

### 3-Tier Open Formulary - 2950

#### Additions

Drug Name	Tier	Category	Management
CARESENS S CONTROL SOLUTION	3	INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQUIPMENT	Tier 3
CARESENS S FIT BT GLUCOSE METER	3	INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQUIPMENT	Tier 3, Step Therapy Applies
CARESENS S FIT GLUCOSE METER	3	INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQUIPMENT	Tier 3, Step Therapy Applies
CARESENS S TEST STRIP	3	BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES	Tier 3, Step Therapy, Quantity Limit Applies
ESCITALOPRAM OXALATE 15 MG CAPSULE	3	SELECTIVE SEROTONIN REUPTAKE INHIBITORS	Tier 3, Prior Authorization, Quantity Limit Applies
OTEZLA XR TABLET	2	MISCELLANEOUS RHEUMATOLOGICAL AGENTS	Tier 3, Prior Authorization, Quantity Limit Applies
PHYRAGO TABLET	3	MISCELLANEOUS ANTINEOPLASTICS DRUGS	Tier 3, Prior Authorization, Quantity Limit Applies
DOPTELET SPRINKLE	3	HEMOSTATICS	Tier 3, Prior Authorization, Quantity Limit Applies
PROGESTERONE 100 MG INSERT	1	PROGESTINS	Tier 1, Prior Authorization Applies
ECONAZOLE NITRATE 1% FOAM	3	TOPICAL ANTIFUNGALS	Tier 3, Step Therapy, Quantity Limit Applies
OTULFI 45MG/0.5ML VIAL	3	ANTIPSORIATIC/ANTISEBORRHEIC	Tier 3, Prior Authorization, Quantity Limit Applies
SKYTROFA CARTRIDGE	3	GROWTH HORMONES	Tier 3, Prior Authorization, Quantity Limit Applies
ADALIMUMAB-RYVK(CF) 80MG/0.8ML AUTO-INJECTOR, KIT	3	MISCELLANEOUS RHEUMATOLOGICAL AGENTS	Tier 3, Prior Authorization, Quantity Limit Applies
BLUJEP A 750 MG TABLET	3	URINARY TRACT AGENTS	Tier 3, Prior Authorization, Quantity Limit Applies
BREKIYA 1 MG/ML AUTO-INJECTOR	3	HEADACHE THERAPY	Tier 3, Prior Authorization, Quantity Limit Applies
PYQUVI 22.75 MG/ML SUSPENSION, ORAL	1	ADRENAL HORMONES	Tier 1, Prior Authorization, Quantity Limit Applies
ZELVYSIA POWDER PACKET	1	MISCELLANEOUS AGENTS	Tier 1, Prior Authorization Applies
PHENTERMINE HCL 8 MG TABLET	1	ANOREXIANTS	Tier 1
LEXETTE 0.05% FOAM	1	TOPICAL CORTICOSTEROIDS VERY HIGH POTENCY	Tier 1, Step Therapy Applies
WAYRILZ 400 MG TABLET	3	MISCELLANEOUS ANTINEOPLASTIC DRUGS	Tier 3, Prior Authorization, Quantity Limit Applies
AMPHETAMINE ER ODT TABLET	3	MISCELLANEOUS PSYCHOTHERAPEUTIC AGENTS	Tier 3, Prior Authorization, Quantity Limit Applies
DAWNZERA 80 MG/0.8 ML AUTO-INJECTOR	3	ADRENERGICS	Tier 3, Prior Authorization, Quantity Limit Applies
LUIZZA TABLET	1	MONOPHASIC/BIPHASIC/TRIPHASIC AGENTS	Tier 1
NUVAXOVID 2025-2026 5MCG/0.5ML SYRINNGE	3	VACCINES AND MISCELLANEOUS IMMUNOLOGICALS	Tier 3
ZURNAI 1.5 MG/0.5 AUTO-INJECTOR	2	NARCOTIC ANTAGONISTS	Tier 2
LEQEMBI IQLIK 360 MG/1.8 AUTO INJECTOR (ML)	3	MISCELLANEOUS NEUROLOGICAL THERAPY	Tier 3, Prior Authorization, Quantity Limit Applies

COMIRNATY 2025-2026(5-11Y) 10 MCG/0.3 VIAL (ML)	3	VACCINES AND MISCELLANEOUS IMMUNOLOGICALS	Tier 3
COMIRNATY 2025-2026 (12Y UP) 30 MCG/0.3 SYRINGE (ML)	3	VACCINES AND MISCELLANEOUS IMMUNOLOGICALS	Tier 3
LIRAGLUTIDE 3 MG/0.5 ML PEN INJECTOR	1	ANOREXIANTS	Tier 3, Prior Authorization, Quantity Limit Applies
LIOMNY TABLET	1	THYROID HORMONES	Tier 1
LURBIRO 100 MG TABLET	1	NSAIDS	Tier 1
CLEMSZA 2.68 MG TABLET	1	ANTIHISTAMINES	Tier 1
BRUKINSA 160 MG TABLET	3	MISCELLANEOUS ANTINEOPLASTIC DRUGS	Tier 3, Prior Authorization, Quantity Limit Applies
MNEXSPIKE 10 MCG/0.2 SYRINGE (ML) 2025-2026 (12Y UP)	3	VACCINES AND MISCELLANEOUS IMMUNOLOGICALS	Tier 3
SPIKEVAX 50 MCG/0.5 SYRINGE (ML) 2025-2026 (12Y UP)	3	VACCINES AND MISCELLANEOUS IMMUNOLOGICALS	Tier 3
SPIKEVAX 25 MCG/0.25 SYRINGE (ML) 2025-2026 (6M-11Y)	3	VACCINES AND MISCELLANEOUS IMMUNOLOGICALS	Tier 3
MODEYSO 125 MG CAPSULE	3	MISCELLANEOUS ANTINEOPLASTIC DRUGS	Tier 3, Prior Authorization, Quantity Limit Applies
BOSENTAN 32 MG TABLET FOR SUSPENSION	1	MISCELLANEOUS PULMONARY AGENTS	Tier 1, Prior Authorization, Quantity Limit Applies
HERNEXEOS 60 MG TABLET	3	MISCELLANEOUS ANTINEOPLASTIC DRUGS	Tier 3, Prior Authorization, Quantity Limit Applies
MODD1 SUPPLY KIT	3	INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQUIPMENT	Tier 3, Quantity Limit Applies
VIZZ 1.44% DROPPERETTE	3	DIRECT ACTING MOTICS	Tier 3, Quantity Limit Applies
PILOCARPINE HCL 1.25% DROPS	1	DIRECT ACTING MOTICS	Tier 1, Quantity Limit Applies
SEPHIENCE POWDER IN PACKET	3	MISCELLANEOUS AGENTS	Tier 3, Prior Authorization, Quantity Limit Applies
KRISTY PEN 100/ML INSULIN PEN	3	INSULIN THERAPY	Tier 3, Step Therapy Applies
KRISTY 100/ML VIAL	3	INSULIN THERAPY	Tier 3, Step Therapy Applies
BRINSUPRI TABLET	3	MISCELLANEOUS PULMONARY AGENTS	Tier 3, Prior Authorization, Quantity Limit Applies
BUTALBITAL/APAP/CAFFEINE 50-325-40 MG/15 SOLUTION	1	COMBINATION NARCOTIC /ANALGESICS	Tier 1, Prior Authorization, Quantity Limit Applies
JAYTHARI TABLET	1	ADRENAL HORMONES	Tier 1, Prior Authorization, Quantity Limit Applies
BRYNOVIN 25 MG/ML SOLUTION	3	NON-INSULIN HYPOGLYCEMIC AGENTS	Tier 3, Prior Authorization, Quantity Limit Applies
ORLYNVAH 500-500 MG TABLET	3	MISCELLANEOUS ANTIINFECTIVES	Tier 3, Prior Authorization, Quantity Limit Applies
PREZCOBIX 675-150 TABLET	3	HIV/AIDS THERAPY	Tier 3, Quantity Limit Applies
HYDROCORTISONE ACETATE 2.5% CREAM	1	MISCELLANEOUS GASTROINTESTINAL AGENTS	Tier 1, Prior Authorization, Quantity Limit Applies
ANZUPGO 2% CREAM (GRAM)	3	MISCELLANEOUS DERMATOLOGICALS	Tier 3, Prior Authorization, Quantity Limit Applies
TOPIRAMATE 50 MG CAPSULE, SPRINKLE	1	ANTICONSULSANTS	Tier 1, Prior Authorization Applies
SERTRALINE HCLCAPSULE	1	SELECTIVE SEROTONIN REUPTAKE INHIBITORS	Tier 1, Prior Authorization, Quantity Limit Applies

MICORT-HC 2.5% CREAM W/PERINEAL APPLICATOR	3	MISCELLANEOUS GASTROINTESTINAL AGENTS	Tier 3, Prior Authorization, Quantity Limit Applies
FLUTICASONE FUROATE INHALATION DEVICE	3	INHALED CORTICOSTEROIDS	Tier 3, Prior Authorization, Quantity Limit Applies
DICYCLOMINE HCL 40 MG TABLET	3	ANTISPASMODICS	Tier 3, Prior Authorization, Quantity Limit Applies
SPEVIGO 300 MG/2ML SYRINGE (ML)	3	ANTIPSORIATIC / ANTISEBORRHEIC	Tier 3, Quantity Limit Applies
EGRIFTA WR 11.6 MG KIT'	3	GROWTH HORMONES	Tier 3, Prior Authorization, Quantity Limit Applies
EKTERLY 300 MG TABLET	3	MISCELLANEOUS PULMONARY AGENTS	Tier 3, Prior Authorization, Quantity Limit Applies
FIDAXOMICIN 200 MG TABLET	1	ERYTHROMYCINS & OTHER MACROLIDES	Tier 1
QRQUIDEA 0.35 TABLET	1	PROGESTINS	Tier 1
PENMENVY MEN A-B-C-W-Y	3	VACCINES AND MISCELLANEOUS IMMUNOLOGICALS	Tier 3, Quantity Limit Applies
CARBZAH 4 MG/5 ML LIQUID (ML)	1	ANTIHISTAMINES	Tier 1
AFLURIA 2025-2026 45 MCG/.5ML VIAL	3	VACCINES AND MISCELLANEOUS IMMUNOLOGICALS	Tier 3, Prior Authorization, Quantity Limit Applies
AFLURIA 2025-2026 (3 YR UP) 45 MCG/.5ML SYRINGE	3	VACCINES AND MISCELLANEOUS IMMUNOLOGICALS	Tier 3, Prior Authorization, Quantity Limit Applies
FLUAD 2025 45 MCG/.5ML SYRINGE	3	VACCINES AND MISCELLANEOUS IMMUNOLOGICALS	Tier 3, Prior Authorization, Quantity Limit Applies
FLUARIX 2025-2025 45 MCG/.5ML SYRINGE	3	VACCINES AND MISCELLANEOUS IMMUNOLOGICALS	Tier 3, Prior Authorization, Quantity Limit Applies
FLUCELVAX 2025-2025 45 MCG/.5ML VIAL, 45 MCG/.5ML SYRINGE	3	VACCINES AND MISCELLANEOUS IMMUNOLOGICALS	Tier 3, Prior Authorization, Quantity Limit Applies
FLULAVAL 2025-2026 45 MCG/.5ML SYRINGE	3	VACCINES AND MISCELLANEOUS IMMUNOLOGICALS	Tier 3, Prior Authorization, Quantity Limit Applies
FLUZONE 2025-2026 45 MCG/.5ML SYRINGE	3	VACCINES AND MISCELLANEOUS IMMUNOLOGICALS	Tier 3, Prior Authorization, Quantity Limit Applies
FLUZONE 2025-2026 45 MCG/.5ML VIAL	3	VACCINES AND MISCELLANEOUS IMMUNOLOGICALS	Tier 3, Prior Authorization, Quantity Limit Applies
FLUZONE HIGH-DOSE 2025-2026 45 MCG/.5ML SYRINGE	3	VACCINES AND MISCELLANEOUS IMMUNOLOGICALS	Tier 3, Prior Authorization, Quantity Limit Applies
FLUBLOK 2025-2026 135 MCG/0.5 SYRINGE	3	VACCINES AND MISCELLANEOUS IMMUNOLOGICALS	Tier 3, Prior Authorization, Quantity Limit Applies
FLUMIST 2025-2026 10E6.5-7.5 NASAL SPRAY SYRINGE	3	VACCINES AND MISCELLANEOUS IMMUNOLOGICALS	Tier 3, Prior Authorization, Quantity Limit Applies
FLUMIST HOME 2025-2026 10E6.5-7.5 NASAL SPRAY SYRINGE	3	VACCINES AND MISCELLANEOUS IMMUNOLOGICALS	Tier 3, Prior Authorization, Quantity Limit Applies

INTROVALE 0.15-0.03 TABLET, DOSE PACK, 3 MONTHS	1	MONOPHASIC/BIPHASIC/TRIPHASIC AGENTS	Tier 1
RIVAROXABAN 1 MG/ML SUSPENSION, RECONSTITUTED, ORAL (ML)	1	ANTICOAGULANTS	Tier 1
HARLIKU 2 MG TABLET	3	MISCELLANEOUS AGENTS	Tier 3, Prior Authorization, Quantity Limit Applies
IBUPROFEN 300 MG TABLET	1	NSAIDS	Tier 1, Prior Authorization, Quantity Limit Applies
LOPRESSOR 10MG/ML SOLUTION, ORAL	3	BETA BLOCKERS	Tier 3, Prior Authorization, Quantity Limit Applies
TOPIRAMATE 25MG/ML SOLUTION, ORAL	1	ANTICONVULSANTS	Tier 1, Quantity Limit Applies

10/3/2025