Drug Name Example (non-proprietary name)/ Ejemplo de Nombre del Medicamento (denominación común)	New Mexico Therapeutic Category/ Grupo Terapéutico de New Mexico	New Mexico Class/ Clase de New Mexico	Group Name Used on Formulary/ Nombre del Grupo Utilizado en el Formulario	Class Name Used on Formulary/ Nombre de la Clase Utilizado en el Formulario
Acamprosate Calcium	Anti-addiction/ Substance Abuse Treatment Agents	Alcohol Deterrents/Anti-craving	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Agents for Chemical Dependency
Alprazolam	Anxiolytics	Benzodiazepines	ANTIANXIETY AGENTS	Benzodiazepines
Amitriptyline Hydrochloride	Antidepressants	Tricyclics	ANTIDEPRESSANTS	Tricyclic Agents
Amoxapine	Antidepressants	Tricyclics	ANTIDEPRESSANTS	Tricyclic Agents
Amphetamine	Central Nervous System Agents	Attention Deficit Hyperactivity Disorder Agents, Amphetamines	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Amphetamines
Aripiprazole	Antidepressants	Antidepressants, Other	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	Quinolinone Derivatives
Aripiprazole	Antipsychotics	2nd Generation/ Atypical2	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	Quinolinone Derivatives
Aripiprazole	Bipolar Agents	Bipolar Agents, Other	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	Quinolinone Derivatives
Asenapine	Antipsychotics	2nd Generation/ Atypical2	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	Dibenzapines
Asenapine	Bipolar Agents	Bipolar Agents, Other	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	Dibenzapines
Atomoxetine Hydrochloride	Central Nervous System Agents	Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Attention-Deficit/Hyperactivity Disorder (ADHD) Agents
Benztropine Mesylate	Antiparkinson Agents	Anticholinergics	ANTIPARKINSON AND RELATED THERAPY AGENTS	Antiparkinson Anticholinergics
Brexpiprazole	Antipsychotics	2nd Generation/ Atypical2	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	Quinolinone Derivatives
Buprenorphine	Anti-addiction/ Substance Abuse Treatment Agents	Opioid Dependence	ANALGESICS - OPIOID	Opioid Partial Agonists
Buprenorphine/ Naloxone Hydrochloride	Anti-addiction/ Substance Abuse Treatment Agents	Opioid Dependence	ANALGESICS - OPIOID	Opioid Partial Agonists
Bupropion Hydrobromide	Antidepressants	Antidepressants, Other	ANTIDEPRESSANTS	Antidepressants - Misc.

Drug Name Example (non-proprietary name)/ Ejemplo de Nombre del Medicamento (denominación común)	New Mexico Therapeutic Category/ Grupo Terapéutico de New Mexico	New Mexico Class/ Clase de New Mexico	Group Name Used on Formulary/ Nombre del Grupo Utilizado en el Formulario	Class Name Used on Formulary/ Nombre de la Clase Utilizado en el Formulario
Bupropion Hydrochloride	Anti-addiction/ Substance Abuse Treatment Agents	Smoking Cessation Agents	ANTIDEPRESSANTS	Antidepressants - Misc.
Bupropion Hydrochloride	Antidepressants	Antidepressants, Other	ANTIDEPRESSANTS	Antidepressants - Misc.
Buspirone Hydrochloride	Anxiolytics	Anxiolytics, Other	ANTIANXIETY AGENTS	Antianxiety Agents - Misc.
Carbamazepine	Anticonvulsants	Sodium Channel Agents	ANTICONVULSANTS	Anticonvulsants - Misc.
Carbamazepine	Bipolar Agents	Mood Stabilizers	ANTICONVULSANTS	Anticonvulsants - Misc.
Cariprazine Hydrochloride	Antipsychotics	2nd Generation/ Atypical2	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	Antipsychotics - Misc.
Chlordiazepoxide	Anxiolytics	Benzodiazepines	ANTIANXIETY AGENTS	Benzodiazepines
Chlordiazepoxide/Amitriptyline Hydrochloride	Antidepressants	Antidepressants, Other	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Combination Psychotherapeutics
Chlorpromazine	Antipsychotics	1st Generation/ Typical1	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	Phenothiazines
Citalopram Hydrobromide	Antidepressants	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)	ANTIDEPRESSANTS	Selective Serotonin Reuptake Inhibitors (SSRIs)
Clomipramine Hydrochloride	Antidepressants	Tricyclics	ANTIDEPRESSANTS	Tricyclic Agents
Clonazepam	Anxiolytics	Benzodiazepines	ANTICONVULSANTS	Anticonvulsants - Benzodiazepines
Clonidine Hydrochloride	Central Nervous System Agents	Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Attention-Deficit/Hyperactivity Disorder (ADHD) Agents
Clorazepate Dipotassium	Anxiolytics	Benzodiazepines	ANTIANXIETY AGENTS	Benzodiazepines

Drug Name Example (non-proprietary name)/ Ejemplo de Nombre del Medicamento (denominación común)	New Mexico Therapeutic Category/ Grupo Terapéutico de New Mexico	New Mexico Class/ Clase de New Mexico	Group Name Used on Formulary/ Nombre del Grupo Utilizado en el Formulario	Class Name Used on Formulary/ Nombre de la Clase Utilizado en el Formulario
Clozapine	Antipsychotics	Treatment-Resistant	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	Dibenzapines
Desipramine Hydrochloride	Antidepressants	Tricyclics	ANTIDEPRESSANTS	Tricyclic Agents
Desvenlafaxine	Antidepressants	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)	ANTIDEPRESSANTS	Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)
Deutetrabenazine	Central Nervous System Agents	Central Nervous System Agents, Other	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Movement Disorder Drug Therapy
Dexmethylphenidate Hydrochloride	Central Nervous System Agents	Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Stimulants - Misc.
Dextroamphetamine Saccharate/ Amphetamine Aspartate/ Dextroamphetamine Sulfate/ Amphetamine Sulfate	Central Nervous System Agents	Attention Deficit Hyperactivity Disorder Agents, Amphetamines	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Amphetamines
Dextroamphetamine Sulfate	Central Nervous System Agents	Attention Deficit Hyperactivity Disorder Agents, Amphetamines	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Amphetamines
Diazepam	Anxiolytics	Benzodiazepines	ANTIANXIETY AGENTS	Benzodiazepines
Diphenhydramine Hydrochloride	Antiparkinson Agents	Anticholinergics	ANTIHISTAMINES	Antihistamines - Ethanolamines
Disulfiram	Anti-addiction/ Substance Abuse Treatment Agents	Alcohol Deterrents/Anti-craving	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Agents for Chemical Dependency

Drug Name Example (non-proprietary name)/ Ejemplo de Nombre del Medicamento (denominación común)	New Mexico Therapeutic Category/ Grupo Terapéutico de New Mexico	New Mexico Class/ Clase de New Mexico	Group Name Used on Formulary/ Nombre del Grupo Utilizado en el Formulario	Class Name Used on Formulary/ Nombre de la Clase Utilizado en el Formulario
Divalproex sodium	Anticonvulsants	Anticonvulsants, Other	ANTICONVULSANTS	Valproic Acid
Divalproex Sodium	Bipolar Agents	Mood Stabilizers	ANTICONVULSANTS	Valproic Acid
Doxepin Hydrochloride	Antidepressants	Tricyclics	ANTIDEPRESSANTS	Tricyclic Agents
Doxepin Hydrochloride	Anxiolytics	Anxiolytics, Other	ANTIDEPRESSANTS	Tricyclic Agents
Duloxetine Hydrochloride	Antidepressants	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)	ANTIDEPRESSANTS	Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)
Duloxetine Hydrochloride	Anxiolytics	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)	ANTIDEPRESSANTS	Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)
Escitalopram Oxalate	Antidepressants	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)	ANTIDEPRESSANTS	Selective Serotonin Reuptake Inhibitors (SSRIs)

Drug Name Example (non-proprietary name)/ Ejemplo de Nombre del Medicamento (denominación común)	New Mexico Therapeutic Category/ Grupo Terapéutico de New Mexico	New Mexico Class/ Clase de New Mexico	Group Name Used on Formulary/ Nombre del Grupo Utilizado en el Formulario	Class Name Used on Formulary/ Nombre de la Clase Utilizado en el Formulario
Escitalopram Oxalate	Anxiolytics	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)	ANTIDEPRESSANTS	Selective Serotonin Reuptake Inhibitors (SSRIs)
Esketamine Hydrochloride	Antidepressants	Antidepressants, Other	ANTIDEPRESSANTS	N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists
Estazolam	Sleep Disorder Agents	Sleep Promoting Agents	HYPNOTICS/SEDATIVES/ SLEEP DISORDER AGENTS	Non-Barbiturate Hypnotics
Eszopiclone	Sleep Disorder Agents	Sleep Promoting Agents	HYPNOTICS/SEDATIVES/ SLEEP DISORDER AGENTS	Non-Barbiturate Hypnotics
Fluoxetine Hydrochloride	Antidepressants	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)	ANTIDEPRESSANTS	Selective Serotonin Reuptake Inhibitors (SSRIs)
Fluphenazine	Antipsychotics	1st Generation/ Typical1	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	Phenothiazines
Flurazepam	Sleep Disorder Agents	Sleep Promoting Agents	HYPNOTICS/SEDATIVES/ SLEEP DISORDER AGENTS	Non-Barbiturate Hypnotics
Fluvoxamine Maleate	Antidepressants	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)	ANTIDEPRESSANTS	Selective Serotonin Reuptake Inhibitors (SSRIs)

Drug Name Example (non-proprietary name)/ Ejemplo de Nombre del Medicamento (denominación común)	New Mexico Therapeutic Category/ Grupo Terapéutico de New Mexico	New Mexico Class/ Clase de New Mexico	Group Name Used on Formulary/ Nombre del Grupo Utilizado en el Formulario	Class Name Used on Formulary/ Nombre de la Clase Utilizado en el Formulario
Gabapentin	Anticonvulsants	Gamma-aminobutyric Acid (GABA) Augmenting Agents	ANTICONVULSANTS	Anticonvulsants - Misc.
Guanfacine Hydrochloride	Central Nervous System Agents	Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines	ADHD/ANTI-NARCOLEPSY/ ANTI-OBESITY/ ANOREXIANTS	Attention-Deficit/Hyperactivity Disorder (ADHD) Agents
Haloperidol	Antipsychotics	1st Generation/ Typical1	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	Butyrophenones
Hydroxyzine Hydrochloride	Anxiolytics	Anxiolytics, Other	ANTIANXIETY AGENTS	Antianxiety Agents - Misc.
Hydroxyzine Pamoate	Anxiolytics	Anxiolytics, Other	ANTIANXIETY AGENTS	Antianxiety Agents - Misc.
Iloperidone	Antipsychotics	2nd Generation/ Atypical2	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	Benzisoxazoles
Imipramine Hydrochloride	Antidepressants	Tricyclics	ANTIDEPRESSANTS	Tricyclic Agents
Imipramine Pamoate	Antidepressants	Tricyclics	ANTIDEPRESSANTS	Tricyclic Agents
Isocarboxazid	Antidepressants	Monoamine Oxidase Inhibitors	ANTIDEPRESSANTS	Monoamine Oxidase Inhibitors (MAOIs)
Lamotrigine	Anticonvulsants	Anticonvulsants, Other	ANTICONVULSANTS	Anticonvulsants - Misc.
Lamotrigine	Bipolar Agents	Mood Stabilizers	ANTICONVULSANTS	Anticonvulsants - Misc.
Liothyronine (for augmentation in severe depression)	Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)	Not applicable – no class assigned by USP	THYROID AGENTS	Thyroid Hormones
Lisdexamfetamine Dimesylate	Central Nervous System Agents	Attention Deficit Hyperactivity Disorder Agents, Amphetamines	ADHD/ANTI-NARCOLEPSY/ ANTI-OBESITY/ ANOREXIANTS	Amphetamines
Lithium Carbonate	Bipolar Agents	Mood Stabilizers	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	Antimanic Agents

Drug Name Example (non-proprietary name)/ Ejemplo de Nombre del Medicamento (denominación común)	New Mexico Therapeutic Category/ Grupo Terapéutico de New Mexico	New Mexico Class/ Clase de New Mexico	Group Name Used on Formulary/ Nombre del Grupo Utilizado en el Formulario	Class Name Used on Formulary/ Nombre de la Clase Utilizado en el Formulario
Lithium Citrate	Bipolar Agents	Mood Stabilizers	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	Antimanic Agents
Lofexidine	Anti-addiction/ Substance Abuse Treatment Agents	Opioid Dependence	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Agents for Chemical Dependency
Lorazepam	Anxiolytics	Benzodiazepines	ANTIANXIETY AGENTS	Benzodiazepines
Loxapine	Antipsychotics	1st Generation/ Typical1	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	Dibenzapines
Lurasidone	Bipolar Agents	Bipolar Agents, Other	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	Antipsychotics - Misc.
Lurasidone Hydrochloride	Antipsychotics	2nd Generation/ Atypical2	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	Antipsychotics - Misc.
Maprotiline Hydrochloride	Antidepressants	Antidepressants, Other	ANTIDEPRESSANTS	Antidepressants - Misc.
Meprobamate	Anxiolytics	Anxiolytics, Other	ANTIANXIETY AGENTS	Antianxiety Agents - Misc.
Methamphetamine Hydrochloride	Central Nervous System Agents	Attention Deficit Hyperactivity Disorder Agents, Amphetamines	ADHD/ANTI-NARCOLEPSY/ ANTI-OBESITY/ ANOREXIANTS	Amphetamines
Methylphenidate Hydrochloride	Central Nervous System Agents	Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines	ADHD/ANTI-NARCOLEPSY/ ANTI-OBESITY/ ANOREXIANTS	Stimulants - Misc.
Midazolam	Anxiolytics	Benzodiazepines	ANTIANXIETY AGENTS	Benzodiazepines
Mirtazapine	Antidepressants	Antidepressants, Other	ANTIDEPRESSANTS	Alpha-2 Receptor Antagonists (Tetracyclics)
Naloxone Hydrochloride	Anti-addiction/ Substance Abuse Treatment Agents	Opioid Reversal Agents	ANTIDOTES AND SPECIFIC ANTAGONISTS	Opioid Antagonists
Naltrexone	Anti-addiction/ Substance Abuse Treatment Agents	Alcohol Deterrents/Anti-craving	ANTIDOTES AND SPECIFIC ANTAGONISTS	Opioid Antagonists
Naltrexone	Anti-addiction/ Substance Abuse Treatment Agents	Opioid Dependence	ANTIDOTES AND SPECIFIC ANTAGONISTS	Opioid Antagonists
Naltrexone Hydrochloride	Anti-addiction/ Substance Abuse Treatment Agents	Alcohol Deterrents/Anti-craving	ANTIDOTES AND SPECIFIC ANTAGONISTS	Opioid Antagonists

Drug Name Example (non-proprietary name)/ Ejemplo de Nombre del Medicamento (denominación común)	New Mexico Therapeutic Category/ Grupo Terapéutico de New Mexico	New Mexico Class/ Clase de New Mexico	Group Name Used on Formulary/ Nombre del Grupo Utilizado en el Formulario	Class Name Used on Formulary/ Nombre de la Clase Utilizado en el Formulario
Nefazodone Hydrochloride	Antidepressants	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)	ANTIDEPRESSANTS	Serotonin Modulators
Nicotine Polacrilex	Anti-addiction/ Substance Abuse Treatment Agents	Smoking Cessation Agents	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Smoking Deterrents
Nortriptyline Hydrochloride	Antidepressants	Tricyclics	ANTIDEPRESSANTS	Tricyclic Agents
Olanzapine	Antipsychotics	2nd Generation/ Atypical2	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	Dibenzapines
Olanzapine	Bipolar Agents	Bipolar Agents, Other	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	Dibenzapines
Olanzapine Pamoate	Bipolar Agents	Bipolar Agents, Other	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	Dibenzapines
Olanzapine/ Fluoxetine	Antidepressants	Antidepressants, Other	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Combination Psychotherapeutics
Oxazepam	Anxiolytics	Benzodiazepines	ANTIANXIETY AGENTS	Benzodiazepines
Oxcarbazepine	Anticonvulsants	Sodium Channel Agents	ANTICONVULSANTS	Anticonvulsants - Misc.
Paliperidone	Antipsychotics	2nd Generation/ Atypical2	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	Benzisoxazoles
Paroxetine Hydrochloride	Antidepressants	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)	ANTIDEPRESSANTS	Selective Serotonin Reuptake Inhibitors (SSRIs)

Drug Name Example (non-proprietary name)/ Ejemplo de Nombre del Medicamento (denominación común)	New Mexico Therapeutic Category/ Grupo Terapéutico de New Mexico	New Mexico Class/ Clase de New Mexico	Group Name Used on Formulary/ Nombre del Grupo Utilizado en el Formulario	Class Name Used on Formulary/ Nombre de la Clase Utilizado en el Formulario
Paroxetine Hydrochloride	Anxiolytics	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)	ANTIDEPRESSANTS	Selective Serotonin Reuptake Inhibitors (SSRIs)
Perphenazine	Antipsychotics	1st Generation/ Typical1	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	Phenothiazines
Perphenazine/ Amitriptyline Hydrochloride	Antidepressants	Antidepressants, Other	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Combination Psychotherapeutics
Phenelzine Sulfate	Antidepressants	Monoamine Oxidase Inhibitors	ANTIDEPRESSANTS	Monoamine Oxidase Inhibitors (MAOIs)
Pimavanserin Tartrate	Antipsychotics	2nd Generation/ Atypical2	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	Antipsychotics - Misc.
Pimozide	Antipsychotics	1st Generation/ Typical1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Psychotherapeutic and Neurological Agents - Misc.
Pramipexole Dihydrochloride (for augmentation in severe depression)	Antiparkinson Agents	Dopamine Agonists	ANTIPARKINSON AND RELATED THERAPY AGENTS	Antiparkinson Dopaminergics
Prazosin Hydrochloride (for treatment of PTSD)	Cardiovascular Agents	Alpha-adrenergic Blocking Agents	ANTIHYPERTENSIVES	Antiadrenergic Antihypertensives
Pregabalin	Anticonvulsants	Gamma-aminobutyric Acid (GABA) Augmenting Agents	ANTICONVULSANTS	Anticonvulsants - Misc.
Prochlorperazine	Antipsychotics	1st Generation/ Typical1	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	Phenothiazines
Protriptyline Hydrochloride	Antidepressants	Tricyclics	ANTIDEPRESSANTS	Tricyclic Agents
Quazepam	Sleep Disorder Agents	Sleep Promoting Agents	HYPNOTICS/SEDATIVES/ SLEEP DISORDER AGENTS	Non-Barbiturate Hypnotics

Drug Name Example (non-proprietary name)/ Ejemplo de Nombre del Medicamento (denominación común)	New Mexico Therapeutic Category/ Grupo Terapéutico de New Mexico	New Mexico Class/ Clase de New Mexico	Group Name Used on Formulary/ Nombre del Grupo Utilizado en el Formulario	Class Name Used on Formulary/ Nombre de la Clase Utilizado en el Formulario
Quetiapine Fumarate	Antidepressants	Antidepressants, Other	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	Dibenzapines
Quetiapine Fumarate	Antipsychotics	2nd Generation/ Atypical2	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	Dibenzapines
Quetiapine Fumarate	Bipolar Agents	Bipolar Agents, Other	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	Dibenzapines
Risperidone	Antipsychotics	2nd Generation/ Atypical2	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	Benzisoxazoles
Risperidone	Bipolar Agents	Bipolar Agents, Other	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	Benzisoxazoles
Selegiline	Antidepressants	Monoamine Oxidase Inhibitors	ANTIDEPRESSANTS	Monoamine Oxidase Inhibitors (MAOIs)
Sertraline Hydrochloride	Antidepressants	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)	ANTIDEPRESSANTS	Selective Serotonin Reuptake Inhibitors (SSRIs)
Sertraline Hydrochloride	Anxiolytics	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)	ANTIDEPRESSANTS	Selective Serotonin Reuptake Inhibitors (SSRIs)
Suvorexant	Sleep Disorder Agents	Sleep Promoting Agents	HYPNOTICS/SEDATIVES/ SLEEP DISORDER AGENTS	Orexin Receptor Antagonists
Temazepam	Sleep Disorder Agents	Sleep Promoting Agents	HYPNOTICS/SEDATIVES/ SLEEP DISORDER AGENTS	Non-Barbiturate Hypnotics
Thioridazine	Antipsychotics	1st Generation/ Typical1	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	Phenothiazines
Thiothixene	Antipsychotics	1st Generation/ Typical1	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	Thioxanthenes

Drug Name Example (non-proprietary name)/ Ejemplo de Nombre del Medicamento (denominación común)	New Mexico Therapeutic Category/ Grupo Terapéutico de New Mexico	New Mexico Class/ Clase de New Mexico	Group Name Used on Formulary/ Nombre del Grupo Utilizado en el Formulario	Class Name Used on Formulary/ Nombre de la Clase Utilizado en el Formulario
Topiramate	Anticonvulsants	Anticonvulsants, Other	ANTICONVULSANTS	Anticonvulsants - Misc.
Tranylcypromine Sulfate	Antidepressants	Monoamine Oxidase Inhibitors	ANTIDEPRESSANTS	Monoamine Oxidase Inhibitors (MAOIs)
Trazodone Hydrochloride	Antidepressants	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)	ANTIDEPRESSANTS	Serotonin Modulators
Triazolam	Sleep Disorder Agents	Sleep Promoting Agents	HYPNOTICS/SEDATIVES/ SLEEP DISORDER AGENTS	Non-Barbiturate Hypnotics
Trifluoperazine	Antipsychotics	1st Generation/ Typical1	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Phenothiazines
Trihexyphenidyl Hydrochloride	Antiparkinson Agents	Anticholinergics	ANTIPARKINSON AND RELATED THERAPY AGENTS	Antiparkinson Anticholinergics
Trimipramine Maleate	Antidepressants	Tricyclics	ANTIDEPRESSANTS	Tricyclic Agents
Valbenazine	Central Nervous System Agents	Central Nervous System Agents, Other	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Movement Disorder Drug Therapy
Valproic Acid	Anticonvulsants	Anticonvulsants, Other	ANTICONVULSANTS	Valproic Acid
Varenicline Tartrate	Anti-addiction/ Substance Abuse Treatment Agents	Smoking Cessation Agents	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Smoking Deterrents
Venlafaxine Hydrochloride	Antidepressants	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)	ANTIDEPRESSANTS	Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)

Drug Name Example (non-proprietary name)/ Ejemplo de Nombre del Medicamento (denominación común)	New Mexico Therapeutic Category/ Grupo Terapéutico de New Mexico	New Mexico Class/ Clase de New Mexico	Group Name Used on Formulary/ Nombre del Grupo Utilizado en el Formulario	Class Name Used on Formulary/ Nombre de la Clase Utilizado en el Formulario
Venlafaxine Hydrochloride	Anxiolytics	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)	ANTIDEPRESSANTS	Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)
Zaleplon	Sleep Disorder Agents	Sleep Promoting Agents	HYPNOTICS/SEDATIVES/ SLEEP DISORDER AGENTS	Non-Barbiturate Hypnotics
Ziprasidone	Antipsychotics	2nd Generation/ Atypical2	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	Antipsychotics - Misc.
Ziprasidone Hydrochloride	Bipolar Agents	Bipolar Agents, Other	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	Antipsychotics - Misc.
Zolpidem	Sleep Disorder Agents	Sleep Promoting Agents	HYPNOTICS/SEDATIVES/ SLEEP DISORDER AGENTS	Non-Barbiturate Hypnotics

MOLINA HEALTHCARE

Molina Healthcare Marketplace

2025 Formulary Changes Effective October 1, 2025

Drug Name	Description of Formulary Change	Notes/Alternatives
AFLURIA INJ 2025-26	Adding to Formulary, Preventive Tier with QL	
Afluria Preservative Free SUSY 0.5ML	Adding to Formulary, Preventive Tier with QL	
BOSENTAN TAB 32MG	Adding to Formulary, Specialty Tier with PA; QL	
DEXCOM G7 MIS 15 DAY	Adding to Formulary, DME Tier with PA; QL; Age Limit	
Doxycycline Hyclate CAPS 100MG	Adding to Formulary, Preferred Generic Tier	
Doxycycline Hyclate CAPS 50MG	Adding to Formulary, Preferred Generic Tier	
Doxycycline Hyclate TABS 100MG	Adding to Formulary, Preferred Generic Tier	
Doxycycline Monohydrate TABS 75MG	Adding to Formulary, Preferred Generic Tier	
FIDAXOMICIN TAB 200MG	Adding to Formulary, Preferred Generic Tier with PA	
FLUAD INJ 2025-26	Adding to Formulary, Preventive Tier with QL; Age Limit	
FLUARIX INJ 2025-26	Adding to Formulary, Preventive Tier with QL	
FLUBLOK INJ 2025-26	Adding to Formulary, Preventive Tier with QL; Age Limit	
FLUCELVAX INJ 2025-6	Adding to Formulary, Preventive Tier with QL	
FLULAVAL INJ 2025-26	Adding to Formulary, Preventive Tier with QL	
FLUMIST NASA LIQ 2025-26	Adding to Formulary, Preventive Tier with QL	

Drug Name	Description of Formulary Change	Notes/Alternatives
FLUZONE HD INJ 2025-26	Adding to Formulary, Preventive Tier with QL; Age Limit	
FLUZONE INJ 2025-26	Adding to Formulary, Preventive Tier with QL	
FLUZONE INJ 2025-26 PF	Adding to Formulary, Preventive Tier with QL	
Ixinity SOLR 1500UNIT	Adding to Formulary, Specialty Tier with PA	
MNEXSPIKE INJ 2025-26	Adding to Formulary, Preventive Tier	
MODERNA INJ 2025-26	Adding to Formulary, Preventive Tier	
PENMENVY INJ	Adding to Formulary, Preventive Tier	
Perampanel TABS 10MG	Adding to Formulary, Non-Preferred Brand Tier	
Perampanel TABS 12MG	Adding to Formulary, Non-Preferred Brand Tier	
Perampanel TABS 2MG	Adding to Formulary, Non-Preferred Brand Tier	
Perampanel TABS 4MG	Adding to Formulary, Non-Preferred Brand Tier	
Perampanel TABS 6MG	Adding to Formulary, Non-Preferred Brand Tier	
Perampanel TABS 8MG	Adding to Formulary, Non-Preferred Brand Tier	
Poly-Vi-Flor SUSP 0.25MG/ML	Adding to Formulary, Preferred Generic Tier with QL	
PREZCOBIX TAB 675/150	Adding to Formulary, Preferred Brand Tier with QL	
PYZCHIVA INJ 45/0.5ML	Adding to Formulary, Specialty Tier with QL	
RIVAROXABAN SUS 1MG/ML	Adding to Formulary, Preferred Generic Tier with QL; Age Limit	

Drug Name	Description of Formulary Change	Notes/Alternatives
SACUB/VALSAR TAB 24-26MG	Adding to Formulary, Preferred Generic Tier with PA	
SACUB/VALSAR TAB 49-51MG	Adding to Formulary, Preferred Generic Tier with PA	
SACUB/VALSAR TAB 97-103MG	Adding to Formulary, Preferred Generic Tier with PA	
SPIKEVAX INJ 2025-26	Adding to Formulary, Preventive Tier with Age Limit	

PA = Prior Authorization **QL** = Quantity Limits **ST** = Step Therapy

Molina Healthcare Marketplace

2025 Formulary Changes Effective July 1, 2025

Drug Name	Description of Formulary Change	Notes/Alternatives
Calcium + D3 TABS 250-3MG-MCG	Adding to Formulary, Preferred Generic Tier	
Calcium CHEW 500-2.5MG-MCG	Adding to Formulary, Preferred Generic Tier	
Cholestyramine Light PACK 4 GM	Adding to Formulary, Preferred Generic Tier with QL	
Cholestyramine PACK 4 GM	Adding to Formulary, Preferred Generic Tier with QL	
Dasatinib Tab 100MG	PA Removed	
Dasatinib Tab 140MG	PA Removed	
Dasatinib Tab 20MG	PA Removed	
Dasatinib Tab 50MG	PA Removed	
Dasatinib Tab 70MG	PA Removed	
Dasatinib Tab 80MG	PA Removed	
Descovy Tab 120-15MG	Updated to Preferred Brand Tier	
Descovy Tab 200-25MG	Updated to Preferred Brand Tier	
Eligard Inj 22.5MG	PA Removed	
Eligard Inj 7.5MG	PA Removed	
Eslicarbazep Tab 200MG	Adding to Formulary, Non-Preferred Brand Tier	
Eslicarbazep Tab 400MG	Adding to Formulary, Non-Preferred Brand Tier	
Eslicarbazep Tab 600MG	Adding to Formulary, Non-Preferred Brand Tier	
Eslicarbazep Tab 800MG	Adding to Formulary, Non-Preferred Brand Tier	

Drug Name	Description of Formulary Change	Notes/Alternatives
Estradiol PTTW 0.025MG/24HR	Updated to Preferred Generic Tier	
Estradiol PTTW 0.0375MG/24HR	Updated to Preferred Generic Tier	
Estradiol PTTW 0.05MG/24HR	Updated to Preferred Generic Tier	
Estradiol PTTW 0.075MG/24HR	Updated to Preferred Generic Tier	
Estradiol PTTW 0.1MG/24HR	Updated to Preferred Generic Tier	
Estradiol PTWK 0.025MG/24HR	Updated to Preferred Generic Tier	
Estradiol PTWK 0.0375MG/24HR	Updated to Preferred Generic Tier	
Estradiol PTWK 0.05MG/24HR	Updated to Preferred Generic Tier	
Estradiol PTWK 0.06MG/24HR	Updated to Preferred Generic Tier	
Estradiol PTWK 0.075MG/24HR	Updated to Preferred Generic Tier	
Estradiol PTWK 0.1MG/24HR	Updated to Preferred Generic Tier	
Estradiol Td Patch Weekly 14 MCG/24HR	Updated to Preferred Generic Tier	
Etodolac CAPS 300MG	Adding to Formulary, Preferred Generic Tier with QL	
Ferrous Sulfate Solution 300 MG/5ML	Adding to Formulary, Preferred Generic Tier	
Firmagon Inj 80MG	PA Removed	
FreeStyle Libre 2 Plus Sensor MISC	Remove Age Limit	

Drug Name	Description of Formulary Change	Notes/Alternatives
FreeStyle Libre 3 Plus Sensor MISC	Remove Age Limit	
Glassia SOLN 4GM/200ML	Added to Specialty Tier with PA	
Glassia SOLN 5GM/250ML	Added to Specialty Tier with PA	
IPOL INJ	Adding to Formulary, Preventive Tier	
Miudella IUD Copper	Adding to Formulary, Preventive Tier with QL	
Nilotinib HCl Cap 50 mg	Adding to Formulary, Preferred Specialty Tier with QL	
Nilotinib HCl Cap 150 mg	Adding to Formulary, Preferred Specialty Tier with QL	
Nilotinib HCl Cap 200 mg	Adding to Formulary, Preferred Specialty Tier with QL	
Novolin R Flexpen	Adding to Formulary, Preferred Brand Tier with QL	
Novolog Flexpen Relion	Adding to Formulary, Preferred Brand Tier with QL	
Pyzchiva SOLN 130MG/26ML	Adding to Formulary, Specialty Tier	
Pyzchiva SOSY 45MG/0.5ML	Adding to Formulary, Specialty Tier with QL	
Pyzchiva SOSY 90MG/ML	Adding to Formulary, Specialty Tier with QL	
Rexulti Tab 0.25 MG	Adding to Formulary, Non-Preferred Brand Tier	
Rexulti Tab 0.5 MG	Adding to Formulary, Non-Preferred Brand Tier	
Rexulti Tab 1 MG	Adding to Formulary, Non-Preferred Brand Tier	
Rexulti Tab 2 MG	Adding to Formulary, Non-Preferred Brand Tier	

Drug Name	Description of Formulary Change	Notes/Alternatives
Rexulti Tab 3 MG	Adding to Formulary, Non-Preferred Brand Tier	
Rexulti Tab 4 MG	Adding to Formulary, Non-Preferred Brand Tier	
Rivaroxaban Tab 2.5 MG	Adding to Formulary, Preferred Generic Tier with QL	
Rybelsus Tab 1.5MG	Adding to Formulary, Preferred Brand Tier with QL; ST	
Rybelsus Tab 4MG	Adding to Formulary, Preferred Brand Tier with QL; ST	
Rybelsus Tab 9MG	Adding to Formulary, Preferred Brand Tier with QL; ST	
Se-Natal 19 Chew 29-1 MG	Adding to Formulary, Preferred Generic Tier with QL	
Simlandi 1 Pen Kit 80/0.8 ML	Adding to Formulary, Specialty Tier with QL	
Tacrolimus OINT 0.03%	PA Removed; QL Updated	100g per 30 days
Tacrolimus OINT 0.1%	PA Removed; QL Updated	100g per 30 days
Tazarotene Cream 0.05%	Adding to Formulary, Non-Preferred Generic Tier with PA; QL	
Techlite Insulin Syringe MISC 29G X 1/2"1 ML	Adding to Formulary, DME Tier with QL	
Techlite Pen Needles MISC 29G X 12MM	Adding to Formulary, DME Tier with QL	
Thrivite Rx TABS 29-1 MG	Adding to Formulary, Preferred Generic Tier	
Ticagrelor TABS 60 MG	Adding to Formulary, Preferred Generic Tier with PA and QL	
Ticagrelor TABS 90 MG	Adding to Formulary, Preferred Generic Tier with PA and QL	
Tremfya Crohn's INJ 200/2ML	Adding to Formulary, Specialty Tier	

Drug Name	Description of Formulary Change	Notes/Alternatives
Tremfya INJ 200/2ML	Adding to Formulary, Specialty Tier	
Vraylar Cap 1.5 MG	Adding to Formulary, Non-Preferred Brand Tier	
Vraylar Cap 3 MG	Adding to Formulary, Non-Preferred Brand Tier	
Vraylar Cap 4.5 MG	Adding to Formulary, Non-Preferred Brand Tier	
Vraylar Cap 6 MG	Adding to Formulary, Non-Preferred Brand Tier	
Yesintek SOLN 130MG/26ML	Adding to Formulary, Specialty Tier	
Yesintek SOLN 45MG/0.5ML	Adding to Formulary, Specialty Tier with QL	
Yesintek SOSY 45MG/0.5ML	Adding to Formulary, Specialty Tier with QL	
Yesintek SOSY 90MG/ML	Adding to Formulary, Specialty Tier with QL	
Zolinza Cap 100MG	PA Removed	
Zolmitriptan SOLN 2.5MG	Adding to Formulary, Preferred Generic Tier with QL; ST	

PA = Prior Authorization **QL =** Quantity Limits **ST =** Step Therapy

MOLINA HEALTHCARE

Molina Healthcare Marketplace

2025 Formulary Changes Effective April 1, 2025

Drug Name	Description of Formulary Change	Notes/Alternatives
Diltiazem CD Cap 360mg/24	Adding To Formulary Generic Tier; QL	
Enbrel Mini Inj 50mg/Ml	Removed Prior Authorization Requirement (PA)	QL Applies
Femlyv TBDP 1-0.02MG	Adding To Formulary Preventive Tier; QL	
Freestyle Libre 2 Plus Sensor MISC	Adding To Formulary, DME Tier (Takes Durable Medical Equipment Cost Sharing); PA; QL; AGE	
Freestyle Libre 3 Plus Sensor MISC	Adding To Formulary, DME Tier (Takes Durable Medical Equipment Cost Sharing); PA; QL; AGE	
Moxifloxacin Sol 0.5%(M)	Adding To Formulary Generic Tier; QL	
Simlandi (1 Pen) AJKT 40MG/0.4ML	Adding To Formulary Specialty Tier; QL	
Simlandi (2 Pen) AJKT 40MG/0.4ML	Adding To Formulary Specialty Tier; QL	
Simlandi Kit 20/0.2ml	Adding To Formulary Specialty Tier; QL	
Simlandi Kit 80/0.8ml	Adding To Formulary Specialty Tier; QL	
True Metrix Blood Glucose Test STRP	Adding To Formulary, DME Tier (Takes Durable Medical Equipment Cost Sharing); QL	
True Metrix Pro Blood Glucose STRP	Adding To Formulary, DME Tier (Takes Durable Medical Equipment Cost Sharing); QL	

PA = Prior Authorization **QL =** Quantity Limits **ST =** Step Therapy **AGE** = Age limits apply

Molina Healthcare Marketplace

2025 Formulary Changes Effective January 1, 2025

Drug Name	Description of Formulary Change	Notes/Alternatives
Acetasol HC Solution 2-1% Otic	Remove Brand Version from Formulary	Generic Covered
Afrezza Powder 4UNIT Inhalation	Removing from Formulary	Short Acting Insulins (Novolin, Novolog, Fiasp) Covered
Afrezza Powder 8UNIT Inhalation	Removing from Formulary	Short Acting Insulins (Novolin, Novolog, Fiasp) Covered
Afrezza Powder 12UNIT Inhalation	Removing from Formulary	Short Acting Insulins (Novolin, Novolog, Fiasp) Covered
Afrezza Powder 90 x 4 UNIT &90x8 UNIT Inhalation	Removing from Formulary	Short Acting Insulins (Novolin, Novolog, Fiasp) Covered
Afrezza Powder 90 x 8 UNIT &90x12 UNIT Inhalation	Removing from Formulary	Short Acting Insulins (Novolin, Novolog, Fiasp) Covered
Afrezza Powder 4 & 8 & 12UNIT Inhalation	Removing from Formulary	Short Acting Insulins (Novolin, Novolog, Fiasp) Covered
Alrex (loteprednol) Suspension 0.2% Ophthalmic	Remove Brand Version from Formulary	Generic Covered
Alvimopan Capsule 12MG Oral	Adding to formulary, non-preferred tier	
Amoxicillin Tablet 500MG Oral	Changing from non-preferred tier to preferred generic tier	
Atovaquone-Proguanil HCl Tablet 62.5-25MG Oral	Remove Prior Authorization Requirement	
Atovaquone-Proguanil HCl Tablet 250-100MG Oral	Remove Prior Authorization Requirement	
Balcoltra Tablet 0.1-20MG-MCG(21) Oral	Remove Brand Version from Formulary	Generic Covered
Candesartan Cilexetil Tablet 4MG Oral	Remove Step Therapy Requirement	
Candesartan Cilexetil Tablet 8MG Oral	Remove Step Therapy Requirement	
Candesartan Cilexetil Tablet 16MG Oral	Remove Step Therapy Requirement	
Candesartan Cilexetil Tablet 32MG Oral	Remove Step Therapy Requirement	
CARBAMAZEPIN CHW 200MG	Adding to formulary preferred generic tier	
COPAXONE 40 MG	Remove Brand Version from Formulary	Generic Covered

Drug Name	Description of Formulary Change	Notes/Alternatives
CORLANOR TAB 5MG	Remove Brand Version from Formulary	Generic Covered
CORLANOR TAB 7.5MG	Remove Brand Version from Formulary	Generic Covered
Darunavir Tablet 600MG Oral	Adding to formulary preferred generic tier	
Darunavir Tablet 800MG Oral	Adding to formulary preferred generic tier	
Descovy Tablet 120-15MG Oral	Adding to formulary preferred brand tier	
Descovy Tablet 200-25MG Oral	Adding to formulary preferred brand tier	
dilTIAZem HCl ER Capsule Extended Release 12 Hour 60MG Oral	Adding to formulary preferred generic tier	
dilTIAZem HCl ER Capsule Extended Release 12 Hour 90MG Oral	Adding to formulary preferred generic tier	
dilTIAZem HCl ER Tablet Extended Release 24 Hour 120MG Oral	Adding to formulary preferred generic tier	
dilTIAZem HCl ER Tablet Extended Release 24 Hour 180MG Oral	Adding to formulary preferred generic tier	
dilTIAZem HCl ER Tablet Extended Release 24 Hour 240MG Oral	Adding to formulary preferred generic tier	
dilTIAZem HCl ER Tablet Extended Release 24 Hour 300MG Oral	Adding to formulary preferred generic tier	
dilTIAZem HCl ER Tablet Extended Release 24 Hour 360MG Oral	Adding to formulary preferred generic tier	
dilTIAZem HCl ER Tablet Extended Release 24 Hour 420MG Oral	Adding to formulary preferred generic tier	
Dimethyl Fumarate Capsule Delayed Release 120MG Oral	Changing from specialty tier cost sharing tier to preferred generic cost sharing tier	Specialty pharmacy required
Dimethyl Fumarate Capsule Delayed Release 240MG Oral	Changing from specialty tier cost sharing tier to preferred generic cost sharing tier	Specialty pharmacy required
Dimethyl Fumarate Starter Pack Capsule Delayed Release Therapy Pack 120 & 240MG Oral	Changing from specialty tier cost sharing tier to preferred generic cost sharing tier	Specialty pharmacy required

Drug Name	Description of Formulary Change	Notes/Alternatives
Doptelet Tablet 20MG	Adding to formulary specialty tier with prior authorization	
Dorzolamide HCl-Timolol Mal PF SOLN 2-0.5%	Adding to formulary preferred generic tier, Quantity Limit	
Edarbi Tablet 40MG Oral	Remove Brand Version from Formulary	Irbesartan, Valsartan, Losartan, Candesartan Covered
Edarbi Tablet 80MG Oral	Remove Brand Version from Formulary	Irbesartan, Valsartan, Losartan, Candesartan Covered
Ergomar Tablet Sublingual 2MG Sublingual	Removing Prior Authorization Requirement	
Estradiol Tablet 0.5MG Oral	Removing Prior Authorization Requirement	
Estradiol Tablet 1MG Oral	Removing Prior Authorization Requirement	
Estradiol Tablet 2MG Oral	Removing Prior Authorization Requirement	
Eurax Cream 10% External	Removing Step Therapy Requirement	
Ezetimibe Tablet 10MG Oral	Removing Step Therapy Requirement	
Firvanq Solution Reconstituted Oral	Remove Brand Version from Formulary	Generic Covered
guanFACINE HCl ER Tablet Extended Release 24 Hour 1MG Oral	Removing Prior Authorization Requirement	
guanFACINE HCl ER Tablet Extended Release 24 Hour 2MG Oral	Removing Prior Authorization Requirement	
guanFACINE HCl ER Tablet Extended Release 24 Hour 3MG Oral	Removing Prior Authorization Requirement	
guanFACINE HCl ER Tablet Extended Release 24 Hour 4MG Oral	Removing Prior Authorization Requirement	
INSULIN ASPART INJ 100 UNIT/ML	Removing from formulary	Brand Fiasp and Brand Novolog Covered
INSULIN ASPART SOLN PEN-INJECTOR 100 UNIT/ML	Removing from formulary	Brand Fiasp and Brand Novolog Covered
INSULIN ASPART SOLN CARTRIDGE 100 UNIT/ML	Removing from formulary	Brand Fiasp and Brand Novolog Covered
INSULIN ASPART PROT & ASPART (HUMAN) INJ 100 UNIT/ML (70-30)	Removing from formulary	Brand Fiasp and Brand Novolog Covered

Drug Name	Description of Formulary Change	Notes/Alternatives
INSULIN ASPART PROT & ASPART SUS PEN-INJ 100 UNIT/ML (70-30)	Removing from formulary	Brand Fiasp and Brand Novolog Covered
Lanabiotic Ointment 5-500-10000 External	Adding to formulary, Preferred Generic Tier	
Lansoprazole Capsule Delayed Release 15MG Oral	Changing from non-preferred tier to preferred generic tier	
Lansoprazole Capsule Delayed Release 30MG Oral	Changing from non-preferred tier to preferred generic tier	
Ledipasvir-Sofosbuvir Tablet 90-400MG Oral	Changing from specialty cost sharing tier to preferred brand cost sharing tier	Specialty pharmacy required
Levonorgest-Eth Estradiol-Iron Tablet 0.1-20MG-MCG(21) Oral	Adding to formulary, preventative tier	
Liraglutide SOPN 18MG/3ML	Adding to formulary, preferred generic tier, Step Therapy required, Quantity Limit	Prior use of metformin within the past 180 days
Loteprednol Etabonate Gel 0.5% Ophthalmic	Adding to formulary, non-preferred generic tier with prior authorization requirement	
MIRABEGRON TAB ER 24 HR 25 MG	Adding to formulary, non-preferred tier with prior authorization requirement	
MIRABEGRON TAB ER 24 HR 50 MG	Adding to formulary, non-preferred tier with prior authorization requirement	
MYRBETRIQ (Mirabegron) TAB 25MG	Remove Brand Version from Formulary	Generic Covered
MYRBETRIQ (Mirabegron) TAB 50MG	Remove Brand Version from Formulary	Generic Covered
Naftifine HCl Gel 2% External	Adding to formulary, non-preferred tier with prior authorization requirement	
Naftin Gel 2% External	Remove Brand Version from Formulary	Generic Covered
Narcan Liquid 4MG/0.1ML Nasal (Prescription Only Version)	Remove Brand Version from Formulary	Generic Covered, Over-the-Counter Brand Narcan covered
Paser Packet 4GM Oral	Adding to formulary, non-preferred brand tier	
Pataday (olopatadine) OTC 0.1% and 0.2%	Remove Brand Version from Formulary	Generic Covered
PAZOPanib HCl Tablet 200MG Oral	Adding to formulary, specialty tier with prior authorization requirement	
PREGABALIN SOL 20MG/ML	Adding to formulary non-preferred generic tier	
Prezista Tablet 600MG Oral	Remove Brand Version from Formulary	Generic Covered

Drug Name	Description of Formulary Change	Notes/Alternatives
Prezista Tablet 800MG Oral	Remove Brand Version from Formulary	Generic Covered
Promacta Tablet 12.5MG Oral	Removing from formulary	Doptelet and Tavalisse Covered with Prior Authorization
Promacta Tablet 25MG Oral	Removing from formulary	Doptelet and Tavalisse Covered with Prior Authorization
Promacta Tablet 50MG Oral	Removing from formulary	Doptelet and Tavalisse Covered with Prior Authorization
Promacta Tablet 75MG Oral	Removing from formulary	Doptelet and Tavalisse Covered with Prior Authorization
Rectiv Ointment 0.4% Rectal	Remove Brand Version from Formulary	Generic Covered
Simlandi (2 Pen) AJKT 40MG/0.4ML	Adding to formulary preferred specialty tier with prior authorization	
Simlandi (1 Pen) AJKT 40MG/0.4ML	Adding to formulary preferred specialty tier with prior authorization	
Sofosbuvir-Velpatasvir Tablet 400-100MG Oral	Changing from specialty tier to preferred brand tier	Specialty pharmacy required
Sprycel (dasatinib) Tablet 20MG Oral	Remove Brand Version from Formulary	Generic Covered
Sprycel (dasatinib) Tablet 50MG Oral	Remove Brand Version from Formulary	Generic Covered
Sprycel (dasatinib) Tablet 70MG Oral	Remove Brand Version from Formulary	Generic Covered
Sprycel (dasatinib) Tablet 80MG Oral	Remove Brand Version from Formulary	Generic Covered
Sprycel (dasatinib) Tablet 100MG Oral	Remove Brand Version from Formulary	Generic Covered
Sprycel (dasatinib) Tablet 140MG Oral	Remove Brand Version from Formulary	Generic Covered
SUBLOCADE SOSY 100MG/0.5ML	Adding to formulary, non-preferred Brand tier with day supply max	
SUBLOCADE SOSY 300MG/1.5ML	Adding to formulary, non-preferred Brand tier with day supply max	
Tavalisse TABS 100MG	Adding to formulary, specialty tier with Prior Authorization	
Tavalisse TABS 150MG	Adding to formulary, specialty tier with Prior Authorization	
TechLITE Insulin Syringe 29G X 1/2"0.3 ML	Adding to formulary, DME Tier (takes Durable Medical Equipment Cost Sharing)	

Drug Name	Description of Formulary Change	Notes/Alternatives
TechLITE Insulin Syringe 30G X 5/16"0.3 ML	Adding to formulary, DME Tier (takes Durable Medical Equipment Cost Sharing)	
TechLITE Insulin Syringe 30G X 1/2"0.3 ML	Adding to formulary, DME Tier (takes Durable Medical Equipment Cost Sharing)	
TechLITE Insulin Syringe 29G X 1/2"0.5 ML	Adding to formulary, DME Tier (takes Durable Medical Equipment Cost Sharing)	
TechLITE Insulin Syringe 30G X 5/16"0.5 ML	Adding to formulary, DME Tier (takes Durable Medical Equipment Cost Sharing)	
TechLITE Insulin Syringe 29G X 1/2"1 ML	Adding to formulary, DME Tier (takes Durable Medical Equipment Cost Sharing)	
TechLite Pen Needles 29G X 10MM	Adding to formulary, DME Tier (takes Durable Medical Equipment Cost Sharing)	
TechLite Pen Needles 29G X 12MM	Adding to formulary, DME Tier (takes Durable Medical Equipment Cost Sharing)	
TechLite Pen Needles 31G X 6 MM	Adding to formulary, DME Tier (takes Durable Medical Equipment Cost Sharing)	
Tiopronin Tablet 100MG Oral	Adding to formulary, specialty tier with prior authorization requirement	
Vancomycin solutions reconstituted oral	Adding to formulary, preferred generic tier	
Victoza (liraglutide) 18MG/3ML	Remove Brand Version from Formulary	Generic Covered
Votrient (pazopanib) Tablet 200MG Oral	Remove Brand Version from Formulary	Generic Covered
Vyvanse (lisdexamfetamine) Capsule 10MG Oral	Remove Brand Version from Formulary	Generic Covered
Vyvanse (lisdexamfetamine) Capsule 20MG Oral	Remove Brand Version from Formulary	Generic Covered
Vyvanse (lisdexamfetamine) Capsule 30MG Oral	Remove Brand Version from Formulary	Generic Covered
Vyvanse (lisdexamfetamine) Capsule 40MG Oral	Remove Brand Version from Formulary	Generic Covered
Vyvanse (lisdexamfetamine) Capsule 50MG Oral	Remove Brand Version from Formulary	Generic Covered
Vyvanse (lisdexamfetamine) Capsule 60MG Oral	Remove Brand Version from Formulary	Generic Covered
Vyvanse (lisdexamfetamine) Capsule 70MG Oral	Remove Brand Version from Formulary	Generic Covered
ZOLMitriptan SOLN 2.5MG	Adding to formulary, non-preferred generic tier with QL and ST requirement	

PA = Prior Authorization **QL =** Quantity Limits **ST =** Step Therapy

The medications listed below are available on the pharmacy benefit without a Prior Authorization:

Los medicamentos que se enumeran a continuación están disponibles en el beneficio de farmacia sin autorización previa.

ABIRATERONE ACETATE TABS 250MG
ABIRATERONE ACETATE TABS 500MG
ACTEMRA ACTPEN SOAJ 162MG/0.9ML
ACTEMRA SOLN 200MG/10ML
ACTEMRA SOLN 400MG/20ML
ACTEMRA SOLN 80MG/4ML
ACTEMRA SOSY 162MG/0.9ML
ACTIMMUNE SOLN 100MCG/0.5ML
ALECENSA CAPS 150MG
ARCALYST SOLR 220MG
BEXAROTENE CAPS 75MG
CAPECITABINE TABS 150MG
CAPECITABINE TABS 500MG
CAPRELSA TABS 100MG
CAPRELSA TABS 300MG
CIMZIA (2 SYRINGE) PSKT 200MG/ML
CIMZIA KIT 2 X 200MG
COSENTYX SENSOREADY PEN SOAJ 150MG/ML
COSENTYX SOSY 150MG/ML
COSENTYX SOSY 75MG/0.5ML
COSENTYX UNOREADY SOAJ 300MG/2ML
CUVITRU SOLN 2GM/10ML
CYCLOPHOSPHAMIDE CAPS 25MG
CYCLOPHOSPHAMIDE CAPS 50MG
DASATINIB TABS 100MG
DASATINIB TABS 140MG
DASATINIB TABS 20MG
DASATINIB TABS 50MG
DASATINIB TABS 70MG
DASATINIB TABS 80MG
EMCYT CAPS 140MG
ENBREL MINI SOCT 50MG/ML
ENBREL SOLN 25MG/0.5ML
ENBREL SOSY 25MG/0.5ML
ENBREL SOSY 50MG/ML
ENBREL SURECLICK SOAJ 50MG/ML
ERIVEDGE CAPS 150MG
ERLOTINIB HCL TABS 100MG
ERLOTINIB HCL TABS 150MG
ERLOTINIB HCL TABS 25MG
ETOPOSIDE CAPS 50MG
EVEROLIMUS TABS 10MG
EVEROLIMUS TABS 2.5MG
EVEROLIMUS TABS 5MG
EVEROLIMUS TABS 7.5MG
EVEROLIMUS TBSO 2MG
EVEROLIMUS TBSO 3MG
EVEROLIMUS TBSO 5MG
FARYDAK CAPS 10MG
FARYDAK CAPS 15MG
FARYDAK CAPS 20MG
FLEBOGAMMA DIF SOLN 0.5GM/10ML
FLEBOGAMMA DIF SOLN 20GM/200ML
FLEBOGAMMA DIF SOLN 5GM/100ML
GAMMAGARD S/D LESS IGA SOLR 10GM
GAMMAGARD SOLN 1GM/10ML
GAMMAKED SOLN 1GM/10ML
GAMMAPLEX SOLN 20GM/200ML
GAMMAPLEX SOLN 5GM/100ML
GAMUNEX-C SOLN 1GM/10ML
GILOTRIF TABS 20MG
GILOTRIF TABS 30MG
GILOTRIF TABS 40MG
GLEOSTINE CAPS 100MG
GLEOSTINE CAPS 10MG
GLEOSTINE CAPS 40MG
HADLIMA PUSHTOUCH SOAJ 40MG/0.4ML
HADLIMA PUSHTOUCH SOAJ 40MG/0.8ML
HADLIMA SOSY 40MG/0.4ML
HADLIMA SOSY 40MG/0.8ML
HIZENTRA SOLN 10GM/50ML
HIZENTRA SOLN 1GM/5ML
HIZENTRA SOLN 2GM/10ML
HIZENTRA SOLN 4GM/20ML

HIZENTRA SOSY 10GM/50ML
HIZENTRA SOSY 1GM/5ML
HIZENTRA SOSY 2GM/10ML
HIZENTRA SOSY 4GM/20ML
HUMIRA (2 PEN) AJKT 40MG/0.4ML
HUMIRA (2 PEN) AJKT 40MG/0.8ML
HUMIRA (2 PEN) AJKT 80MG/0.8ML
HUMIRA (2 SYRINGE) PSKT 10MG/0.1ML
HUMIRA (2 SYRINGE) PSKT 20MG/0.2ML
HUMIRA (2 SYRINGE) PSKT 40MG/0.4ML
HUMIRA (2 SYRINGE) PSKT 40MG/0.8ML
HUMIRA-CD/UC/HS STARTER AJKT 40MG/0.8ML
HUMIRA-CD/UC/HS STARTER AJKT 80MG/0.8ML
HUMIRA-PED<40KG CROHNS STARTER PSKT
HUMIRA-PED>/=40KG CROHNS START PSKT
HUMIRA-PED>/=40KG UC STARTER AJKT 80MG/0.8ML
HUMIRA-PS/UV/ADOL HS STARTER AJKT 40MG/0.8ML
HUMIRA-PSORIASIS/UVEIT STARTER AJKT
HYQVIA KIT 10GM/100ML
HYQVIA KIT 2.5GM/25ML
HYQVIA KIT 20GM/200ML
HYQVIA KIT 30GM/300ML
HYQVIA KIT 5GM/50ML
HYRIMOZ SOAJ 40MG/0.4ML
HYRIMOZ SOAJ 80MG/0.8ML
HYRIMOZ SOSY 10MG/0.1ML
HYRIMOZ SOSY 20MG/0.2ML
HYRIMOZ SOSY 40MG/0.4ML
HYRIMOZ-CROHNS/UC STARTER SOAJ 80MG/0.8ML
HYRIMOZ-PED<40KG CROHN STARTER SOSY
HYRIMOZ-PED>/=40KG CROHN START SOSY
HYRIMOZ-PLAQ PSOR/UVEIT START SOAJ
IBRANCE CAPS 100MG
IBRANCE CAPS 125MG
IBRANCE CAPS 75MG
IBRANCE TABS 100MG
IBRANCE TABS 125MG
IBRANCE TABS 75MG
ICLUSIG TABS 10MG
ICLUSIG TABS 15MG
ICLUSIG TABS 30MG
ICLUSIG TABS 45MG
IMATINIB MESYLATE TABS 100MG
IMATINIB MESYLATE TABS 400MG
IMBRUVICA CAPS 140MG
JAKAFI TABS 10MG
JAKAFI TABS 15MG
JAKAFI TABS 20MG
JAKAFI TABS 25MG
JAKAFI TABS 5MG
KEVZARA SOAJ 150MG/1.14ML
KEVZARA SOAJ 200MG/1.14ML
KEVZARA SOSY 150MG/1.14ML
KEVZARA SOSY 200MG/1.14ML
KINERET SOSY 100MG/0.67ML
LAPATINIB DITOSYLATE TABS 250MG
LENALIDOMIDE CAPS 10MG
LENALIDOMIDE CAPS 15MG
LENALIDOMIDE CAPS 2.5MG
LENALIDOMIDE CAPS 20MG
LENALIDOMIDE CAPS 25MG
LENALIDOMIDE CAPS 5MG
LENVIMA (10 MG DAILY DOSE) CPPK
LENVIMA (12 MG DAILY DOSE) CPPK
LENVIMA (14 MG DAILY DOSE) CPPK
LENVIMA (18 MG DAILY DOSE) CPPK
LENVIMA (20 MG DAILY DOSE) CPPK
LENVIMA (24 MG DAILY DOSE) CPPK
LENVIMA (4 MG DAILY DOSE) CPPK
LENVIMA (8 MG DAILY DOSE) CPPK
LEUKERAN TABS 2MG
LEUPROLIDE ACETATE KIT 1MG/0.2ML
LYNPARZA TABS 100MG
LYNPARZA TABS 150MG
LYSODREN TABS 500MG
MATULANE CAPS 50MG
MEKINIST TABS 0.5MG
MEKINIST TABS 2MG
MELPHALAN TABS 2MG
NILOTINIB HCL CAPS 150MG
NILOTINIB HCL CAPS 200MG
NILOTINIB HCL CAPS 50MG

NILUTAMIDE TABS 150MG
OCTAGAM SOLN 20GM/200ML
OCTAGAM SOLN 5GM/100ML
ODOMZO CAPS 200MG
ORENCIA CLICKJECT SOAJ 125MG/ML
ORENCIA SOLR 250MG
ORENCIA SOSY 125MG/ML
ORENCIA SOSY 50MG/0.4ML
ORENCIA SOSY 87.5MG/0.7ML
OTEZLA TABS 30MG
OTEZLA TBPK 10 & 20 & 30MG
PAZOPANIB HCL TABS 200MG
POMALYST CAPS 1MG
POMALYST CAPS 2MG
POMALYST CAPS 3MG
POMALYST CAPS 4MG
PRIVIGEN SOLN 20GM/200ML
PYZCHIVA SOLN 130MG/26ML
PYZCHIVA SOLN 45MG/0.5ML
PYZCHIVA SOSY 45MG/0.5ML
PYZCHIVA SOSY 90MG/ML
RINVOQ TB24 15MG
RINVOQ TB24 30MG
RINVOQ TB24 45MG
RUBRACA TABS 200MG
RUBRACA TABS 250MG
RUBRACA TABS 300MG
SIMLANDI (1 PEN) AJKT 40MG/0.4ML
SIMLANDI (1 PEN) AJKT 80MG/0.8ML
SIMLANDI (1 SYRINGE) PSKT 80MG/0.8ML
SIMLANDI (2 PEN) AJKT 40MG/0.4ML
SIMLANDI (2 SYRINGE) PSKT 20MG/0.2ML
SIMLANDI (2 SYRINGE) PSKT 40MG/0.4ML
SIMPONI SOAJ 100MG/ML
SIMPONI SOAJ 50MG/0.5ML
SIMPONI SOSY 100MG/ML
SIMPONI SOSY 50MG/0.5ML
SKYRIZI (150 MG DOSE) PSKT 75MG/0.83ML
SKYRIZI PEN SOAJ 150MG/ML
SKYRIZI SOCT 180MG/1.2ML
SKYRIZI SOCT 360MG/2.4ML
SKYRIZI SOLN 600MG/10ML
SKYRIZI SOSY 150MG/ML
SORAFENIB TOSYLATE TABS 200MG
SPRYCEL TABS 100MG
SPRYCEL TABS 140MG
SPRYCEL TABS 20MG
SPRYCEL TABS 50MG
SPRYCEL TABS 70MG
SPRYCEL TABS 80MG
STELARA SOLN 130MG/26ML
STELARA SOLN 45MG/0.5ML
STELARA SOSY 45MG/0.5ML
STELARA SOSY 90MG/ML
STIVARGA TABS 40MG
SUNITINIB MALATE CAPS 12.5MG
SUNITINIB MALATE CAPS 25MG
SUNITINIB MALATE CAPS 37.5MG
SUNITINIB MALATE CAPS 50MG
TABLOID TABS 40MG
TAFINLAR CAPS 50MG
TAFINLAR CAPS 75MG
TAGRISSO TABS 40MG
TAGRISSO TABS 80MG
TASIGNA CAPS 150MG
TASIGNA CAPS 200MG
TASIGNA CAPS 50MG
TEMOZOLOMIDE CAPS 100MG
TEMOZOLOMIDE CAPS 140MG
TEMOZOLOMIDE CAPS 180MG
TEMOZOLOMIDE CAPS 20MG
TEMOZOLOMIDE CAPS 250MG
TEMOZOLOMIDE CAPS 5MG
THALOMID CAPS 100MG
THALOMID CAPS 150MG
THALOMID CAPS 200MG
THALOMID CAPS 50MG
TOREMIFENE CITRATE TABS 60MG
TREMFYA CROHNS INDUCTION SOAJ 200MG/2ML
TREMFYA ONE-PRESS SOAJ 100MG/ML
TREMFYA SOSY 100MG/ML
TREMFYA SOSY 200MG/2ML
TRETINOIN CAPS 10MG
VERZENIO TABS 100MG
VERZENIO TABS 150MG
VERZENIO TABS 200MG

VERZENIO TABS 50MG
XALKORI CAPS 200MG
XALKORI CAPS 250MG
XELJANZ SOLN 1MG/ML
XELJANZ TABS 10MG
XELJANZ TABS 5MG
XELJANZ XR TB24 11MG
XELJANZ XR TB24 22MG
XTANDI CAPS 40MG
XTANDI TABS 40MG
XTANDI TABS 80MG
YESINTEK SOLN 130MG/26ML
YESINTEK SOLN 45MG/0.5ML
YESINTEK SOSY 45MG/0.5ML
YESINTEK SOSY 90MG/ML
ZEJULA CAPS 100MG
ZOLINZA CAPS 100MG
ZYDELIG TABS 100MG
ZYDELIG TABS 150MG