amount of the drug that Priority Health Medicare will cover. For example, Priority Health Medicare provides 60 tablets per 30-day prescription of *losartan potassium 100mg*. This may be in addition to a standard one-month or three-month supply.

**ST: Step Therapy.** In some cases, Priority Health Medicare requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Priority Health Medicare may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Priority Health Medicare will then cover Drug B.

## Understanding your copayments/coinsurance

The tables below list the Priority Health Medicare drug tiers and the copayment or coinsurance amount associated with each tier during the initial coverage stage.

| Drug Tiers | **Priority** Medicare® Key (HMO-POS) | **Priority** Medicare® Value (HMO-POS) | **Priority** Medicare® (HMO-POS) | **Priority** Medicare® Align (HMO-POS) | **Priority** Medicare® Smart Savings (HMO-POS) | **Priority** Medicare® Latitude (HMO-POS) |
|---|---|---|---|---|---|---|
| **Preferred retail pharmacy: one-month (30-day) supply** | | | | | | |
| **Tier 1**** Preferred generic | $2 copay | $2 copay | $1 copay | After deductible of $700 is met: $0 copay | $1 copay | $2 copay |
| **Tier 2** Generic | $8 copay | $10 copay | $8 copay | After deductible of $700 is met: $8 copay | $7 copay | $8 copay |
| **Tier 3** Preferred brand | After deductible of $300 is met: 22% coinsurance | After deductible of $225 is met: 22% coinsurance | 25% coinsurance | After deductible of $700 is met: 25% coinsurance | After deductible of $700 is met: $42 copay | After deductible of $300 is met: 22% coinsurance |
| **Tier 4** Non-preferred drug | After deductible of $300 is met: 25% coinsurance | After deductible of $225 is met: 29% coinsurance | 28% coinsurance | After deductible of $700 is met: 29% coinsurance | After deductible of $700 is met: 25% coinsurance | After deductible of $300 is met: 25% coinsurance |
| **Tier 5** Specialty (30-day supply only) | After deductible of $300 is met: 30% coinsurance | After deductible of $225 is met: 30% coinsurance | 33% coinsurance | After deductible of $700 is met: 25% coinsurance | After deductible of $700 is met: 25% coinsurance | After deductible of $300 is met: 30% coinsurance |
| **Preferred retail pharmacy: three-month (90 to 100 day supply)** | | | | | | |
| **Tier 1**** Preferred generic | $0 copay | $0 copay | $0 copay | After deductible of $700 is met: $0 copay | $0 copay | $0 copay |
| **Tier 2** Generic | $24 copay | $30 copay | $24 copay | After deductible of $700 is met: $24 copay | $21 copay | $24 copay |

| | | | | | | |
|---|---|---|---|---|---|---|
| **Tier 3** Preferred brand | After deductible of $300 is met: 22% coinsurance | After deductible of $225 is met: 22% coinsurance | 25% coinsurance | After deductible of $700 is met: 25% coinsurance | After deductible of $700 is met: $126 copay | After deductible of $300 is met: 22% coinsurance |
| **Tier 4** Non-preferred drug | After deductible of $300 is met: 25% coinsurance | After deductible of $225 is met: 29% coinsurance | 28% coinsurance | After deductible of $700 is met: 29% coinsurance | After deductible of $700 is met: 25% coinsurance | After deductible of $300 is met: 25% coinsurance |
| Drug Tiers | **Priority** Medicare® Key (HMO-POS) | **Priority** Medicare® Value (HMO-POS) | **Priority** Medicare® (HMO-POS) | **Priority** Medicare® Align (HMO-POS) | **Priority** Medicare® Smart Savings (HMO-POS) | **Priority** Medicare® Latitude (HMO-POS) |
| **Preferred mail order: three-month (90 to 100-day) supply*** | | | | | | |
| **Tier 1**** Preferred generic | $0 copay | $0 copay | $0 copay | After deductible of $700 is met: $0 copay | $0 copay | $0 copay |
| **Tier 2** Generic | $0 copay | $0 copay | $0 copay | After deductible of $700 is met: $0 copay | $0 copay | $0 copay |
| **Tier 3** Preferred brand | After deductible of $300 is met: 22% coinsurance | After deductible of $225 is met: 22% coinsurance | 25% coinsurance | After deductible of $700 is met: 25% coinsurance | After deductible of $700 is met: $105 copay | After deductible of $300 is met: 22% coinsurance |
| **Tier 4** Non-preferred drug | After deductible of $300 is met: 25% coinsurance | After deductible of $225 is met: 29% coinsurance | 28% coinsurance | After deductible of $700 is met: 29% coinsurance | After deductible of $700 is met: $25% coinsurance | After deductible of $300 is met: 25% coinsurance |

*All drugs listed on formulary may be available via mail order.

**3 months of tier 1 drugs are available for a 100-day supply. Tiers 2-4 are 90-days for 3 months.

| Drug Tiers | **Priority** Medicare® Edge (PPO) | **Priority** Medicare® Thrive Plus (PPO) | **Priority** Medicare® Merit (PPO) | **Priority** Medicare® Thrive (PPO) |
|---|---|---|---|---|
| **Preferred retail pharmacy: one-month (30-day) supply** | | | | |
| **Tier 1**** Preferred generic | $2 copay | $1 copay | $2 copay | $1 copay |
| **Tier 2** Generic | $8 copay | $7 copay | $10 copay | $7 copay |
| **Tier 3** Preferred brand | After deductible of $300 is met: 22% coinsurance | After deductible of $225 is met: 22% coinsurance | 25% coinsurance | After deductible of $400 is met: 21% coinsurance |
| **Tier 4** Non-preferred drug | After deductible of $300 is met: 25% coinsurance | After deductible of $225 is met: 31% coinsurance | 29% coinsurance | After deductible of $400 is met: 25% coinsurance |
| **Tier 5** Specialty (30-day supply only) | After deductible of $300 is met: 30% coinsurance | After deductible of $225 is met: 30% coinsurance | 33% coinsurance | After deductible of $400 is met: 29% coinsurance |
| **Preferred retail pharmacy: three-month (90 to 100-day) supply** | | | | |
| **Tier 1**** Preferred generic | $0 copay | $0 copay | $0 copay | $0 copay |
| **Tier 2** Generic | $24 copay | $21 copay | $30 copay | $21 copay |
| **Tier 3** Preferred brand | After deductible of $300 is met: 22% coinsurance | After deductible of $225 is met: 22% coinsurance | 25% coinsurance | After deductible of $400 is met: 21% coinsurance |
| **Tier 4** Non-preferred drug | After deductible of $300 is met: 25% coinsurance | After deductible of $225 is met: 31% coinsurance | 29% coinsurance | After deductible of $400 is met: 25% coinsurance |

| Drug Tiers | **Priority** Medicare® Edge (PPO) | **Priority** Medicare® Thrive Plus (PPO) | **Priority** Medicare® Merit (PPO) | **Priority** Medicare® Thrive (PPO) |
|---|---|---|---|---|
| **Preferred mail order: three-month (90 to 100-day) supply*** | | | | |
| **Tier 1**** Preferred generic | $0 copay | $0 copay | $0 copay | $0 copay |
| **Tier 2** Generic | $0 copay | $0 copay | $0 copay | $0 copay |
| **Tier 3** Preferred brand | After deductible of $300 is met: 22% coinsurance | After deductible of $225 is met: 22% coinsurance | 25% coinsurance | After deductible of $400 is met: 21% coinsurance |
| **Tier 4** Non-preferred drug | After deductible of $300 is met: 25% coinsurance | After deductible of $225 is met: 31% coinsurance | 29% coinsurance | After deductible of $400 is met: 25% coinsurance |

*All drugs listed on formulary may be available via mail order.

**3 months of tier 1 drugs are available for a 100-day supply. Tiers 2-4 are 90 days for 3 months.

**2027 Formulary**

**Priority Health Medicare**

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| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| **Analgesics** | | |
| ***Nonsteroidal Anti-Inflammatory Drugs*** | | |
| *celecoxib oral* | 2 | |
| *diclofenac potassium oral tablet 50 mg* | 2 | |
| *diclofenac sodium er* | 4 | |
| *diclofenac sodium external solution 1.5 %* | 4 | QL (750 ML per 30 days) |
| *diclofenac sodium oral tablet delayed release 50 mg, 75 mg* | 2 | |
| *diclofenac-misoprostol oral tablet delayed release* | 4 | |
| *diflunisal oral* | 2 | |
| *etodolac oral* | 4 | |
| IBU ORAL TABLET 600 MG, 800 MG | 2 | |
| *ibuprofen oral tablet 400 mg, 600 mg, 800 mg* | 2 | |
| *meloxicam oral tablet* | 1 | |
| *nabumetone oral* | 2 | |
| *naproxen oral tablet* | 2 | |
| *oxaprozin oral tablet* | 4 | |
| *piroxicam oral* | 4 | |
| *salsalate oral* | 2 | |
| *sulindac oral* | 2 | |
| ***Opioid Analgesics, Long-Acting*** | | |
| *buprenorphine transdermal* | 4 | QL (4 EA per 28 days) |
| *fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr* | 4 | QL (10 EA per 30 days); NE |
| *hydromorphone hcl er oral tablet extended release 24 hour* | 4 | QL (60 EA per 30 days); NE |
| *methadone hcl oral solution 10 mg/5ml* | 4 | QL (600 ML per 30 days); NE |
| *methadone hcl oral solution 5 mg/5ml* | 4 | QL (1200 ML per 30 days); NE |
| *methadone hcl oral tablet 10 mg* | 4 | QL (90 EA per 30 days); NE |
| *methadone hcl oral tablet 5 mg* | 4 | QL (120 EA per 30 days); NE |
| *morphine sulfate er oral tablet extended release 100 mg* | 4 | QL (60 EA per 30 days); NE |
| *morphine sulfate er oral tablet extended release 15 mg, 200 mg, 30 mg, 60 mg* | 4 | QL (120 EA per 30 days); NE |
| *oxymorphone hcl er* | 4 | QL (90 EA per 30 days); NE |
| *tramadol hcl er* | 3 | QL (30 EA per 30 days) |

Note: Tier 5 drugs are 30-day supply only. You can find information on what the symbols and abbreviations on this table mean starting on page 9.

This formulary was updated on 10/5/2026.

| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| ***Opioid Analgesics, Short-Acting*** | | |
| *acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg* | 4 | QL (360 EA per 30 days) |
| *acetaminophen-codeine oral tablet 300-60 mg* | 4 | QL (180 EA per 30 days) |
| *butorphanol tartrate nasal* | 4 | QL (10 ML per 28 days) |
| *codeine sulfate oral tablet 30 mg, 60 mg* | 4 | QL (180 EA per 30 days); NE |
| *hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml* | 4 | QL (5520 ML per 30 days); NE |
| *hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg* | 4 | QL (360 EA per 30 days); NE |
| *hydrocodone-ibuprofen oral tablet 7.5-200 mg* | 4 | QL (150 EA per 30 days); NE |
| *hydromorphone hcl oral liquid 1 mg/ml* | 4 | QL (2400 ML per 30 days); NE |
| *hydromorphone hcl oral tablet 2 mg, 4 mg* | 4 | QL (180 EA per 30 days); NE |
| *hydromorphone hcl oral tablet 8 mg* | 4 | NE |
| *hydromorphone hcl pf injection solution 10 mg/ml* | 4 | QL (240 ML per 30 days); NE |
| *hydromorphone hcl pf injection solution 50 mg/5ml* | 4 | QL (240 ML per 30 days) |
| *morphine sulfate (concentrate) oral solution 100 mg/5ml* | 4 | QL (60 ML per 30 days); NE |
| *morphine sulfate (concentrate) oral solution 20 mg/ml* | 4 | QL (900 ML per 30 days) |
| *morphine sulfate oral solution* | 4 | QL (900 ML per 30 days); NE |
| *morphine sulfate oral tablet* | 4 | QL (180 EA per 30 days); NE |
| *oxycodone hcl oral concentrate 100 mg/5ml* | 4 | QL (180 ML per 30 days); NE |
| *oxycodone hcl oral solution* | 4 | QL (1200 ML per 30 days); NE |
| *oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg* | 4 | QL (180 EA per 30 days); NE |
| *oxycodone hcl oral tablet 5 mg* | 4 | QL (360 EA per 30 days); NE |
| *oxycodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg* | 4 | QL (360 EA per 30 days); NE |
| *oxymorphone hcl oral tablet 10 mg* | 4 | QL (360 EA per 30 days); NE |
| *oxymorphone hcl oral tablet 5 mg* | 4 | QL (180 EA per 30 days); NE |
| *tramadol hcl oral tablet 50 mg* | 3 | QL (240 EA per 30 days) |
| *tramadol-acetaminophen* | 3 | QL (240 EA per 30 days) |
| **Anesthetics** | | |
| ***Local Anesthetics*** | | |
| *lidocaine external ointment 5 %* | 3 | QL (100 GM per 30 days) |
| *lidocaine external patch 5 %* | 4 | PA; QL (90 EA per 30 days) |
| *lidocaine hcl external solution* | 4 | |

Note: Tier 5 drugs are 30-day supply only. You can find information on what the symbols and abbreviations on this table mean starting on page 9.

This formulary was updated on 10/5/2026.

| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| *lidocaine hcl urethral/mucosal* | 2 | |
| *lidocaine viscous hcl* | 2 | |
| *lidocaine-prilocaine external cream* | 4 | |
| LIDOCAN | 4 | PA; QL (90 EA per 30 days) |
| LIDOCAN III | 4 | PA; QL (90 EA per 30 days) |
| TRIDACAINE III | 3 | PA; QL (90 EA per 30 days) |
| TRIDACAINE XL | 3 | PA; QL (90 EA per 30 days) |
| **Anti-Addiction/Substance Abuse Treatment Agents** | | |
| ***Alcohol Deterrents/Anti-Craving*** | | |
| *acamprosate calcium* | 4 | |
| *disulfiram oral* | 3 | |
| ***Opioid Dependence*** | | |
| *buprenorphine hcl sublingual tablet sublingual 2 mg* | 3 | QL (180 EA per 30 days) |
| *buprenorphine hcl sublingual tablet sublingual 8 mg* | 3 | QL (120 EA per 30 days) |
| *buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 4-1 mg* | 4 | QL (90 EA per 30 days) |
| *buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg* | 4 | QL (180 EA per 30 days) |
| *buprenorphine hcl-naloxone hcl sublingual film 8-2 mg* | 4 | QL (120 EA per 30 days) |
| *buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg* | 4 | QL (180 EA per 30 days) |
| *buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg* | 2 | QL (120 EA per 30 days) |
| *naltrexone hcl oral* | 2 | |
| ***Opioid Reversal Agents*** | | |
| KLOXXADO | 4 | QL (2 EA per 30 days) |
| *naloxone hcl injection solution 0.4 mg/ml* | 1 | |
| *naloxone hcl injection solution cartridge* | 2 | |
| *naloxone hcl injection solution prefilled syringe* | 1 | |
| *opvee* | 3 | QL (2 EA per 30 days) |
| ***Smoking Cessation Agents*** | | |
| *bupropion hcl er (smoking det)* | 2 | |
| NICOTROL NS | 4 | |
| *varenicline tartrate (starter)* | 4 | |
| *varenicline tartrate oral tablet* | 4 | |

Note: Tier 5 drugs are 30-day supply only. You can find information on what the symbols and abbreviations on this table mean starting on page 9.

This formulary was updated on 10/5/2026.

| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| *varenicline tartrate(continue)* | 4 | |
| **Antibacterials** | | |
| ***Aminoglycosides*** | | |
| *amikacin sulfate injection solution 500 mg/2ml* | 4 | HI |
| ARIKAYCE | 5 | PA; QL (235.2 ML per 28 days) |
| *gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%* | 4 | HI |
| *gentamicin sulfate external* | 4 | QL (90 GM per 30 days) |
| *gentamicin sulfate injection solution 40 mg/ml* | 4 | |
| *neomycin sulfate oral* | 2 | |
| *streptomycin sulfate intramuscular* | 4 | |
| *tobramycin sulfate injection solution 10 mg/ml* | 3 | QL (720 ML per 30 days); HI |
| *tobramycin sulfate injection solution 80 mg/2ml* | 4 | QL (720 ML per 30 days) |
| ***Antibacterials, Other*** | | |
| *aztreonam* | 4 | HI |
| *clindamycin hcl oral capsule 150 mg, 300 mg* | 2 | |
| *clindamycin palmitate hcl* | 4 | |
| *clindamycin phosphate external swab* | 3 | |
| *clindamycin phosphate in d5w* | 4 | |
| *clindamycin phosphate vaginal* | 4 | |
| *colistimethate sodium (cba)* | 4 | HI |
| *daptomycin intravenous solution reconstituted 500 mg* | 4 | HI |
| *fosfomycin tromethamine* | 4 | |
| *linezolid intravenous solution 600 mg/300ml* | 4 | |
| *linezolid oral suspension reconstituted* | 5 | |
| *linezolid oral tablet* | 4 | QL (56 EA per 28 days) |
| *methenamine hippurate* | 4 | |
| *metronidazole external cream* | 2 | |
| *metronidazole external gel 0.75 %* | 2 | |
| *metronidazole external gel 1 %* | 4 | |
| *metronidazole external lotion* | 4 | |
| *metronidazole intravenous solution 500 mg/100ml* | 4 | |
| *metronidazole oral tablet 250 mg, 500 mg* | 2 | |
| *metronidazole vaginal* | 2 | |
| *nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg* | 3 | |

Note: Tier 5 drugs are 30-day supply only. You can find information on what the symbols and abbreviations on this table mean starting on page 9.

This formulary was updated on 10/5/2026.

| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| *nitrofurantoin monohyd macro* | 2 | |
| *tigecycline* | 4 | |
| *tinidazole oral* | 4 | |
| *trimethoprim oral* | 2 | |
| *vancomycin hcl intravenous solution reconstituted 1 gm, 1.25 gm, 1.5 gm, 10 gm, 500 mg* | 4 | HI |
| *vancomycin hcl intravenous solution reconstituted 1.75 gm, 2 gm* | 2 | HI |
| *vancomycin hcl oral capsule 125 mg* | 4 | QL (80 EA per 30 days) |
| *vancomycin hcl oral capsule 250 mg* | 4 | QL (160 EA per 30 days) |
| XIFAXAN ORAL TABLET 200 MG | 3 | PA; QL (9 EA per 30 days) |
| XIFAXAN ORAL TABLET 550 MG | 3 | PA; QL (60 EA per 30 days) |
| ***Beta-Lactam, Cephalosporins*** | | |
| *cefaclor oral capsule* | 3 | |
| *cefaclor oral suspension reconstituted 250 mg/5ml* | 4 | |
| *cefadroxil oral capsule* | 2 | |
| *cefadroxil oral suspension reconstituted* | 4 | |
| *cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg* | 4 | HI |
| *cefdinir* | 2 | |
| *cefepime hcl injection solution reconstituted 1 gm* | 4 | HI |
| *cefepime hcl intravenous solution reconstituted 2 gm* | 4 | HI |
| *cefixime oral capsule* | 4 | |
| *cefoxitin sodium intravenous* | 4 | HI |
| *cefpodoxime proxetil* | 4 | |
| *cefprozil* | 2 | |
| *ceftaroline fosamil* | 4 | |
| *ceftazidime injection solution reconstituted 1 gm, 6 gm* | 4 | HI |
| *ceftazidime intravenous* | 4 | HI |
| *ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg* | 4 | HI |
| *ceftriaxone sodium intravenous solution reconstituted 10 gm* | 4 | HI |
| *cefuroxime axetil oral tablet* | 2 | |
| *cefuroxime sodium injection solution reconstituted 750 mg* | 4 | HI |

Note: Tier 5 drugs are 30-day supply only. You can find information on what the symbols and abbreviations on this table mean starting on page 9.

This formulary was updated on 10/5/2026.

| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| *cefuroxime sodium intravenous solution reconstituted 1.5 gm* | 4 | HI |
| *cephalexin oral capsule 250 mg, 500 mg* | 2 | |
| *cephalexin oral suspension reconstituted* | 2 | |
| ***Beta-Lactam, Penicillins*** | | |
| *amoxicillin oral capsule* | 2 | |
| *amoxicillin oral suspension reconstituted* | 2 | |
| *amoxicillin oral tablet* | 2 | |
| *amoxicillin oral tablet chewable 125 mg, 250 mg* | 2 | |
| *amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml* | 2 | |
| *amoxicillin-pot clavulanate oral suspension reconstituted 250-62.5 mg/5ml* | 4 | |
| *amoxicillin-pot clavulanate oral tablet* | 2 | |
| *ampicillin oral capsule 500 mg* | 2 | |
| *ampicillin sodium injection solution reconstituted 1 gm* | 4 | HI |
| *ampicillin sodium intravenous solution reconstituted 10 gm* | 4 | HI |
| *ampicillin-sulbactam sodium injection solution reconstituted 3 (2-1) gm* | 4 | HI |
| *ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm* | 4 | HI |
| BICILLIN C-R | 3 | |
| BICILLIN C-R 900/300 | 3 | |
| BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 3 | |
| *dicloxacillin sodium* | 2 | |
| *nafcillin sodium injection solution reconstituted 1 gm, 2 gm* | 4 | |
| *nafcillin sodium intravenous solution reconstituted 10 gm* | 4 | |
| *oxacillin sodium injection solution reconstituted 1 gm* | 4 | |
| *oxacillin sodium intravenous* | 4 | |
| *penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml* | 4 | HI |
| *penicillin g potassium injection solution reconstituted 20000000 unit* | 4 | HI |

Note: Tier 5 drugs are 30-day supply only. You can find information on what the symbols and abbreviations on this table mean starting on page 9.

This formulary was updated on 10/5/2026.

| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| *penicillin g potassium injection solution reconstituted 5000000 unit* | 4 | |
| *penicillin g sodium* | 4 | |
| *penicillin v potassium oral solution reconstituted* | 4 | |
| *penicillin v potassium oral tablet* | 2 | |
| *piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm* | 4 | HI |
| ***Carbapenems*** | | |
| *ertapenem sodium* | 4 | |
| *imipenem-cilastatin* | 4 | |
| *meropenem intravenous solution reconstituted 1 gm, 500 mg* | 3 | |
| ***Macrolides*** | | |
| *azithromycin intravenous* | 4 | HI |
| *azithromycin oral suspension reconstituted* | 2 | |
| *azithromycin oral tablet* | 2 | |
| *clarithromycin er* | 4 | |
| *clarithromycin oral suspension reconstituted* | 4 | |
| *clarithromycin oral tablet* | 2 | |
| DIFICID ORAL SUSPENSION RECONSTITUTED | 5 | ST; QL (136 ML per 10 days) |
| DIFICID ORAL TABLET | 5 | ST; QL (20 EA per 10 days) |
| *erythromycin base oral tablet* | 4 | |
| *erythromycin oral* | 4 | |
| *fidaxomicin* | 5 | ST; QL (20 EA per 10 days) |
| ***Quinolones*** | | |
| *ciprofloxacin hcl ophthalmic* | 2 | |
| *ciprofloxacin hcl oral tablet 250 mg, 500 mg* | 1 | |
| *ciprofloxacin hcl oral tablet 750 mg* | 2 | |
| *ciprofloxacin in d5w intravenous solution 200 mg/100ml* | 4 | |
| *levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml* | 4 | |
| *levofloxacin oral solution* | 4 | |
| *levofloxacin oral tablet* | 2 | |
| *moxifloxacin hcl in nacl* | 4 | HI |
| *moxifloxacin hcl oral* | 4 | |
| *ofloxacin oral tablet 400 mg* | 4 | |

Note: Tier 5 drugs are 30-day supply only. You can find information on what the symbols and abbreviations on this table mean starting on page 9.

This formulary was updated on 10/5/2026.

| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| ***Sulfonamides*** | | |
| *sulfacetamide sodium (acne)* | 4 | |
| *sulfadiazine oral* | 4 | |
| *sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml* | 2 | |
| *sulfamethoxazole-trimethoprim oral tablet* | 1 | |
| ***Tetracyclines*** | | |
| *demeclocycline hcl oral* | 4 | |
| *doxycycline hyclate intravenous* | 4 | |
| *doxycycline hyclate oral capsule 100 mg, 50 mg* | 2 | |
| *doxycycline hyclate oral tablet 100 mg, 20 mg* | 2 | |
| *doxycycline monohydrate oral capsule 100 mg, 50 mg* | 2 | |
| *doxycycline monohydrate oral suspension reconstituted* | 4 | |
| *doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg* | 2 | |
| *minocycline hcl oral capsule* | 2 | |
| *tetracycline hcl oral capsule* | 4 | |
| **Anticonvulsants** | | |
| ***Anticonvulsants, Other*** | | |
| *brivaracetam oral solution* | 5 | PA; QL (600 ML per 30 days) |
| *brivaracetam oral tablet* | 5 | PA; QL (60 EA per 30 days) |
| DIACOMIT | 5 | PA |
| EPIDIOLEX | 5 | PA; QL (500 ML per 30 days) |
| *felbamate* | 4 | |
| FINTEPLA | 5 | PA; QL (360 ML per 30 days) |
| *lamotrigine er* | 4 | |
| *lamotrigine oral tablet* | 2 | |
| *lamotrigine oral tablet chewable* | 2 | |
| *lamotrigine oral tablet dispersible* | 4 | |
| *levetiracetam er* | 2 | |
| *levetiracetam oral solution* | 2 | |
| *levetiracetam oral tablet* | 2 | |
| *levetiracetam oral tablet disintegrating soluble 250 mg* | 4 | PA; QL (360 EA per 30 days) |
| *levetiracetam oral tablet disintegrating soluble 500 mg* | 4 | PA; QL (180 EA per 30 days) |
| *perampanel oral suspension* | 4 | PA; QL (680 ML per 28 days) |

Note: Tier 5 drugs are 30-day supply only. You can find information on what the symbols and abbreviations on this table mean starting on page 9.

This formulary was updated on 10/5/2026.

| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| *perampanel oral tablet* | 4 | PA; QL (30 EA per 30 days) |
| SUBVENITE ORAL SUSPENSION | 5 | PA |
| *topiramate oral capsule sprinkle 15 mg, 25 mg* | 2 | |
| *topiramate oral solution 25 mg/ml* | 4 | PA; QL (480 ML per 30 days) |
| *topiramate oral tablet* | 2 | |
| *valproic acid oral capsule* | 2 | |
| *valproic acid oral solution 250 mg/5ml* | 2 | |
| XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG | 5 | PA; QL (56 EA per 28 days) |
| XCOPRI (350 MG DAILY DOSE) | 5 | PA; QL (56 EA per 28 days) |
| XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG | 5 | PA; QL (30 EA per 30 days) |
| XCOPRI ORAL TABLET 150 MG, 200 MG | 5 | PA; QL (60 EA per 30 days) |
| XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG | 4 | PA; QL (28 EA per 28 days) |
| XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG | 5 | PA; QL (28 EA per 28 days) |
| ***Calcium Channel Modifying Agents*** | | |
| *ethosuximide oral capsule* | 2 | |
| *ethosuximide oral solution* | 4 | |
| *methsuximide* | 3 | |
| ZONISADE | 5 | PA; QL (900 ML per 30 days) |
| ***Gamma-Aminobutyric Acid (Gaba) Augmenting Agents*** | | |
| *clobazam oral suspension 2.5 mg/ml* | 4 | PA; QL (480 ML per 30 days) |
| *clobazam oral tablet* | 4 | PA; QL (60 EA per 30 days) |
| *diazepam rectal* | 4 | |
| *gabapentin oral capsule 100 mg, 300 mg, 400 mg* | 2 | |
| *gabapentin oral solution 250 mg/5ml* | 4 | |
| *gabapentin oral tablet 600 mg, 800 mg* | 2 | |
| NAYZILAM | 4 | PA; QL (10 EA per 30 days) |
| *phenobarbital oral elixir* | 4 | PA |
| *phenobarbital oral tablet* | 2 | PA |
| *primidone oral tablet 250 mg, 50 mg* | 2 | |
| SYMPAZAN ORAL FILM 10 MG, 20 MG | 5 | PA; QL (60 EA per 30 days) |
| SYMPAZAN ORAL FILM 5 MG | 4 | PA; QL (60 EA per 30 days) |
| *tiagabine hcl* | 4 | |
| VALTOCO 10 MG DOSE | 5 | PA; QL (10 EA per 30 days) |

Note: Tier 5 drugs are 30-day supply only. You can find information on what the symbols and abbreviations on this table mean starting on page 9.

This formulary was updated on 10/5/2026.

| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML | 5 | PA; QL (10 EA per 30 days) |
| VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML | 5 | PA; QL (10 EA per 30 days) |
| VALTOCO 5 MG DOSE | 5 | PA; QL (10 EA per 30 days) |
| *vigabatrin* | 5 | PA; LA |
| *vigadrone oral packet* | 5 | PA |
| *vigadrone oral tablet* | 5 | PA; LA |
| VIGAFYDE | 5 | PA; QL (750 ML per 30 days) |
| ZTALMY | 5 | PA; QL (1100 ML per 30 days) |
| ***Sodium Channel Agents*** | | |
| *carbamazepine er oral tablet extended release 12 hour* | 3 | |
| *carbamazepine oral suspension 100 mg/5ml* | 4 | |
| *carbamazepine oral tablet* | 2 | |
| *carbamazepine oral tablet chewable 100 mg* | 2 | |
| DILANTIN ORAL CAPSULE 30 MG | 4 | |
| *eslicarbazepine acetate oral tablet 200 mg, 400 mg* | 4 | PA; QL (30 EA per 30 days) |
| *eslicarbazepine acetate oral tablet 600 mg, 800 mg* | 4 | PA; QL (60 EA per 30 days) |
| *lacosamide oral solution 10 mg/ml* | 4 | QL (1200 ML per 30 days) |
| *lacosamide oral tablet* | 4 | QL (60 EA per 30 days) |
| *oxcarbazepine oral suspension* | 4 | |
| *oxcarbazepine oral tablet* | 2 | |
| *phenytoin oral suspension 125 mg/5ml* | 2 | |
| *phenytoin oral tablet chewable* | 2 | |
| *phenytoin sodium extended oral capsule 100 mg* | 2 | |
| *rufinamide oral suspension 40 mg/ml* | 5 | PA |
| *rufinamide oral tablet 200 mg* | 4 | PA |
| *rufinamide oral tablet 400 mg* | 5 | PA |
| *zonisamide oral* | 2 | |
| **Antidementia Agents** | | |
| ***Antidementia Agents, Other*** | | |
| *donepezil hcl oral tablet 10 mg* | 1 | QL (60 EA per 30 days) |
| *donepezil hcl oral tablet 23 mg* | 4 | |
| *donepezil hcl oral tablet 5 mg* | 1 | QL (30 EA per 30 days) |
| *donepezil hcl oral tablet dispersible 10 mg* | 2 | QL (60 EA per 30 days) |
| *donepezil hcl oral tablet dispersible 5 mg* | 2 | QL (30 EA per 30 days) |

Note: Tier 5 drugs are 30-day supply only. You can find information on what the symbols and abbreviations on this table mean starting on page 9.

This formulary was updated on 10/5/2026.

| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| *memantine hcl er* | 4 | QL (30 EA per 30 days) |
| *memantine hcl oral solution 2 mg/ml* | 4 | QL (300 ML per 30 days) |
| *memantine hcl oral tablet 10 mg, 5 mg* | 2 | QL (60 EA per 30 days) |
| *memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg* | 4 | QL (49 EA per 28 days) |
| ***Cholinesterase Inhibitors*** | | |
| *galantamine hydrobromide er* | 4 | |
| *galantamine hydrobromide oral tablet* | 2 | |
| *rivastigmine* | 4 | QL (30 EA per 30 days) |
| *rivastigmine tartrate* | 2 | QL (60 EA per 30 days) |
| **Antidepressants** | | |
| ***Antidepressants, Other*** | | |
| AUVELITY | 5 | PA; QL (60 EA per 30 days); NE |
| AUVELITY TITRATION PACK | 5 | PA; QL (51 EA per 29 days); NE |
| *bupropion hcl er (sr)* | 2 | |
| *bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg* | 2 | |
| *bupropion hcl oral* | 2 | |
| EXXUA | 5 | PA; QL (30 EA per 30 days) |
| EXXUA TITRATION PACK | 5 | PA; QL (32 EA per 30 days) |
| *mirtazapine oral tablet 15 mg, 30 mg, 45 mg* | 2 | |
| *mirtazapine oral tablet 7.5 mg* | 4 | |
| *mirtazapine oral tablet dispersible* | 3 | |
| ZURZUVAE ORAL CAPSULE 20 MG, 25 MG | 5 | PA; QL (28 EA per 365 days) |
| ZURZUVAE ORAL CAPSULE 30 MG | 5 | PA; QL (14 EA per 365 days) |
| ***Monoamine Oxidase Inhibitors*** | | |
| EMSAM | 5 | PA |
| MARPLAN | 4 | PA; QL (180 EA per 30 days) |
| *phenelzine sulfate oral* | 3 | |
| *tranylcypromine sulfate* | 4 | |
| ***Ssris/Snris (Selective Serotonin Reuptake Inhibitors/Serotonin And Norepinephrine Reuptake Inhibitor*** | | |
| *citalopram hydrobromide oral solution* | 4 | QL (600 ML per 30 days) |
| *citalopram hydrobromide oral tablet 10 mg, 20 mg* | 1 | QL (45 EA per 30 days) |
| *citalopram hydrobromide oral tablet 40 mg* | 1 | QL (30 EA per 30 days) |
| *desvenlafaxine succinate er* | 3 | QL (30 EA per 30 days) |

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This formulary was updated on 10/5/2026.

| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 60 MG | 4 | PA; QL (60 EA per 30 days) |
| *escitalopram oxalate oral solution 5 mg/5ml* | 4 | |
| *escitalopram oxalate oral tablet* | 2 | |
| FETZIMA | 4 | ST; QL (30 EA per 30 days); NE |
| FETZIMA TITRATION | 4 | ST; QL (30 EA per 30 days) |
| *fluoxetine hcl oral capsule* | 1 | |
| *fluoxetine hcl oral capsule delayed release* | 4 | |
| *fluoxetine hcl oral solution* | 4 | |
| *fluvoxamine maleate* | 2 | |
| *nefazodone hcl* | 4 | |
| *paroxetine hcl* | 4 | PA |
| RALDESY | 4 | PA; QL (1200 ML per 30 days) |
| *sertraline hcl oral concentrate* | 4 | |
| *sertraline hcl oral tablet* | 1 | |
| *trazodone hcl oral tablet 100 mg, 150 mg, 50 mg* | 1 | |
| TRINTELLIX | 4 | ST; QL (30 EA per 30 days); NE |
| *venlafaxine hcl* | 2 | |
| *venlafaxine hcl er oral capsule extended release 24 hour* | 2 | |
| *vilazodone hcl* | 4 | ST; QL (30 EA per 30 days) |
| ***Tricyclics*** | | |
| *amitriptyline hcl oral* | 4 | PA |
| *amoxapine* | 4 | |
| *clomipramine hcl oral* | 4 | |
| *desipramine hcl oral* | 4 | |
| *imipramine hcl oral* | 4 | |
| *nortriptyline hcl oral capsule* | 2 | PA |
| *nortriptyline hcl oral solution* | 4 | PA |
| *protriptyline hcl* | 4 | PA |
| *trimipramine maleate oral* | 4 | PA |
| **Antiemetics** | | |
| ***Antiemetics, Other*** | | |
| *meclizine hcl oral tablet 12.5 mg, 25 mg* | 2 | |
| *prochlorperazine* | 4 | |
| *prochlorperazine maleate oral* | 2 | |
| *promethazine hcl oral tablet* | 2 | |

Note: Tier 5 drugs are 30-day supply only. You can find information on what the symbols and abbreviations on this table mean starting on page 9.

This formulary was updated on 10/5/2026.

| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| *promethazine hcl rectal suppository 12.5 mg, 25 mg* | 4 | |
| PROMETHEGAN RECTAL SUPPOSITORY 25 MG | 4 | |
| *scopolamine* | 4 | |
| ***Emetogenic Therapy Adjuncts*** | | |
| *aprepitant* | 4 | PA; QL (6 EA per 30 days) |
| *dronabinol oral capsule* | 4 | B/D; QL (120 EA per 30 days) |
| *granisetron hcl oral* | 4 | B/D |
| *ondansetron hcl oral solution 4 mg/5ml* | 4 | B/D |
| *ondansetron hcl oral tablet 4 mg, 8 mg* | 2 | B/D |
| *ondansetron oral tablet dispersible 4 mg, 8 mg* | 2 | B/D |
| **Antifungals** | | |
| ***Antifungals*** | | |
| *amphotericin b intravenous* | 4 | B/D |
| *amphotericin b liposome* | 4 | B/D |
| *caspofungin acetate* | 4 | HI |
| *ciclopirox olamine external cream* | 2 | QL (180 GM per 30 days) |
| *ciclopirox olamine external suspension* | 4 | QL (60 ML per 30 days) |
| *clotrimazole external cream* | 2 | QL (120 GM per 30 days) |
| *clotrimazole external solution* | 3 | |
| *clotrimazole mouth/throat troche* | 2 | |
| CRESEMBA ORAL | 5 | PA |
| *econazole nitrate external cream* | 4 | QL (90 GM per 30 days) |
| *fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%* | 4 | HI |
| *fluconazole oral suspension reconstituted* | 4 | |
| *fluconazole oral tablet* | 2 | |
| *flucytosine oral* | 5 | |
| *griseofulvin microsize oral tablet* | 4 | |
| *griseofulvin ultramicrosize oral tablet 125 mg, 250 mg* | 4 | |
| *itraconazole oral capsule* | 4 | |
| *ketoconazole external cream* | 2 | QL (180 GM per 30 days) |
| *ketoconazole external shampoo 2 %* | 2 | QL (120 ML per 30 days) |
| *ketoconazole oral* | 2 | |
| NYAMYC | 2 | QL (60 GM per 30 days) |
| *nystatin external cream* | 2 | |

Note: Tier 5 drugs are 30-day supply only. You can find information on what the symbols and abbreviations on this table mean starting on page 9.

This formulary was updated on 10/5/2026.

| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| *nystatin external ointment* | 2 | |
| *nystatin external powder* | 2 | QL (240 GM per 30 days) |
| *nystatin mouth/throat suspension 100000 unit/ml* | 2 | QL (700 ML per 30 days) |
| *nystatin oral tablet* | 2 | |
| NYSTOP | 2 | QL (240 GM per 30 days) |
| *posaconazole oral tablet delayed release* | 4 | QL (93 EA per 30 days) |
| *terbinafine hcl oral* | 2 | |
| *terconazole vaginal cream* | 3 | |
| *terconazole vaginal suppository* | 4 | |
| *voriconazole intravenous solution reconstituted* | 4 | PA |
| *voriconazole oral suspension reconstituted* | 5 | |
| *voriconazole oral tablet* | 4 | |
| **Antigout Agents** | | |
| ***Antigout Agents*** | | |
| *allopurinol oral tablet 100 mg, 300 mg* | 1 | |
| *colchicine oral tablet* | 2 | |
| *colchicine-probenecid* | 3 | |
| *febuxostat* | 4 | ST; QL (30 EA per 30 days) |
| *probenecid oral* | 3 | |
| **Antimigraine Agents** | | |
| ***Antimigraine Agents*** | | |
| *dihydroergotamine mesylate nasal* | 4 | PA; QL (8 ML per 30 days) |
| *eletriptan hydrobromide* | 4 | ST; QL (6 EA per 30 days) |
| *ergotamine-caffeine* | 3 | QL (40 EA per 30 days) |
| *naratriptan hcl* | 2 | QL (12 EA per 30 days) |
| *rizatriptan benzoate* | 2 | QL (12 EA per 30 days) |
| *sumatriptan nasal* | 4 | QL (12 EA per 30 days) |
| *sumatriptan succinate oral* | 2 | QL (12 EA per 30 days) |
| *sumatriptan succinate subcutaneous solution 6 mg/0.5ml* | 4 | QL (4 ML per 30 days) |
| *sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml* | 4 | QL (4 ML per 30 days) |
| *zolmitriptan oral* | 4 | QL (12 EA per 30 days) |
| ***Calcitonin Gene-Related Peptide (Cgrp) Receptor Antagonists*** | | |
| AIMOVIG | 3 | PA; QL (1 ML per 30 days) |
| EMGALITY | 3 | PA; QL (2 ML per 30 days) |
| EMGALITY (300 MG DOSE) | 3 | PA; QL (3 ML per 30 days) |

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This formulary was updated on 10/5/2026.

| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| NURTEC | 3 | PA; QL (18 EA per 30 days) |
| **Antimyasthenic Agents** | | |
| ***Parasympathomimetics*** | | |
| *pyridostigmine bromide er oral tablet extended release* | 4 | |
| *pyridostigmine bromide oral tablet 60 mg* | 2 | |
| **Antimycobacterials** | | |
| ***Antimycobacterials, Other*** | | |
| *dapsone oral* | 3 | |
| *rifabutin* | 4 | |
| *rifapentine* | 4 | |
| ***Antituberculars*** | | |
| *ethambutol hcl oral* | 2 | |
| *isoniazid oral syrup* | 4 | |
| *isoniazid oral tablet* | 2 | |
| *pyrazinamide oral* | 3 | |
| *rifampin intravenous* | 4 | |
| *rifampin oral capsule 150 mg* | 3 | |
| *rifampin oral capsule 300 mg* | 2 | |
| SIRTURO | 5 | PA |
| **Antineoplastics** | | |
| ***Alkylating Agents*** | | |
| *cyclophosphamide oral capsule* | 3 | B/D |
| CYCLOPHOSPHAMIDE ORAL TABLET 50 MG | 3 | B/D |
| LEUKERAN | 5 | |
| *lomustine oral capsule 10 mg, 40 mg* | 4 | |
| *lomustine oral capsule 100 mg* | 5 | |
| MATULANE | 5 | PA |
| VALCHLOR | 5 | PA; QL (60 GM per 30 days); LA |
| ***Antiandrogens*** | | |
| *abiraterone acetate oral tablet 250 mg* | 5 | QL (120 EA per 30 days) |
| ABIRTEGA | 4 | QL (120 EA per 30 days) |
| *bicalutamide* | 2 | |
| ERLEADA ORAL TABLET 240 MG | 5 | PA; QL (30 EA per 30 days) |
| ERLEADA ORAL TABLET 60 MG | 5 | PA; QL (120 EA per 30 days) |
| EULEXIN | 5 | PA |
| *flutamide* | 2 | |
| *nilutamide* | 5 | |

Note: Tier 5 drugs are 30-day supply only. You can find information on what the symbols and abbreviations on this table mean starting on page 9.

This formulary was updated on 10/5/2026.

| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| NUBEQA | 5 | PA; QL (120 EA per 30 days) |
| *toremifene citrate* | 4 | |
| XTANDI ORAL CAPSULE | 5 | PA; QL (120 EA per 30 days); LA |
| XTANDI ORAL TABLET 40 MG | 5 | PA; QL (120 EA per 30 days); LA |
| XTANDI ORAL TABLET 80 MG | 5 | PA; QL (60 EA per 30 days); LA |
| ***Antiangiogenic Agents*** | | |
| *lenalidomide* | 5 | PA; QL (30 EA per 30 days); LA |
| *pomalidomide* | 5 | PA; QL (21 EA per 28 days) |
| POMALYST | 5 | PA; QL (21 EA per 28 days) |
| THALOMID ORAL CAPSULE 100 MG, 50 MG | 5 | PA |
| ZENBEXUS | 5 | PA; QL (21 EA per 28 days) |
| ***Antiestrogens/Modifiers*** | | |
| INLURIYO | 5 | PA; QL (84 EA per 28 days) |
| ORSERDU ORAL TABLET 345 MG | 5 | PA; QL (30 EA per 30 days) |
| ORSERDU ORAL TABLET 86 MG | 5 | PA; QL (90 EA per 30 days) |
| *raloxifene hcl* | 2 | |
| SOLTAMOX | 4 | |
| *tamoxifen citrate oral* | 2 | |
| VEPPANU | 5 | PA; QL (30 EA per 30 days) |
| ***Antimetabolites*** | | |
| *hydroxyurea oral* | 2 | |
| INQOVI | 5 | PA; QL (5 EA per 28 days) |
| *mercaptopurine oral suspension* | 5 | PA |
| ONUREG | 5 | PA; QL (14 EA per 28 days) |
| TABLOID | 4 | |
| ***Antineoplastics, Other*** | | |
| AVMAPKI FAKZYNJA CO-PACK | 5 | PA; QL (66 EA per 28 days) |
| GAVRETO | 5 | PA; QL (120 EA per 30 days) |
| IDHIFA | 5 | PA; QL (30 EA per 30 days) |
| IWILFIN | 5 | PA; QL (240 EA per 30 days) |
| JYLAMVO | 4 | PA |
| *krazati* | 5 | PA; QL (180 EA per 30 days) |
| LONSURF | 5 | PA |
| LUMAKRAS ORAL TABLET 120 MG | 5 | PA; QL (240 EA per 30 days) |
| LUMAKRAS ORAL TABLET 240 MG | 5 | PA; QL (120 EA per 30 days) |
| LUMAKRAS ORAL TABLET 320 MG | 5 | PA; QL (90 EA per 30 days) |
| LYNPARZA ORAL TABLET | 5 | PA; QL (120 EA per 30 days) |

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| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| LYSODREN | 5 | |
| OGSIVEO ORAL TABLET 100 MG, 150 MG | 5 | PA; QL (56 EA per 28 days) |
| *ojjaara* | 5 | PA; QL (30 EA per 30 days) |
| ORGOVYX | 5 | PA; QL (30 EA per 28 days) |
| RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG | 5 | PA; QL (60 EA per 30 days) |
| RETEVMO ORAL TABLET 40 MG | 5 | PA; QL (90 EA per 30 days) |
| TUKYSA ORAL TABLET 150 MG | 5 | PA; QL (120 EA per 30 days) |
| TUKYSA ORAL TABLET 50 MG | 5 | PA; QL (60 EA per 30 days) |
| VORANIGO ORAL TABLET 10 MG | 5 | PA; QL (60 EA per 30 days) |
| VORANIGO ORAL TABLET 40 MG | 5 | PA; QL (30 EA per 30 days) |
| WELIREG | 5 | PA; QL (90 EA per 30 days) |
| XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG | 5 | PA; QL (8 EA per 28 days) |
| XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG | 5 | PA; QL (16 EA per 28 days) |
| XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG | 5 | PA; QL (8 EA per 28 days) |
| XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG | 5 | PA; QL (4 EA per 28 days) |
| XPOVIO (60 MG TWICE WEEKLY) | 5 | PA; QL (24 EA per 28 days) |
| XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG | 5 | PA; QL (8 EA per 28 days) |
| XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 80 MG | 5 | PA; QL (4 EA per 28 days) |
| XPOVIO (80 MG TWICE WEEKLY) | 5 | PA; QL (32 EA per 28 days) |
| ZOLINZA | 5 | PA; QL (120 EA per 30 days) |
| ***Aromatase Inhibitors, 3Rd Generation*** | | |
| *anastrozole oral* | 2 | |
| *exemestane* | 4 | |
| *letrozole oral* | 2 | |
| ***Molecular Target Inhibitors*** | | |
| AKEEGA | 5 | PA; QL (60 EA per 30 days) |
| ALECENSA | 5 | PA |
| ALUNBRIG ORAL TABLET 180 MG, 90 MG | 5 | PA; QL (30 EA per 30 days) |
| ALUNBRIG ORAL TABLET 30 MG | 5 | PA; QL (120 EA per 30 days) |
| ALUNBRIG ORAL TABLET THERAPY PACK | 5 | PA; QL (30 EA per 30 days) |
| AUGTYRO ORAL CAPSULE 160 MG | 5 | PA; QL (60 EA per 30 days) |
| AUGTYRO ORAL CAPSULE 40 MG | 5 | PA; QL (180 EA per 30 days) |

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| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| AYVAKIT | 5 | PA; QL (30 EA per 30 days) |
| BALVERSA ORAL TABLET 3 MG | 5 | PA; QL (90 EA per 30 days) |
| BALVERSA ORAL TABLET 4 MG | 5 | PA; QL (60 EA per 30 days) |
| BALVERSA ORAL TABLET 5 MG | 5 | PA; QL (30 EA per 30 days) |
| BOSULIF ORAL CAPSULE 100 MG | 5 | PA; QL (180 EA per 30 days) |
| BOSULIF ORAL CAPSULE 50 MG | 5 | PA; QL (30 EA per 30 days) |
| BOSULIF ORAL TABLET 100 MG | 5 | PA; QL (120 EA per 30 days) |
| BOSULIF ORAL TABLET 500 MG | 5 | PA; QL (30 EA per 30 days) |
| *bosutinib oral tablet 100 mg* | 5 | PA; QL (120 EA per 30 days) |
| *bosutinib oral tablet 400 mg, 500 mg* | 5 | PA; QL (30 EA per 30 days) |
| BRAFTOVI ORAL CAPSULE 75 MG | 5 | PA |
| BRUKINSA ORAL TABLET | 5 | PA; QL (120 EA per 30 days) |
| CABOMETYX | 5 | PA; QL (30 EA per 30 days) |
| CALQUENCE ORAL TABLET | 5 | PA; QL (60 EA per 30 days) |
| CAPRELSA ORAL TABLET 100 MG | 5 | PA; QL (60 EA per 30 days); LA |
| CAPRELSA ORAL TABLET 300 MG | 5 | PA; QL (30 EA per 30 days); LA |
| CAVHANZA | 5 | PA; QL (120 EA per 30 days) |
| COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG | 5 | PA; QL (56 EA per 28 days) |
| COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG | 5 | PA; QL (112 EA per 28 days) |
| COMETRIQ (60 MG DAILY DOSE) | 5 | PA; QL (84 EA per 28 days) |
| COPIKTRA | 5 | PA; QL (60 EA per 30 days) |
| COTELLIC | 5 | PA; LA |
| DANZITEN | 5 | PA; QL (112 EA per 28 days) |
| *dasatinib oral tablet 100 mg, 50 mg, 70 mg, 80 mg* | 5 | PA; QL (60 EA per 30 days) |
| *dasatinib oral tablet 140 mg* | 5 | PA; QL (30 EA per 30 days) |
| *dasatinib oral tablet 20 mg* | 5 | PA; QL (90 EA per 30 days) |
| DAURISMO | 5 | PA; QL (30 EA per 30 days) |
| ENSACOVE | 5 | PA; QL (60 EA per 30 days) |
| ERIVEDGE | 5 | PA; LA |
| *erlotinib hcl oral tablet 100 mg, 150 mg* | 5 | PA; QL (30 EA per 30 days) |
| *erlotinib hcl oral tablet 25 mg* | 5 | PA; QL (90 EA per 30 days) |
| *everolimus oral tablet 10 mg* | 5 | PA; QL (30 EA per 30 days) |
| *everolimus oral tablet soluble 3 mg, 5 mg* | 5 | PA |
| FOTIVDA | 5 | PA; QL (30 EA per 30 days) |
| FRUZAQLA ORAL CAPSULE 1 MG | 5 | PA; QL (84 EA per 28 days) |

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| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| FRUZAQLA ORAL CAPSULE 5 MG | 5 | PA; QL (21 EA per 28 days) |
| *gefitinib* | 5 | PA |
| GILOTRIF | 5 | PA; QL (30 EA per 30 days) |
| GOMEKLI | 5 | PA |
| HERNEXEOS | 5 | PA; QL (90 EA per 30 days) |
| HYRNUO | 5 | PA; QL (120 EA per 30 days) |
| IBRANCE | 5 | PA; QL (21 EA per 28 days) |
| IBTROZI | 5 | PA; QL (90 EA per 30 days) |
| ICLUSIG | 5 | PA; QL (30 EA per 30 days) |
| *imatinib mesylate oral tablet 100 mg* | 5 | PA; QL (180 EA per 30 days) |
| *imatinib mesylate oral tablet 400 mg* | 5 | PA; QL (60 EA per 30 days) |
| IMBRUVICA ORAL CAPSULE | 5 | PA; QL (30 EA per 30 days) |
| IMBRUVICA ORAL SUSPENSION | 5 | PA; QL (216 ML per 30 days) |
| IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG | 5 | PA; QL (30 EA per 30 days) |
| *imkeldi* | 5 | PA; QL (280 ML per 28 days) |
| INLYTA | 5 | PA; QL (180 EA per 30 days); LA |
| INREBIC | 5 | PA; QL (120 EA per 30 days) |
| ITOVEBI ORAL TABLET 3 MG | 5 | PA; QL (56 EA per 28 days) |
| ITOVEBI ORAL TABLET 9 MG | 5 | PA; QL (28 EA per 28 days) |
| JAKAFI | 5 | PA; QL (60 EA per 30 days); LA |
| JAYPIRCA | 5 | PA; QL (60 EA per 30 days) |
| JIDEYTRO | 5 | PA; QL (30 EA per 30 days) |
| KISQALI (200 MG DOSE) | 5 | PA; QL (63 EA per 28 days) |
| KISQALI (400 MG DOSE) | 5 | PA; QL (63 EA per 28 days) |
| KISQALI (600 MG DOSE) | 5 | PA; QL (63 EA per 28 days) |
| KOMZIFTI | 5 | PA; QL (90 EA per 30 days) |
| KOSELUGO | 5 | PA |
| *lapatinib ditosylate* | 5 | PA |
| LAZCLUZE ORAL TABLET 240 MG | 5 | PA; QL (30 EA per 30 days) |
| LAZCLUZE ORAL TABLET 80 MG | 5 | PA; QL (60 EA per 30 days) |
| LENVIMA (10 MG DAILY DOSE) | 5 | PA; QL (30 EA per 30 days); LA |
| LENVIMA (12 MG DAILY DOSE) | 5 | PA; QL (90 EA per 30 days); LA |
| LENVIMA (14 MG DAILY DOSE) | 5 | PA; QL (60 EA per 30 days); LA |
| LENVIMA (18 MG DAILY DOSE) | 5 | PA; QL (105 EA per 30 days); LA |
| LENVIMA (20 MG DAILY DOSE) | 5 | PA; QL (60 EA per 30 days); LA |
| LENVIMA (24 MG DAILY DOSE) | 5 | PA; QL (90 EA per 30 days); LA |
| LENVIMA (4 MG DAILY DOSE) | 5 | PA; QL (30 EA per 30 days); LA |

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| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| LENVIMA (8 MG DAILY DOSE) | 5 | PA; QL (70 EA per 30 days); LA |
| LIFYORLI (125 MG DOSE) | 5 | PA; QL (18 EA per 28 days) |
| LIFYORLI (150 MG DOSE) | 5 | PA; QL (27 EA per 28 days) |
| LORBRENA | 5 | PA |
| LYTGOBI (12 MG DAILY DOSE) | 5 | PA; QL (140 EA per 28 days); LA |
| LYTGOBI (16 MG DAILY DOSE) | 5 | PA; QL (140 EA per 28 days); LA |
| LYTGOBI (20 MG DAILY DOSE) | 5 | PA; QL (140 EA per 28 days); LA |
| MEKINIST ORAL SOLUTION RECONSTITUTED | 5 | PA; QL (1170 ML per 28 days) |
| MEKINIST ORAL TABLET 0.5 MG | 5 | PA; QL (90 EA per 30 days) |
| MEKINIST ORAL TABLET 2 MG | 5 | PA; QL (30 EA per 30 days) |
| MEKTOVI | 5 | PA |
| MODEYSO | 5 | PA; QL (20 EA per 28 days) |
| NERLYNX | 5 | PA; QL (180 EA per 30 days) |
| *nilotinib hcl* | 5 | PA; QL (120 EA per 30 days) |
| NINLARO | 5 | PA; QL (3 EA per 28 days) |
| ODOMZO | 5 | PA; QL (30 EA per 30 days); LA |
| OJEMDA ORAL SUSPENSION RECONSTITUTED | 5 | PA; QL (96 ML per 28 days) |
| OJEMDA ORAL TABLET 100 MG | 5 | PA; QL (20 EA per 28 days) |
| OJEMDA ORAL TABLET 100 MG (16 PACK) | 5 | PA; QL (16 EA per 28 days) |
| OJEMDA ORAL TABLET 100 MG (24 PACK) | 5 | PA; QL (24 EA per 28 days) |
| *pazopanib hcl oral tablet 200 mg* | 5 | PA; QL (120 EA per 30 days) |
| *pazopanib hcl oral tablet 400 mg* | 5 | PA; QL (60 EA per 30 days) |
| PEMAZYRE | 5 | PA; QL (14 EA per 21 days) |
| PIQRAY (200 MG DAILY DOSE) | 5 | PA; QL (28 EA per 28 days) |
| PIQRAY (250 MG DAILY DOSE) | 5 | PA; QL (56 EA per 28 days) |
| PIQRAY (300 MG DAILY DOSE) | 5 | PA; QL (56 EA per 28 days) |
| QINLOCK | 5 | PA; QL (90 EA per 30 days) |
| REVUFORJ ORAL TABLET 110 MG | 5 | PA; QL (120 EA per 30 days) |
| REVUFORJ ORAL TABLET 160 MG | 5 | PA; QL (60 EA per 30 days) |
| REVUFORJ ORAL TABLET 25 MG | 5 | PA; QL (240 EA per 30 days) |
| REZLIDHIA | 5 | PA; QL (60 EA per 30 days) |
| ROMVIMZA | 5 | PA; QL (8 EA per 28 days) |
| ROZLYTREK ORAL CAPSULE 100 MG | 5 | PA; QL (150 EA per 30 days) |
| ROZLYTREK ORAL CAPSULE 200 MG | 5 | PA; QL (90 EA per 30 days) |
| ROZLYTREK ORAL PACKET | 5 | PA; QL (336 EA per 28 days) |
| RUBRACA | 5 | PA; QL (120 EA per 30 days) |
| RYDAPT | 5 | PA; QL (224 EA per 28 days) |

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| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| SCEMBLIX ORAL TABLET 100 MG | 5 | PA; QL (120 EA per 30 days) |
| SCEMBLIX ORAL TABLET 20 MG | 5 | PA; QL (60 EA per 30 days) |
| SCEMBLIX ORAL TABLET 40 MG | 5 | PA; QL (240 EA per 30 days) |
| *sorafenib tosylate* | 5 | PA |
| STIVARGA | 5 | PA; QL (84 EA per 28 days); LA |
| *sunitinib malate* | 5 | PA; QL (30 EA per 30 days) |
| TABRECTA | 5 | PA; QL (120 EA per 30 days) |
| TAFINLAR ORAL CAPSULE | 5 | PA; QL (120 EA per 30 days) |
| TAFINLAR ORAL TABLET SOLUBLE | 5 | PA; QL (840 EA per 28 days) |
| TAGRISSO | 5 | PA; QL (30 EA per 30 days); LA |
| TALZENNA | 5 | PA; QL (30 EA per 30 days) |
| TEPMETKO | 5 | PA; QL (60 EA per 30 days) |
| TIBSOVO | 5 | PA; QL (60 EA per 30 days) |
| TRUQAP ORAL TABLET 200 MG | 5 | PA; QL (64 EA per 28 days) |
| TRUQAP ORAL TABLET THERAPY PACK 160 MG | 5 | PA; QL (64 EA per 28 days) |
| TURALIO ORAL CAPSULE 125 MG | 5 | PA; QL (120 EA per 30 days) |
| VANFLYTA | 5 | PA |
| VENCLEXTA ORAL TABLET 10 MG | 3 | PA |
| VENCLEXTA ORAL TABLET 100 MG, 50 MG | 5 | PA |
| VENCLEXTA STARTING PACK | 5 | PA |
| VERZENIO | 5 | PA; QL (60 EA per 30 days) |
| VITRAKVI ORAL CAPSULE 100 MG | 5 | PA; QL (60 EA per 30 days) |
| VITRAKVI ORAL CAPSULE 25 MG | 5 | PA; QL (90 EA per 30 days) |
| VITRAKVI ORAL SOLUTION | 5 | PA; QL (300 ML per 30 days) |
| VONJO | 5 | PA; QL (120 EA per 30 days) |
| XALKORI ORAL CAPSULE | 5 | PA; QL (120 EA per 30 days); LA |
| XALKORI ORAL CAPSULE SPRINKLE 150 MG | 5 | PA; QL (180 EA per 30 days); LA |
| XALKORI ORAL CAPSULE SPRINKLE 20 MG, 50 MG | 5 | PA; QL (120 EA per 30 days); LA |
| XOSPATA | 5 | PA; QL (90 EA per 30 days) |
| ZEJULA ORAL TABLET | 5 | PA; QL (30 EA per 30 days) |
| ZELBORAF | 5 | PA; QL (240 EA per 30 days); LA |
| ZYKADIA ORAL TABLET | 5 | PA |
| ***Retinoids*** | | |
| *bexarotene external* | 5 | PA; QL (60 GM per 30 days) |
| *bexarotene oral* | 5 | PA |
| *tretinoin oral* | 5 | PA |

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This formulary was updated on 10/5/2026.

| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| ***Treatment Adjuncts*** | | |
| *leucovorin calcium oral* | 2 | |
| *mesna oral* | 4 | |
| **Antiparasitics** | | |
| ***Anthelmintics*** | | |
| *albendazole oral* | 4 | |
| *ivermectin oral tablet 3 mg* | 3 | NE |
| *praziquantel oral* | 4 | |
| ***Antiprotozoals*** | | |
| *atovaquone oral* | 4 | |
| *atovaquone-proguanil hcl* | 4 | |
| *chloroquine phosphate oral* | 4 | |
| COARTEM | 4 | QL (24 EA per 30 days) |
| *hydroxychloroquine sulfate oral tablet 200 mg* | 2 | |
| IMPAVIDO | 5 | PA; QL (84 EA per 28 days) |
| *mefloquine hcl* | 2 | |
| *nitazoxanide oral* | 5 | |
| *pentamidine isethionate inhalation* | 4 | B/D |
| *pentamidine isethionate injection* | 4 | |
| *primaquine phosphate oral tablet 26.3 (15 base) mg* | 4 | |
| *pyrimethamine oral* | 5 | |
| *quinine sulfate oral* | 4 | |
| **Antiparkinson Agents** | | |
| ***Anticholinergics*** | | |
| *benztropine mesylate oral* | 4 | |
| *trihexyphenidyl hcl oral tablet* | 3 | |
| ***Antiparkinson Agents, Other*** | | |
| *amantadine hcl oral capsule* | 2 | |
| *amantadine hcl oral solution 50 mg/5ml* | 4 | |
| *amantadine hcl oral tablet* | 4 | |
| *carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg* | 4 | |
| *entacapone* | 4 | |
| ***Dopamine Agonists*** | | |
| *bromocriptine mesylate oral* | 4 | |

Note: Tier 5 drugs are 30-day supply only. You can find information on what the symbols and abbreviations on this table mean starting on page 9.

This formulary was updated on 10/5/2026.

| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| *pramipexole dihydrochloride* | 2 | |
| *ropinirole hcl* | 2 | |
| *ropinirole hcl er* | 4 | |
| ***Dopamine Precursors And/Or L-Amino Acid Decarboxylase Inhibitors*** | | |
| *carbidopa oral* | 3 | |
| *carbidopa-levodopa* | 2 | |
| *carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg* | 2 | |
| ***Monoamine Oxidase B (Mao-B) Inhibitors*** | | |
| *rasagiline mesylate oral* | 4 | |
| *selegiline hcl oral* | 2 | |
| **Antipsychotics** | | |
| ***1St Generation/Typical*** | | |
| *chlorpromazine hcl oral* | 4 | |
| *fluphenazine decanoate injection* | 4 | |
| *fluphenazine hcl injection* | 4 | |
| *fluphenazine hcl oral* | 4 | |
| *haloperidol decanoate intramuscular* | 4 | |
| *haloperidol lactate injection* | 2 | |
| *haloperidol lactate oral concentrate 2 mg/ml* | 2 | |
| *haloperidol oral* | 2 | |
| *loxapine succinate oral* | 2 | |
| *molindone hcl* | 4 | |
| *perphenazine oral* | 4 | |
| *pimozide* | 4 | |
| *thioridazine hcl oral* | 4 | |
| *thiothixene oral* | 4 | |
| *trifluoperazine hcl oral* | 4 | |
| ***2Nd Generation/Atypical*** | | |
| *abilify asimtufii intramuscular prefilled syringe 720 mg/2.4ml* | 5 | QL (2.4 ML per 56 days) |
| *abilify asimtufii intramuscular prefilled syringe 960 mg/3.2ml* | 5 | QL (3.2 ML per 56 days) |
| ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE | 5 | QL (1 EA per 30 days) |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER | 5 | QL (1 EA per 30 days) |
| *aripiprazole oral solution* | 4 | PA; QL (750 ML per 30 days) |

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This formulary was updated on 10/5/2026.

| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| *aripiprazole oral tablet* | 2 | QL (30 EA per 30 days) |
| *aripiprazole oral tablet dispersible* | 4 | PA; QL (60 EA per 30 days) |
| *asenapine maleate* | 4 | PA; QL (60 EA per 30 days) |
| BYSANTI | 5 | PA; QL (60 EA per 30 days) |
| BYSANTI TITRATION PACK A | 5 | PA; QL (8 EA per 30 days) |
| BYSANTI TITRATION PACK B | 5 | PA; QL (12 EA per 30 days) |
| BYSANTI TITRATION PACK C | 5 | PA; QL (8 EA per 30 days) |
| CAPLYTA | 5 | PA; QL (30 EA per 30 days) |
| COBENFY | 5 | PA; QL (60 EA per 30 days) |
| COBENFY STARTER PACK | 5 | PA; QL (56 EA per 28 days) |
| FANAPT | 5 | PA; QL (60 EA per 30 days) |
| FANAPT TITRATION PACK A | 4 | PA |
| FANAPT TITRATION PACK B ORAL TABLET | 4 | PA |
| FANAPT TITRATION PACK C ORAL TABLET | 4 | PA |
| INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML | 5 | QL (3.5 ML per 180 days) |
| INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML | 5 | QL (5 ML per 180 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML | 5 | QL (0.75 ML per 30 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML | 5 | QL (1 ML per 30 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML | 5 | QL (1.5 ML per 30 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML | 4 | QL (0.25 ML per 30 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML | 5 | QL (0.5 ML per 30 days) |
| INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML | 5 | QL (0.88 ML per 90 days) |
| INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML | 5 | QL (1.32 ML per 90 days) |

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This formulary was updated on 10/5/2026.

| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML | 5 | QL (1.75 ML per 90 days) |
| INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML | 5 | QL (2.63 ML per 90 days) |
| *lurasidone hcl* | 4 | QL (30 EA per 30 days) |
| LYBALVI | 5 | PA; QL (30 EA per 30 days) |
| NUPLAZID ORAL CAPSULE | 5 | PA; QL (30 EA per 30 days) |
| NUPLAZID ORAL TABLET 10 MG | 5 | PA; QL (30 EA per 30 days) |
| *olanzapine intramuscular* | 4 | QL (30 EA per 30 days) |
| *olanzapine oral tablet 10 mg, 2.5 mg, 5 mg* | 2 | QL (60 EA per 30 days) |
| *olanzapine oral tablet 15 mg, 20 mg, 7.5 mg* | 2 | QL (30 EA per 30 days) |
| *olanzapine oral tablet dispersible* | 4 | QL (30 EA per 30 days) |
| OPIPZA ORAL FILM 10 MG | 5 | PA; QL (90 EA per 30 days) |
| OPIPZA ORAL FILM 2 MG | 5 | PA; QL (30 EA per 30 days) |
| OPIPZA ORAL FILM 5 MG | 5 | PA; QL (120 EA per 30 days) |
| *paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg* | 4 | ST; QL (30 EA per 30 days) |
| *paliperidone er oral tablet extended release 24 hour 6 mg* | 4 | ST; QL (60 EA per 30 days) |
| *quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 50 mg* | 2 | QL (30 EA per 30 days) |
| *quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg* | 2 | QL (60 EA per 30 days) |
| *quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg* | 2 | |
| REXULTI | 5 | PA; QL (30 EA per 30 days) |
| *risperidone er intramuscular suspension reconstituted er 12.5 mg* | 4 | QL (2 EA per 28 days) |
| *risperidone er intramuscular suspension reconstituted er 25 mg, 37.5 mg, 50 mg* | 5 | QL (2 EA per 28 days) |
| *risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg* | 4 | QL (2 EA per 28 days) |
| *risperidone microspheres er intramuscular suspension reconstituted er 37.5 mg, 50 mg* | 5 | QL (2 EA per 28 days) |
| *risperidone oral solution 1 mg/ml* | 2 | |
| *risperidone oral tablet* | 2 | |
| *risperidone oral tablet dispersible* | 4 | |
| SECUADO | 5 | PA; QL (30 EA per 30 days) |
| VRAYLAR ORAL CAPSULE | 3 | PA; QL (30 EA per 30 days) |

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This formulary was updated on 10/5/2026.

| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| *ziprasidone hcl* | 4 | QL (60 EA per 30 days) |
| *ziprasidone mesylate* | 4 | |
| ***Treatment-Resistant*** | | |
| *clozapine oral tablet* | 3 | |
| *clozapine oral tablet dispersible* | 4 | PA |
| VERSACLOZ | 5 | PA; QL (540 ML per 30 days) |
| **Antispasticity Agents** | | |
| ***Antispasticity Agents*** | | |
| *baclofen oral tablet 10 mg, 20 mg, 5 mg* | 2 | |
| *dantrolene sodium oral* | 4 | |
| *tizanidine hcl oral tablet* | 2 | |
| **Antivirals** | | |
| ***Anti-Cytomegalovirus (Cmv) Agents*** | | |
| LIVTENCITY | 5 | PA; QL (336 EA per 28 days) |
| PREVYMIS ORAL PACKET | 5 | PA; QL (120 EA per 30 days) |
| PREVYMIS ORAL TABLET | 5 | PA |
| *valganciclovir hcl oral solution reconstituted* | 5 | QL (1056 ML per 30 days) |
| *valganciclovir hcl oral tablet* | 3 | |
| ***Anti-Hepatitis B (Hbv) Agents*** | | |
| *adefovir dipivoxil* | 4 | |
| *entecavir* | 4 | |
| *lamivudine oral solution 10 mg/ml* | 4 | |
| *lamivudine oral tablet* | 3 | |
| ***Anti-Hepatitis C (Hcv) Agents*** | | |
| *ribavirin oral capsule* | 3 | |
| *ribavirin oral tablet 200 mg* | 3 | |
| *sofosbuvir-velpatasvir* | 5 | PA; QL (28 EA per 28 days) |
| VOSEVI | 5 | PA; QL (28 EA per 28 days) |
| ***Antiherpetic Agents*** | | |
| *acyclovir oral capsule* | 2 | |
| *acyclovir oral tablet* | 2 | |
| *acyclovir sodium intravenous solution* | 4 | B/D |
| *famciclovir oral* | 2 | |
| *valacyclovir hcl oral* | 2 | |
| ***Anti-Hiv Agents, Integrase Inhibitors (Insti)*** | | |
| BIKTARVY | 5 | QL (30 EA per 30 days) |
| DOVATO | 5 | QL (30 EA per 30 days) |

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This formulary was updated on 10/5/2026.

| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| GENVOYA | 5 | QL (30 EA per 30 days) |
| ISENTRESS HD | 5 | QL (60 EA per 30 days) |
| ISENTRESS ORAL PACKET | 5 | QL (300 EA per 30 days) |
| ISENTRESS ORAL TABLET | 5 | QL (120 EA per 30 days) |
| ISENTRESS ORAL TABLET CHEWABLE 100 MG | 5 | QL (180 EA per 30 days) |
| ISENTRESS ORAL TABLET CHEWABLE 25 MG | 4 | QL (180 EA per 30 days) |
| STRIBILD | 5 | QL (30 EA per 30 days) |
| SYMTUZA | 5 | QL (30 EA per 30 days) |
| TIVICAY ORAL TABLET 50 MG | 5 | QL (60 EA per 30 days) |
| TIVICAY PD | 4 | QL (180 EA per 30 days) |
| ***Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (Nnrti)*** | | |
| EDURANT PED | 5 | QL (180 EA per 30 days) |
| *efavirenz oral tablet* | 3 | |
| *emtricitab-rilpivir-tenofov df* | 5 | QL (30 EA per 30 days) |
| *etravirine* | 4 | |
| IDVYNSO | 5 | QL (30 EA per 30 days) |
| INTELENCE ORAL TABLET 25 MG | 3 | QL (120 EA per 30 days) |
| *nevirapine er oral tablet extended release 24 hour 400 mg* | 4 | QL (30 EA per 30 days) |
| *nevirapine oral suspension* | 4 | QL (1200 ML per 30 days) |
| *nevirapine oral tablet* | 4 | QL (60 EA per 30 days) |
| PIFELTRO | 5 | QL (30 EA per 30 days) |
| *rilpivirine hcl* | 5 | QL (30 EA per 30 days) |
| ***Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti)*** | | |
| *abacavir sulfate* | 4 | |
| *abacavir sulfate-lamivudine* | 4 | |
| CIMDUO | 5 | QL (30 EA per 30 days) |
| DELSTRIGO | 5 | QL (30 EA per 30 days) |
| DESCOVY | 5 | QL (30 EA per 30 days) |
| *efavirenz-emtricitab-tenofo df* | 4 | QL (30 EA per 30 days) |
| *efavirenz-lamivudine-tenofovir* | 5 | QL (30 EA per 30 days) |
| *emtricitabine* | 4 | |
| *emtricitabine-tenofovir df oral tablet 100-150 mg, 167-250 mg, 200-300 mg* | 4 | QL (30 EA per 30 days) |
| *emtricitabine-tenofovir df oral tablet 133-200 mg* | 5 | QL (30 EA per 30 days) |
| EMTRIVA ORAL SOLUTION | 4 | |

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This formulary was updated on 10/5/2026.

| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| JULUCA | 5 | QL (30 EA per 30 days) |
| *lamivudine-zidovudine* | 4 | |
| ODEFSEY | 5 | QL (30 EA per 30 days) |
| *tenofovir disoproxil fumarate* | 4 | |
| VIREAD ORAL POWDER | 5 | QL (240 GM per 30 days) |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG | 5 | QL (30 EA per 30 days) |
| *zidovudine oral capsule* | 4 | |
| *zidovudine oral syrup* | 4 | |
| *zidovudine oral tablet* | 3 | |
| ***Anti-Hiv Agents, Other*** | | |
| BIXLENVO | 5 | QL (30 EA per 30 days) |
| *maraviroc oral tablet 150 mg* | 5 | QL (60 EA per 30 days) |
| *maraviroc oral tablet 300 mg* | 5 | QL (120 EA per 30 days) |
| RUKOBIA | 5 | QL (60 EA per 30 days) |
| SUNLENCA ORAL TABLET | 5 | QL (8 EA per 365 days) |
| SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG | 5 | QL (8 EA per 365 days) |
| SUNLENCA ORAL TABLET THERAPY PACK 5 X 300 MG | 5 | QL (10 EA per 365 days) |
| SUNLENCA SUBCUTANEOUS | 5 | QL (3 ML per 180 days) |
| TRIUMEQ | 5 | QL (30 EA per 30 days) |
| *triumeq pd* | 4 | QL (180 EA per 30 days) |
| ***Anti-Hiv Agents, Protease Inhibitors*** | | |
| APTIVUS ORAL CAPSULE | 5 | |
| *atazanavir sulfate* | 4 | |
| *darunavir oral tablet 600 mg* | 4 | QL (60 EA per 30 days) |
| *darunavir oral tablet 800 mg* | 4 | QL (30 EA per 30 days) |
| EVOTAZ | 5 | QL (30 EA per 30 days) |
| *fosamprenavir calcium* | 4 | |
| *lopinavir-ritonavir oral tablet* | 4 | |
| PREZCOBIX | 5 | QL (30 EA per 30 days) |
| PREZISTA ORAL SUSPENSION | 5 | QL (400 ML per 30 days) |
| PREZISTA ORAL TABLET 150 MG | 4 | QL (240 EA per 30 days) |
| PREZISTA ORAL TABLET 75 MG | 4 | QL (480 EA per 30 days) |
| REYATAZ ORAL PACKET | 5 | |
| RITONAVIR | 3 | |
| VIRACEPT ORAL TABLET | 5 | |

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This formulary was updated on 10/5/2026.

| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| ***Anti-Influenza Agents*** | | |
| *oseltamivir phosphate oral capsule* | 3 | |
| *oseltamivir phosphate oral suspension reconstituted* | 4 | |
| RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT | 4 | |
| *rimantadine hcl* | 4 | |
| ***Antiviral, Coronavirus Agents*** | | |
| PAXLOVID (150/100) | 3 | QL (40 EA per 180 days) |
| PAXLOVID (300/100 & 150/100) | 3 | QL (22 EA per 180 days) |
| PAXLOVID (300/100) | 3 | QL (60 EA per 180 days) |
| **Anxiolytics** | | |
| ***Anxiolytics, Other*** | | |
| *buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg* | 2 | |
| *doxepin hcl oral capsule* | 4 | |
| *doxepin hcl oral concentrate* | 4 | |
| ***Benzodiazepines*** | | |
| *alprazolam oral tablet* | 4 | PA; QL (150 EA per 30 days) |
| *chlordiazepoxide hcl* | 4 | PA; QL (120 EA per 30 days) |
| *clonazepam oral tablet 0.5 mg, 1 mg* | 4 | PA; QL (90 EA per 30 days) |
| *clonazepam oral tablet 2 mg* | 4 | PA; QL (300 EA per 30 days) |
| *clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg* | 4 | PA; QL (90 EA per 30 days) |
| *clonazepam oral tablet dispersible 2 mg* | 4 | PA; QL (300 EA per 30 days) |
| *clorazepate dipotassium oral tablet 15 mg, 3.75 mg* | 4 | PA; QL (180 EA per 30 days) |
| *clorazepate dipotassium oral tablet 7.5 mg* | 4 | PA; QL (360 EA per 30 days) |
| DIAZEPAM INTENSOL | 4 | PA; QL (240 ML per 30 days) |
| *diazepam oral solution 5 mg/5ml* | 4 | PA; QL (1200 ML per 30 days) |
| *diazepam oral tablet* | 2 | PA; QL (120 EA per 30 days) |
| LORAZEPAM INTENSOL | 4 | PA; QL (150 ML per 30 days) |
| *lorazepam oral tablet* | 2 | PA; QL (150 EA per 30 days) |
| **Bipolar Agents** | | |
| ***Mood Stabilizers*** | | |
| *carbamazepine er oral capsule extended release 12 hour* | 3 | |
| *divalproex sodium er oral tablet extended release 24 hour* | 2 | |

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This formulary was updated on 10/5/2026.

| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| *divalproex sodium oral capsule delayed release sprinkle* | 2 | |
| *divalproex sodium oral tablet delayed release* | 2 | |
| *lithium* | 4 | |
| *lithium carbonate er* | 2 | |
| *lithium carbonate oral* | 1 | |
| **Blood Glucose Regulators** | | |
| ***Antidiabetic Agents*** | | |
| *acarbose oral* | 2 | |
| *dapagliflozin base-metformin er oral tablet extended release 24 hour 10-1000 mg, 10-500 mg, 5-500 mg* | 3 | QL (30 EA per 30 days) |
| *dapagliflozin base-metformin er oral tablet extended release 24 hour 5-1000 mg* | 3 | QL (60 EA per 30 days) |
| *dapagliflozin* | 1 | QL (30 EA per 30 days) |
| FARXIGA | 3 | PA; QL (30 EA per 30 days) |
| *glimepiride oral tablet 1 mg, 2 mg, 4 mg* | 1 | |
| *glipizide er* | 1 | |
| *glipizide oral tablet 10 mg, 5 mg* | 1 | |
| *glipizide-metformin hcl* | 1 | |
| GVOKE HYPOPEN 2-PACK | 3 | |
| GVOKE KIT | 3 | |
| GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML | 3 | |
| JARDIANCE | 3 | PA; QL (30 EA per 30 days) |
| *metformin hcl er* | 1 | |
| *metformin hcl oral tablet 1000 mg, 500 mg, 850 mg* | 1 | |
| MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; QL (2 ML per 28 days) |
| *nateglinide* | 2 | |
| OZEMPIC | 3 | PA; QL (30 EA per 30 days); NE |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML | 3 | PA; QL (3 ML per 28 days) |
| OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML | 3 | PA; QL (3 ML per 28 days) |
| OZEMPIC (2 MG/DOSE) | 3 | PA; QL (3 ML per 28 days) |
| *pioglitazone hcl* | 1 | |
| *repaglinide* | 1 | |

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| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| *sitaglip phos-metformin hcl er oral tablet extended release 24 hour 100-1000 mg* | 3 | QL (30 EA per 30 days) |
| *sitaglip phos-metformin hcl er oral tablet extended release 24 hour 50-1000 mg, 50-500 mg* | 3 | QL (60 EA per 30 days) |
| *sitagliptin phos-metformin hcl* | 3 | QL (60 EA per 30 days) |
| *sitagliptin phosphate* | 3 | QL (30 EA per 30 days) |
| SYNJARDY | 3 | PA; QL (60 EA per 30 days) |
| SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG | 3 | PA; QL (30 EA per 30 days) |
| SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG | 3 | PA; QL (60 EA per 30 days) |
| TRADJENTA | 3 | QL (30 EA per 30 days) |
| TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; QL (2 ML per 28 days) |
| ***Glycemic Agents*** | | |
| BAQSIMI ONE PACK | 3 | |
| BAQSIMI TWO PACK | 3 | |
| *diazoxide oral* | 5 | |
| *glucagon emergency injection kit* | 3 | |
| *glucagon emergency injection solution reconstituted 1 mg* | 3 | |
| *mifepristone oral tablet 300 mg* | 5 | PA; QL (120 EA per 30 days) |
| ***Insulins*** | | |
| *assure id insulin safety syr 29g x 1/2" 1 ml* | 1 | PA |
| *bd autoshield duo* | 1 | PA |
| *bd pen needle 29g x 12mm* | 1 | PA |
| *bd pen needle micro u/f* | 1 | PA |
| *bd pen needle micro ultrafine* | 1 | PA |
| *bd pen needle mini u/f* | 1 | PA |
| *bd pen needle mini ultrafine* | 1 | PA |
| *bd pen needle nano 2nd gen* | 1 | PA |
| *bd pen needle nano u/f* | 1 | PA |
| *bd pen needle nano ultrafine* | 1 | PA |
| *bd pen needle orig ultrafine* | 1 | PA |
| *bd pen needle original u/f* | 1 | PA |
| *bd pen needle short u/f* | 1 | PA |
| *bd pen needle short ultrafine* | 1 | PA |
| *comfort assist insulin syringe 29g x 1/2" 1 ml* | 1 | PA |

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| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| *cvs gauze sterile pad 2"x2"* | 3 | PA |
| *embecta autoshield duo* | 1 | PA |
| *embecta pen needle nano* | 1 | PA |
| *embecta pen needle nano 2 gen* | 1 | PA |
| *embecta pen needle ultrafine* | 1 | PA |
| HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR | 5 | |
| *insulin glargine-yfgn* | 3 | |
| *insulin lispro injection* | 3 | |
| KIRSTY | 3 | |
| MERILOG | 3 | |
| MERILOG SOLOSTAR | 3 | |
| *novofine pen needle* | 1 | PA |
| *novofine plus pen needle* | 1 | PA |
| NOVOLIN 70/30 | 3 | |
| NOVOLIN 70/30 FLEXPEN | 3 | |
| NOVOLIN N | 3 | |
| NOVOLIN N FLEXPEN | 3 | |
| NOVOLIN R | 3 | |
| NOVOLIN R FLEXPEN | 3 | |
| NOVOLOG 70/30 FLEXPEN RELION | 3 | |
| NOVOLOG MIX 70/30 | 3 | |
| NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | 3 | |
| NOVOLOG MIX 70/30 RELION | 3 | |
| *preferred plus insulin syringe 28g x 1/2" 0.5 ml* | 1 | PA |
| *reli-on insulin syringe 29g 0.3 ml* | 1 | PA |
| SOLIQUA | 3 | QL (15 ML per 25 days) |
| TOUJEO MAX SOLOSTAR | 3 | |
| TOUJEO SOLOSTAR | 3 | |
| V-GO 20 KIT 20 UNIT/24HR | 3 | |
| V-GO 30 KIT 30 UNIT/24HR | 3 | |
| V-GO 40 KIT 40 UNIT/24HR | 3 | |
| **Blood Products And Modifiers** | | |
| ***Anticoagulants*** | | |
| *dabigatran etexilate mesylate* | 3 | QL (60 EA per 30 days) |
| ELIQUIS | 3 | QL (74 EA per 30 days) |

Note: Tier 5 drugs are 30-day supply only. You can find information on what the symbols and abbreviations on this table mean starting on page 9.

This formulary was updated on 10/5/2026.

| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| ELIQUIS (1.5 MG PACK) | 3 | QL (222 EA per 30 days) |
| ELIQUIS (2 MG PACK) | 3 | QL (592 EA per 30 days) |
| ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK | 3 | QL (74 EA per 30 days) |
| *enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml* | 4 | QL (60 ML per 30 days) |
| *enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml* | 4 | QL (48 ML per 30 days) |
| *enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml* | 4 | QL (18 ML per 30 days) |
| *enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml* | 4 | QL (24 ML per 30 days) |
| *enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml* | 4 | QL (36 ML per 30 days) |
| *fondaparinux sodium subcutaneous solution 10 mg/0.8ml* | 5 | QL (24 ML per 30 days) |
| *fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml* | 4 | QL (15 ML per 30 days) |
| *fondaparinux sodium subcutaneous solution 5 mg/0.4ml* | 5 | QL (12 ML per 30 days) |
| *fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml* | 5 | QL (18 ML per 30 days) |
| *heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml* | 3 | HI |
| *jantoven* | 1 | |
| *rivaroxaban oral tablet* | 4 | QL (60 EA per 30 days) |
| *warfarin sodium oral* | 1 | |
| XARELTO ORAL SUSPENSION RECONSTITUTED | 3 | QL (620 ML per 30 days) |
| XARELTO ORAL TABLET 10 MG, 20 MG | 3 | QL (30 EA per 30 days) |
| XARELTO ORAL TABLET 15 MG, 2.5 MG | 3 | QL (60 EA per 30 days) |
| XARELTO STARTER PACK | 3 | QL (51 EA per 30 days) |
| ***Blood Products And Modifiers, Other*** | | |
| *anagrelide hcl* | 4 | |
| *eltrombopag olamine oral packet 12.5 mg* | 5 | PA; QL (30 EA per 30 days) |
| *eltrombopag olamine oral packet 25 mg* | 5 | PA; QL (180 EA per 30 days) |
| *eltrombopag olamine oral tablet 12.5 mg, 25 mg* | 5 | PA; QL (30 EA per 30 days) |
| *eltrombopag olamine oral tablet 50 mg, 75 mg* | 5 | PA; QL (60 EA per 30 days) |
| NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE | 5 | PA |

Note: Tier 5 drugs are 30-day supply only. You can find information on what the symbols and abbreviations on this table mean starting on page 9.

This formulary was updated on 10/5/2026.

| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| NYVEPRIA | 5 | |
| PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML | 3 | B/D |
| PROCRIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML | 5 | B/D |
| RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML | 3 | B/D |
| ***Hemostasis Agents*** | | |
| *tranexamic acid oral* | 3 | |
| ***Platelet Modifying Agents*** | | |
| *aspirin-dipyridamole er* | 4 | |
| *cilostazol* | 2 | |
| *clopidogrel bisulfate oral tablet 75 mg* | 1 | |
| *prasugrel hcl* | 3 | |
| *ticagrelor oral tablet 60 mg* | 3 | QL (60 EA per 30 days) |
| *ticagrelor oral tablet 90 mg* | 3 | QL (61 EA per 30 days) |
| **Cardiovascular Agents** | | |
| ***Alpha-Adrenergic Agonists*** | | |
| *clonidine* | 4 | |
| *clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg* | 1 | |
| *droxidopa oral capsule 100 mg* | 4 | PA |
| *droxidopa oral capsule 200 mg, 300 mg* | 5 | PA |
| *guanfacine hcl oral* | 4 | |
| *midodrine hcl* | 3 | |
| ***Alpha-Adrenergic Blocking Agents*** | | |
| *doxazosin mesylate oral* | 2 | |
| *prazosin hcl oral* | 2 | |
| *terazosin hcl oral* | 1 | |
| ***Angiotensin Ii Receptor Antagonists*** | | |
| *candesartan cilexetil oral tablet 16 mg* | 2 | QL (60 EA per 30 days) |
| *candesartan cilexetil oral tablet 32 mg* | 2 | QL (30 EA per 30 days) |
| *candesartan cilexetil oral tablet 4 mg* | 2 | QL (240 EA per 30 days) |
| *candesartan cilexetil oral tablet 8 mg* | 2 | QL (120 EA per 30 days) |
| *irbesartan oral tablet 150 mg* | 1 | QL (60 EA per 30 days) |
| *irbesartan oral tablet 300 mg* | 1 | QL (30 EA per 30 days) |
| *irbesartan oral tablet 75 mg* | 1 | QL (120 EA per 30 days) |

Note: Tier 5 drugs are 30-day supply only. You can find information on what the symbols and abbreviations on this table mean starting on page 9.

This formulary was updated on 10/5/2026.

| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| *losartan potassium oral tablet 100 mg, 50 mg* | 1 | QL (60 EA per 30 days) |
| *losartan potassium oral tablet 25 mg* | 1 | QL (90 EA per 30 days) |
| *olmesartan medoxomil oral tablet 20 mg* | 1 | QL (60 EA per 30 days) |
| *olmesartan medoxomil oral tablet 40 mg* | 1 | QL (30 EA per 30 days) |
| *olmesartan medoxomil oral tablet 5 mg* | 1 | QL (240 EA per 30 days) |
| *telmisartan oral tablet 20 mg* | 1 | QL (120 EA per 30 days) |
| *telmisartan oral tablet 40 mg* | 1 | QL (60 EA per 30 days) |
| *telmisartan oral tablet 80 mg* | 1 | QL (30 EA per 30 days) |
| *valsartan oral tablet 160 mg* | 1 | QL (60 EA per 30 days) |
| *valsartan oral tablet 320 mg* | 1 | QL (30 EA per 30 days) |
| *valsartan oral tablet 40 mg* | 1 | QL (240 EA per 30 days) |
| *valsartan oral tablet 80 mg* | 1 | QL (120 EA per 30 days) |
| ***Angiotensin-Converting Enzyme (Ace) Inhibitors*** | | |
| *benazepril hcl oral tablet 10 mg* | 1 | QL (240 EA per 30 days) |
| *benazepril hcl oral tablet 20 mg* | 1 | QL (120 EA per 30 days) |
| *benazepril hcl oral tablet 40 mg* | 1 | QL (60 EA per 30 days) |
| *benazepril hcl oral tablet 5 mg* | 1 | QL (480 EA per 30 days) |
| *captopril oral tablet 100 mg* | 2 | QL (135 EA per 30 days) |
| *captopril oral tablet 12.5 mg* | 2 | QL (1080 EA per 30 days) |
| *captopril oral tablet 25 mg* | 2 | QL (540 EA per 30 days) |
| *captopril oral tablet 50 mg* | 2 | QL (270 EA per 30 days) |
| *enalapril maleate oral tablet 10 mg* | 1 | QL (120 EA per 30 days) |
| *enalapril maleate oral tablet 2.5 mg* | 1 | QL (480 EA per 30 days) |
| *enalapril maleate oral tablet 20 mg* | 1 | QL (60 EA per 30 days) |
| *enalapril maleate oral tablet 5 mg* | 1 | QL (240 EA per 30 days) |
| *fosinopril sodium oral tablet 10 mg* | 1 | QL (240 EA per 30 days) |
| *fosinopril sodium oral tablet 20 mg* | 1 | QL (120 EA per 30 days) |
| *fosinopril sodium oral tablet 40 mg* | 1 | QL (60 EA per 30 days) |
| *lisinopril oral tablet 10 mg* | 1 | QL (120 EA per 30 days) |
| *lisinopril oral tablet 2.5 mg, 30 mg, 5 mg* | 1 | |
| *lisinopril oral tablet 20 mg, 40 mg* | 1 | QL (60 EA per 30 days) |
| *moexipril hcl oral tablet 15 mg* | 2 | QL (60 EA per 30 days) |
| *moexipril hcl oral tablet 7.5 mg* | 2 | QL (120 EA per 30 days) |
| *perindopril erbumine oral tablet 2 mg* | 1 | QL (240 EA per 30 days) |
| *perindopril erbumine oral tablet 4 mg* | 1 | QL (120 EA per 30 days) |
| *perindopril erbumine oral tablet 8 mg* | 1 | QL (60 EA per 30 days) |
| *quinapril hcl oral tablet 10 mg* | 1 | QL (240 EA per 30 days) |

Note: Tier 5 drugs are 30-day supply only. You can find information on what the symbols and abbreviations on this table mean starting on page 9.

This formulary was updated on 10/5/2026.

| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| *quinapril hcl oral tablet 20 mg* | 1 | QL (120 EA per 30 days) |
| *quinapril hcl oral tablet 40 mg* | 1 | QL (60 EA per 30 days) |
| *quinapril hcl oral tablet 5 mg* | 1 | QL (480 EA per 30 days) |
| *ramipril oral capsule 1.25 mg* | 1 | QL (480 EA per 30 days) |
| *ramipril oral capsule 10 mg* | 1 | |
| *ramipril oral capsule 2.5 mg* | 1 | QL (240 EA per 30 days) |
| *ramipril oral capsule 5 mg* | 1 | QL (120 EA per 30 days) |
| *trandolapril oral tablet 1 mg* | 1 | QL (240 EA per 30 days) |
| *trandolapril oral tablet 2 mg* | 1 | QL (120 EA per 30 days) |
| *trandolapril oral tablet 4 mg* | 1 | QL (60 EA per 30 days) |
| ***Antiarrhythmics*** | | |
| *amiodarone hcl oral tablet 200 mg* | 2 | |
| *disopyramide phosphate oral* | 4 | |
| *dofetilide* | 4 | |
| *flecainide acetate* | 2 | |
| *mexiletine hcl oral* | 4 | |
| MULTAQ | 3 | |
| *pacerone oral tablet 200 mg* | 2 | |
| *propafenone hcl* | 2 | |
| *propafenone hcl er* | 4 | |
| *quinidine gluconate er* | 4 | |
| *quinidine sulfate oral* | 2 | |
| *sotalol hcl (af)* | 2 | |
| *sotalol hcl oral* | 2 | |
| ***Beta-Adrenergic Blocking Agents*** | | |
| *acebutolol hcl oral* | 2 | |
| *atenolol oral* | 1 | |
| *betaxolol hcl oral* | 2 | |
| *bisoprolol fumarate oral tablet 10 mg, 5 mg* | 2 | |
| *carvedilol* | 1 | |
| *labetalol hcl oral tablet 100 mg, 200 mg, 300 mg* | 2 | |
| *metoprolol succinate er* | 2 | |
| *metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg* | 1 | |
| *nadolol oral tablet 20 mg, 40 mg, 80 mg* | 3 | |
| *nebivolol hcl* | 2 | |
| *pindolol* | 3 | |
| *propranolol hcl er* | 2 | |

Note: Tier 5 drugs are 30-day supply only. You can find information on what the symbols and abbreviations on this table mean starting on page 9.

This formulary was updated on 10/5/2026.

| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| *propranolol hcl oral solution* | 4 | |
| *propranolol hcl oral tablet* | 1 | |
| *timolol maleate oral* | 4 | |
| ***Calcium Channel Blocking Agents, Dihydropyridines*** | | |
| *amlodipine besylate oral* | 1 | |
| *felodipine er* | 2 | |
| *nifedipine er* | 2 | |
| *nifedipine er osmotic release* | 2 | |
| *nimodipine oral capsule* | 4 | |
| ***Calcium Channel Blocking Agents, Nondihydropyridines*** | | |
| *cartia xt* | 2 | |
| *diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg* | 2 | |
| *diltiazem hcl er coated beads oral capsule extended release 24 hour* | 2 | |
| *diltiazem hcl er oral capsule extended release 12 hour* | 4 | |
| *diltiazem hcl oral* | 2 | |
| *dilt-xr* | 2 | |
| *verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg* | 4 | |
| *verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg* | 2 | |
| *verapamil hcl er oral tablet extended release* | 2 | |
| *verapamil hcl oral* | 1 | |
| ***Cardiovascular Agents, Other*** | | |
| *acetazolamide oral* | 2 | |
| *aliskiren fumarate* | 4 | |
| *amiloride-hydrochlorothiazide* | 2 | |
| *amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-40 mg* | 1 | QL (30 EA per 30 days) |
| *amlodipine besy-benazepril hcl oral capsule 2.5-10 mg* | 1 | QL (120 EA per 30 days) |
| *amlodipine besy-benazepril hcl oral capsule 5-10 mg, 5-20 mg* | 1 | QL (60 EA per 30 days) |
| *amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-320 mg* | 1 | QL (30 EA per 30 days) |

Note: Tier 5 drugs are 30-day supply only. You can find information on what the symbols and abbreviations on this table mean starting on page 9.

This formulary was updated on 10/5/2026.

| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| *amlodipine besylate-valsartan oral tablet 5-160 mg* | 1 | QL (60 EA per 30 days) |
| *amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-40 mg* | 1 | QL (30 EA per 30 days) |
| *amlodipine-olmesartan oral tablet 5-20 mg* | 1 | QL (60 EA per 30 days) |
| *atenolol-chlorthalidone* | 2 | |
| *benazepril-hydrochlorothiazide oral tablet 10-12.5 mg* | 1 | QL (60 EA per 30 days) |
| *benazepril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg* | 1 | QL (30 EA per 30 days) |
| *benazepril-hydrochlorothiazide oral tablet 5-6.25 mg* | 1 | QL (120 EA per 30 days) |
| *bisoprolol-hydrochlorothiazide* | 2 | |
| *candesartan cilexetil-hctz oral tablet 16-12.5 mg* | 2 | QL (60 EA per 30 days) |
| *candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg* | 2 | QL (30 EA per 30 days) |
| *digoxin oral solution* | 4 | |
| *digoxin oral tablet 125 mcg, 250 mcg* | 4 | |
| *enalapril-hydrochlorothiazide oral tablet 10-25 mg* | 1 | QL (60 EA per 30 days) |
| *enalapril-hydrochlorothiazide oral tablet 5-12.5 mg* | 1 | QL (120 EA per 30 days) |
| ENTRESTO ORAL CAPSULE SPRINKLE | 3 | QL (240 EA per 30 days) |
| FILSPARI ORAL TABLET 200 MG | 5 | PA; QL (30 EA per 30 days) |
| FILSPARI ORAL TABLET 400 MG | 5 | PA; QL (60 EA per 30 days) |
| *fosinopril sodium-hctz* | 1 | QL (120 EA per 30 days) |
| *irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg* | 1 | QL (60 EA per 30 days) |
| *irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg* | 1 | QL (30 EA per 30 days) |
| *ivabradine hcl* | 4 | |
| *lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg* | 1 | QL (120 EA per 30 days) |
| *lisinopril-hydrochlorothiazide oral tablet 20-25 mg* | 1 | QL (60 EA per 30 days) |
| *losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg* | 1 | QL (30 EA per 30 days) |
| *losartan potassium-hctz oral tablet 50-12.5 mg* | 1 | QL (60 EA per 30 days) |
| *metoprolol-hydrochlorothiazide* | 4 | |
| *metyrosine* | 5 | |
| *olmesartan medoxomil-hctz oral tablet 20-12.5 mg* | 1 | QL (60 EA per 30 days) |

Note: Tier 5 drugs are 30-day supply only. You can find information on what the symbols and abbreviations on this table mean starting on page 9.

This formulary was updated on 10/5/2026.

| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| *olmesartan medoxomil-hctz oral tablet 40-12.5 mg, 40-25 mg* | 1 | QL (30 EA per 30 days) |
| *olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg* | 2 | QL (60 EA per 30 days) |
| *olmesartan-amlodipine-hctz oral tablet 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg* | 2 | QL (30 EA per 30 days) |
| *pentoxifylline er* | 2 | |
| *quinapril-hydrochlorothiazide* | 1 | QL (60 EA per 30 days) |
| *ranolazine er* | 4 | |
| REDEMPLO | 5 | PA; QL (0.5 ML per 84 days) |
| *sacubitril-valsartan oral tablet 24-26 mg* | 3 | QL (180 EA per 30 days) |
| *sacubitril-valsartan oral tablet 49-51 mg, 97-103 mg* | 3 | QL (60 EA per 30 days) |
| *spironolactone-hctz* | 2 | |
| *triamterene-hctz oral capsule 37.5-25 mg* | 2 | |
| *triamterene-hctz oral tablet* | 2 | |
| *valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 80-12.5 mg* | 1 | QL (60 EA per 30 days) |
| *valsartan-hydrochlorothiazide oral tablet 160-25 mg, 320-12.5 mg, 320-25 mg* | 1 | QL (30 EA per 30 days) |
| VERQUVO | 4 | PA; QL (30 EA per 30 days) |
| WEGOVY ORAL | 3 | PA; QL (30 EA per 30 days) |
| WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML | 3 | PA; QL (2 ML per 28 days) |
| WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.7 MG/0.75ML, 2.4 MG/0.75ML | 3 | PA; QL (3 ML per 28 days) |
| ***Diuretics, Loop*** | | |
| *bumetanide oral* | 2 | |
| *ethacrynic acid oral* | 4 | |
| *furosemide injection* | 4 | HI |
| *furosemide oral solution 10 mg/ml* | 2 | |
| *furosemide oral solution 8 mg/ml* | 1 | |
| *furosemide oral tablet* | 1 | |
| *torsemide oral* | 2 | |
| ***Diuretics, Potassium-Sparing*** | | |
| *amiloride hcl oral* | 2 | |
| *eplerenone* | 4 | |
| KERENDIA | 4 | PA; QL (30 EA per 30 days) |

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This formulary was updated on 10/5/2026.

| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| *spironolactone oral tablet* | 1 | |
| ***Diuretics, Thiazide*** | | |
| *chlorthalidone oral tablet 25 mg, 50 mg* | 2 | |
| *hydrochlorothiazide oral* | 1 | |
| *indapamide oral* | 2 | |
| *metolazone* | 2 | |
| ***Dyslipidemics, Fibric Acid Derivatives*** | | |
| *fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg* | 2 | |
| *fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg* | 2 | |
| *fenofibric acid oral capsule delayed release* | 2 | |
| *gemfibrozil oral* | 1 | |
| ***Dyslipidemics, Hmg Coa Reductase Inhibitors*** | | |
| *atorvastatin calcium oral tablet 10 mg* | 1 | QL (240 EA per 30 days) |
| *atorvastatin calcium oral tablet 20 mg* | 1 | QL (120 EA per 30 days) |
| *atorvastatin calcium oral tablet 40 mg* | 1 | QL (60 EA per 30 days) |
| *atorvastatin calcium oral tablet 80 mg* | 1 | QL (30 EA per 30 days) |
| *fluvastatin sodium er* | 4 | QL (30 EA per 30 days) |
| *fluvastatin sodium oral capsule 20 mg* | 4 | QL (120 EA per 30 days) |
| *fluvastatin sodium oral capsule 40 mg* | 4 | QL (60 EA per 30 days) |
| *lovastatin oral tablet 10 mg, 20 mg* | 1 | QL (120 EA per 30 days) |
| *lovastatin oral tablet 40 mg* | 1 | QL (60 EA per 30 days) |
| *pravastatin sodium oral tablet 10 mg, 20 mg* | 1 | QL (120 EA per 30 days) |
| *pravastatin sodium oral tablet 40 mg* | 1 | QL (60 EA per 30 days) |
| *pravastatin sodium oral tablet 80 mg* | 1 | QL (30 EA per 30 days) |
| *rosuvastatin calcium oral tablet 10 mg, 5 mg* | 1 | QL (120 EA per 30 days) |
| *rosuvastatin calcium oral tablet 20 mg* | 1 | QL (60 EA per 30 days) |
| *rosuvastatin calcium oral tablet 40 mg* | 1 | QL (30 EA per 30 days) |
| *simvastatin oral tablet 10 mg, 20 mg, 5 mg* | 1 | QL (120 EA per 30 days) |
| *simvastatin oral tablet 40 mg* | 1 | QL (60 EA per 30 days) |
| *simvastatin oral tablet 80 mg* | 1 | QL (30 EA per 30 days) |
| ***Dyslipidemics, Other*** | | |
| *cholestyramine light oral packet* | 2 | |
| *cholestyramine oral packet* | 2 | |
| *colesevelam hcl* | 4 | |
| *colestipol hcl oral packet* | 4 | |
| *colestipol hcl oral tablet* | 4 | |

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This formulary was updated on 10/5/2026.

| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| *ezetimibe oral* | 2 | |
| *icosapent ethyl* | 4 | |
| NEXLETOL | 4 | PA; QL (30 EA per 30 days) |
| NEXLIZET | 4 | PA; QL (30 EA per 30 days) |
| *niacin er (antihyperlipidemic) oral tablet extended release 1000 mg* | 4 | QL (60 EA per 30 days) |
| *niacin er (antihyperlipidemic) oral tablet extended release 500 mg, 750 mg* | 4 | QL (30 EA per 30 days) |
| *omega-3-acid ethyl esters* | 2 | |
| PREVALITE ORAL PACKET | 4 | |
| REPATHA | 3 | PA; QL (2 ML per 28 days) |
| REPATHA PUSHTRONEX SYSTEM | 3 | PA; QL (3.5 ML per 30 days) |
| REPATHA SURECLICK | 3 | PA; QL (2 ML per 28 days) |
| ***Vasodilators, Direct-Acting Arterial/Venous*** | | |
| *isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg* | 2 | |
| *isosorbide mononitrate* | 2 | |
| *isosorbide mononitrate er* | 2 | |
| *nitroglycerin rectal* | 4 | QL (30 GM per 30 days) |
| *nitroglycerin sublingual* | 2 | |
| *nitroglycerin transdermal ointment* | 3 | |
| *nitroglycerin transdermal patch 24 hour* | 2 | |
| *nitroglycerin translingual solution* | 4 | |
| ***Vasodilators, Direct-Acting Arterial*** | | |
| *hydralazine hcl oral* | 2 | |
| *minoxidil oral* | 2 | |
| **Central Nervous System Agents** | | |
| ***Attention Deficit Hyperactivity Disorder Agents, Amphetamines*** | | |
| *amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg* | 4 | QL (30 EA per 30 days) |
| *amphetamine-dextroamphet er oral capsule extended release 24 hour 20 mg, 25 mg, 30 mg* | 4 | QL (60 EA per 30 days) |
| *amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 5 mg, 7.5 mg* | 3 | QL (120 EA per 30 days) |
| *amphetamine-dextroamphetamine oral tablet 20 mg* | 3 | QL (90 EA per 30 days) |
| *amphetamine-dextroamphetamine oral tablet 30 mg* | 3 | QL (60 EA per 30 days) |

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This formulary was updated on 10/5/2026.

| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| *dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg* | 4 | QL (60 EA per 30 days) |
| *dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg* | 4 | QL (120 EA per 30 days) |
| *dextroamphetamine sulfate oral tablet 10 mg* | 4 | QL (180 EA per 30 days) |
| *dextroamphetamine sulfate oral tablet 5 mg* | 4 | QL (60 EA per 30 days) |
| ***Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines*** | | |
| *atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg* | 3 | QL (60 EA per 30 days) |
| *atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg* | 3 | QL (30 EA per 30 days) |
| *clonidine hcl er oral tablet extended release 12 hour* | 4 | |
| *dexmethylphenidate hcl* | 4 | QL (60 EA per 30 days) |
| *dexmethylphenidate hcl er* | 4 | QL (30 EA per 30 days) |
| *guanfacine hcl er* | 4 | QL (30 EA per 30 days) |
| *methylphenidate hcl er (cd)* | 4 | QL (30 EA per 30 days) |
| *methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg* | 4 | QL (30 EA per 30 days) |
| *methylphenidate hcl er (osm) oral tablet extended release 18 mg, 54 mg* | 4 | QL (30 EA per 30 days) |
| *methylphenidate hcl er (osm) oral tablet extended release 27 mg, 36 mg* | 4 | QL (60 EA per 30 days) |
| *methylphenidate hcl er oral tablet extended release* | 4 | QL (90 EA per 30 days) |
| *methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 54 mg* | 4 | QL (30 EA per 30 days) |
| *methylphenidate hcl er oral tablet extended release 24 hour 27 mg, 36 mg* | 4 | QL (60 EA per 30 days) |
| *methylphenidate hcl oral solution 10 mg/5ml* | 4 | QL (1500 ML per 30 days) |
| *methylphenidate hcl oral solution 5 mg/5ml* | 4 | QL (3000 ML per 30 days) |
| *methylphenidate hcl oral tablet* | 4 | QL (90 EA per 30 days) |
| ***Central Nervous System, Other*** | | |
| AUSTEDO ORAL TABLET 12 MG, 9 MG | 5 | PA; QL (120 EA per 30 days) |
| AUSTEDO ORAL TABLET 6 MG | 5 | PA; QL (60 EA per 30 days) |
| AUSTEDO XR | 5 | PA; QL (30 EA per 30 days) |
| AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG | 5 | PA; QL (28 EA per 28 days) |
| *riluzole* | 3 | |

Note: Tier 5 drugs are 30-day supply only. You can find information on what the symbols and abbreviations on this table mean starting on page 9.

This formulary was updated on 10/5/2026.

| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| *tetrabenazine oral tablet 12.5 mg* | 4 | PA; QL (90 EA per 30 days) |
| *tetrabenazine oral tablet 25 mg* | 5 | PA; QL (120 EA per 30 days) |
| ***Fibromyalgia Agents*** | | |
| *duloxetine hcl oral capsule delayed release particles 20 mg* | 2 | QL (180 EA per 30 days) |
| *duloxetine hcl oral capsule delayed release particles 30 mg* | 2 | QL (120 EA per 30 days) |
| *duloxetine hcl oral capsule delayed release particles 60 mg* | 2 | QL (60 EA per 30 days) |
| *pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg* | 2 | QL (90 EA per 30 days) |
| *pregabalin oral capsule 225 mg, 300 mg* | 2 | QL (60 EA per 30 days) |
| *pregabalin oral solution* | 4 | QL (900 ML per 30 days) |
| ***Multiple Sclerosis Agents*** | | |
| AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT | 5 | PA; QL (4 EA per 28 days) |
| AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT | 5 | PA; QL (4 EA per 28 days) |
| BETASERON SUBCUTANEOUS KIT | 5 | PA; QL (15 EA per 30 days) |
| *dalfampridine er* | 3 | PA; QL (60 EA per 30 days) |
| *dimethyl fumarate oral* | 5 | PA; QL (60 EA per 30 days) |
| *dimethyl fumarate starter pack oral capsule delayed release therapy pack* | 3 | PA; QL (60 EA per 30 days) |
| *fingolimod hcl* | 5 | PA; QL (30 EA per 30 days) |
| *glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml* | 5 | PA; QL (30 ML per 30 days) |
| *glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml* | 5 | PA; QL (12 ML per 28 days) |
| GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML | 5 | PA; QL (30 ML per 30 days) |
| GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML | 5 | PA; QL (12 ML per 28 days) |
| PLEGRIDY | 5 | PA; QL (1 ML per 28 days) |
| PLEGRIDY STARTER PACK | 5 | PA; QL (1 ML per 28 days) |
| *teriflunomide* | 5 | PA; QL (30 EA per 30 days) |
| **Dental And Oral Agents** | | |
| ***Dental And Oral Agents*** | | |
| *cevimeline hcl* | 4 | |
| *chlorhexidine gluconate mouth/throat* | 2 | |
| *denta 5000 plus* | 2 | |

Note: Tier 5 drugs are 30-day supply only. You can find information on what the symbols and abbreviations on this table mean starting on page 9.

This formulary was updated on 10/5/2026.

| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| KOURZEQ | 2 | |
| *pilocarpine hcl oral* | 4 | |
| *sf* | 2 | |
| *sf 5000 plus* | 2 | |
| *sodium fluoride 5000 plus* | 2 | |
| *sodium fluoride 5000 ppm* | 2 | |
| *sodium fluoride dental cream* | 2 | |
| *sodium fluoride dental gel 1.1 %* | 2 | |
| *triamcinolone acetonide mouth/throat* | 2 | |
| **Dermatological Agents** | | |
| ***Acne And Rosacea Agents*** | | |
| *acitretin* | 4 | |
| AMNESTEEM | 4 | |
| *azelaic acid external* | 4 | QL (50 GM per 30 days) |
| CLARAVIS | 4 | |
| *clindamycin phos-benzoyl perox external gel 1-5 %* | 3 | |
| *isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg* | 4 | |
| *tazarotene external cream 0.1 %* | 4 | PA |
| *tretinoin external cream* | 4 | QL (45 GM per 30 days) |
| *tretinoin external gel 0.01 %, 0.025 %* | 4 | QL (45 GM per 30 days) |
| ***Dermatitis And Pruitus Agents*** | | |
| *alclometasone dipropionate* | 4 | |
| *ammonium lactate external* | 4 | |
| *betamethasone dipropionate aug external gel* | 4 | QL (50 GM per 30 days) |
| *betamethasone dipropionate aug external lotion* | 4 | QL (60 ML per 30 days) |
| *betamethasone dipropionate aug external ointment* | 4 | QL (50 GM per 30 days) |
| *betamethasone dipropionate external cream* | 4 | |
| *betamethasone dipropionate external lotion* | 4 | |
| *betamethasone valerate external cream* | 2 | |
| *betamethasone valerate external lotion* | 4 | QL (60 ML per 30 days) |
| *betamethasone valerate external ointment* | 4 | |
| *calcipotriene-betameth diprop external ointment* | 4 | |
| *calcipotriene-betameth diprop external suspension* | 4 | PA; QL (400 GM per 30 days) |
| *clobetasol propionate e* | 4 | QL (60 GM per 30 days) |

Note: Tier 5 drugs are 30-day supply only. You can find information on what the symbols and abbreviations on this table mean starting on page 9.

This formulary was updated on 10/5/2026.

| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| *clobetasol propionate external cream 0.05 %* | 4 | QL (60 GM per 30 days) |
| *clobetasol propionate external gel* | 4 | |
| *clobetasol propionate external lotion* | 4 | QL (118 ML per 30 days) |
| *clobetasol propionate external ointment* | 4 | QL (60 GM per 30 days) |
| *clobetasol propionate external shampoo* | 4 | QL (118 ML per 30 days) |
| *clobetasol propionate external solution* | 4 | QL (100 ML per 30 days) |
| *desonide external cream* | 4 | QL (120 GM per 30 days) |
| *desonide external ointment* | 4 | QL (120 GM per 30 days) |
| *desoximetasone external ointment 0.25 %* | 4 | QL (60 GM per 30 days) |
| *doxepin hcl external* | 4 | QL (90 GM per 365 days) |
| EUCRISA | 4 | PA; QL (60 GM per 30 days) |
| *fluocinolone acetonide external* | 4 | |
| *fluocinolone acetonide scalp* | 4 | |
| *fluocinonide emulsified base* | 4 | |
| *fluocinonide external cream 0.05 %* | 4 | |
| *fluocinonide external gel* | 4 | |
| *fluocinonide external ointment* | 4 | |
| *fluocinonide external solution* | 4 | QL (60 ML per 30 days) |
| *fluticasone propionate external cream* | 3 | |
| *fluticasone propionate external ointment* | 4 | |
| *halobetasol propionate external cream* | 4 | QL (50 GM per 30 days) |
| *halobetasol propionate external ointment* | 4 | QL (50 GM per 30 days) |
| *hydrocortisone (perianal) external cream 2.5 %* | 2 | |
| *hydrocortisone butyrate external cream* | 4 | |
| *hydrocortisone external cream 1 %* | 4 | |
| *hydrocortisone external cream 2.5 %* | 2 | |
| *hydrocortisone external lotion 2.5 %* | 2 | QL (236 ML per 30 days) |
| *hydrocortisone external ointment 2.5 %* | 2 | |
| *hydrocortisone valerate external cream* | 4 | QL (120 GM per 30 days) |
| *hydrocortisone valerate external ointment* | 4 | |
| *mometasone furoate external* | 2 | |
| *pimecrolimus* | 3 | QL (30 GM per 30 days) |
| *procto-med hc external* | 2 | |
| *proctosol hc external* | 2 | |
| PROCTOZONE-HC EXTERNAL | 2 | |
| *selenium sulfide external lotion* | 2 | |
| *tacrolimus external ointment* | 4 | QL (100 GM per 30 days) |

Note: Tier 5 drugs are 30-day supply only. You can find information on what the symbols and abbreviations on this table mean starting on page 9.

This formulary was updated on 10/5/2026.

| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| *triamcinolone acetonide external cream* | 2 | |
| *triamcinolone acetonide external lotion* | 2 | |
| *triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %* | 2 | |
| ***Dermatological Agents, Other*** | | |
| *calcipotriene external cream* | 3 | QL (120 GM per 30 days) |
| *calcipotriene external ointment* | 2 | QL (120 GM per 30 days) |
| *calcipotriene external solution* | 3 | QL (120 ML per 30 days) |
| *clotrimazole-betamethasone external cream* | 2 | QL (120 GM per 30 days) |
| *clotrimazole-betamethasone external lotion* | 4 | QL (120 ML per 30 days) |
| *fluorouracil external cream 5 %* | 2 | QL (40 GM per 30 days) |
| *fluorouracil external solution* | 2 | |
| *global alcohol prep ease* | 2 | PA |
| *imiquimod external cream 5 %* | 4 | |
| *nystatin-triamcinolone* | 2 | |
| PANRETIN | 5 | PA; QL (60 GM per 30 days) |
| *podofilox external solution* | 4 | |
| SANTYL | 4 | QL (60 GM per 30 days) |
| *silver sulfadiazine external* | 2 | |
| *ssd* | 2 | |
| ***Pediculicides/Scabicides*** | | |
| *ivermectin external cream* | 4 | QL (45 GM per 30 days); NE |
| *permethrin external cream* | 3 | QL (120 GM per 30 days) |
| ***Topical Anti-Infectives*** | | |
| *acyclovir external ointment* | 4 | QL (30 GM per 30 days) |
| *ciclopirox external gel* | 4 | QL (100 GM per 30 days) |
| *ciclopirox external shampoo* | 4 | QL (120 ML per 30 days) |
| *ciclopirox external solution* | 2 | QL (6.6 ML per 30 days) |
| *clindamycin phos (twice-daily)* | 3 | QL (60 GM per 30 days) |
| *clindamycin phosphate external gel* | 3 | QL (60 GM per 30 days) |
| *clindamycin phosphate external lotion* | 3 | QL (60 ML per 30 days) |
| *clindamycin phosphate external solution* | 3 | QL (60 ML per 30 days) |
| *erythromycin external gel* | 2 | |
| *erythromycin external solution* | 2 | |
| *mupirocin calcium* | 4 | QL (60 GM per 30 days) |
| *mupirocin external* | 2 | QL (44 GM per 30 days) |

Note: Tier 5 drugs are 30-day supply only. You can find information on what the symbols and abbreviations on this table mean starting on page 9.

This formulary was updated on 10/5/2026.

| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| **Electrolytes/Minerals/Metals/Vitamins** | | |
| ***Electrolyte/Mineral Replacement*** | | |
| *carglumic acid oral tablet soluble* | 5 | PA; LA |
| *kcl (0.149%) in nacl* | 4 | |
| *kcl (0.298%) in nacl* | 4 | |
| *kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.45 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%* | 4 | |
| *kcl-lactated ringers-d5w* | 4 | |
| KLOR-CON 10 | 2 | |
| KLOR-CON M10 | 2 | |
| KLOR-CON M15 | 2 | |
| KLOR-CON M20 | 2 | |
| KLOR-CON ORAL TABLET EXTENDED RELEASE | 2 | |
| KLOR-CON/EF | 2 | |
| *magnesium sulfate injection solution 50 %, 50 % (10ml syringe)* | 4 | HI |
| *potassium chloride crys er oral tablet extended release 10 meq, 20 meq* | 2 | |
| *potassium chloride er oral capsule extended release* | 2 | |
| *potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq* | 2 | |
| *potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%* | 4 | |
| *potassium chloride intravenous solution 10 meq/100ml, 2 meq/ml, 2 meq/ml (20 ml), 20 meq/100ml* | 4 | HI |
| *potassium chloride intravenous solution 40 meq/100ml* | 4 | |
| *potassium chloride oral packet 20 meq* | 4 | |
| *potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)* | 4 | |
| *potassium citrate er* | 2 | |
| *potassium cl in dextrose 5% intravenous solution 20 meq/l* | 4 | |
| *sodium chloride intravenous solution 0.45 %* | 4 | HI |
| *sodium chloride intravenous solution 0.9 %* | 3 | HI |
| *sodium chloride irrigation solution 0.9 %* | 4 | |

Note: Tier 5 drugs are 30-day supply only. You can find information on what the symbols and abbreviations on this table mean starting on page 9.

This formulary was updated on 10/5/2026.

| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| ***Electrolyte/Mineral/Metal Modifiers*** | | |
| *deferasirox oral tablet 180 mg, 360 mg* | 4 | |
| *deferasirox oral tablet 90 mg* | 3 | |
| *deferasirox oral tablet soluble 125 mg* | 4 | |
| *deferasirox oral tablet soluble 250 mg, 500 mg* | 5 | |
| *klor-con oral packet 20 meq* | 2 | |
| *penicillamine oral tablet* | 5 | PA |
| *potassium chloride crys er oral tablet extended release 15 meq* | 2 | |
| *tolvaptan (hyponatremia)* | 5 | PA; QL (120 EA per 30 days) |
| *tolvaptan oral tablet* | 5 | PA; QL (120 EA per 30 days) |
| *tolvaptan oral tablet therapy pack* | 5 | PA; QL (56 EA per 28 days) |
| *trientine hcl oral capsule 250 mg* | 5 | |
| ***Electrolytes/Minerals/Metals/Vitamins*** | | |
| CLINIMIX/DEXTROSE (4.25/10) | 4 | B/D |
| CLINIMIX/DEXTROSE (4.25/5) | 4 | B/D |
| CLINIMIX/DEXTROSE (5/15) | 4 | B/D |
| CLINIMIX/DEXTROSE (5/20) | 4 | B/D |
| *dextrose intravenous solution 10 %, 5 %* | 4 | |
| *dextrose-nacl intravenous solution 5-0.9 %* | 4 | |
| *dextrose-sodium chloride intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %* | 4 | |
| INTRALIPID | 4 | B/D |
| *levocarnitine oral solution* | 4 | |
| *levocarnitine oral tablet* | 4 | |
| PREMASOL INTRAVENOUS SOLUTION 10 % | 4 | B/D |
| TROPHAMINE INTRAVENOUS SOLUTION 10 % | 4 | B/D |
| ***Phosphate Binders*** | | |
| *calcium acetate (phos binder)* | 3 | |
| *sevelamer carbonate oral tablet* | 4 | |
| ***Potassium Binders*** | | |
| FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML | 5 | PA; QL (0.5 ML per 30 days) |
| LOKELMA ORAL PACKET 10 GM | 3 | QL (90 EA per 30 days) |
| LOKELMA ORAL PACKET 5 GM | 3 | QL (30 EA per 30 days) |
| *sodium polystyrene sulfonate combination* | 4 | |
| *sodium polystyrene sulfonate oral powder* | 2 | |

Note: Tier 5 drugs are 30-day supply only. You can find information on what the symbols and abbreviations on this table mean starting on page 9.

This formulary was updated on 10/5/2026.

| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| SPS (SODIUM POLYSTYRENE SULF) | 4 | |
| **Gastrointestinal Agents** | | |
| ***Anti-Constipation Agents*** | | |
| *constulose* | 2 | |
| *enulose* | 2 | |
| *gavilyte-c* | 2 | |
| *gavilyte-g* | 2 | |
| *generlac* | 2 | |
| *lactulose oral solution 10 gm/15ml* | 2 | |
| LINZESS | 3 | QL (30 EA per 30 days) |
| *lubiprostone* | 4 | |
| *na sulfate-k sulfate-mg sulf* | 4 | |
| *peg 3350-kcl-na bicarb-nacl* | 2 | |
| *peg-3350/electrolytes* | 2 | |
| *prucalopride succinate* | 3 | QL (30 EA per 30 days) |
| RELISTOR ORAL | 5 | PA; QL (90 EA per 30 days) |
| RELISTOR SUBCUTANEOUS | 5 | PA |
| ***Anti-Diarrheal Agents*** | | |
| *alosetron hcl oral tablet 0.5 mg* | 4 | QL (60 EA per 30 days) |
| *alosetron hcl oral tablet 1 mg* | 5 | QL (60 EA per 30 days) |
| *diphenoxylate-atropine oral liquid* | 4 | |
| *diphenoxylate-atropine oral tablet 2.5-0.025 mg* | 4 | |
| *loperamide hcl oral capsule* | 2 | |
| XERMELO | 5 | PA; QL (90 EA per 30 days) |
| ***Antispasmodics, Gastrointestinal*** | | |
| *dicyclomine hcl oral capsule* | 2 | |
| *dicyclomine hcl oral solution 10 mg/5ml* | 4 | |
| *dicyclomine hcl oral tablet 20 mg* | 2 | |
| *glycopyrrolate oral tablet 1 mg, 2 mg* | 2 | |
| *methscopolamine bromide oral* | 4 | |
| ***Gastrointestinal Agents, Other*** | | |
| *bismuth/metronidaz/tetracyclin* | 4 | |
| *famotidine oral tablet 20 mg, 40 mg* | 2 | |
| GAVILYTE-N WITH FLAVOR PACK | 2 | |
| *metoclopramide hcl oral solution 5 mg/5ml* | 4 | |
| *metoclopramide hcl oral tablet* | 1 | |
| REZDIFFRA | 5 | PA; QL (30 EA per 30 days) |

Note: Tier 5 drugs are 30-day supply only. You can find information on what the symbols and abbreviations on this table mean starting on page 9.

This formulary was updated on 10/5/2026.

| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| *ursodiol oral capsule 300 mg* | 3 | |
| *ursodiol oral tablet* | 3 | |
| VELSIPITY | 5 | PA; QL (30 EA per 30 days) |
| VOWST | 5 | PA; QL (12 EA per 3 days) |
| ***Protectants*** | | |
| *misoprostol oral* | 3 | |
| *sucralfate oral suspension* | 4 | |
| *sucralfate oral tablet* | 2 | |
| ***Proton Pump Inhibitors*** | | |
| *esomeprazole magnesium oral capsule delayed release* | 4 | |
| *lansoprazole oral capsule delayed release* | 3 | |
| *omeprazole magnesium oral capsule delayed release* | 1 | |
| *omeprazole oral capsule delayed release 10 mg, 40 mg* | 2 | |
| *omeprazole oral capsule delayed release 20 mg* | 1 | |
| *pantoprazole sodium oral tablet delayed release* | 1 | |
| *rabeprazole sodium oral tablet delayed release* | 4 | |
| **Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment** | | |
| ***Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment*** | | |
| *betaine* | 5 | LA |
| CREON | 3 | |
| *cromolyn sodium oral* | 4 | |
| CYSTAGON | 3 | LA |
| *dichlorphenamide* | 5 | PA |
| *l-glutamine oral packet* | 5 | PA; QL (180 EA per 30 days) |
| *nitisinone* | 5 | PA |
| NULIBRY | 5 | PA |
| PROLASTIN-C INTRAVENOUS SOLUTION | 5 | PA; LA |
| *sapropterin dihydrochloride oral packet* | 5 | |
| *sapropterin dihydrochloride oral tablet* | 5 | |
| *sodium phenylbutyrate oral powder 3 gm/tsp* | 5 | |
| *sodium phenylbutyrate oral tablet* | 5 | |
| VYNDAMAX | 5 | PA; QL (30 EA per 30 days) |

Note: Tier 5 drugs are 30-day supply only. You can find information on what the symbols and abbreviations on this table mean starting on page 9.

This formulary was updated on 10/5/2026.

| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT | 3 | |
| **Genitourinary Agents** | | |
| ***Antispasmodics, Urinary*** | | |
| *fesoterodine fumarate er* | 3 | QL (30 EA per 30 days) |
| MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER | 3 | QL (300 ML per 30 days) |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR | 3 | QL (30 EA per 30 days) |
| *oxybutynin chloride er* | 2 | QL (60 EA per 30 days) |
| *oxybutynin chloride oral solution* | 2 | |
| *oxybutynin chloride oral tablet 5 mg* | 2 | |
| *solifenacin succinate* | 2 | QL (30 EA per 30 days) |
| *tolterodine tartrate* | 2 | QL (60 EA per 30 days) |
| *tolterodine tartrate er* | 4 | QL (30 EA per 30 days) |
| *trospium chloride* | 2 | QL (60 EA per 30 days) |
| ***Benign Prostatic Hypertrophy Agents*** | | |
| *alfuzosin hcl er* | 2 | |
| *dutasteride oral* | 2 | |
| *dutasteride-tamsulosin hcl* | 4 | |
| *finasteride oral tablet 5 mg* | 2 | |
| *tadalafil oral tablet 2.5 mg, 5 mg* | 4 | PA; QL (30 EA per 30 days) |
| *tamsulosin hcl* | 1 | |
| ***Genitourinary Agents, Other*** | | |
| *bethanechol chloride oral* | 3 | |
| ELMIRON | 4 | |
| *methylergonovine maleate oral* | 2 | |
| *sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg* | 2 | ED |
| *tadalafil oral tablet 10 mg, 20 mg* | 3 | ED |
| *vardenafil hcl oral* | 3 | ED |
| **Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)** | | |
| ***Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)*** | | |
| ACTHAR | 5 | PA |
| ACTHAR GEL | 5 | PA |

Note: Tier 5 drugs are 30-day supply only. You can find information on what the symbols and abbreviations on this table mean starting on page 9.

This formulary was updated on 10/5/2026.

| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| *betamethasone dipropionate aug external cream* | 2 | |
| *betamethasone dipropionate external ointment* | 4 | |
| CORTROPHIN | 5 | PA |
| DEXAMETHASONE INTENSOL | 4 | |
| *dexamethasone oral solution* | 4 | |
| *dexamethasone oral tablet* | 2 | |
| *dexamethasone sodium phosphate injection solution 120 mg/30ml, 20 mg/5ml, 4 mg/ml* | 2 | |
| *fludrocortisone acetate oral* | 2 | |
| *hydrocortisone oral* | 2 | |
| *hydrocortisone sod suc (pf)* | 4 | |
| *methylprednisolone oral* | 2 | |
| *prednisolone oral solution* | 4 | |
| *prednisolone sodium phosphate oral solution 15 mg/5ml, 5 mg/5ml* | 4 | |
| *prednisone intensol* | 4 | |
| *prednisone oral solution* | 4 | |
| *prednisone oral tablet* | 1 | |
| *prednisone oral tablet therapy pack* | 2 | |
| TARPEYO | 5 | PA; QL (120 EA per 30 days) |
| **Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)** | | |
| ***Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)*** | | |
| *desmopressin ace spray refrig* | 4 | |
| *desmopressin acetate oral* | 2 | |
| *desmopressin acetate spray* | 4 | |
| INCRELEX | 5 | PA; LA |
| ISTURISA ORAL TABLET 1 MG | 5 | PA; QL (540 EA per 30 days) |
| ISTURISA ORAL TABLET 5 MG | 5 | PA; QL (360 EA per 30 days) |
| NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML | 5 | PA |
| OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE | 5 | PA |
| OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED | 5 | PA |

Note: Tier 5 drugs are 30-day supply only. You can find information on what the symbols and abbreviations on this table mean starting on page 9.

This formulary was updated on 10/5/2026.

| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| **Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)** | | |
| ***Androgens*** | | |
| *danazol oral* | 4 | |
| *testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)* | 3 | |
| *testosterone enanthate intramuscular solution* | 3 | |
| *testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)* | 4 | PA; QL (150 GM per 30 days) |
| *testosterone transdermal gel 12.5 mg/act (1%), 50 mg/5gm (1%)* | 4 | PA; QL (300 GM per 30 days) |
| *testosterone transdermal gel 20.25 mg/1.25gm (1.62%)* | 4 | PA; QL (37.5 GM per 30 days) |
| *testosterone transdermal gel 25 mg/2.5gm (1%)* | 4 | PA; QL (75 GM per 30 days) |
| *testosterone transdermal solution* | 4 | PA; QL (180 ML per 30 days) |
| ***Estrogens*** | | |
| APRI | 2 | |
| AUROVELA 24 FE | 4 | |
| AVIANE | 2 | |
| BLISOVI 24 FE | 4 | |
| DOTTI | 2 | |
| ELURYNG | 4 | |
| ENSKYCE ORAL TABLET 0.15-30 MG-MCG | 2 | |
| *estarylla* | 2 | |
| *estradiol oral* | 2 | |
| *estradiol transdermal patch twice weekly* | 2 | |
| *estradiol transdermal patch weekly* | 2 | |
| *estradiol vaginal cream* | 2 | |
| *estradiol vaginal tablet* | 3 | |
| *estradiol valerate intramuscular* | 4 | |
| *estradiol-norethindrone acet* | 3 | |
| *ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg* | 2 | |
| *etonogestrel-ethinyl estradiol* | 3 | |
| ISIBLOOM | 2 | |
| JUNEL FE 1.5/30 | 2 | |
| JUNEL FE 1/20 | 2 | |
| JUNEL FE 24 | 4 | |

Note: Tier 5 drugs are 30-day supply only. You can find information on what the symbols and abbreviations on this table mean starting on page 9.

This formulary was updated on 10/5/2026.

| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| KARIVA | 2 | NE |
| KELNOR 1/35 | 4 | |
| LARIN 24 FE | 4 | |
| LARIN FE 1.5/30 | 2 | |
| LARIN FE 1/20 | 2 | |
| LESSINA | 2 | |
| *levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg* | 2 | |
| LORYNA | 4 | |
| LYLLANA | 2 | |
| MICROGESTIN 1/20 | 2 | |
| MIMVEY | 3 | |
| *norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg* | 2 | |
| *norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg* | 2 | |
| SPRINTEC 28 | 2 | |
| SYEDA | 4 | |
| *tri-estarylla* | 2 | |
| TRI-LO-ESTARYLLA | 2 | |
| TRI-SPRINTEC | 2 | |
| XULANE | 3 | NE |
| YUVAFEM | 4 | NE |
| ***Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)*** | | |
| LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY | 3 | |
| MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY, 21 MCG/DAY | 4 | |
| NEXPLANON | 3 | |
| ***Progestins*** | | |
| ALTAVERA | 2 | |
| *alyacen 1/35* | 4 | |
| CAMILA | 2 | |
| CAMRESE LO | 4 | |
| CRYSELLE | 4 | |
| DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE | 3 | |

Note: Tier 5 drugs are 30-day supply only. You can find information on what the symbols and abbreviations on this table mean starting on page 9.

This formulary was updated on 10/5/2026.

| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| EMZAHH | 2 | |
| ERRIN | 2 | |
| FYAVOLV | 4 | |
| HEATHER | 2 | |
| JINTELI | 4 | |
| JUNEL 1.5/30 | 4 | |
| JUNEL 1/20 | 2 | |
| KURVELO | 2 | |
| *medroxyprogesterone acetate intramuscular* | 2 | |
| *medroxyprogesterone acetate oral* | 2 | |
| *megestrol acetate oral suspension 40 mg/ml, 625 mg/5ml* | 4 | |
| *megestrol acetate oral tablet* | 4 | |
| *norethindrone acetate oral* | 2 | |
| *norethindrone oral* | 2 | |
| *norethindrone-eth estradiol oral tablet 1-5 mg-mcg* | 3 | |
| NORTREL 0.5/35 (28) | 4 | |
| NORTREL 1/35 (21) | 4 | |
| NORTREL 1/35 (28) | 4 | |
| NORTREL 7/7/7 | 4 | |
| PORTIA-28 | 2 | |
| *progesterone oral* | 2 | |
| VELIVET | 4 | |
| **Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)** | | |
| ***Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)*** | | |
| ARMOUR THYROID | 4 | |
| *levothyroxine sodium oral tablet* | 1 | |
| *levoxyl* | 2 | |
| *liothyronine sodium oral* | 2 | |
| NP THYROID | 4 | |
| SYNTHROID | 4 | |
| *unithroid* | 2 | |

Note: Tier 5 drugs are 30-day supply only. You can find information on what the symbols and abbreviations on this table mean starting on page 9.

This formulary was updated on 10/5/2026.

| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| **Hormonal Agents, Suppressant (Adrenal Or Pituitary)** | | |
| ***Hormonal Agents, Suppressant (Adrenal Or Pituitary)*** | | |
| *cabergoline* | 4 | |
| ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG | 5 | |
| ELIGARD SUBCUTANEOUS KIT 7.5 MG | 3 | |
| FIRMAGON (240 MG DOSE) | 5 | |
| FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG | 4 | |
| *leuprolide acetate injection* | 4 | |
| LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG | 5 | PA |
| LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG | 5 | PA |
| *octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml* | 4 | |
| *octreotide acetate intramuscular* | 5 | |
| *octreotide acetate subcutaneous* | 4 | |
| SIGNIFOR | 5 | PA |
| SOMAVERT | 5 | PA; LA |
| **Hormonal Agents, Suppressant (Pituitary)** | | |
| ***Hormonal Agents, Suppressant (Pituitary)*** | | |
| *lanreotide acetate* | 5 | |
| SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML, 90 MG/0.3ML | 5 | |
| **Hormonal Agents, Suppressant (Thyroid)** | | |
| ***Antithyroid Agents*** | | |
| *methimazole oral* | 2 | |
| *propylthiouracil oral* | 2 | |
| **Immunological Agents** | | |
| ***Angioedema Agents*** | | |
| HAEGARDA | 5 | PA |
| *icatibant acetate subcutaneous solution prefilled syringe* | 5 | PA; QL (18 ML per 30 days) |
| SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 5 | PA; QL (18 ML per 30 days) |

Note: Tier 5 drugs are 30-day supply only. You can find information on what the symbols and abbreviations on this table mean starting on page 9.

| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| ***Immunological Agents, Other*** | | |
| ARCALYST | 5 | PA; LA |
| COSENTYX (300 MG DOSE) | 5 | PA; QL (8 ML per 28 days) |
| COSENTYX SENSOREADY (300 MG) | 5 | PA; QL (8 ML per 28 days) |
| COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML | 5 | PA; QL (2 ML per 28 days) |
| COSENTYX UNOREADY | 5 | PA; QL (8 ML per 28 days) |
| DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML | 5 | PA; QL (4.56 ML per 28 days) |
| DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML | 5 | PA; QL (8 ML per 28 days) |
| DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML | 5 | PA; QL (4.56 ML per 28 days) |
| DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML | 5 | PA; QL (8 ML per 28 days) |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML | 5 | PA; QL (4.56 ML per 28 days) |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML | 5 | PA; QL (8 ML per 28 days) |
| ENTYVIO PEN | 5 | PA; QL (1.36 ML per 28 days) |
| GAMUNEX-C | 5 | PA |
| ICOTYDE | 5 | PA; QL (30 EA per 30 days) |
| *leflunomide oral* | 2 | |
| OTULFI SUBCUTANEOUS SOLUTION | 3 | PA; QL (0.5 ML per 28 days) |
| REVCOVI | 5 | PA |
| RINVOQ LQ | 5 | PA; QL (360 ML per 30 days) |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG | 5 | PA; QL (30 EA per 30 days) |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 45 MG | 5 | PA; QL (168 EA per 365 days) |
| SKYRIZI PEN | 5 | PA; QL (1 ML per 28 days) |
| SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML | 5 | PA; QL (1.2 ML per 56 days) |
| SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML | 5 | PA; QL (2.4 ML per 56 days) |
| SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML | 5 | PA; QL (1 ML per 28 days) |
| SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 55 MG/0.37ML | 5 | PA; QL (0.37 ML per 28 days) |
| TAVNEOS | 5 | PA; QL (180 EA per 30 days) |
| *tofacitinib citrate er* | 5 | PA; QL (30 EA per 30 days) |

Note: Tier 5 drugs are 30-day supply only. You can find information on what the symbols and abbreviations on this table mean starting on page 9.

This formulary was updated on 10/5/2026.

| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| *tofacitinib citrate oral solution* | 5 | PA; QL (300 ML per 30 days) |
| *tofacitinib citrate oral tablet* | 5 | PA; QL (60 EA per 30 days) |
| TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR | 5 | PA; QL (1 ML per 28 days) |
| TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML | 5 | PA; QL (2 ML per 28 days) |
| TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML | 5 | PA; QL (1 ML per 28 days) |
| TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML | 5 | PA; QL (2 ML per 28 days) |
| TREMFYA-CD/UC INDUCTION | 5 | PA; QL (4 ML per 28 days) |
| XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 5 | PA |
| XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 5 | PA |
| XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED | 5 | PA; LA |
| YESINTEK SUBCUTANEOUS SOLUTION | 3 | PA; QL (0.5 ML per 28 days) |
| YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML | 3 | PA; QL (0.5 ML per 28 days) |
| YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML | 5 | PA; QL (1 ML per 28 days) |
| ***Immunostimulants*** | | |
| ACTIMMUNE | 5 | PA |
| BESREMI | 5 | PA; QL (2 ML per 28 days) |
| BESREMI PEN | 5 | PA; QL (1 ML per 28 days) |
| PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML | 5 | |
| PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 5 | |
| ***Immunosuppressants*** | | |
| AVTOZMA SUBCUTANEOUS | 5 | PA; QL (3.6 ML per 28 days) |
| *azathioprine oral tablet 50 mg* | 2 | B/D |
| BENLYSTA SUBCUTANEOUS | 5 | PA |
| *cyclosporine modified oral capsule* | 3 | B/D |
| *cyclosporine modified oral solution* | 4 | B/D |
| *cyclosporine oral capsule* | 4 | B/D |
| ENBREL MINI | 5 | PA; QL (8 ML per 28 days) |
| ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML | 5 | PA; QL (8 ML per 28 days) |

Note: Tier 5 drugs are 30-day supply only. You can find information on what the symbols and abbreviations on this table mean starting on page 9.

This formulary was updated on 10/5/2026.

| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML | 5 | PA; QL (4 ML per 28 days) |
| ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML | 5 | PA; QL (8 ML per 28 days) |
| ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 5 | PA; QL (8 ML per 28 days) |
| ENVARSUS XR | 4 | B/D |
| *everolimus oral tablet 0.25 mg* | 4 | B/D |
| *everolimus oral tablet 0.5 mg, 0.75 mg, 1 mg* | 5 | B/D |
| *everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg* | 5 | PA; QL (30 EA per 30 days) |
| *everolimus oral tablet soluble 2 mg* | 5 | PA |
| GENGRAF ORAL CAPSULE 100 MG, 25 MG | 4 | B/D |
| HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML | 5 | PA; QL (2.4 ML per 28 days) |
| HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML | 5 | PA; QL (4.8 ML per 28 days) |
| HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML | 5 | PA; QL (2.4 ML per 28 days) |
| HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML | 5 | PA; QL (4.8 ML per 28 days) |
| *infliximab* | 5 | PA |
| *mercaptopurine oral tablet* | 2 | |
| *methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml* | 2 | |
| *methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml* | 2 | |
| *methotrexate sodium injection solution reconstituted* | 2 | |
| *methotrexate sodium oral* | 2 | |
| *mycophenolate mofetil oral capsule* | 2 | B/D |
| *mycophenolate mofetil oral suspension reconstituted* | 4 | B/D |
| *mycophenolate mofetil oral tablet* | 2 | B/D |
| *mycophenolate sodium* | 4 | B/D |
| OTEZLA ORAL TABLET | 5 | PA; QL (60 EA per 30 days) |
| OTEZLA ORAL TABLET THERAPY PACK | 5 | PA; QL (55 EA per 28 days) |
| OTEZLA XR | 5 | PA; QL (30 EA per 30 days) |
| OTEZLA/OTEZLA XR INITIATION PK | 5 | PA; QL (41 EA per 28 days) |
| OTULFI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML | 3 | PA; QL (0.5 ML per 28 days) |

Note: Tier 5 drugs are 30-day supply only. You can find information on what the symbols and abbreviations on this table mean starting on page 9.

This formulary was updated on 10/5/2026.

| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| OTULFI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML | 5 | PA; QL (1 ML per 28 days) |
| PROGRAF ORAL PACKET | 4 | B/D |
| REZUROCK | 5 | PA; QL (30 EA per 30 days) |
| SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML | 5 | PA; QL (4 EA per 28 days) |
| SIMLANDI (2 PEN) | 5 | PA; QL (6 EA per 28 days) |
| SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML | 3 | PA; QL (2 EA per 28 days) |
| SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML | 5 | PA; QL (6 EA per 28 days) |
| *sirolimus oral* | 4 | B/D |
| *tacrolimus er* | 4 | B/D |
| *tacrolimus oral* | 3 | B/D |
| TYENNE SUBCUTANEOUS | 5 | PA; QL (3.6 ML per 28 days) |
| XATMEP | 4 | PA |
| ZYMFENTRA (2 PEN) | 5 | PA; QL (2 EA per 28 days) |
| ZYMFENTRA (2 SYRINGE) | 5 | PA; QL (2 EA per 28 days) |
| ***Vaccines*** | | |
| *abrysvo* | 3 | QL (1 EA per 365 days) |
| ACTHIB | 3 | |
| ADACEL | 3 | |
| *arexvy* | 3 | QL (1 EA per 720 days) |
| *bcg vaccine injection solution reconstituted* | 3 | |
| BEXSERO | 3 | |
| BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 3 | |
| DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5 | 3 | |
| ENGERIX-B INJECTION SUSPENSION 20 MCG/ML | 3 | B/D |
| ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE | 3 | B/D |
| GARDASIL 9 | 3 | |
| HAVRIX | 3 | |
| HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE | 3 | B/D |
| HIBERIX INJECTION | 3 | |
| IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED | 3 | B/D |

Note: Tier 5 drugs are 30-day supply only. You can find information on what the symbols and abbreviations on this table mean starting on page 9.

This formulary was updated on 10/5/2026.

| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| INFANRIX | 3 | |
| IPOL | 3 | |
| IXIARO | 3 | |
| JYNNEOS | 3 | B/D |
| KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 3 | |
| MENQUADFI INTRAMUSCULAR SOLUTION | 3 | |
| MENVEO | 3 | |
| M-M-R II INJECTION | 3 | |
| MRESVIA | 3 | QL (0.5 ML per 720 days) |
| PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 3 | |
| PEDVAX HIB INTRAMUSCULAR SUSPENSION | 3 | |
| PEDVAXHIB | 3 | |
| PENBRAYA | 3 | QL (2 EA per 720 days) |
| *penmenvy* | 3 | QL (2 EA per 720 days) |
| PENTACEL | 3 | |
| PRIORIX | 3 | |
| PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED | 3 | |
| QUADRACEL | 3 | |
| RABAVERT | 3 | B/D |
| RECOMBIVAX HB | 3 | B/D |
| ROTARIX ORAL SUSPENSION | 3 | |
| ROTATEQ ORAL SOLUTION | 3 | |
| SHINGRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 3 | QL (1 ML per 999 days) |
| SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML | 3 | QL (2 EA per 999 days) |
| TENIVAC INTRAMUSCULAR INJECTABLE | 3 | |
| TICOVAC | 3 | |
| TRUMENBA | 3 | |
| TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 3 | |
| TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE | 3 | |
| VAQTA | 3 | |
| VARIVAX INJECTION | 3 | |
| VAXCHORA | 3 | |

Note: Tier 5 drugs are 30-day supply only. You can find information on what the symbols and abbreviations on this table mean starting on page 9.

This formulary was updated on 10/5/2026.

| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| VIMKUNYA | 3 | QL (1 ML per 365 days) |
| VIVOTIF | 3 | QL (4 EA per 720 days) |
| YF-VAX SUBCUTANEOUS SUSPENSION RECONSTITUTED | 3 | |
| **Inflammatory Bowel Disease Agents** | | |
| ***Aminosalicylates*** | | |
| *balsalazide disodium* | 4 | |
| *mesalamine er oral capsule extended release 24 hour* | 4 | |
| *mesalamine oral capsule delayed release* | 4 | |
| *mesalamine oral tablet delayed release 1.2 gm* | 4 | |
| *mesalamine rectal* | 4 | |
| *sulfasalazine oral* | 2 | |
| ***Glucocorticoids*** | | |
| *budesonide er oral tablet extended release 24 hour* | 5 | QL (30 EA per 30 days) |
| *budesonide oral* | 4 | |
| *budesonide rectal foam 2 mg* | 4 | |
| *hydrocortisone rectal enema* | 4 | |
| **Metabolic Bone Disease Agents** | | |
| ***Metabolic Bone Disease Agents*** | | |
| *alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg* | 1 | |
| BILDYOS | 4 | QL (1 ML per 180 days) |
| BILPREVDA | 5 | PA |
| *calcitonin (salmon) nasal* | 3 | |
| *calcitriol oral capsule* | 2 | |
| *cinacalcet hcl oral tablet 30 mg, 90 mg* | 3 | B/D; QL (120 EA per 30 days) |
| *cinacalcet hcl oral tablet 60 mg* | 3 | B/D; QL (60 EA per 30 days) |
| *doxercalciferol oral* | 4 | B/D |
| ENOBY | 4 | QL (1 ML per 180 days) |
| *ibandronate sodium oral* | 2 | |
| JUBBONTI | 4 | QL (1 ML per 180 days) |
| *paricalcitol oral* | 4 | |
| *risedronate sodium oral tablet 150 mg* | 4 | QL (1 EA per 28 days) |
| *risedronate sodium oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)* | 4 | QL (4 EA per 28 days) |
| *risedronate sodium oral tablet 5 mg* | 4 | QL (30 EA per 30 days) |

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This formulary was updated on 10/5/2026.

| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML | 5 | PA; QL (2.24 ML per 28 days) |
| TYMLOS | 5 | PA; QL (1.56 ML per 30 days) |
| WYOST | 5 | PA |
| XTRENBO | 4 | PA |
| *zoledronic acid intravenous concentrate* | 4 | |
| *zoledronic acid intravenous solution* | 4 | |
| **Ophthalmic Agents** | | |
| ***Ophthalmic Prostaglandin And Prostamide Analogs*** | | |
| *bimatoprost ophthalmic* | 4 | |
| *latanoprost ophthalmic* | 2 | |
| RHOPRESSA | 3 | |
| *travoprost (bak free)* | 4 | ST |
| ***Ophthalmic Agents, Other*** | | |
| *atropine sulfate ophthalmic solution 1 %* | 3 | |
| *bacitra-neomycin-polymyxin-hc* | 2 | |
| CYSTADROPS | 5 | PA; QL (20 ML per 30 days) |
| CYSTARAN | 5 | PA; QL (60 ML per 28 days) |
| *dorzolamide hcl-timolol mal* | 2 | |
| *dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %* | 4 | |
| *neomycin-polymyxin-dexameth ophthalmic ointment* | 2 | |
| *neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1* | 2 | |
| *neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025* | 2 | |
| *neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1* | 4 | |
| *polymyxin b-trimethoprim* | 2 | |
| RESTASIS | 3 | QL (60 EA per 30 days) |
| ROCKLATAN | 3 | |
| *sulfacetamide-prednisolone ophthalmic solution* | 2 | |
| TOBRADEX OPHTHALMIC OINTMENT | 4 | |
| *tobramycin-dexamethasone* | 2 | |
| XDEMVY | 4 | PA; QL (10 ML per 180 days) |
| ***Ophthalmic Anti-Allergy Agents*** | | |
| *azelastine hcl ophthalmic* | 2 | |

Note: Tier 5 drugs are 30-day supply only. You can find information on what the symbols and abbreviations on this table mean starting on page 9.

This formulary was updated on 10/5/2026.

| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| *cromolyn sodium ophthalmic* | 2 | |
| *epinastine hcl* | 4 | |
| ***Ophthalmic Anti-Infectives*** | | |
| AZASITE | 4 | |
| *bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm* | 2 | |
| *erythromycin ophthalmic* | 2 | QL (21 GM per 30 days) |
| *gatifloxacin ophthalmic* | 4 | |
| *gentamicin sulfate ophthalmic solution* | 2 | QL (30 ML per 30 days) |
| *levofloxacin ophthalmic solution 1.5 %* | 2 | |
| *moxifloxacin hcl ophthalmic solution* | 3 | QL (12 ML per 30 days) |
| NATACYN | 4 | |
| *neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000* | 2 | |
| *ofloxacin ophthalmic* | 2 | |
| *sulfacetamide sodium ophthalmic solution* | 2 | |
| *tobramycin ophthalmic* | 2 | QL (30 ML per 30 days) |
| *trifluridine ophthalmic* | 3 | |
| ZIRGAN | 3 | |
| ***Ophthalmic Anti-Inflammatories*** | | |
| *bromfenac sodium ophthalmic solution 0.07 %* | 4 | |
| *dexamethasone sodium phosphate ophthalmic* | 2 | QL (30 ML per 30 days) |
| *diclofenac sodium ophthalmic* | 2 | |
| *difluprednate* | 4 | ST |
| *fluorometholone ophthalmic* | 2 | |
| *flurbiprofen sodium* | 2 | |
| *ketorolac tromethamine ophthalmic solution 0.4 %* | 2 | |
| *ketorolac tromethamine ophthalmic solution 0.5 %* | 2 | QL (20 ML per 30 days) |
| *loteprednol etabonate ophthalmic gel* | 4 | ST |
| *loteprednol etabonate ophthalmic suspension 0.5 %* | 4 | ST |
| *prednisolone acetate ophthalmic* | 2 | |
| *prednisolone sodium phosphate ophthalmic* | 2 | |
| XIIDRA | 3 | QL (60 EA per 30 days) |
| ***Ophthalmic Beta-Adrenergic Blocking Agents*** | | |
| *betaxolol hcl ophthalmic* | 2 | |
| *carteolol hcl* | 2 | |

Note: Tier 5 drugs are 30-day supply only. You can find information on what the symbols and abbreviations on this table mean starting on page 9.

This formulary was updated on 10/5/2026.

| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| *levobunolol hcl ophthalmic solution 0.5 %* | 2 | |
| *timolol maleate ophthalmic gel forming solution* | 4 | |
| *timolol maleate ophthalmic solution* | 1 | |
| ***Ophthalmic Intraocular Pressure Lowering Agents, Other*** | | |
| *acetazolamide er* | 3 | |
| *apraclonidine hcl* | 4 | |
| *brimonidine tartrate ophthalmic solution 0.2 %* | 2 | |
| *brinzolamide* | 4 | |
| COMBIGAN | 3 | |
| *dorzolamide hcl ophthalmic* | 2 | |
| *methazolamide oral* | 4 | |
| *pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %* | 3 | |
| SIMBRINZA | 4 | |
| **Otic Agents** | | |
| ***Otic Agents*** | | |
| *acetic acid otic* | 2 | |
| *ciprofloxacin-dexamethasone* | 4 | QL (7.5 ML per 30 days) |
| *ciprofloxacin-hydrocortisone* | 4 | |
| *fluocinolone acetonide otic* | 4 | |
| *hydrocortisone-acetic acid* | 4 | |
| *neomycin-polymyxin-hc otic solution 1 %* | 3 | |
| *neomycin-polymyxin-hc otic suspension* | 3 | |
| *ofloxacin otic* | 2 | |
| **Respiratory Tract/Pulmonary Agents** | | |
| ***Antihistamines*** | | |
| *azelastine hcl nasal solution 0.1 %* | 2 | |
| *cyproheptadine hcl oral tablet* | 4 | |
| *desloratadine oral tablet* | 4 | |
| *hydroxyzine hcl oral tablet* | 4 | |
| *levocetirizine dihydrochloride oral tablet* | 2 | |
| *olopatadine hcl nasal* | 4 | QL (30.5 GM per 30 days) |
| ***Anti-Inflammatories, Inhaled Corticosteroids*** | | |
| ARNUITY ELLIPTA | 3 | QL (30 EA per 30 days); NE |
| *budesonide inhalation* | 4 | B/D |
| *flunisolide nasal solution 25 mcg/act (0.025%)* | 3 | |
| *fluticasone propionate nasal* | 2 | |
| *mometasone furoate nasal* | 4 | |

Note: Tier 5 drugs are 30-day supply only. You can find information on what the symbols and abbreviations on this table mean starting on page 9.

This formulary was updated on 10/5/2026.

| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| QVAR REDIHALER | 3 | QL (21.2 GM per 30 days); NE |
| ***Antileukotrienes*** | | |
| *montelukast sodium oral packet* | 4 | |
| *montelukast sodium oral tablet* | 2 | |
| *montelukast sodium oral tablet chewable* | 2 | |
| *zafirlukast* | 4 | |
| ***Bronchodilators, Anticholinergic*** | | |
| INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT | 3 | QL (30 EA per 30 days) |
| *ipratropium bromide hfa* | 3 | |
| *ipratropium bromide inhalation* | 2 | B/D |
| *ipratropium bromide nasal* | 2 | |
| SPIRIVA RESPIMAT | 3 | QL (4 GM per 30 days) |
| ***Bronchodilators, Sympathomimetic*** | | |
| *albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act* | 2 | QL (17 GM per 30 days) |
| *albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020503)* | 2 | QL (13.4 GM per 30 days) |
| *albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml* | 2 | B/D |
| *albuterol sulfate oral syrup 2 mg/5ml* | 2 | |
| *albuterol sulfate oral tablet* | 4 | |
| *arformoterol tartrate* | 4 | B/D |
| BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH | 2 | QL (60 EA per 30 days) |
| BREYNA | 2 | QL (10.3 GM per 30 days) |
| DULERA | 3 | QL (13 GM per 30 days) |
| *epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml* | 3 | QL (4 EA per 30 days) |
| *fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act* | 2 | QL (60 EA per 30 days) |
| *fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act* | 2 | QL (1 EA per 30 days) |
| *levalbuterol hcl inhalation* | 4 | B/D |
| *levalbuterol tartrate* | 4 | QL (30 GM per 30 days) |
| STRIVERDI RESPIMAT | 3 | QL (4 GM per 30 days) |

Note: Tier 5 drugs are 30-day supply only. You can find information on what the symbols and abbreviations on this table mean starting on page 9.

This formulary was updated on 10/5/2026.

| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| *terbutaline sulfate oral* | 4 | |
| ***Cystic Fibrosis Agents*** | | |
| CAYSTON | 5 | PA; LA |
| KALYDECO | 5 | PA; QL (56 EA per 28 days) |
| ORKAMBI ORAL PACKET | 5 | PA; QL (60 EA per 30 days) |
| ORKAMBI ORAL TABLET | 5 | PA; QL (120 EA per 30 days) |
| PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML | 5 | B/D |
| SYMDEKO | 5 | PA; QL (60 EA per 30 days) |
| *tobramycin inhalation nebulization solution 300 mg/5ml* | 5 | B/D |
| TRIKAFTA ORAL TABLET THERAPY PACK | 5 | PA; QL (84 EA per 28 days) |
| TRIKAFTA ORAL THERAPY PACK | 5 | PA; QL (56 EA per 28 days) |
| ***Phosphodiesterase Inhibitors, Airways Disease*** | | |
| *roflumilast* | 4 | QL (30 EA per 30 days) |
| *theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg* | 4 | |
| *theophylline er oral tablet extended release 24 hour* | 3 | |
| ***Pulmonary Antihypertensives*** | | |
| ADEMPAS | 5 | PA; QL (90 EA per 30 days); LA |
| *ambrisentan* | 5 | PA; QL (30 EA per 30 days); LA |
| *bosentan oral tablet* | 5 | PA; QL (60 EA per 30 days) |
| *macitentan* | 5 | PA; QL (30 EA per 30 days) |
| ORENITRAM MONTH 1 | 5 | PA; QL (168 EA per 28 days) |
| ORENITRAM MONTH 2 | 5 | PA; QL (336 EA per 28 days) |
| ORENITRAM MONTH 3 | 5 | PA; QL (252 EA per 28 days) |
| ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG | 4 | PA |
| ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG | 5 | PA |
| *sildenafil citrate oral tablet 20 mg* | 3 | PA; QL (90 EA per 30 days) |
| *tadalafil (pah)* | 5 | PA; QL (60 EA per 30 days) |
| WINREVAIR | 5 | PA; QL (1 EA per 21 days) |
| YUTREPIA | 5 | PA |
| ***Pulmonary Fibrosis Agents*** | | |
| *nintedanib esylate* | 5 | PA; QL (60 EA per 30 days) |
| OFEV | 5 | PA; QL (60 EA per 30 days) |

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This formulary was updated on 10/5/2026.

| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| *pirfenidone oral capsule* | 5 | PA; QL (270 EA per 30 days) |
| *pirfenidone oral tablet 267 mg* | 5 | PA; QL (270 EA per 30 days) |
| *pirfenidone oral tablet 801 mg* | 5 | PA; QL (90 EA per 30 days) |
| ***Respiratory Tract Agents, Other*** | | |
| *acetylcysteine inhalation* | 4 | B/D |
| ADVAIR HFA | 3 | QL (12 GM per 30 days) |
| ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT | 3 | QL (60 EA per 30 days) |
| BREZTRI AEROSPHERE | 3 | QL (10.7 GM per 30 days) |
| *budesonide-formoterol fumarate* | 2 | QL (10.2 GM per 30 days) |
| COMBIVENT RESPIMAT | 3 | QL (4 GM per 20 days); NE |
| *cromolyn sodium inhalation* | 4 | B/D |
| FASENRA PEN | 5 | PA; QL (1 ML per 30 days) |
| FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML | 5 | PA; QL (1 ML per 30 days) |
| *fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act* | 2 | QL (60 EA per 30 days) |
| *ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml* | 2 | B/D |
| NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 5 | PA; QL (3 ML per 28 days) |
| NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML | 5 | PA; QL (3 ML per 28 days) |
| NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML | 5 | PA; QL (0.4 ML per 28 days) |
| NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED | 5 | PA; QL (3 EA per 28 days) |
| STIOLTO RESPIMAT | 3 | QL (4 GM per 30 days) |
| TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT | 3 | QL (60 EA per 30 days) |
| WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT | 2 | QL (60 EA per 30 days) |
| **Skeletal Muscle Relaxants** | | |
| ***Skeletal Muscle Relaxants*** | | |
| *cyclobenzaprine hcl oral tablet 10 mg, 5 mg* | 4 | |
| *methocarbamol oral tablet 500 mg, 750 mg* | 4 | |

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This formulary was updated on 10/5/2026.

| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| **Sleep Disorder Agents** | | |
| ***Sleep Promoting Agents*** | | |
| *eszopiclone* | 4 | QL (30 EA per 30 days) |
| *ramelteon* | 4 | |
| *tasimelteon* | 5 | PA; QL (30 EA per 30 days) |
| *temazepam oral capsule 15 mg, 30 mg* | 4 | PA; QL (30 EA per 30 days) |
| *zaleplon* | 4 | QL (30 EA per 30 days) |
| *zolpidem tartrate er* | 4 | QL (30 EA per 30 days) |
| *zolpidem tartrate oral tablet* | 3 | QL (30 EA per 30 days) |
| ***Wakefulness Promoting Agents*** | | |
| *armodafinil* | 3 | PA; QL (30 EA per 30 days) |
| *modafinil oral* | 4 | PA; QL (60 EA per 30 days) |
| SODIUM OXYBATE | 5 | PA; QL (540 ML per 30 days); LA |

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Priority Health

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