

Wellcare Fidelis Dual Align, HMO D-SNP

2026 *List of Covered Drugs (Drug List or Formulary)*

11



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

HPMS Approved Formulary File Submission ID 26329, Version Number 06

This *Drug List* was updated on 10/01/2025. For more recent information or other questions, contact us at **1-866-892-8340** or, for TTY users, **711**, between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m., between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m., or visit **go.wellcare.com/FidelisNJ**.



By

FIDELIS CARE®

Introduction

This document is called the *List of Covered Drugs* (also known as the *Drug List*). It tells you which drugs and over-the-counter (OTC) drugs and non-drug products and items are covered by our plan. The *Drug List* also tells you if there are any special rules or restrictions on any drugs covered by our plan. Key terms and their definitions appear in the last chapter of the *Evidence of Coverage*.



If you have questions, please call Wellcare Fidelis Dual Align (HMO D-SNP) Member Services at **1-866-892-8340 (TTY: 711)**. Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free. **For more information**, visit go.wellcare.com/FidelisNJ.

Table of Contents

A. Disclaimers.....	4
B. Frequently Asked Questions (FAQ).....	11
B1. What prescription drugs are on the <i>List of Covered Drugs</i> ? (We call the <i>List of Covered Drugs</i> the <i>Drug List</i> for short.).....	11
B2. Does the Drug List ever change?.....	12
B3. What happens when there's a change to the Drug List?.....	14
B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?.....	17
B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug?.....	18
B6. What happens if Wellcare Fidelis Dual Align (HMO D-SNP) changes their rules about how they cover some drugs (for example, prior authorization, quantity limits, and/or step therapy restrictions)?.....	19
B7. How can I find a drug on the <i>Drug List</i> ?.....	19
B8. What if the drug I want to take isn't on the Drug List?.....	20
B9. What if I'm a new plan member and can't find my drug on the <i>Drug List</i> or have a problem getting my drug?.....	21
B10. Can I ask for an exception to cover my drug?.....	23
B11. How can I ask for an exception?.....	23

This section is continued on the next page.



If you have questions, please call Wellcare Fidelis Dual Align (HMO D-SNP) Member Services at **1-866-892-8340 (TTY: 711)**. Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free. **For more information**, visit go.wellcare.com/FidelisNJ.

B12. How long does it take to get an exception?	24
B13. What are generic drugs?	25
B14. What are original biological products and how are they related to biosimilars?	26
B15. What are OTC drugs?	26
B16. Does our plan cover non-drug OTC products?	27
B17. Can I get my drugs through Mail-Order/Long-Term Supply?	27
B18. What's my copay?	28
C. Overview of the <i>List of Covered Drugs</i>	30
C1. List of Drugs by Drug Type	31
D. Index of Covered Drugs	270



If you have questions, please call Wellcare Fidelis Dual Align (HMO D-SNP) Member Services at **1-866-892-8340 (TTY: 711)**. Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free. **For more information**, visit go.wellcare.com/FidelisNJ.

A. Disclaimers

This is a list of drugs that members can get in Wellcare Fidelis Dual Align (HMO D-SNP).

- ❖ Wellcare Fidelis Dual Align (HMO D-SNP) is a Fully Integrated Dual Eligible Special Needs Plan with a Medicare contract and a contract with the New Jersey Medicaid program. Enrollment in Wellcare Fidelis Dual Align depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. Limitations and restrictions may apply. Benefits may change on January 1 of each year. This plan is available to those who have both Medicare and full Medicaid benefits. Wellcare uses a formulary. When joining this plan: 1.) You must use in-network providers, DME (durable medical equipment) suppliers, and pharmacies. 2.) You will be enrolled automatically into Medicaid (NJ FamilyCare) coverage under our plan and disenrolled from any Medicaid (NJ FamilyCare) plan you are currently enrolled in. All of your Medicaid-covered services, items, and medications will then be covered under our plan, and you must get them from in-network providers. 3.) You will be enrolled automatically into Part D coverage under our plan, and you will be automatically disenrolled from any other Medicare Part D or creditable coverage plan in which you are currently enrolled. 4.) You must understand and follow our plan's rules on referrals. Please contact Wellcare for details.

This section is continued on the next page.



If you have questions, please call Wellcare Fidelis Dual Align (HMO D-SNP) Member Services at **1-866-892-8340 (TTY: 711)**. Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free. **For more information**, visit go.wellcare.com/FidelisNJ.

- ❖ You can always check our plan's up-to-date *List of Covered Drugs* online at **go.wellcare.com/FidelisNJ** or by calling Member Services at the number listed at the bottom of this page. This call is free.
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call Member Services at the number listed at the bottom of this page. This call is free.
- ❖ If English is not your first language, we can translate for you. We offer no cost language assistance, auxiliary aids and services, larger font materials, oral translation, and other alternative formats. For assistance call 1-866-892-8340 (TTY: 711).

Si su lengua materna es el español, podemos traducir para usted. Ofrecemos sin costo asistencia lingüística, servicios y dispositivos auxiliares, materiales con un tamaño de letra más grande, traducción oral y otros formatos alternativos. Para recibir asistencia, llame al 1-866-892-8340 (TTY: 711).

如果中文是您的母语，我们可以为您翻译。我们提供免费的语言协助、辅助设施与服务、字体较大的材料、口译服务，以及其他替代格式的信息。如需协助，请致电 1-866-892-8340 (TTY: 711)。

如果中文是您的母語，我們可以為您翻譯。我們免費提供語言協助服務、輔助工具和服務、較大的字型、口譯服務，以及其他替代格式。如需協助，請致電 1-866-892-8340 (TTY：711)。

This section is continued on the next page.



If you have questions, please call Wellcare Fidelis Dual Align (HMO D-SNP) Member Services at **1-866-892-8340 (TTY: 711)**. Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free. **For more information**, visit go.wellcare.com/FidelisNJ.

Se o português for a sua língua materna, podemos traduzir para si. Oferecemos assistência, apoios auxiliares e serviços, materiais com tipos de letra de maior dimensão, tradução oral e outros formatos alternativos no seu idioma e sem custos. Para obter assistência, ligue para 1-866-892-8340 (TTY: 711).

अगर हिंदी आपकी पहली भाषा है तो हम आपके लिए अनुवाद कर सकते हैं. हम निःशुल्क भाषा सहायता, सहायक साधन और सेवाएं, बड़े फ़ॉन्ट वाली सामग्री, मौखिक अनुवाद और अन्य वैकल्पिक फ़ॉर्मेट ऑफ़र करते हैं. सहायता के लिए 1-866-892-8340 (TTY: 711) पर कॉल करें.

જો ગુજરાતી તમારી પ્રથમ (માતૃ) ભાષા હોય, તો અમે તમારા માટે અનુવાદ કરી શકીએ છીએ. અમે કોઈ પણ ખર્ચ વિનાની ભાષા સંબંધી સહાયતા, સહાયક સહાય અને સેવાઓ, વધુ મોટા ફોન્ટની સામગ્રીઓ, મૌખિક અનુવાદ અને અન્ય વૈકલ્પિક ફોર્મેટ ઓફર કરીએ છીએ. સહાયતા માટે, 1-866-892-8340 (TTY: 711) પર કોલ કરો.

إذا كانت العربية لغتك الأولى، فيمكننا تزويدك بخدمة الترجمة. إننا نوفر مجاناً مساعدة لغوية ومساعدات وخدمات إضافية ومواد بخط أكبر وترجمة شفوية وتنسيقات بديلة أخرى. للحصول على المساعدة، اتصل على الرقم 1-866-892-8340 (TTY: 711).

Kung Tagalog ang pangunahin ninyong wika, makakapagsalin kami para sa inyo. Nag-aalok kami ng libreng tulong sa wika, mga karagdagang tulong at serbisyo, mga materyal na may mas malalaking font, pasalitang pagsasalin, at iba pang alternatibong format. Para sa tulong, tumawag sa 1-866-892-8340 (TTY: 711).

This section is continued on the next page.



If you have questions, please call Wellcare Fidelis Dual Align (HMO D-SNP) Member Services at **1-866-892-8340 (TTY: 711)**. Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free. **For more information**, visit go.wellcare.com/FidelisNJ.

한국어가 모국어인 경우 번역 서비스를 제공해 드립니다. 언어 지원, 보조 도구 및 서비스, 큰 글씨 자료, 구두 번역 및 기타 대체 형식을 무료로 제공합니다. 이러한 서비스를 받으려면 1-866-892-8340(TTY: 711)번으로 전화해 주십시오.

Jeśli polski jest Twoim ojczystym językiem, możemy zaoferować Ci usługi tłumaczeniowe. Oferujemy pomoc językową, dodatkowe wsparcie i usługi, materiały z większą czcionką, tłumaczenia ustne oraz inne alternatywne formaty bez dodatkowych kosztów. Aby uzyskać pomoc, zadzwoń pod numer 1-866-892-8340 (TTY: 711).

Si Kreyòl Ayisyen se premye lang ou, nou kapab tradui pou ou. Nou ofri asistans lang gratis, aparèy ki bay asistans ak sèvis oksilyè, dokiman ki ekri ak gwo lèt, tradiksyon nan bouch, ak lòt fòm altènatif. Pou jwenn èd, rele nan 1-866-892-8340 (TTY: 711).

Se l'italiano è la tua prima lingua, possiamo occuparci della traduzione per te. Offriamo gratuitamente assistenza linguistica, supporti e servizi ausiliari, materiali con caratteri più grandi, traduzione orale e altri formati alternativi. Per assistenza, chiama il numero 1-866-892-8340 (TTY: 711).

This section is continued on the next page.



If you have questions, please call Wellcare Fidelis Dual Align (HMO D-SNP) Member Services at **1-866-892-8340 (TTY: 711)**. Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free. **For more information**, visit go.wellcare.com/FidelisNJ.

Если вашим родным языком является русский, мы готовы помочь вам с переводом. Мы предлагаем бесплатные услуги языковой поддержки, вспомогательные средства и услуги, включая услуги устного перевода, а также материалы крупным шрифтом и в других альтернативных форматах. Для получения помощи позвоните по номеру 1-866-892-8340 (TTY: 711).

Bí Yorùbá báḡe èdè rẹ àkókó, a leè sògbufò rẹ fún ọ. À n fúnni ní ìrànlowó èdè, àwọn ìrànwó arannilowó àti àwọn isẹ, àwọn èròjà ìkolètà títóbi sílẹ, ìtumò-èdè aláfenusọ, àti àwọn ọ̀nà kíkọsílẹ̀ àfirópò m̀írà̀n láì gba owó rárá. Fún ìrànlowó pe 1-866-892-8340 (TTY: 711).

Se Twi ye kasa a wode twaa wo funuma a, yebetumi akyerε ase ama wo. Yede kasa ho mmoa a wontua hwee, mmoa ne nnwuma a εboa, atwerεdeε akεseε, ɔkasa mu nkyerεaseε, ne akwan afoforɔ so ma. Se wope mmoa a frε 1-866-892-8340 (TTY: 711).

Ọ bụrụ na Igbo bụ asụsụ mbụ gị, anyị nwere ike isugharị ya maka gị. Anyị na-enye nkwado asụsụ na-akwughị ụgwọ, enyemaka na ọrụ ndị ọzọ, nnukwu ihe ọnụndèe , nsugharị okwu ọnụ, na ụdị ndị ọzọ. Maka enyemaka kpọọ 1-866-892-8340 (TTY: 711).

This section is continued on the next page.



If you have questions, please call Wellcare Fidelis Dual Align (HMO D-SNP) Member Services at **1-866-892-8340 (TTY: 711)**. Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free. **For more information**, visit go.wellcare.com/FidelisNJ.

मी मोदती भाषा तेलुगु अयिनल्लयिते, मेमू मी कोसं अनुवदिचगलमू. मेमू एलांती चार्जीलु लेकुंడా ऊचितंगा भाषा संबन्ध सहायं, सहायक टुल्लु मरियु सैवलु, पेद्ध फांట్ मेटीरियल्लु, म्हाखिक अनुवादं, अलागे इतर प्रत्याम्नाय फार्याल्लनु अदिस्तामू. सहायं कोसं, 1-866-892-8340 (TTY: 711) नंबरकी कॉल चैयुंढी.

اگر اردو آپ کی مادری زبان ہے تو ہم آپ کے لیے ترجمہ کر سکتے ہیں۔ ہم بغیر کسی قیمت کے زبان کی معاونت، معاون امداد اور خدمات، بڑے حروف کے مواد، زبانی ترجمہ اور دیگر متبادل فارمیٹس کی پیشکش کرتے ہیں۔ مدد کے لیے 1-866-892-8340 (TTY: 711) پر کال کریں۔

Si le français est votre langue maternelle, des services de traduction sont disponibles. Nous offrons gratuitement des services d'assistance linguistique, des aides et services auxiliaires, ainsi que l'accès à une traduction orale et à des informations dans une police plus grande ou dans d'autres formats. Pour obtenir de l'aide, appelez le 1-866-892-8340 (TTY : 711).

Nếu tiếng Việt là tiếng mẹ đẻ của quý vị, chúng tôi có hỗ trợ dịch thuật. Chúng tôi cung cấp hỗ trợ ngôn ngữ miễn phí, dịch vụ và trợ giúp bổ trợ, tài liệu khổ chữ lớn, phiên dịch và các định dạng thay thế khác. Để được hỗ trợ, hãy gọi 1-866-892-8340 (TTY: 711).

This section is continued on the next page.



If you have questions, please call Wellcare Fidelis Dual Align (HMO D-SNP) Member Services at **1-866-892-8340 (TTY: 711)**. Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free. **For more information**, visit go.wellcare.com/FidelisNJ.

- ❖ This document is available for free in Chinese, Korean and Spanish.
- ❖ If you would like to request an alternate format (large print, audio, accessible electronic formats, other formats) or another preferred language call Member Services at the number at the bottom of this page.
- ❖ If you would like to continue to receive printed materials after you have requested one we'll continue to provide them annually until a request to terminate the request is provided.
- ❖ If you have questions/concerns or would like to update a preferred language and/or format request call Member Services at the number at the bottom of this page.



If you have questions, please call Wellcare Fidelis Dual Align (HMO D-SNP) Member Services at **1-866-892-8340 (TTY: 711)**. Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free. **For more information**, visit go.wellcare.com/FidelisNJ.

B. Frequently Asked Questions (FAQ)

Find answers here to questions you have about this *List of Covered Drugs (Drug List)*. You can read all of the FAQ to learn more, or look for a question and answer.

B1. What prescription drugs are on the *List of Covered Drugs*? (We call the *List of Covered Drugs* the *Drug List* for short.)

The drugs on the *Drug List* that starts in **Section C1** are the drugs covered by our plan. The drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as “network pharmacies”.

- Our plan will cover all medically necessary drugs on the *Drug List* if:
 - your doctor or other prescriber says you need them to get better or stay healthy, **and**
 - you fill the prescription at a plan network pharmacy.
- In some cases, you have to do something before you can get a drug. Refer to question B4 for more information.

This section is continued on the next page.



If you have questions, please call Wellcare Fidelis Dual Align (HMO D-SNP) Member Services at **1-866-892-8340 (TTY: 711)**. Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free. **For more information**, visit go.wellcare.com/FidelisNJ.

You can also find an up-to-date list of drugs that we cover on our website at go.wellcare.com/FidelisNJ or call Member Services at the number listed at the bottom of this page.

B2. Does the Drug List ever change?

Yes, and our plan must follow Medicare and Medicaid rules when making changes. We may add or remove drugs on the *Drug List* during the year.

We may also change our rules about drugs. For example, we could:

- Decide to require or not require prior authorization for a drug. (Prior authorization is permission from our plan before you can get a drug.)
- Add or change the amount of a drug you can get (called quantity limits).
- Add or change step therapy restrictions on a drug. (Step therapy means you must try one drug before we'll cover another drug.)

For more information on these drug rules, refer to question B4.

This section is continued on the next page.



If you have questions, please call Wellcare Fidelis Dual Align (HMO D-SNP) Member Services at **1-866-892-8340 (TTY: 711)**. Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free. **For more information**, visit go.wellcare.com/FidelisNJ.

If you're taking a drug that was covered at the **beginning** of the year, we'll generally not remove or change coverage of that drug **during the rest of the year** unless:

- a new, cheaper drug comes on the market that works as well as a drug on the *Drug List* now, **or**
- we learn that a drug isn't safe, **or**
- a drug is removed from the market.

Questions B3 and B6 have more information on what happens when the *Drug List* changes.

- You can always check our plan's up-to-date *Drug List* online at **go.wellcare.com/FidelisNJ**. Updates to the *Drug List* are posted on the website monthly.
- You can also call Member Services at the number listed at the bottom of this page to check the current *Drug List*.



If you have questions, please call Wellcare Fidelis Dual Align (HMO D-SNP) Member Services at **1-866-892-8340 (TTY: 711)**. Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free. **For more information**, visit go.wellcare.com/FidelisNJ.

B3. What happens when there's a change to the Drug List?

Some changes to the *Drug List* will happen **immediately**. For example:

- **Substitutions of certain new versions of drugs.** We may immediately remove the drugs from the *Drug List* if we replace them with certain new versions of that drug, but your cost for the new drug will remain \$0 with the same or fewer restrictions. When we add a new version of a drug, we may also decide to keep the brand name drug or original biological product on the list but change its coverage rules or limits.
 - We may not tell you before we make this change, but we'll send you information about the specific change we made once it happens.
 - We can make these changes only if the drug we're adding:
 - is a new generic version of a brand name drug, or
 - is a certain new biosimilar version of original biological products on the *Drug List* (for example, adding an interchangeable biosimilar that can be substituted for an original biological product without a new prescription).
 - Some of these drug types may be new to you. For more information, refer to **Section B14**.

This section is continued on the next page.



If you have questions, please call Wellcare Fidelis Dual Align (HMO D-SNP) Member Services at **1-866-892-8340 (TTY: 711)**. Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free. **For more information**, visit go.wellcare.com/FidelisNJ.

- You or your provider can ask for an exception from these changes. We will send you a notice with the steps you can take to ask for an exception. Please refer to questions B10–B12 for more information on exceptions.
- **Remove unsafe drugs and other drugs that are taken off the market.** Sometimes a drug may be found unsafe or taken off the market for another reason. If this happens we may immediately take it off the *Drug List*. If you're taking the drug, we'll send you a notice after we make the change. Please talk to your doctor or other prescriber to help you decide if there is a similar drug on the *Drug List* that you can take instead.

This section is continued on the next page.



If you have questions, please call Wellcare Fidelis Dual Align (HMO D-SNP) Member Services at **1-866-892-8340 (TTY: 711)**. Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free. **For more information**, visit go.wellcare.com/FidelisNJ.

We may make other changes that affect the drugs you take. We'll tell you in advance about these other changes to the *Drug List*. These changes might happen if:

- The FDA provides new guidance or there are new clinical guidelines about a drug.
- We remove a brand name drug from the *Drug List* when adding a generic drug that isn't new to the market **or**
 - we remove an original biological product when adding a biosimilar, **or**
 - we change the coverage rules or limits for the brand name drug.

When these changes happen, we'll:

- tell you at least 30 days before we make the change to the *Drug List* **or**
- let you know and give you a 30-day supply of the drug after you ask for a refill.

This will give you time to talk to your doctor or other prescriber. They can help you decide:

- if there's a similar drug on the *Drug List* you can take instead **or**
- whether to ask for an exception from these changes. To learn more about exceptions, refer to questions B10–B12.



If you have questions, please call Wellcare Fidelis Dual Align (HMO D-SNP) Member Services at **1-866-892-8340 (TTY: 711)**. Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free. **For more information**, visit go.wellcare.com/FidelisNJ.

B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?

Yes, some drugs have coverage rules or have limits on the amount you can get. In some cases you or your doctor or other prescriber must do something before you can get the drug. For example:

- **Prior authorization:** For some drugs, you or your doctor or other prescriber must get authorization from our plan before you fill your prescription. Prior authorization is different from a referral. Our plan may not cover the drug if you don't get authorization.
- **Quantity limits:** Sometimes our plan limits the amount of a drug you can get.
- **Step therapy:** Sometimes our plan requires you to do step therapy. This means you'll have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your prescriber thinks the first drug doesn't work for you, then we'll cover the second.

This section is continued on the next page.



If you have questions, please call Wellcare Fidelis Dual Align (HMO D-SNP) Member Services at **1-866-892-8340 (TTY: 711)**. Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free. **For more information**, visit go.wellcare.com/FidelisNJ.

You can find out if your drug has any additional requirements or limits by looking in the tables in **Section C**. You can also get more information by visiting our website at go.wellcare.com/FidelisNJ. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

You can ask for an exception to these limits. This will give you time to talk to your doctor or other prescriber. They can help you decide if there's a similar drug on the *Drug List* you can take instead or whether to ask for an exception. Refer to questions B10-B12 for more information about exceptions.

B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug?

The table in the section titled List of Drugs by Drug Type has a column labeled "Necessary actions, restrictions, or limits on use."



If you have questions, please call Wellcare Fidelis Dual Align (HMO D-SNP) Member Services at **1-866-892-8340 (TTY: 711)**. Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free. **For more information**, visit go.wellcare.com/FidelisNJ.

B6. What happens if Wellcare Fidelis Dual Align (HMO D-SNP) changes their rules about how they cover some drugs (for example, prior authorization, quantity limits, and/or step therapy restrictions)?

In some cases, we'll tell you in advance if we add or change prior authorization, quantity limits, and/or step therapy restrictions on a drug. Refer to question B3 for more information about this advance notice and situations where we may not be able to tell you in advance when our rules about drugs on the *Drug List* change.

B7. How can I find a drug on the *Drug List*?

There are two ways to find a drug:

- you can search alphabetically, **or**
- you can search by drug type.

To search **alphabetically**, look for your drug in the Index of Covered Drugs section. You can find it if you know how to spell the name of the drug. The Index of Covered Drugs is an alphabetical list of all of the drugs included in the *Drug List*. Brand name drugs and generic drugs as well as over-the-counter (OTC) drugs are listed in the index.

This section is continued on the next page.



If you have questions, please call Wellcare Fidelis Dual Align (HMO D-SNP) Member Services at **1-866-892-8340 (TTY: 711)**. Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free. **For more information**, visit go.wellcare.com/FidelisNJ.

To search **by drug type**, find the **Section C** labeled “List of Drugs by Drug Type”. The drugs in this section are grouped into categories by type. For example, if you’re taking a medicine for migraines, you should look in the “Autonomic / CNS Drugs, Neurology / Psych” category, under the “Migraine / Cluster Headache Therapy” class. That’s where you’ll find drugs that treat migraines.

B8. What if the drug I want to take isn’t on the Drug List?

If you don’t find your drug on the *Drug List*, call Member Services at the number listed at the bottom of this page and ask about it. If you learn that our plan won’t cover the drug, you can do one of these things:

- Ask Member Services for a list of drugs like the one you want to take. Then show the list to your doctor or other prescriber. They can prescribe a drug on the *Drug List* that’s like the one you want to take. **Or**
- Ask our plan to make an exception to cover your drug. Refer to questions B10–B12 for more information about exceptions.



If you have questions, please call Wellcare Fidelis Dual Align (HMO D-SNP) Member Services at **1-866-892-8340 (TTY: 711)**. Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free. **For more information**, visit go.wellcare.com/FidelisNJ.

B9. What if I'm a new plan member and can't find my drug on the *Drug List* or have a problem getting my drug?

We can help. We may cover a temporary 30-day supply of your drug during the first 90 days you're a member of our plan. This will give you time to talk to your doctor or other prescriber. They can help you decide if there's a similar drug on the *Drug List* you can take instead or whether to ask for an exception.

If your prescription is written for fewer days, we will allow multiple refills to provide up to a maximum of 30 days of medication.

We will cover a 30-day supply of your drug if:

- you're taking a drug that isn't on our *Drug List*, **or**
- our plan rules don't let you get the amount ordered by your prescriber, **or**
- the drug requires prior authorization by our plan, **or**
- you're taking a drug that's part of a step therapy restriction.

This section is continued on the next page.



If you have questions, please call Wellcare Fidelis Dual Align (HMO D-SNP) Member Services at **1-866-892-8340 (TTY: 711)**. Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free. **For more information**, visit go.wellcare.com/FidelisNJ.

If you're in a nursing home or other long-term care facility and need a drug that isn't on the *Drug List* or if you can't easily get the drug you need, we can help. If you've been in the plan for more than 90 days, live in a long-term care facility, and need a supply right away:

- We'll cover one 31-day supply of the drug you need (unless you have a prescription for fewer days), whether or not you're a new plan member.
- This is in addition to the temporary supply during the first 90 days you're a member of our plan.

If you experience a level of care change (such as being discharged or admitted to a long-term care facility), your physician or pharmacy can call our Provider Service Center and request a one-time override. This one-time override will be up to a 30-day supply (unless you have a prescription written for fewer days).



If you have questions, please call Wellcare Fidelis Dual Align (HMO D-SNP) Member Services at **1-866-892-8340 (TTY: 711)**. Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free. **For more information**, visit go.wellcare.com/FidelisNJ.

B10. Can I ask for an exception to cover my drug?

Yes. You can ask our plan to make an exception to cover a drug that isn't on the *Drug List*.

You can also ask us to change the rules on your drug.

- For example, our plan may limit the amount of a drug we'll cover. If your drug has a limit, you can ask us to change the limit and cover more.
- Other examples: You can ask us to drop step therapy restrictions or prior authorization requirements.

B11. How can I ask for an exception?

To ask for an exception, call Member Services. A Member Services representative will work with you and your prescriber to help you ask for an exception. You can also read **Chapter 9** Section G of *Evidence of Coverage* to learn more about exceptions.



If you have questions, please call Wellcare Fidelis Dual Align (HMO D-SNP) Member Services at **1-866-892-8340 (TTY: 711)**. Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free. **For more information**, visit go.wellcare.com/FidelisNJ.

B12. How long does it take to get an exception?

After we get a statement from your prescriber supporting your request for an exception, we'll give you a decision within 72 hours.

When requesting an exception, please provide the “supporting statement.” Your prescriber must give us a statement explaining the medical reasons for asking for an exception. (We call this the “supporting statement.”) Your prescriber can fax or mail the statement to us. Or your prescriber can tell us on the phone and follow up by faxing or mailing a written statement if necessary. We must accept any written request. An online form is available on our website at

<https://www.wellcare.com/drug-coverage-determination-request> to submit electronically by you or your doctor or someone you have authorized to act on your behalf.

- **CALL/TTY: 1-866-892-8340**, TTY **711**, Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.
- **FAX: 1-866-388-1767**

This section is continued on the next page.



If you have questions, please call Wellcare Fidelis Dual Align (HMO D-SNP) Member Services at **1-866-892-8340 (TTY: 711)**. Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free. **For more information**, visit go.wellcare.com/FidelisNJ.

- **WRITE:**

Wellcare Health Plans
Pharmacy - Coverage Determination
P.O. Box 31397
Tampa, FL 33631-3397

- **WEBSITE: go.wellcare.com/FidelisNJ**

If you or your prescriber think your health may be harmed if you have to wait 72 hours for a decision, you can ask for an expedited exception. This is a faster decision. If your prescriber supports your request, we'll give you a decision within 24 hours of getting your prescriber's supporting statement.

B13. What are generic drugs?

Generic drugs are made up of the same active ingredients as brand name drugs. They usually cost less than the brand name drug and generally work just as well. They usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA). There are generic drugs available for many brand name drugs. Generic drugs usually can be substituted for brand name drugs at the pharmacy without a new prescription---depending on state laws.

Our plan covers both brand name drugs and generic drugs.



If you have questions, please call Wellcare Fidelis Dual Align (HMO D-SNP) Member Services at **1-866-892-8340 (TTY: 711)**. Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free. **For more information**, visit go.wellcare.com/FidelisNJ.

B14. What are original biological products and how are they related to biosimilars?

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 forms 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 more information on drug types, refer to **Chapter 5** of the *Evidence of Coverage*.

B15. What are OTC drugs?

OTC stands for “over-the-counter.” Our plan offers some OTC drugs through the NJ FamilyCare (Medicaid) portion of the plan’s coverage at no cost to you. You need a prescription for OTC drugs to be covered. These OTC drugs are listed in this *Drug List* in **Section C1**.



If you have questions, please call Wellcare Fidelis Dual Align (HMO D-SNP) Member Services at **1-866-892-8340 (TTY: 711)**. Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free. **For more information**, visit go.wellcare.com/FidelisNJ.

B16. Does our plan cover non-drug OTC products?

Our plan covers **some** non-drug OTC products when they're written as prescriptions by your provider. These non-drug OTC products are listed in this *Drug List* in **Section C1**.

Examples of non-drug OTC products include spacers and respiratory therapy devices.

B17. Can I get my drugs through Mail-Order/Long-Term Supply?

- **Mail-Order Program.** Yes, we offer a mail-order program that allows you to get a 35 to 100-day supply of your drugs sent directly to your home.
- **Long-Term Supply.** Yes, we offer a way to get a long-term supply of “maintenance” drugs on our plan’s *Drug List*. (Maintenance drugs are drugs that you take on a regular basis, for a chronic or long-term medical condition.)

For more information about getting drugs through mail-order or long-term supply, call Member Services at the number listed at the bottom of this page.



If you have questions, please call Wellcare Fidelis Dual Align (HMO D-SNP) Member Services at **1-866-892-8340 (TTY: 711)**. Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free. **For more information**, visit go.wellcare.com/FidelisNJ.

B18. What's my copay?

Our plan members have no copays for prescription and over-the-counter (OTC) drugs and non-drug products as long as the member follows the plan's rules. Refer to questions B15 and B16 for more information about OTC drugs and non-drug products.

Tiers are groups of drugs on our *Drug List*.

- Tier 0 (Non-Medicare Rx/OTC Drugs) includes some prescription and over-the-counter (OTC) drugs.
 - Copay: \$0
- Tier 1 (Preferred Generic) includes preferred generic drugs and may include some brand drugs.
 - Copay: \$0
- Tier 2 (Generic) includes generic drugs and may include some brand drugs.
 - Copay: \$0
- Tier 3 (Preferred Brand) includes preferred brand drugs and may include some generic drugs.
 - Copay: \$0

This section is continued on the next page.



If you have questions, please call Wellcare Fidelis Dual Align (HMO D-SNP) Member Services at **1-866-892-8340 (TTY: 711)**. Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free. **For more information**, visit go.wellcare.com/FidelisNJ.

- Tier 4 (Non-Preferred Drug) includes non-preferred brand and non-preferred generic drugs.
 - Copay: \$0
- Tier 5 (Specialty Tier) includes high-cost brand and generic drugs. Drugs in this tier are not eligible for exceptions for payment at a lower tier.
 - Copay: \$0
- Tier 6 (Select Care Drugs) includes some generic and brand drugs commonly used to treat specific chronic conditions or to prevent disease (vaccines).
 - Copay: \$0

All tiers have no copay.

OTCs have a \$0 copay.

If you have questions, call Member Services at the number listed at the bottom of this page.



If you have questions, please call Wellcare Fidelis Dual Align (HMO D-SNP) Member Services at **1-866-892-8340 (TTY: 711)**. Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free. **For more information**, visit go.wellcare.com/FidelisNJ.

C. Overview of the *List of Covered Drugs*

The *List of Covered Drugs* gives you information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins in **Section D**. The index alphabetically lists all drugs covered by our plan.

- **NT** stands for Not Part D. This drug is not a “Part D drug”.
- **NM** means the drug isn’t available via your monthly mail service benefit. This is noted in the Necessary actions, restrictions, or limits on use column of your formulary. See Chapter 5 of your Evidence of Coverage for more information.
- **PA** stands for Prior Authorization: See question B4 for details.
- **PA-NS** stands for Prior Authorization for New Starts: This means that if this drug is new to you, you will need to get approval from us before you fill your prescription. If you’re taking this drug at the time of enrollment, you will not be required to meet criteria for approval.
- **B/D** stands for Covered under Medicare B or D: This drug may be eligible for payment under Medicare Part B or Part D. You (or your physician) are required to get prior authorization from us to determine that this drug is covered under Medicare Part D before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
- **QL** stands for Quantity Limits: See question B4 for details.

This section is continued on the next page.



If you have questions, please call Wellcare Fidelis Dual Align (HMO D-SNP) Member Services at **1-866-892-8340 (TTY: 711)**. Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free. **For more information**, visit go.wellcare.com/FidelisNJ.

- **LA** stands for Limited Access medication. This prescription may be available only at certain pharmacies. For more information consult your Provider and Pharmacy Directory or call Member Services at **1-866-892-8340**, TTY users should call **711**, between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m., between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m., or visit **go.wellcare.com/FidelisNJ**.
- **ST** stands for Step Therapy: See question B4 for details.
- **^** stands for Drug may be available for up to a 30-day supply only.

C1. List of Drugs by Drug Type

The drugs in this section are grouped into categories by type. For example, if you’re taking a medicine for migraines, you should look in the “Autonomic / CNS Drugs, Neurology / Psych” category, under the “Migraine / Cluster Headache Therapy” category. That’s where you’ll find drugs that treat migraines.

The first column of the table lists the name of the drug. Generic drugs are listed in lower-case italics (for example, *lisinopril oral tablet 10 mg*), brand name drugs are capitalized (for example, TRADJENTA ORAL TABLET 5 MG), and OTC drugs and non-drug products are listed in lower case (for example, loratadine 10mg). The information in the “Necessary actions, restrictions, or limits on use” column tells you if our plan has any rules for covering your drug.



If you have questions, please call Wellcare Fidelis Dual Align (HMO D-SNP) Member Services at **1-866-892-8340 (TTY: 711)**. Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free. **For more information**, visit go.wellcare.com/FidelisNJ.

Table of Contents

ANTI - INFECTIVES.....	34
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS.....	56
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH.....	78
CARDIOVASCULAR, HYPERTENSION / LIPIDS.....	116
DERMATOLOGICALS/TOPICAL THERAPY.....	135
DIAGNOSTICS / MISCELLANEOUS AGENTS.....	147
EAR, NOSE / THROAT MEDICATIONS.....	151
ENDOCRINE/DIABETES.....	152
GASTROENTEROLOGY.....	165
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY.....	172
MISCELLANEOUS SUPPLIES.....	181
MUSCULOSKELETAL / RHEUMATOLOGY.....	181
OBSTETRICS / GYNECOLOGY.....	185
OPHTHALMOLOGY.....	198
OVER THE COUNTER (OTC) AND RX AGENTS.....	205
RESPIRATORY AND ALLERGY.....	247
UROLOGICALS.....	255
VITAMINS, HEMATINICS / ELECTROLYTES.....	257

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	\$0 (4)	B/D
<i>amphotericin b injection recon soln 50 mg</i>	\$0 (2)	B/D
<i>amphotericin b liposome intravenous suspension for reconstitution 50 mg</i>	\$0 (5^)	B/D
<i>caspofungin intravenous recon soln 50 mg, 70 mg</i>	\$0 (4)	
<i>clotrimazole mucous membrane troche 10 mg</i>	\$0 (4)	
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	\$0 (5^)	PA
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	\$0 (4)	
<i>fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml</i>	\$0 (2)	
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	\$0 (2)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	\$0 (2)	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	\$0 (5^)	PA
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	\$0 (4)	
<i>griseofulvin microsize oral tablet 500 mg</i>	\$0 (4)	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	\$0 (4)	
<i>itraconazole oral capsule 100 mg</i>	\$0 (4)	PA; QL (120 EA per 30 days)
<i>ketoconazole oral tablet 200 mg</i>	\$0 (4)	PA
<i>miconazole intravenous recon soln 100 mg, 50 mg</i>	\$0 (4)	
<i>nystatin oral suspension 100,000 unit/ml</i>	\$0 (4)	
<i>nystatin oral tablet 500,000 unit</i>	\$0 (4)	
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i>	\$0 (5^)	PA; QL (96 EA per 30 days)
<i>terbinafine hcl oral tablet 250 mg</i>	\$0 (1)	
<i>voriconazole intravenous recon soln 200 mg</i>	\$0 (5^)	PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	\$0 (5^)	PA
<i>voriconazole oral tablet 200 mg, 50 mg</i>	\$0 (4)	PA
ANTIVIRALS		
<i>abacavir oral solution 20 mg/ml</i>	\$0 (4)	
<i>abacavir oral tablet 300 mg</i>	\$0 (4)	
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	\$0 (4)	
<i>acyclovir oral capsule 200 mg</i>	\$0 (4)	
<i>acyclovir oral suspension 200 mg/5 ml</i>	\$0 (4)	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	\$0 (4)	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	\$0 (4)	B/D
<i>adefovir oral tablet 10 mg</i>	\$0 (4)	
<i>amantadine hcl oral capsule 100 mg</i>	\$0 (2)	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	\$0 (2)	
<i>amantadine hcl oral tablet 100 mg</i>	\$0 (4)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
APTIVUS ORAL CAPSULE 250 MG	\$0 (5^)	
<i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i>	\$0 (4)	
BARACLUDE ORAL SOLUTION 0.05 MG/ML	\$0 (5^)	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	\$0 (5^)	
CIMDUO ORAL TABLET 300-300 MG	\$0 (5^)	
<i>darunavir oral tablet 600 mg</i>	\$0 (4)	QL (60 EA per 30 days)
<i>darunavir oral tablet 800 mg</i>	\$0 (5^)	QL (30 EA per 30 days)
DELSTRIGO ORAL TABLET 100-300-300 MG	\$0 (5^)	
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	\$0 (5^)	QL (30 EA per 30 days)
DOVATO ORAL TABLET 50-300 MG	\$0 (5^)	
EDURANT ORAL TABLET 25 MG	\$0 (5^)	
<i>efavirenz oral tablet 600 mg</i>	\$0 (4)	
<i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i>	\$0 (4)	
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 400-300-300 mg, 600-300-300 mg</i>	\$0 (5^)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>emtricitabine oral capsule 200 mg</i>	\$0 (4)	
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 167-250 mg, 200-300 mg</i>	\$0 (4)	QL (30 EA per 30 days)
<i>emtricitabine-tenofovir (tdf) oral tablet 133-200 mg</i>	\$0 (5^)	QL (30 EA per 30 days)
<i>emtricitabine-rilpivirine-tenofovir (tdf) oral tablet 200-25-300 mg</i>	\$0 (5^)	
EMTRIVA ORAL SOLUTION 10 MG/ML	\$0 (4)	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	\$0 (4)	
<i>etravirine oral tablet 100 mg, 200 mg</i>	\$0 (5^)	
EVOTAZ ORAL TABLET 300-150 MG	\$0 (5^)	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	\$0 (2)	
<i>fosamprenavir oral tablet 700 mg</i>	\$0 (4)	
GENVOYA ORAL TABLET 150-150-200-10 MG	\$0 (5^)	
INTELENCE ORAL TABLET 25 MG	\$0 (3)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ISENTRESS HD ORAL TABLET 600 MG	\$0 (5^)	
ISENTRESS ORAL POWDER IN PACKET 100 MG	\$0 (5^)	
ISENTRESS ORAL TABLET 400 MG	\$0 (5^)	
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	\$0 (5^)	
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	\$0 (3)	
JULUCA ORAL TABLET 50-25 MG	\$0 (5^)	
KALETRA ORAL SOLUTION 400-100 MG/5 ML	\$0 (4)	
<i>lamivudine oral solution 10 mg/ml</i>	\$0 (4)	
<i>lamivudine oral tablet 100 mg, 150 mg, 300 mg</i>	\$0 (4)	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	\$0 (4)	
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG	\$0 (5^)	PA; QL (28 EA per 28 days)
LIVTENCITY ORAL TABLET 200 MG	\$0 (5^)	PA; LA; QL (120 EA per 30 days)
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i>	\$0 (4)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	\$0 (4)	
<i>maraviroc oral tablet 150 mg, 300 mg</i>	\$0 (5^)	
<i>nevirapine oral suspension 50 mg/5 ml</i>	\$0 (2)	
<i>nevirapine oral tablet 200 mg</i>	\$0 (2)	
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	\$0 (4)	
NORVIR ORAL POWDER IN PACKET 100 MG	\$0 (3)	
ODEFSEY ORAL TABLET 200-25-25 MG	\$0 (5^)	
<i>oseltamivir oral capsule 30 mg</i>	\$0 (4)	QL (168 EA per 365 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i>	\$0 (4)	QL (84 EA per 365 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	\$0 (4)	QL (1080 ML per 365 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10)	\$0 (3)	QL (20 EA per 90 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (6)- 100 MG (5)	\$0 (3)	QL (11 EA per 90 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	\$0 (3)	QL (30 EA per 90 days)
PIFELTRO ORAL TABLET 100 MG	\$0 (5^)	
PREVYMIS ORAL TABLET 240 MG, 480 MG	\$0 (5^)	PA; QL (30 EA per 30 days)
PREZCOBIX ORAL TABLET 800-150 MG-MG	\$0 (5^)	
PREZISTA ORAL SUSPENSION 100 MG/ML	\$0 (5^)	QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	\$0 (4)	QL (240 EA per 30 days)
PREZISTA ORAL TABLET 75 MG	\$0 (4)	QL (480 EA per 30 days)
REYATAZ ORAL POWDER IN PACKET 50 MG	\$0 (5^)	
<i>ribavirin oral capsule 200 mg</i>	\$0 (3)	
<i>ribavirin oral tablet 200 mg</i>	\$0 (3)	
<i>rimantadine oral tablet 100 mg</i>	\$0 (4)	
<i>ritonavir oral tablet 100 mg</i>	\$0 (3)	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	\$0 (5^)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SELZENTRY ORAL SOLUTION 20 MG/ML	\$0 (5^)	
SOFOBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	\$0 (5^)	PA; QL (28 EA per 28 days)
STRIBILD ORAL TABLET 150-150-200-300 MG	\$0 (5^)	
SUNLENCA ORAL TABLET 300 MG, 300 MG (4-TABLET PACK), 300 MG (5-TABLET PACK)	\$0 (5^)	
SYMTUZA ORAL TABLET 800-150-200-10 MG	\$0 (5^)	
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	\$0 (2)	
TIVICAY ORAL TABLET 50 MG	\$0 (5^)	
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	\$0 (5^)	
TRIUMEQ ORAL TABLET 600-50-300 MG	\$0 (5^)	
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	\$0 (4)	
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	\$0 (2)	
<i>valganciclovir oral recon soln 50 mg/ml</i>	\$0 (5^)	
<i>valganciclovir oral tablet 450 mg</i>	\$0 (3)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VEMLIDY ORAL TABLET 25 MG	\$0 (5^)	
VIRACEPT ORAL TABLET 250 MG, 625 MG	\$0 (5^)	
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	\$0 (5^)	
VIREAD ORAL TABLET 150 MG, 250 MG	\$0 (5^)	
VIREAD ORAL TABLET 200 MG	\$0 (3)	
<i>zidovudine oral capsule 100 mg</i>	\$0 (4)	
<i>zidovudine oral syrup 10 mg/ml</i>	\$0 (4)	
<i>zidovudine oral tablet 300 mg</i>	\$0 (2)	
CEPHALOSPORINS		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	\$0 (4)	
<i>cefaclor oral suspension for reconstitution 250 mg/5 ml</i>	\$0 (4)	
<i>cefadroxil oral capsule 500 mg</i>	\$0 (2)	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml</i>	\$0 (4)	
<i>cefadroxil oral suspension for reconstitution 500 mg/5 ml</i>	\$0 (2)	
<i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i>	\$0 (4)	
<i>cefdinir oral capsule 300 mg</i>	\$0 (4)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	\$0 (4)	
<i>cefepime injection recon soln 1 gram, 2 gram</i>	\$0 (3)	
<i>cefixime oral capsule 400 mg</i>	\$0 (4)	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	\$0 (4)	
<i>cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram</i>	\$0 (4)	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	\$0 (4)	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	\$0 (4)	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	\$0 (4)	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	\$0 (4)	
<i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram</i>	\$0 (4)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	\$0 (4)	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	\$0 (2)	
<i>cefuroxime sodium injection recon soln 750 mg</i>	\$0 (4)	
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	\$0 (4)	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	\$0 (1)	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	\$0 (2)	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	\$0 (5^)	
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin intravenous recon soln 500 mg</i>	\$0 (4)	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	\$0 (2)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg</i>	\$0 (1)	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	\$0 (4)	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	\$0 (4)	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	\$0 (4)	
DIFICID ORAL TABLET 200 MG	\$0 (5^)	QL (20 EA per 10 days)
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	\$0 (4)	
<i>erythromycin oral capsule, delayed release (dr/ec) 250 mg</i>	\$0 (4)	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	\$0 (4)	
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i>	\$0 (2)	
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole oral tablet 200 mg</i>	\$0 (4)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>amikacin injection solution 500 mg/2 ml</i>	\$0 (4)	
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	\$0 (5^)	PA; LA
<i>atovaquone oral suspension 750 mg/5 ml</i>	\$0 (3)	
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	\$0 (4)	
<i>aztreonam injection recon soln 1 gram, 2 gram</i>	\$0 (4)	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	\$0 (5^)	PA; LA; QL (84 ML per 56 days)
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	\$0 (4)	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	\$0 (2)	
<i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml</i>	\$0 (4)	
<i>clindamycin phosphate injection solution 150 (mg/ml) (4 ml), 150 (mg/ml) (6 ml), 150 mg/ml</i>	\$0 (4)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
COARTEM ORAL TABLET 20-120 MG	\$0 (4)	
<i>colistin (colistimethate na) injection recon soln 150 mg</i>	\$0 (5^)	QL (30 EA per 10 days)
<i>dapsone oral tablet 100 mg, 25 mg</i>	\$0 (2)	
<i>daptomycin intravenous recon soln 500 mg</i>	\$0 (5^)	
EMVERM ORAL TABLET,CHEWABLE 100 MG	\$0 (5^)	
<i>ertapenem injection recon soln 1 gram</i>	\$0 (4)	QL (14 EA per 14 days)
<i>ethambutol oral tablet 100 mg, 400 mg</i>	\$0 (4)	
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml</i>	\$0 (4)	
<i>gentamicin injection solution 40 mg/ml</i>	\$0 (4)	
<i>hydroxychloroquine oral tablet 200 mg</i>	\$0 (2)	
<i>imipenem-cilastatin intravenous recon soln 250 mg</i>	\$0 (3)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>imipenem-cilastatin intravenous recon soln 500 mg</i>	\$0 (4)	
IMPAVIDO ORAL CAPSULE 50 MG	\$0 (5^)	PA
<i>isoniazid oral solution 50 mg/5 ml</i>	\$0 (2)	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	\$0 (2)	
<i>ivermectin oral tablet 3 mg</i>	\$0 (3)	PA; QL (20 EA per 30 days)
<i>ivermectin oral tablet 6 mg</i>	\$0 (3)	PA; QL (8 EA per 30 days)
<i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i>	\$0 (4)	
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	\$0 (5^)	QL (1800 ML per 30 days)
<i>linezolid oral tablet 600 mg</i>	\$0 (4)	QL (60 EA per 30 days)
<i>mefloquine oral tablet 250 mg</i>	\$0 (2)	
<i>meropenem intravenous recon soln 1 gram</i>	\$0 (3)	QL (30 EA per 10 days)
<i>meropenem intravenous recon soln 500 mg</i>	\$0 (3)	QL (10 EA per 10 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	\$0 (4)	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	\$0 (2)	
<i>neomycin oral tablet 500 mg</i>	\$0 (2)	
<i>nitazoxanide oral tablet 500 mg</i>	\$0 (5^)	QL (12 EA per 30 days)
<i>pentamidine inhalation recon soln 300 mg</i>	\$0 (4)	B/D; QL (1 EA per 28 days)
<i>pentamidine injection recon soln 300 mg</i>	\$0 (4)	
<i>praziquantel oral tablet 600 mg</i>	\$0 (4)	
PRIFTIN ORAL TABLET 150 MG	\$0 (4)	
PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)	\$0 (4)	
<i>pyrazinamide oral tablet 500 mg</i>	\$0 (4)	
<i>pyrimethamine oral tablet 25 mg</i>	\$0 (5^)	PA
<i>quinine sulfate oral capsule 324 mg</i>	\$0 (4)	PA
<i>rifabutin oral capsule 150 mg</i>	\$0 (4)	
<i>rifampin intravenous recon soln 600 mg</i>	\$0 (4)	
<i>rifampin oral capsule 150 mg, 300 mg</i>	\$0 (4)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SIRTURO ORAL TABLET 100 MG, 20 MG	\$0 (5^)	PA; LA
STREPTOMYCIN INTRAMUSCULAR RECON SOLN 1 GRAM	\$0 (5^)	QL (60 EA per 30 days)
<i>tigecycline intravenous recon soln 50 mg</i>	\$0 (4)	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	\$0 (4)	
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	\$0 (5^)	PA; QL (280 ML per 28 days)
<i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	\$0 (4)	
TRECTOR ORAL TABLET 250 MG	\$0 (4)	
<i>vancomycin intravenous recon soln 1,000 mg</i>	\$0 (4)	QL (20 EA per 10 days)
<i>vancomycin intravenous recon soln 10 gram</i>	\$0 (4)	QL (2 EA per 10 days)
<i>vancomycin intravenous recon soln 500 mg</i>	\$0 (4)	QL (10 EA per 10 days)
<i>vancomycin intravenous recon soln 750 mg</i>	\$0 (4)	QL (27 EA per 10 days)
<i>vancomycin oral capsule 125 mg</i>	\$0 (4)	QL (40 EA per 10 days)
<i>vancomycin oral capsule 250 mg</i>	\$0 (4)	QL (80 EA per 10 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
XIFAXAN ORAL TABLET 550 MG	\$0 (5^)	PA; QL (90 EA per 30 days)
PENICILLINS		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	\$0 (1)	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	\$0 (1)	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	\$0 (1)	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	\$0 (2)	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	\$0 (2)	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	\$0 (4)	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	\$0 (4)	
<i>ampicillin oral capsule 500 mg</i>	\$0 (2)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ampicillin sodium injection recon soln 1 gram, 10 gram</i>	\$0 (4)	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i>	\$0 (4)	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	\$0 (4)	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	\$0 (4)	
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	\$0 (4)	
<i>nafcillin injection recon soln 10 gram</i>	\$0 (5^)	
<i>oxacillin injection recon soln 1 gram, 10 gram, 2 gram</i>	\$0 (4)	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	\$0 (4)	
<i>penicillin g potassium injection recon soln 20 million unit</i>	\$0 (4)	
<i>penicillin g sodium injection recon soln 5 million unit</i>	\$0 (4)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	\$0 (2)	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	\$0 (1)	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	\$0 (4)	
QUINOLONES		
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	\$0 (1)	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml</i>	\$0 (4)	
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	\$0 (4)	
<i>levofloxacin oral solution 250 mg/10 ml</i>	\$0 (4)	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	\$0 (1)	
<i>moxifloxacin oral tablet 400 mg</i>	\$0 (4)	
<i>moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml</i>	\$0 (2)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SULFA'S / RELATED AGENTS		
<i>sulfadiazine oral tablet 500 mg</i>	\$0 (4)	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	\$0 (2)	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	\$0 (1)	
TETRACYCLINES		
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	\$0 (4)	
<i>doxy-100 intravenous recon soln 100 mg</i>	\$0 (4)	
<i>doxycycline hyclate intravenous recon soln 100 mg</i>	\$0 (4)	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	\$0 (2)	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	\$0 (2)	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	\$0 (2)	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	\$0 (2)	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	\$0 (4)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	\$0 (4)	
<i>tetracycline oral capsule 250 mg, 500 mg</i>	\$0 (4)	
URINARY TRACT AGENTS		
<i>fosfomycin tromethamine oral packet 3 gram</i>	\$0 (4)	
<i>methenamine hippurate oral tablet 1 gram</i>	\$0 (4)	
<i>nitrofurantoin macrocrystal oral capsule 100 mg</i>	\$0 (4)	
<i>nitrofurantoin macrocrystal oral capsule 50 mg</i>	\$0 (2)	
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	\$0 (4)	
<i>trimethoprim oral tablet 100 mg</i>	\$0 (4)	
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	\$0 (4)	
<i>mesna oral tablet 400 mg</i>	\$0 (5^)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	\$0 (5^)	B/D
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet 250 mg</i>	\$0 (5^)	PA-NS; QL (120 EA per 30 days)
<i>abirtega oral tablet 250 mg</i>	\$0 (4)	PA-NS; QL (120 EA per 30 days)
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	\$0 (5^)	PA-NS; LA; QL (60 EA per 30 days)
ALECENSA ORAL CAPSULE 150 MG	\$0 (5^)	PA-NS; LA; QL (240 EA per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	\$0 (5^)	PA-NS; LA; QL (30 EA per 30 days)
ALUNBRIG ORAL TABLET 30 MG	\$0 (5^)	PA-NS; LA; QL (60 EA per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	\$0 (5^)	PA-NS; LA; QL (30 EA per 180 days)
<i>anastrozole oral tablet 1 mg</i>	\$0 (2)	
AUGTYRO ORAL CAPSULE 160 MG	\$0 (5^)	PA-NS; QL (60 EA per 30 days)
AUGTYRO ORAL CAPSULE 40 MG	\$0 (5^)	PA-NS; QL (240 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
AVMAPKI-FAKZYNJA ORAL COMBO PACK 0.8-200 MG	\$0 (5^)	PA-NS; QL (66 EA per 28 days)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	\$0 (5^)	PA-NS; LA; QL (30 EA per 30 days)
<i>azathioprine oral tablet 50 mg</i>	\$0 (2)	B/D
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	\$0 (5^)	PA-NS; LA
<i>bexarotene oral capsule 75 mg</i>	\$0 (5^)	PA-NS
<i>bexarotene topical gel 1 %</i>	\$0 (5^)	PA-NS; QL (60 GM per 30 days)
<i>bicalutamide oral tablet 50 mg</i>	\$0 (2)	
BOSULIF ORAL CAPSULE 100 MG	\$0 (5^)	PA-NS; QL (180 EA per 30 days)
BOSULIF ORAL CAPSULE 50 MG	\$0 (5^)	PA-NS; QL (330 EA per 30 days)
BOSULIF ORAL TABLET 100 MG	\$0 (5^)	PA-NS; QL (90 EA per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	\$0 (5^)	PA-NS; QL (30 EA per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	\$0 (5^)	PA-NS; LA; QL (180 EA per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	\$0 (5^)	PA-NS; LA; QL (120 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	\$0 (5^)	PA-NS; LA; QL (30 EA per 30 days)
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	\$0 (5^)	PA-NS; LA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 100 MG	\$0 (5^)	PA-NS; LA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	\$0 (5^)	PA-NS; LA; QL (30 EA per 30 days)
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	\$0 (5^)	PA-NS; LA; QL (56 EA per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	\$0 (5^)	PA-NS; LA; QL (112 EA per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	\$0 (5^)	PA-NS; LA; QL (84 EA per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	\$0 (5^)	PA-NS; LA; QL (60 EA per 30 days)
COTELLIC ORAL TABLET 20 MG	\$0 (5^)	PA-NS; LA; QL (63 EA per 28 days)
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	\$0 (3)	B/D
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	\$0 (4)	B/D
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	\$0 (4)	B/D

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>cyclosporine modified oral solution 100 mg/ml</i>	\$0 (4)	B/D
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	\$0 (4)	B/D
DANZITEN ORAL TABLET 71 MG, 95 MG	\$0 (5^)	PA-NS; QL (112 EA per 28 days)
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 80 mg</i>	\$0 (5^)	PA-NS; QL (30 EA per 30 days)
<i>dasatinib oral tablet 20 mg</i>	\$0 (5^)	PA-NS; QL (90 EA per 30 days)
<i>dasatinib oral tablet 70 mg</i>	\$0 (5^)	PA-NS; QL (60 EA per 30 days)
DAURISMO ORAL TABLET 100 MG	\$0 (5^)	PA-NS; LA; QL (30 EA per 30 days)
DAURISMO ORAL TABLET 25 MG	\$0 (5^)	PA-NS; LA; QL (60 EA per 30 days)
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	\$0 (3)	PA-NS
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	\$0 (3)	PA-NS
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	\$0 (3)	PA-NS

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	\$0 (3)	PA-NS
ENVARUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	\$0 (3)	B/D
ERIVEDGE ORAL CAPSULE 150 MG	\$0 (5^)	PA-NS; LA; QL (30 EA per 30 days)
ERLEADA ORAL TABLET 240 MG	\$0 (5^)	PA-NS; QL (30 EA per 30 days)
ERLEADA ORAL TABLET 60 MG	\$0 (5^)	PA-NS; LA; QL (120 EA per 30 days)
<i>erlotinib oral tablet 100 mg, 150 mg</i>	\$0 (5^)	PA-NS; QL (30 EA per 30 days)
<i>erlotinib oral tablet 25 mg</i>	\$0 (5^)	PA-NS; QL (60 EA per 30 days)
EULEXIN ORAL CAPSULE 125 MG	\$0 (5^)	
<i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	\$0 (5^)	PA-NS; QL (30 EA per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg</i>	\$0 (5^)	PA-NS; QL (150 EA per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 3 mg</i>	\$0 (5^)	PA-NS; QL (90 EA per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 5 mg</i>	\$0 (5^)	PA-NS; QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>everolimus (immunosuppressive) oral tablet 0.25 mg</i>	\$0 (3)	B/D
<i>everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg</i>	\$0 (5^)	B/D
<i>exemestane oral tablet 25 mg</i>	\$0 (4)	
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	\$0 (5^)	PA-NS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	\$0 (4)	PA-NS
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	\$0 (5^)	PA-NS; LA; QL (21 EA per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	\$0 (5^)	PA-NS; QL (84 EA per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	\$0 (5^)	PA-NS; QL (21 EA per 28 days)
GAVRETO ORAL CAPSULE 100 MG	\$0 (5^)	PA-NS; LA; QL (120 EA per 30 days)
<i>gefitinib oral tablet 250 mg</i>	\$0 (5^)	PA-NS; QL (30 EA per 30 days)
<i>gengraf oral capsule 100 mg, 25 mg</i>	\$0 (4)	B/D

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	\$0 (5^)	PA-NS; LA; QL (30 EA per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG	\$0 (4)	
GLEOSTINE ORAL CAPSULE 100 MG, 40 MG	\$0 (5^)	
GOMEKLI ORAL CAPSULE 1 MG	\$0 (5^)	PA-NS; QL (126 EA per 28 days)
GOMEKLI ORAL CAPSULE 2 MG	\$0 (5^)	PA-NS; QL (84 EA per 28 days)
GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG	\$0 (5^)	PA-NS; QL (168 EA per 28 days)
<i>hydroxyurea oral capsule 500 mg</i>	\$0 (2)	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	\$0 (5^)	PA-NS; LA; QL (21 EA per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	\$0 (5^)	PA-NS; LA; QL (21 EA per 28 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	\$0 (5^)	PA-NS; LA; QL (30 EA per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG	\$0 (5^)	PA-NS; LA; QL (30 EA per 30 days)
<i>imatinib oral tablet 100 mg</i>	\$0 (4)	PA-NS; QL (180 EA per 30 days)
<i>imatinib oral tablet 400 mg</i>	\$0 (5^)	PA-NS; QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
IMBRUVICA ORAL CAPSULE 140 MG	\$0 (5^)	PA-NS; LA; QL (90 EA per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	\$0 (5^)	PA-NS; LA; QL (28 EA per 28 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	\$0 (5^)	PA-NS; LA; QL (324 ML per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG	\$0 (5^)	PA-NS; QL (28 EA per 28 days)
IMBRUVICA ORAL TABLET 420 MG	\$0 (5^)	PA-NS; LA; QL (28 EA per 28 days)
IMKELDI ORAL SOLUTION 80 MG/ML	\$0 (5^)	PA-NS; QL (280 ML per 28 days)
INLYTA ORAL TABLET 1 MG	\$0 (5^)	PA-NS; LA; QL (180 EA per 30 days)
INLYTA ORAL TABLET 5 MG	\$0 (5^)	PA-NS; LA; QL (120 EA per 30 days)
INQOVI ORAL TABLET 35-100 MG	\$0 (5^)	PA-NS; LA; QL (5 EA per 28 days)
INREBIC ORAL CAPSULE 100 MG	\$0 (5^)	PA-NS; LA; QL (120 EA per 30 days)
ITOVEBI ORAL TABLET 3 MG	\$0 (5^)	PA-NS; QL (60 EA per 30 days)
ITOVEBI ORAL TABLET 9 MG	\$0 (5^)	PA-NS; QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
IWILFIN ORAL TABLET 192 MG	\$0 (5^)	PA-NS; LA; QL (240 EA per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	\$0 (5^)	PA-NS; LA; QL (60 EA per 30 days)
JAYPIRCA ORAL TABLET 100 MG	\$0 (5^)	PA-NS; QL (60 EA per 30 days)
JAYPIRCA ORAL TABLET 50 MG	\$0 (5^)	PA-NS; QL (30 EA per 30 days)
JYLAMVO ORAL SOLUTION 2 MG/ML	\$0 (3)	
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	\$0 (5^)	PA-NS; QL (21 EA per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	\$0 (5^)	PA-NS; QL (42 EA per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	\$0 (5^)	PA-NS; QL (63 EA per 28 days)
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	\$0 (5^)	PA-NS
KRAZATI ORAL TABLET 200 MG	\$0 (5^)	PA-NS; LA; QL (180 EA per 30 days)
<i>lapatinib oral tablet 250 mg</i>	\$0 (5^)	PA-NS; QL (180 EA per 30 days)
LAZCLUZE ORAL TABLET 240 MG	\$0 (5^)	PA-NS; LA; QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LAZCLUZE ORAL TABLET 80 MG	\$0 (5^)	PA-NS; LA; QL (60 EA per 30 days)
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	\$0 (5^)	PA-NS; LA; QL (28 EA per 28 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	\$0 (5^)	PA-NS; LA; QL (30 EA per 30 days)
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	\$0 (5^)	PA-NS; LA; QL (90 EA per 30 days)
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	\$0 (5^)	PA-NS; LA; QL (60 EA per 30 days)
<i>letrozole oral tablet 2.5 mg</i>	\$0 (4)	
LEUKERAN ORAL TABLET 2 MG	\$0 (5^)	
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	\$0 (4)	PA-NS
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	\$0 (5^)	PA-NS; LA
LORBRENA ORAL TABLET 100 MG	\$0 (5^)	PA-NS; LA; QL (30 EA per 30 days)
LORBRENA ORAL TABLET 25 MG	\$0 (5^)	PA-NS; LA; QL (90 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LUMAKRAS ORAL TABLET 120 MG	\$0 (5^)	PA-NS; LA; QL (240 EA per 30 days)
LUMAKRAS ORAL TABLET 240 MG	\$0 (5^)	PA-NS; QL (120 EA per 30 days)
LUMAKRAS ORAL TABLET 320 MG	\$0 (5^)	PA-NS; QL (90 EA per 30 days)
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	\$0 (5^)	PA-NS
LYNPARZA ORAL TABLET 100 MG, 150 MG	\$0 (5^)	PA-NS; LA; QL (120 EA per 30 days)
LYSODREN ORAL TABLET 500 MG	\$0 (5^)	
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3)	\$0 (5^)	PA-NS; QL (84 EA per 28 days)
LYTGOBI ORAL TABLET 16 MG/DAY (4 MG X 4)	\$0 (5^)	PA-NS; QL (112 EA per 28 days)
LYTGOBI ORAL TABLET 20 MG/DAY (4 MG X 5)	\$0 (5^)	PA-NS; QL (140 EA per 28 days)
MATULANE ORAL CAPSULE 50 MG	\$0 (5^)	LA
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	\$0 (4)	PA
<i>megestrol oral tablet 20 mg, 40 mg</i>	\$0 (4)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
MEKINIST ORAL RECON SOLN 0.05 MG/ML	\$0 (5^)	PA-NS; QL (1260 ML per 30 days)
MEKINIST ORAL TABLET 0.5 MG	\$0 (5^)	PA-NS; LA; QL (90 EA per 30 days)
MEKINIST ORAL TABLET 2 MG	\$0 (5^)	PA-NS; LA; QL (30 EA per 30 days)
MEKTOVI ORAL TABLET 15 MG	\$0 (5^)	PA-NS; LA; QL (180 EA per 30 days)
<i>mercaptopurine oral suspension 20 mg/ml</i>	\$0 (5^)	
<i>mercaptopurine oral tablet 50 mg</i>	\$0 (2)	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	\$0 (2)	B/D
<i>methotrexate sodium injection solution 25 mg/ml</i>	\$0 (2)	B/D
<i>methotrexate sodium oral tablet 2.5 mg</i>	\$0 (1)	
<i>mycophenolate mofetil oral capsule 250 mg</i>	\$0 (2)	B/D
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	\$0 (5^)	B/D
<i>mycophenolate mofetil oral tablet 500 mg</i>	\$0 (2)	B/D

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i>	\$0 (4)	B/D
<i>mycophenolic acid dr 180 mg tb</i>	\$0 (4)	mycophenolate sodium = mycophenolic acid
<i>mycophenolic acid dr 360 mg tb</i>	\$0 (4)	mycophenolate sodium = mycophenolic acid
NERLYNX ORAL TABLET 40 MG	\$0 (5^)	PA-NS; LA
<i>nilutamide oral tablet 150 mg</i>	\$0 (5^)	
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	\$0 (5^)	PA-NS; QL (3 EA per 28 days)
NUBEQA ORAL TABLET 300 MG	\$0 (5^)	PA-NS; LA; QL (120 EA per 30 days)
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	\$0 (5^)	PA
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	\$0 (4)	PA
ODOMZO ORAL CAPSULE 200 MG	\$0 (5^)	PA-NS; LA; QL (30 EA per 30 days)
OGSIVEO ORAL TABLET 100 MG, 150 MG	\$0 (5^)	PA-NS; QL (56 EA per 28 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
OGSIVEO ORAL TABLET 50 MG	\$0 (5^)	PA-NS; QL (180 EA per 30 days)
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	\$0 (5^)	PA-NS; QL (96 ML per 28 days)
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4)	\$0 (5^)	PA-NS; QL (16 EA per 28 days)
OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5)	\$0 (5^)	PA-NS; QL (20 EA per 28 days)
OJEMDA ORAL TABLET 600 MG/WEEK (100 MG X 6)	\$0 (5^)	PA-NS; QL (24 EA per 28 days)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	\$0 (5^)	PA-NS; QL (30 EA per 30 days)
ONUREG ORAL TABLET 200 MG, 300 MG	\$0 (5^)	PA-NS; LA; QL (14 EA per 28 days)
ORGOVYX ORAL TABLET 120 MG	\$0 (5^)	PA-NS; LA; QL (30 EA per 28 days)
ORSERDU ORAL TABLET 345 MG	\$0 (5^)	PA-NS; QL (30 EA per 30 days)
ORSERDU ORAL TABLET 86 MG	\$0 (5^)	PA-NS; QL (90 EA per 30 days)
<i>pazopanib oral tablet 200 mg</i>	\$0 (5^)	PA-NS; QL (120 EA per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	\$0 (5^)	PA-NS; LA; QL (28 EA per 28 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	\$0 (5^)	PA-NS; QL (28 EA per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	\$0 (5^)	PA-NS; QL (56 EA per 28 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	\$0 (5^)	PA-NS; LA; QL (21 EA per 28 days)
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	\$0 (4)	B/D
QINLOCK ORAL TABLET 50 MG	\$0 (5^)	PA-NS; LA; QL (90 EA per 30 days)
RETEVMO ORAL CAPSULE 40 MG	\$0 (5^)	PA-NS; LA; QL (180 EA per 30 days)
RETEVMO ORAL CAPSULE 80 MG	\$0 (5^)	PA-NS; LA; QL (120 EA per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	\$0 (5^)	PA-NS; LA; QL (60 EA per 30 days)
RETEVMO ORAL TABLET 40 MG	\$0 (5^)	PA-NS; LA; QL (90 EA per 30 days)
REVUFORJ ORAL TABLET 110 MG	\$0 (5^)	PA-NS; QL (120 EA per 30 days)
REVUFORJ ORAL TABLET 160 MG	\$0 (5^)	PA-NS; QL (60 EA per 30 days)
REVUFORJ ORAL TABLET 25 MG	\$0 (5^)	PA-NS; QL (240 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
REZLIDHIA ORAL CAPSULE 150 MG	\$0 (5^)	PA-NS; QL (60 EA per 30 days)
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	\$0 (5^)	PA-NS; QL (8 EA per 28 days)
ROZLYTREK ORAL CAPSULE 100 MG	\$0 (5^)	PA-NS; LA; QL (150 EA per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	\$0 (5^)	PA-NS; LA; QL (90 EA per 30 days)
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	\$0 (5^)	PA-NS; QL (336 EA per 28 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	\$0 (5^)	PA-NS; LA; QL (120 EA per 30 days)
RYDAPT ORAL CAPSULE 25 MG	\$0 (5^)	PA-NS; QL (224 EA per 28 days)
SCSEMBLIX ORAL TABLET 100 MG	\$0 (5^)	PA-NS; QL (120 EA per 30 days)
SCSEMBLIX ORAL TABLET 20 MG	\$0 (5^)	PA-NS; QL (60 EA per 30 days)
SCSEMBLIX ORAL TABLET 40 MG	\$0 (5^)	PA-NS; QL (300 EA per 30 days)
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	\$0 (5^)	PA; LA
<i>sirolimus oral solution 1 mg/ml</i>	\$0 (4)	B/D

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (4)	B/D
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	\$0 (5^)	
<i>sorafenib oral tablet 200 mg</i>	\$0 (5^)	PA-NS; QL (120 EA per 30 days)
STIVARGA ORAL TABLET 40 MG	\$0 (5^)	PA-NS; LA; QL (84 EA per 28 days)
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	\$0 (5^)	PA-NS; QL (28 EA per 28 days)
TABLOID ORAL TABLET 40 MG	\$0 (4)	
TABRECTA ORAL TABLET 150 MG, 200 MG	\$0 (5^)	PA-NS
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	\$0 (4)	B/D
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	\$0 (5^)	PA-NS; LA; QL (120 EA per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	\$0 (5^)	PA-NS; QL (840 EA per 28 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG	\$0 (5^)	PA-NS; LA; QL (30 EA per 30 days)
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	\$0 (5^)	PA-NS; QL (30 EA per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	\$0 (5^)	PA-NS; LA; QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	\$0 (2)	
TASIGNA ORAL CAPSULE 150 MG, 200 MG	\$0 (5^)	PA-NS; QL (112 EA per 28 days)
TASIGNA ORAL CAPSULE 50 MG	\$0 (5^)	PA-NS; QL (120 EA per 30 days)
TAZVERIK ORAL TABLET 200 MG	\$0 (5^)	PA-NS; LA
TEPMETKO ORAL TABLET 225 MG	\$0 (5^)	PA-NS; LA
THALOMID ORAL CAPSULE 100 MG	\$0 (5^)	PA-NS; LA; QL (112 EA per 28 days)
THALOMID ORAL CAPSULE 50 MG	\$0 (5^)	PA-NS; LA; QL (28 EA per 28 days)
TIBSOVO ORAL TABLET 250 MG	\$0 (5^)	PA-NS; LA
<i>toremifene oral tablet 60 mg</i>	\$0 (5^)	
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	\$0 (5^)	
TRUQAP ORAL TABLET 160 MG, 200 MG	\$0 (5^)	PA-NS; QL (64 EA per 28 days)
TUKYSA ORAL TABLET 150 MG	\$0 (5^)	PA-NS; LA; QL (120 EA per 30 days)
TUKYSA ORAL TABLET 50 MG	\$0 (5^)	PA-NS; LA; QL (300 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TURALIO ORAL CAPSULE 125 MG	\$0 (5^)	PA-NS; LA; QL (120 EA per 30 days)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	\$0 (5^)	PA-NS; QL (56 EA per 28 days)
VENCLEXTA ORAL TABLET 10 MG	\$0 (3)	PA-NS; LA; QL (14 EA per 7 days)
VENCLEXTA ORAL TABLET 100 MG	\$0 (5^)	PA-NS; LA; QL (180 EA per 30 days)
VENCLEXTA ORAL TABLET 50 MG	\$0 (5^)	PA-NS; LA; QL (7 EA per 7 days)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	\$0 (5^)	PA-NS; LA; QL (42 EA per 180 days)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	\$0 (5^)	PA-NS; LA; QL (60 EA per 30 days)
VITRAKVI ORAL CAPSULE 100 MG	\$0 (5^)	PA-NS; LA; QL (60 EA per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	\$0 (5^)	PA-NS; LA; QL (180 EA per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	\$0 (5^)	PA-NS; LA; QL (300 ML per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	\$0 (5^)	PA-NS; LA; QL (30 EA per 30 days)
VONJO ORAL CAPSULE 100 MG	\$0 (5^)	PA-NS; LA; QL (120 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VORANIGO ORAL TABLET 10 MG	\$0 (5^)	PA-NS; QL (60 EA per 30 days)
VORANIGO ORAL TABLET 40 MG	\$0 (5^)	PA-NS; QL (30 EA per 30 days)
WELIREG ORAL TABLET 40 MG	\$0 (5^)	PA-NS; LA
XALKORI ORAL CAPSULE 200 MG, 250 MG	\$0 (5^)	PA-NS; LA; QL (60 EA per 30 days)
XALKORI ORAL PELLET 150 MG	\$0 (5^)	PA-NS; QL (180 EA per 30 days)
XALKORI ORAL PELLET 20 MG, 50 MG	\$0 (5^)	PA-NS; QL (120 EA per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	\$0 (3)	
XERMELO ORAL TABLET 250 MG	\$0 (5^)	PA; LA; QL (84 EA per 28 days)
XOSPATA ORAL TABLET 40 MG	\$0 (5^)	PA-NS; LA; QL (90 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	\$0 (5^)	PA-NS; LA
XPOVIO ORAL TABLET 40 MG/WEEK (10 MG X 4)	\$0 (5^)	PA-NS
XTANDI ORAL CAPSULE 40 MG	\$0 (5^)	PA-NS; LA; QL (120 EA per 30 days)
XTANDI ORAL TABLET 40 MG	\$0 (5^)	PA-NS; LA; QL (120 EA per 30 days)
XTANDI ORAL TABLET 80 MG	\$0 (5^)	PA-NS; LA; QL (60 EA per 30 days)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	\$0 (5^)	PA-NS; LA; QL (30 EA per 30 days)
ZELBORAF ORAL TABLET 240 MG	\$0 (5^)	PA-NS; LA; QL (240 EA per 30 days)
ZOLINZA ORAL CAPSULE 100 MG	\$0 (5^)	PA-NS; QL (120 EA per 30 days)
ZYDELIG ORAL TABLET 100 MG, 150 MG	\$0 (5^)	PA-NS; LA; QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ZYKADIA ORAL TABLET 150 MG	\$0 (5^)	PA-NS; LA; QL (90 EA per 30 days)
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH		
ANTICONVULSANTS		
BRIVIACT ORAL SOLUTION 10 MG/ML	\$0 (5^)	QL (600 ML per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	\$0 (5^)	QL (60 EA per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	\$0 (4)	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	\$0 (4)	
<i>carbamazepine oral tablet 200 mg</i>	\$0 (2)	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	\$0 (4)	
<i>carbamazepine oral tablet, chewable 100 mg</i>	\$0 (2)	
<i>clobazam oral suspension 2.5 mg/ml</i>	\$0 (4)	PA-NS; QL (480 ML per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i>	\$0 (4)	PA-NS; QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	\$0 (4)	QL (90 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	\$0 (4)	QL (300 EA per 30 days)
<i>clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	\$0 (4)	QL (90 EA per 30 days)
<i>clonazepam oral tablet,disintegrating 2 mg</i>	\$0 (4)	QL (300 EA per 30 days)
DIACOMIT ORAL CAPSULE 250 MG	\$0 (5^)	PA-NS; LA; QL (360 EA per 30 days)
DIACOMIT ORAL CAPSULE 500 MG	\$0 (5^)	PA-NS; LA; QL (180 EA per 30 days)
DIACOMIT ORAL POWDER IN PACKET 250 MG	\$0 (5^)	PA-NS; LA; QL (360 EA per 30 days)
DIACOMIT ORAL POWDER IN PACKET 500 MG	\$0 (5^)	PA-NS; LA; QL (180 EA per 30 days)
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	\$0 (4)	
DILANTIN EXTENDED ORAL CAPSULE 100 MG	\$0 (4)	
DILANTIN INFATABS ORAL TABLET,CHEWABLE 50 MG	\$0 (4)	
DILANTIN ORAL CAPSULE 30 MG	\$0 (4)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML	\$0 (4)	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	\$0 (4)	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	\$0 (4)	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	\$0 (2)	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	\$0 (5^)	PA-NS; LA
<i>epitol oral tablet 200 mg</i>	\$0 (2)	
EPRONTIA ORAL SOLUTION 25 MG/ML	\$0 (3)	PA-NS
<i>eslicarbazepine oral tablet 200 mg, 400 mg, 600 mg, 800 mg</i>	\$0 (5^)	QL (60 EA per 30 days)
<i>ethosuximide oral capsule 250 mg</i>	\$0 (3)	
<i>ethosuximide oral solution 250 mg/5 ml</i>	\$0 (3)	
<i>felbamate oral suspension 600 mg/5 ml</i>	\$0 (4)	
<i>felbamate oral tablet 400 mg, 600 mg</i>	\$0 (4)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
FINTEPLA ORAL SOLUTION 2.2 MG/ML	\$0 (5^)	PA-NS; LA; QL (360 ML per 30 days)
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	\$0 (5^)	QL (720 ML per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	\$0 (5^)	QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 2 MG	\$0 (4)	QL (60 EA per 30 days)
<i>gabapentin oral capsule 100 mg, 400 mg</i>	\$0 (2)	QL (270 EA per 30 days)
<i>gabapentin oral capsule 300 mg</i>	\$0 (2)	QL (360 EA per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i>	\$0 (2)	QL (2160 ML per 30 days)
<i>gabapentin oral tablet 600 mg</i>	\$0 (2)	QL (180 EA per 30 days)
<i>gabapentin oral tablet 800 mg</i>	\$0 (2)	QL (120 EA per 30 days)
<i>gabapentin oral tablet extended release 24 hr 300 mg</i>	\$0 (4)	PA; QL (180 EA per 30 days)
<i>gabapentin oral tablet extended release 24 hr 600 mg</i>	\$0 (4)	PA; QL (90 EA per 30 days)
<i>lacosamide oral solution 10 mg/ml</i>	\$0 (4)	QL (1200 ML per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg</i>	\$0 (4)	QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>lacosamide oral tablet 50 mg</i>	\$0 (4)	QL (120 EA per 30 days)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	\$0 (1)	
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	\$0 (4)	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	\$0 (2)	
<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	\$0 (4)	
<i>levetiracetam oral solution 100 mg/ml</i>	\$0 (4)	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	\$0 (4)	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	\$0 (4)	
<i>methsuximide oral capsule 300 mg</i>	\$0 (4)	
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	\$0 (3)	PA-NS; QL (10 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	\$0 (4)	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	\$0 (4)	
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	\$0 (4)	PA-NS
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	\$0 (2)	PA-NS
<i>phenytoin oral suspension 125 mg/5 ml</i>	\$0 (4)	
<i>phenytoin oral tablet, chewable 50 mg</i>	\$0 (2)	
<i>phenytoin sodium extended oral capsule 100 mg</i>	\$0 (2)	
<i>pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	\$0 (4)	QL (120 EA per 30 days)
<i>pregabalin oral capsule 200 mg</i>	\$0 (4)	QL (90 EA per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	\$0 (4)	QL (60 EA per 30 days)
<i>pregabalin oral solution 20 mg/ml</i>	\$0 (4)	QL (900 ML per 30 days)
PRIMIDONE ORAL TABLET 125 MG	\$0 (4)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>primidone oral tablet 250 mg, 50 mg</i>	\$0 (2)	
<i>roweepra oral tablet 500 mg</i>	\$0 (2)	
<i>rufinamide oral suspension 40 mg/ml</i>	\$0 (5^)	PA-NS; QL (2760 ML per 30 days)
<i>rufinamide oral tablet 200 mg</i>	\$0 (4)	PA-NS; QL (480 EA per 30 days)
<i>rufinamide oral tablet 400 mg</i>	\$0 (5^)	PA-NS; QL (240 EA per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG	\$0 (3)	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	\$0 (5^)	PA-NS; QL (60 EA per 30 days)
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	\$0 (4)	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	\$0 (2)	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	\$0 (2)	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	\$0 (2)	
<i>valproic acid oral capsule 250 mg</i>	\$0 (2)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	\$0 (3)	PA-NS; QL (10 EA per 30 days)
<i>vigabatrin oral powder in packet 500 mg</i>	\$0 (5^)	PA-NS; LA; QL (150 EA per 25 days)
<i>vigabatrin oral tablet 500 mg</i>	\$0 (5^)	PA-NS; LA; QL (180 EA per 30 days)
<i>vigadrone oral powder in packet 500 mg</i>	\$0 (5^)	PA-NS; LA; QL (150 EA per 25 days)
<i>vigadrone oral tablet 500 mg</i>	\$0 (5^)	PA-NS; LA; QL (180 EA per 30 days)
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	\$0 (5^)	QL (56 EA per 28 days)
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	\$0 (5^)	QL (30 EA per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	\$0 (5^)	QL (60 EA per 30 days)
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 12.5 MG (14)- 25 MG (14)	\$0 (4)	QL (28 EA per 180 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	\$0 (5^)	QL (28 EA per 180 days)
ZONISADE ORAL SUSPENSION 100 MG/5 ML	\$0 (5^)	PA-NS
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	\$0 (2)	
ZTALMY ORAL SUSPENSION 50 MG/ML	\$0 (5^)	PA-NS; QL (1100 ML per 30 days)
ANTIPARKINSONISM AGENTS		
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (4)	PA
<i>bromocriptine oral capsule 5 mg</i>	\$0 (4)	
<i>bromocriptine oral tablet 2.5 mg</i>	\$0 (4)	
<i>carbidopa oral tablet 25 mg</i>	\$0 (4)	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	\$0 (2)	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	\$0 (2)	
<i>carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	\$0 (2)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>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</i>	\$0 (4)	
<i>entacapone oral tablet 200 mg</i>	\$0 (4)	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	\$0 (5^)	PA; QL (300 EA per 30 days)
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	\$0 (4)	
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	\$0 (1)	
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg</i>	\$0 (4)	
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	\$0 (4)	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	\$0 (2)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	\$0 (4)	
<i>selegiline hcl oral capsule 5 mg</i>	\$0 (3)	
<i>selegiline hcl oral tablet 5 mg</i>	\$0 (3)	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	\$0 (3)	
MIGRAINE / CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	\$0 (3)	PA; QL (1 ML per 30 days)
<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	\$0 (5^)	QL (8 ML per 28 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	\$0 (3)	PA; QL (2 ML per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	\$0 (3)	PA; QL (2 ML per 30 days)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	\$0 (2)	QL (40 EA per 28 days)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	\$0 (4)	QL (18 EA per 28 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	\$0 (5^)	PA; QL (16 EA per 30 days)
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	\$0 (2)	QL (18 EA per 28 days)
<i>rizatriptan oral tablet,disintegrating 10 mg, 5 mg</i>	\$0 (2)	QL (18 EA per 28 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation</i>	\$0 (4)	QL (18 EA per 28 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (4)	QL (18 EA per 28 days)
<i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i>	\$0 (2)	QL (8 ML per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i>	\$0 (2)	QL (8 ML per 28 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	\$0 (2)	QL (8 ML per 28 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	\$0 (4)	QL (18 EA per 28 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i>	\$0 (4)	QL (18 EA per 28 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	\$0 (3)	PA; QL (60 EA per 30 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg</i>	\$0 (4)	PA; QL (56 EA per 28 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	\$0 (4)	PA; QL (120 EA per 180 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i>	\$0 (5^)	PA; QL (60 EA per 30 days)
<i>donepezil oral tablet 10 mg, 5 mg</i>	\$0 (2)	
<i>donepezil oral tablet 23 mg</i>	\$0 (4)	QL (30 EA per 30 days)
<i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>	\$0 (2)	
<i>fingolimod oral capsule 0.5 mg</i>	\$0 (5^)	PA; QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	\$0 (4)	QL (30 EA per 30 days)
<i>galantamine oral solution 4 mg/ml</i>	\$0 (4)	QL (200 ML per 30 days)
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	\$0 (4)	QL (60 EA per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	\$0 (5^)	PA; QL (30 ML per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	\$0 (5^)	PA; QL (12 ML per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	\$0 (5^)	PA; QL (30 ML per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	\$0 (5^)	PA; QL (12 ML per 28 days)
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21)	\$0 (5^)	PA; LA; QL (28 EA per 180 days)
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	\$0 (5^)	PA; LA; QL (30 EA per 30 days)
<i>memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>	\$0 (4)	PA
<i>memantine oral solution 2 mg/ml</i>	\$0 (4)	PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>memantine oral tablet 10 mg, 5 mg</i>	\$0 (2)	PA
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	\$0 (3)	
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	\$0 (3)	
NUEDEXTA ORAL CAPSULE 20-10 MG	\$0 (3)	PA; QL (60 EA per 30 days)
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML	\$0 (5^)	PA
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	\$0 (4)	QL (60 EA per 30 days)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i>	\$0 (4)	QL (30 EA per 30 days)
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	\$0 (5^)	PA; QL (30 EA per 30 days)
<i>tetrabenazine oral tablet 12.5 mg</i>	\$0 (4)	PA; QL (240 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>tetrabenazine oral tablet 25 mg</i>	\$0 (5^)	PA; QL (120 EA per 30 days)
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	\$0 (2)	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	\$0 (4)	PA
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	\$0 (4)	
<i>pyridostigmine bromide oral tablet 60 mg</i>	\$0 (2)	
<i>tizanidine oral tablet 2 mg, 4 mg</i>	\$0 (2)	
NARCOTIC ANALGESICS		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	\$0 (2)	QL (2700 ML per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	\$0 (2)	QL (360 EA per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	\$0 (2)	QL (180 EA per 30 days)
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	\$0 (2)	
<i>endocet oral tablet 10-325 mg</i>	\$0 (4)	QL (180 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>endocet oral tablet 2.5-325 mg, 5-325 mg</i>	\$0 (4)	QL (360 EA per 30 days)
<i>endocet oral tablet 7.5-325 mg</i>	\$0 (4)	QL (240 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	\$0 (4)	PA; QL (10 EA per 30 days)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml, 7.5-325 mg/15 ml</i>	\$0 (4)	QL (2700 ML per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>	\$0 (4)	QL (180 EA per 30 days)
<i>hydrocodone-acetaminophen oral tablet 5-325 mg</i>	\$0 (4)	QL (240 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	\$0 (4)	QL (150 EA per 30 days)
<i>hydromorphone oral liquid 1 mg/ml</i>	\$0 (2)	QL (600 ML per 30 days)
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>	\$0 (2)	QL (180 EA per 30 days)
<i>methadone oral solution 10 mg/5 ml, 5 mg/5 ml</i>	\$0 (4)	PA; QL (450 ML per 30 days)
<i>methadone oral tablet 10 mg, 5 mg</i>	\$0 (2)	PA; QL (90 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	\$0 (2)	QL (180 ML per 30 days)
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	\$0 (2)	QL (900 ML per 30 days)
<i>morphine oral tablet 15 mg, 30 mg</i>	\$0 (2)	QL (180 EA per 30 days)
<i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	\$0 (4)	PA; QL (90 EA per 30 days)
<i>oxycodone oral capsule 5 mg</i>	\$0 (2)	QL (180 EA per 30 days)
<i>oxycodone oral concentrate 20 mg/ml</i>	\$0 (2)	QL (180 ML per 30 days)
<i>oxycodone oral solution 5 mg/5 ml</i>	\$0 (2)	QL (900 ML per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	\$0 (2)	QL (180 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	\$0 (4)	QL (180 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	\$0 (4)	QL (360 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	\$0 (4)	QL (240 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NON-NARCOTIC ANALGESICS		
<i>buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i>	\$0 (4)	
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	\$0 (2)	
<i>butorphanol nasal spray, non-aerosol 10 mg/ml</i>	\$0 (4)	QL (10 ML per 28 days)
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	\$0 (4)	
<i>diclofenac potassium oral tablet 50 mg</i>	\$0 (2)	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	\$0 (4)	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	\$0 (2)	
<i>diclofenac sodium topical drops 1.5 %</i>	\$0 (2)	QL (300 ML per 28 days)
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	\$0 (4)	
<i>diflunisal oral tablet 500 mg</i>	\$0 (4)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>etodolac oral capsule 200 mg, 300 mg</i>	\$0 (2)	
<i>etodolac oral tablet 400 mg, 500 mg</i>	\$0 (2)	
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	\$0 (4)	
<i>flurbiprofen oral tablet 100 mg</i>	\$0 (4)	
<i>ibu oral tablet 600 mg, 800 mg</i>	\$0 (1)	
<i>ibuprofen oral suspension 100 mg/5 ml</i>	\$0 (2)	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	\$0 (1)	
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	\$0 (4)	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	\$0 (1)	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	\$0 (2)	
<i>naloxone injection solution 0.4 mg/ml</i>	\$0 (2)	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	\$0 (2)	
<i>naltrexone oral tablet 50 mg</i>	\$0 (2)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	\$0 (1)	
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg</i>	\$0 (2)	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	\$0 (4)	
<i>oxaprozin oral tablet 600 mg</i>	\$0 (4)	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	\$0 (2)	
<i>sulindac oral tablet 150 mg, 200 mg</i>	\$0 (2)	
<i>tramadol oral tablet 50 mg</i>	\$0 (2)	QL (240 EA per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	\$0 (2)	QL (240 EA per 30 days)
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 720 MG/2.4 ML	\$0 (5^)	QL (2.4 ML per 56 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 960 MG/3.2 ML	\$0 (5^)	QL (3.2 ML per 56 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	\$0 (5^)	QL (1 EA per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	\$0 (5^)	QL (1 EA per 28 days)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	\$0 (4)	QL (150 EA per 30 days)
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	\$0 (4)	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	\$0 (4)	
<i>aripiprazole oral solution 1 mg/ml</i>	\$0 (4)	QL (900 ML per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	\$0 (4)	QL (30 EA per 30 days)
<i>aripiprazole oral tablet,disintegrating 10 mg, 15 mg</i>	\$0 (4)	QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	\$0 (5^)	QL (4.8 ML per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	\$0 (5^)	QL (3.9 ML per 56 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	\$0 (5^)	QL (1.6 ML per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	\$0 (5^)	QL (2.4 ML per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	\$0 (5^)	QL (3.2 ML per 28 days)
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	\$0 (4)	PA; QL (30 EA per 30 days)
<i>armodafinil oral tablet 50 mg</i>	\$0 (4)	PA; QL (60 EA per 30 days)
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (4)	QL (60 EA per 30 days)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	\$0 (4)	QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	\$0 (4)	QL (30 EA per 30 days)
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	\$0 (5^)	ST; QL (60 EA per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	\$0 (3)	QL (30 EA per 30 days)
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	\$0 (2)	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	\$0 (2)	QL (90 EA per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	\$0 (2)	QL (30 EA per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	\$0 (2)	QL (60 EA per 30 days)
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	\$0 (2)	
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	\$0 (3)	QL (30 EA per 30 days)
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	\$0 (4)	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	\$0 (4)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>citalopram oral solution 10 mg/5 ml</i>	\$0 (4)	
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>	\$0 (1)	
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	\$0 (4)	PA-NS
<i>clorazepate dipotassium oral tablet 15 mg</i>	\$0 (4)	PA-NS; QL (180 EA per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	\$0 (4)	PA-NS; QL (90 EA per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	\$0 (4)	PA-NS; QL (360 EA per 30 days)
<i>clozapine oral tablet 100 mg, 200 mg</i>	\$0 (4)	
<i>clozapine oral tablet 25 mg, 50 mg</i>	\$0 (2)	
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	\$0 (4)	
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	\$0 (3)	QL (60 EA per 30 days)
COBENFY STARTER PACK ORAL CAPSULE, DOSE PACK 50 MG-20 MG /100 MG-20 MG	\$0 (3)	QL (56 EA per 180 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	\$0 (4)	
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	\$0 (4)	QL (30 EA per 30 days)
<i>dexmethylphenidate oral capsule, er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	\$0 (2)	QL (30 EA per 30 days)
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (4)	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg, 5 mg</i>	\$0 (4)	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	\$0 (2)	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 15 mg</i>	\$0 (2)	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 20 mg</i>	\$0 (2)	QL (90 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 30 mg</i>	\$0 (2)	QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	\$0 (4)	QL (30 EA per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	\$0 (4)	QL (60 EA per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 20 mg</i>	\$0 (4)	QL (90 EA per 30 days)
<i>diazepam intensol oral concentrate 5 mg/ml</i>	\$0 (4)	PA-NS; QL (240 ML per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	\$0 (4)	PA-NS; QL (1200 ML per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	\$0 (4)	PA-NS; QL (120 EA per 30 days)
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	\$0 (4)	
<i>doxepin oral concentrate 10 mg/ml</i>	\$0 (4)	
<i>doxepin oral tablet 3 mg, 6 mg</i>	\$0 (4)	QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	\$0 (4)	QL (60 EA per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 40 mg, 60 mg</i>	\$0 (4)	QL (60 EA per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	\$0 (5^)	QL (30 EA per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	\$0 (4)	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	\$0 (4)	
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	\$0 (5^)	ST; QL (60 EA per 30 days)
FANAPT TITRATION PACK A ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)- 6MG(2)	\$0 (4)	ST; QL (8 EA per 180 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	\$0 (3)	QL (28 EA per 180 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	\$0 (3)	QL (30 EA per 30 days)
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i>	\$0 (2)	
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	\$0 (2)	
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	\$0 (4)	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	\$0 (4)	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	\$0 (4)	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	\$0 (4)	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	\$0 (4)	
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (4)	
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 4 mg</i>	\$0 (4)	QL (30 EA per 30 days)
<i>guanfacine oral tablet extended release 24 hr 3 mg</i>	\$0 (4)	QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml (1 ml), 50 mg/ml, 50 mg/ml(1ml)</i>	\$0 (4)	
<i>haloperidol lactate injection solution 5 mg/ml</i>	\$0 (4)	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	\$0 (4)	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	\$0 (2)	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	\$0 (4)	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	\$0 (5^)	QL (3.5 ML per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	\$0 (5^)	QL (5 ML per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	\$0 (5^)	QL (0.75 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	\$0 (5^)	QL (1 ML per 28 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	\$0 (5^)	QL (1.5 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	\$0 (3)	QL (0.25 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	\$0 (5^)	QL (0.5 ML per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	\$0 (5^)	QL (0.88 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	\$0 (5^)	QL (1.32 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	\$0 (5^)	QL (1.75 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	\$0 (5^)	QL (2.63 ML per 90 days)
<i>lisdexamfetamine oral capsule</i> 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg	\$0 (4)	QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>lisdexamfetamine oral tablet, chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	\$0 (4)	QL (30 EA per 30 days)
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	\$0 (1)	
<i>lithium carbonate oral tablet 300 mg</i>	\$0 (2)	
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	\$0 (2)	
<i>lithium citrate oral solution 8 meq/5 ml</i>	\$0 (2)	
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	\$0 (4)	QL (150 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (2)	QL (150 EA per 30 days)
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	\$0 (4)	
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	\$0 (4)	QL (30 EA per 30 days)
<i>lurasidone oral tablet 80 mg</i>	\$0 (4)	QL (60 EA per 30 days)
MARPLAN ORAL TABLET 10 MG	\$0 (4)	
<i>methylphenidate hcl oral solution 10 mg/5 ml</i>	\$0 (4)	QL (900 ML per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>methylphenidate hcl oral solution 5 mg/5 ml</i>	\$0 (4)	QL (1800 ML per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	\$0 (2)	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	\$0 (4)	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 18 mg (bx rating), 27 mg, 27 mg (bx rating), 36 mg, 36 mg (bx rating), 54 mg, 54 mg (bx rating)</i>	\$0 (2)	QL (30 EA per 30 days)
<i>methylphenidate hcl oral tablet, chewable 10 mg, 2.5 mg, 5 mg</i>	\$0 (4)	QL (180 EA per 30 days)
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg</i>	\$0 (2)	
<i>mirtazapine oral tablet 7.5 mg</i>	\$0 (4)	
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i>	\$0 (2)	
<i>modafinil oral tablet 100 mg</i>	\$0 (2)	PA; QL (30 EA per 30 days)
<i>modafinil oral tablet 200 mg</i>	\$0 (2)	PA; QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>molindone oral tablet 10 mg, 25 mg, 5 mg</i>	\$0 (4)	
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	\$0 (4)	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	\$0 (2)	
<i>nortriptyline oral solution 10 mg/5 ml</i>	\$0 (4)	
NUPLAZID ORAL CAPSULE 34 MG	\$0 (5^)	PA-NS; LA; QL (30 EA per 30 days)
NUPLAZID ORAL TABLET 10 MG	\$0 (5^)	PA-NS; LA; QL (30 EA per 30 days)
<i>olanzapine intramuscular recon soln 10 mg</i>	\$0 (3)	QL (3 EA per 1 day)
<i>olanzapine oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (4)	QL (60 EA per 30 days)
<i>olanzapine oral tablet 15 mg, 20 mg, 7.5 mg</i>	\$0 (4)	QL (30 EA per 30 days)
<i>olanzapine oral tablet, disintegrating 10 mg</i>	\$0 (4)	QL (60 EA per 30 days)
<i>olanzapine oral tablet, disintegrating 15 mg, 20 mg, 5 mg</i>	\$0 (4)	QL (30 EA per 30 days)
OPIPZA ORAL FILM 10 MG	\$0 (4)	QL (90 EA per 30 days)
OPIPZA ORAL FILM 2 MG	\$0 (4)	QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
OPIPZA ORAL FILM 5 MG	\$0 (4)	QL (180 EA per 30 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	\$0 (4)	QL (30 EA per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	\$0 (4)	QL (60 EA per 30 days)
<i>paroxetine hcl oral suspension 10 mg/5 ml</i>	\$0 (4)	QL (900 ML per 30 days)
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	\$0 (2)	QL (30 EA per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	\$0 (2)	QL (60 EA per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	\$0 (4)	QL (60 EA per 30 days)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	\$0 (4)	
<i>phenelzine oral tablet 15 mg</i>	\$0 (3)	
<i>pimozide oral tablet 1 mg, 2 mg</i>	\$0 (4)	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	\$0 (4)	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	\$0 (4)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
QUETIAPINE ORAL TABLET 150 MG	\$0 (4)	
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	\$0 (4)	QL (30 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	\$0 (4)	QL (60 EA per 30 days)
RALDESY ORAL SOLUTION 10 MG/ML	\$0 (5^)	ST
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	\$0 (3)	QL (30 EA per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML	\$0 (4)	QL (2 EA per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML	\$0 (5^)	QL (2 EA per 28 days)
<i>risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml, 25 mg/2 ml</i>	\$0 (4)	QL (2 EA per 28 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>risperidone microspheres intramuscular suspension, extended rel recon 37.5 mg/2 ml, 50 mg/2 ml</i>	\$0 (5^)	QL (2 EA per 28 days)
<i>risperidone oral solution 1 mg/ml</i>	\$0 (2)	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	\$0 (2)	
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	\$0 (4)	QL (60 EA per 30 days)
<i>risperidone oral tablet, disintegrating 4 mg</i>	\$0 (4)	QL (120 EA per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	\$0 (5^)	QL (30 EA per 30 days)
<i>sertraline oral concentrate 20 mg/ml</i>	\$0 (2)	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (1)	
SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	\$0 (5^)	PA; LA; QL (540 ML per 30 days)
<i>temazepam oral capsule 15 mg</i>	\$0 (4)	PA; QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>temazepam oral capsule 30 mg, 7.5 mg</i>	\$0 (4)	PA; QL (30 EA per 30 days)
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	\$0 (4)	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	\$0 (4)	
<i>tranylcypromine oral tablet 10 mg</i>	\$0 (4)	
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	\$0 (1)	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	\$0 (4)	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	\$0 (4)	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	\$0 (3)	QL (30 EA per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	\$0 (2)	
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	\$0 (2)	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	\$0 (5^)	PA-NS; QL (600 ML per 30 days)
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i>	\$0 (4)	QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	\$0 (3)	QL (30 EA per 30 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	\$0 (4)	QL (60 EA per 30 days)
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i>	\$0 (4)	
<i>zolpidem oral tablet 10 mg, 5 mg</i>	\$0 (2)	QL (30 EA per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	\$0 (5^)	PA-NS; QL (28 EA per 365 days)
ZURZUVAE ORAL CAPSULE 30 MG	\$0 (5^)	PA-NS; QL (14 EA per 365 days)
CARDIOVASCULAR, HYPERTENSION / LIPIDS		
ANTIARRHYTHMIC AGENTS		
<i>amiodarone oral tablet 100 mg, 400 mg</i>	\$0 (2)	
<i>amiodarone oral tablet 200 mg</i>	\$0 (1)	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	\$0 (4)	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	\$0 (4)	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	\$0 (2)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	\$0 (4)	
MULTAQ ORAL TABLET 400 MG	\$0 (3)	
<i>pacerone oral tablet 100 mg, 400 mg</i>	\$0 (4)	
<i>pacerone oral tablet 200 mg</i>	\$0 (1)	
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>	\$0 (4)	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	\$0 (2)	
<i>quinidine sulfate oral tablet 200 mg</i>	\$0 (2)	
<i>quinidine sulfate oral tablet 300 mg</i>	\$0 (4)	
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i>	\$0 (2)	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	\$0 (1)	
ANTIHYPERTENSIVE THERAPY		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	\$0 (2)	
<i>aliskiren oral tablet 150 mg, 300 mg</i>	\$0 (4)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>amiloride oral tablet 5 mg</i>	\$0 (2)	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	\$0 (2)	
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (1)	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	\$0 (6)	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	\$0 (6)	QL (30 EA per 30 days)
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	\$0 (6)	QL (30 EA per 30 days)
<i>amlodipine-valsartan-hcthiazyd oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	\$0 (6)	QL (30 EA per 30 days)
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (1)	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	\$0 (1)	
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	\$0 (6)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	\$0 (6)	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	\$0 (2)	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	\$0 (2)	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	\$0 (2)	
<i>bumetanide injection solution 0.25 mg/ml</i>	\$0 (4)	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (4)	
<i>candesartan oral tablet 16 mg, 4 mg, 8 mg</i>	\$0 (6)	QL (60 EA per 30 days)
<i>candesartan oral tablet 32 mg</i>	\$0 (6)	QL (30 EA per 30 days)
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg</i>	\$0 (6)	QL (60 EA per 30 days)
<i>candesartan-hydrochlorothiazid oral tablet 32-12.5 mg, 32-25 mg</i>	\$0 (6)	QL (30 EA per 30 days)
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	\$0 (6)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	\$0 (2)	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	\$0 (1)	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	\$0 (1)	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	\$0 (1)	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	\$0 (4)	
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	\$0 (4)	
<i>diltiazem hcl oral capsule,extended release 24 hr 360 mg, 420 mg</i>	\$0 (2)	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	\$0 (2)	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	\$0 (2)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	\$0 (4)	
<i>dilt-xr oral capsule, ext. rel 24h degradable 120 mg, 180 mg, 240 mg</i>	\$0 (2)	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	\$0 (1)	
EDARBI ORAL TABLET 40 MG, 80 MG	\$0 (3)	QL (30 EA per 30 days)
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	\$0 (3)	QL (30 EA per 30 days)
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	\$0 (6)	
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	\$0 (6)	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	\$0 (2)	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	\$0 (2)	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	\$0 (6)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	\$0 (6)	
<i>furosemide injection solution 10 mg/ml</i>	\$0 (2)	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	\$0 (1)	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	\$0 (1)	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	\$0 (4)	
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	\$0 (2)	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	\$0 (1)	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	\$0 (1)	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	\$0 (1)	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	\$0 (6)	QL (30 EA per 30 days)
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg</i>	\$0 (6)	QL (60 EA per 30 days)
<i>irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg</i>	\$0 (6)	QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	\$0 (4)	
KERENDIA ORAL TABLET 10 MG, 20 MG	\$0 (3)	QL (30 EA per 30 days)
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	\$0 (2)	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	\$0 (6)	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	\$0 (6)	
<i>losartan oral tablet 100 mg</i>	\$0 (6)	QL (30 EA per 30 days)
<i>losartan oral tablet 25 mg, 50 mg</i>	\$0 (6)	QL (60 EA per 30 days)
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg</i>	\$0 (6)	QL (30 EA per 30 days)
<i>losartan-hydrochlorothiazide oral tablet 50-12.5 mg</i>	\$0 (6)	QL (60 EA per 30 days)
<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	\$0 (4)	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (2)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	\$0 (2)	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	\$0 (2)	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	\$0 (1)	
<i>metyrosine oral capsule 250 mg</i>	\$0 (5^)	PA
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	\$0 (2)	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	\$0 (6)	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	\$0 (4)	
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	\$0 (4)	
<i>nicardipine oral capsule 20 mg, 30 mg</i>	\$0 (4)	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	\$0 (2)	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	\$0 (2)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>nimodipine oral capsule 30 mg</i>	\$0 (4)	
<i>olmesartan oral tablet 20 mg, 40 mg</i>	\$0 (6)	QL (30 EA per 30 days)
<i>olmesartan oral tablet 5 mg</i>	\$0 (6)	QL (60 EA per 30 days)
<i>olmesartan-amlodipin-hcthiazyd oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	\$0 (6)	QL (30 EA per 30 days)
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	\$0 (6)	QL (30 EA per 30 days)
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	\$0 (6)	
<i>pindolol oral tablet 10 mg, 5 mg</i>	\$0 (2)	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	\$0 (4)	
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	\$0 (2)	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	\$0 (2)	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	\$0 (2)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	\$0 (6)	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	\$0 (6)	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	\$0 (6)	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (1)	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	\$0 (2)	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	\$0 (6)	QL (30 EA per 30 days)
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	\$0 (6)	QL (30 EA per 30 days)
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-25 mg</i>	\$0 (6)	QL (30 EA per 30 days)
<i>telmisartan-hydrochlorothiazid oral tablet 80-12.5 mg</i>	\$0 (6)	QL (60 EA per 30 days)
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	\$0 (2)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	\$0 (2)	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	\$0 (2)	
<i>torse mide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	\$0 (2)	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	\$0 (6)	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	\$0 (1)	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	\$0 (1)	
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	\$0 (5^)	PA; LA; QL (60 EA per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	\$0 (5^)	PA; LA; QL (200 EA per 180 days)
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	\$0 (6)	QL (60 EA per 30 days)
<i>valsartan oral tablet 320 mg</i>	\$0 (6)	QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	\$0 (6)	QL (30 EA per 30 days)
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	\$0 (4)	
<i>verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	\$0 (2)	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	\$0 (1)	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	\$0 (2)	
COAGULATION THERAPY		
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	\$0 (4)	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	\$0 (2)	
<i>clopidogrel oral tablet 75 mg</i>	\$0 (1)	
<i>dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg</i>	\$0 (2)	QL (60 EA per 30 days)
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	\$0 (4)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DOPTelet (10 TAB PACK) ORAL TABLET 20 MG	\$0 (5^)	PA; LA
DOPTelet (15 TAB PACK) ORAL TABLET 20 MG	\$0 (5^)	PA; LA
DOPTelet (30 TAB PACK) ORAL TABLET 20 MG	\$0 (5^)	PA; LA
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	\$0 (3)	QL (74 EA per 180 days)
ELIQUIS ORAL TABLET 2.5 MG	\$0 (3)	QL (60 EA per 30 days)
ELIQUIS ORAL TABLET 5 MG	\$0 (3)	QL (74 EA per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i>	\$0 (4)	
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	\$0 (3)	
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	\$0 (1)	
<i>pentoxifylline oral tablet extended release 400 mg</i>	\$0 (2)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	\$0 (2)	
PROMACTA ORAL POWDER IN PACKET 12.5 MG	\$0 (5^)	PA; LA; QL (360 EA per 30 days)
PROMACTA ORAL POWDER IN PACKET 25 MG	\$0 (5^)	PA; LA; QL (180 EA per 30 days)
PROMACTA ORAL TABLET 12.5 MG, 25 MG	\$0 (5^)	PA; LA; QL (30 EA per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG	\$0 (5^)	PA; LA; QL (60 EA per 30 days)
<i>rivaroxaban oral tablet 2.5 mg</i>	\$0 (3)	QL (60 EA per 30 days)
<i>ticagrelor oral tablet 60 mg, 90 mg</i>	\$0 (3)	
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	\$0 (1)	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	\$0 (3)	QL (51 EA per 180 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	\$0 (3)	QL (775 ML per 28 days)
XARELTO ORAL TABLET 10 MG, 20 MG	\$0 (3)	QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	\$0 (3)	QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	\$0 (6)	QL (30 EA per 30 days)
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	\$0 (6)	QL (30 EA per 30 days)
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	\$0 (4)	
<i>cholestyramine light oral powder in packet 4 gram</i>	\$0 (4)	
<i>colesevelam oral powder in packet 3.75 gram</i>	\$0 (4)	
<i>colesevelam oral tablet 625 mg</i>	\$0 (4)	
<i>colestipol oral packet 5 gram</i>	\$0 (4)	
<i>colestipol oral tablet 1 gram</i>	\$0 (4)	
<i>ezetimibe oral tablet 10 mg</i>	\$0 (1)	
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	\$0 (6)	QL (30 EA per 30 days)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	\$0 (2)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	\$0 (2)	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	\$0 (2)	
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i>	\$0 (2)	
<i>fluvastatin oral capsule 20 mg, 40 mg</i>	\$0 (6)	QL (60 EA per 30 days)
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i>	\$0 (6)	QL (30 EA per 30 days)
<i>gemfibrozil oral tablet 600 mg</i>	\$0 (1)	
<i>icosapent ethyl oral capsule 0.5 gram, 1 gram</i>	\$0 (4)	
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	\$0 (6)	QL (60 EA per 30 days)
NEXLETOL ORAL TABLET 180 MG	\$0 (3)	PA
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	\$0 (4)	
<i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i>	\$0 (4)	QL (30 EA per 30 days)
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	\$0 (3)	PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	\$0 (6)	QL (30 EA per 30 days)
<i>prevalite oral powder in packet 4 gram</i>	\$0 (4)	
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	\$0 (6)	QL (30 EA per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	\$0 (6)	QL (30 EA per 30 days)
VASCEPA ORAL CAPSULE 0.5 GRAM, 1 GRAM	\$0 (4)	
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CORLANOR ORAL SOLUTION 5 MG/5 ML	\$0 (3)	QL (450 ML per 30 days)
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	\$0 (2)	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg), 62.5 mcg (0.0625 mg)</i>	\$0 (2)	QL (60 EA per 30 days)
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	\$0 (3)	QL (60 EA per 30 days)
ENTRESTO SPRINKLE ORAL PELLET 15-16 MG, 6-6 MG	\$0 (3)	QL (240 EA per 30 days)
<i>ivabradine oral tablet 5 mg, 7.5 mg</i>	\$0 (3)	QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>	\$0 (4)	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	\$0 (3)	QL (30 EA per 30 days)
VYNDAQEL ORAL CAPSULE 20 MG	\$0 (5^)	PA
NITRATES		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	\$0 (2)	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	\$0 (2)	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	\$0 (1)	
<i>nitro-bid transdermal ointment 2 %</i>	\$0 (4)	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	\$0 (2)	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	\$0 (2)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	\$0 (4)	
<i>calcipotriene scalp solution 0.005 %</i>	\$0 (4)	QL (120 ML per 30 days)
<i>calcipotriene topical ointment 0.005 %</i>	\$0 (4)	QL (120 GM per 30 days)
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	\$0 (5^)	PA; QL (10 ML per 28 days)
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	\$0 (5^)	PA; QL (10 ML per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	\$0 (5^)	PA; QL (2.5 ML per 28 days)
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	\$0 (5^)	PA; QL (10 ML per 28 days)
<i>selenium sulfide topical lotion 2.5 %</i>	\$0 (2)	
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	\$0 (5^)	PA; QL (6 ML per 365 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	\$0 (5^)	PA; QL (6 ML per 365 days)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	\$0 (5^)	PA; QL (0.5 ML per 28 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	\$0 (5^)	PA; QL (0.5 ML per 28 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	\$0 (5^)	PA; QL (1 ML per 28 days)
STEQEYMA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	\$0 (3)	PA; QL (0.5 ML per 28 days)
STEQEYMA SUBCUTANEOUS SYRINGE 90 MG/ML	\$0 (5^)	PA; QL (1 ML per 28 days)
TREMFYA PEN INDUCTION PK-CROHN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	\$0 (5^)	PA; QL (12 ML per 180 days)
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	\$0 (5^)	PA; QL (2 ML per 28 days)
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	\$0 (5^)	PA; QL (2 ML per 28 days)
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML	\$0 (5^)	PA; QL (2 ML per 28 days)
USTEKINUMAB SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	\$0 (5^)	PA; QL (0.5 ML per 28 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
USTEKINUMAB SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	\$0 (5^)	PA; QL (0.5 ML per 28 days)
USTEKINUMAB SUBCUTANEOUS SYRINGE 90 MG/ML	\$0 (5^)	PA; QL (1 ML per 28 days)
MISCELLANEOUS DERMATOLOGICALS		
<i>ammonium lactate topical cream 12 %</i>	\$0 (2)	
<i>ammonium lactate topical lotion 12 %</i>	\$0 (4)	
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	\$0 (5^)	PA; QL (4.56 ML per 28 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	\$0 (5^)	PA; QL (8 ML per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	\$0 (5^)	PA; QL (4.56 ML per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	\$0 (5^)	PA; QL (8 ML per 28 days)
EUCRISA TOPICAL OINTMENT 2 %	\$0 (4)	PA; QL (120 GM per 30 days)
<i>fluorouracil topical cream 5 %</i>	\$0 (4)	QL (40 GM per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>fluorouracil topical solution 2 %, 5 %</i>	\$0 (4)	QL (10 ML per 30 days)
<i>imiquimod topical cream in packet 5 %</i>	\$0 (2)	QL (24 EA per 28 days)
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	\$0 (4)	QL (50 ML per 30 days)
<i>lidocaine topical adhesive patch,medicated 5 %</i>	\$0 (4)	PA; QL (90 EA per 30 days)
<i>lidocaine topical ointment 5 %</i>	\$0 (4)	QL (50 GM per 30 days)
<i>lidocaine viscous mucous membrane solution 2 %</i>	\$0 (2)	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	\$0 (2)	QL (30 GM per 30 days)
<i>lidocan iii topical adhesive patch,medicated 5 %</i>	\$0 (3)	PA; QL (90 EA per 30 days)
PANRETIN TOPICAL GEL 0.1 %	\$0 (5^)	PA-NS; QL (60 GM per 30 days)
<i>pimecrolimus topical cream 1 %</i>	\$0 (4)	QL (100 GM per 30 days)
<i>podofilox topical solution 0.5 %</i>	\$0 (4)	QL (7 ML per 28 days)
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	\$0 (3)	QL (180 GM per 30 days)
<i>silver sulfadiazine topical cream 1 %</i>	\$0 (2)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ssd topical cream 1 %</i>	\$0 (2)	
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	\$0 (4)	QL (100 GM per 30 days)
<i>tridacaine ii topical adhesive patch, medicated 5 %</i>	\$0 (4)	PA; QL (90 EA per 30 days)
VALCHLOR TOPICAL GEL 0.016 %	\$0 (5^)	PA-NS; LA; QL (60 GM per 30 days)
THERAPY FOR ACNE		
<i>accutane oral capsule 10 mg, 20 mg, 40 mg</i>	\$0 (4)	
<i>adapalene topical cream 0.1 %</i>	\$0 (4)	QL (45 GM per 30 days)
<i>adapalene topical gel 0.3 %</i>	\$0 (4)	QL (45 GM per 30 days)
<i>amnestem oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	\$0 (4)	
<i>azelaic acid topical gel 15 %</i>	\$0 (4)	QL (50 GM per 30 days)
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	\$0 (4)	
<i>clindamycin phosphate topical gel 1 %</i>	\$0 (4)	QL (120 GM per 30 days)
<i>clindamycin phosphate topical gel, once daily 1 %</i>	\$0 (4)	QL (75 ML per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>clindamycin phosphate topical lotion 1 %</i>	\$0 (4)	QL (120 ML per 30 days)
<i>clindamycin phosphate topical solution 1 %</i>	\$0 (4)	QL (120 ML per 30 days)
<i>clindamycin phosphate topical swab 1 %</i>	\$0 (2)	QL (120 EA per 30 days)
<i>clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %</i>	\$0 (2)	QL (45 GM per 30 days)
<i>clindamycin-benzoyl peroxide topical gel 1-5 %</i>	\$0 (2)	QL (50 GM per 30 days)
<i>ery pads topical swab 2 %</i>	\$0 (4)	QL (60 EA per 30 days)
<i>erythromycin with ethanol topical solution 2 %</i>	\$0 (2)	QL (60 ML per 30 days)
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	\$0 (2)	
<i>isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg</i>	\$0 (4)	
<i>metronidazole topical cream 0.75 %</i>	\$0 (4)	QL (45 GM per 30 days)
<i>metronidazole topical gel 0.75 %</i>	\$0 (4)	QL (45 GM per 30 days)
<i>metronidazole topical lotion 0.75 %</i>	\$0 (4)	QL (59 ML per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>neuac topical gel 1.2 % (1 % base) -5 %</i>	\$0 (2)	QL (45 GM per 30 days)
<i>tazarotene topical cream 0.1 %</i>	\$0 (3)	PA; QL (60 GM per 30 days)
<i>tazarotene topical gel 0.05 %, 0.1 %</i>	\$0 (4)	PA; QL (100 GM per 30 days)
<i>tretinoin microspheres topical gel 0.04 %, 0.1 %</i>	\$0 (4)	PA; QL (50 GM per 30 days)
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	\$0 (4)	PA; QL (45 GM per 30 days)
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	\$0 (4)	PA; QL (45 GM per 30 days)
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	\$0 (4)	
TOPICAL ANTIBACTERIALS		
<i>gentamicin topical cream 0.1 %</i>	\$0 (4)	QL (60 GM per 30 days)
<i>gentamicin topical ointment 0.1 %</i>	\$0 (4)	QL (60 GM per 30 days)
<i>mupirocin topical ointment 2 %</i>	\$0 (2)	QL (44 GM per 30 days)
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	\$0 (4)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TOPICAL ANTIFUNGALS		
<i>ciclopirox topical cream 0.77 %</i>	\$0 (4)	QL (90 GM per 28 days)
<i>ciclopirox topical gel 0.77 %</i>	\$0 (4)	QL (100 GM per 28 days)
<i>ciclopirox topical suspension 0.77 %</i>	\$0 (4)	QL (60 ML per 28 days)
<i>clotrimazole topical cream 1 %</i>	\$0 (4)	QL (45 GM per 28 days)
<i>clotrimazole topical solution 1 %</i>	\$0 (2)	QL (30 ML per 28 days)
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	\$0 (4)	QL (45 GM per 28 days)
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	\$0 (4)	QL (60 ML per 28 days)
<i>ketconazole topical cream 2 %</i>	\$0 (2)	QL (60 GM per 28 days)
<i>ketconazole topical shampoo 2 %</i>	\$0 (2)	QL (120 ML per 28 days)
<i>naftifine topical cream 1 %</i>	\$0 (4)	QL (90 GM per 28 days)
<i>naftifine topical cream 2 %</i>	\$0 (4)	QL (60 GM per 28 days)
<i>naftifine topical gel 2 %</i>	\$0 (4)	QL (60 GM per 28 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>nyamyc topical powder 100,000 unit/gram</i>	\$0 (4)	QL (120 GM per 30 days)
<i>nystatin topical cream 100,000 unit/gram</i>	\$0 (2)	QL (30 GM per 28 days)
<i>nystatin topical ointment 100,000 unit/gram</i>	\$0 (2)	QL (30 GM per 28 days)
<i>nystatin topical powder 100,000 unit/gram</i>	\$0 (2)	QL (120 GM per 30 days)
<i>nystop topical powder 100,000 unit/gram</i>	\$0 (4)	QL (120 GM per 30 days)
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream 1 %</i>	\$0 (1)	
<i>alclometasone topical cream 0.05 %</i>	\$0 (4)	QL (120 GM per 30 days)
<i>alclometasone topical ointment 0.05 %</i>	\$0 (4)	QL (120 GM per 30 days)
<i>betamethasone dipropionate topical cream 0.05 %</i>	\$0 (4)	QL (135 GM per 30 days)
<i>betamethasone dipropionate topical lotion 0.05 %</i>	\$0 (4)	QL (120 ML per 30 days)
<i>betamethasone dipropionate topical ointment 0.05 %</i>	\$0 (4)	QL (135 GM per 30 days)
<i>betamethasone valerate topical cream 0.1 %</i>	\$0 (4)	QL (135 GM per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>betamethasone valerate topical lotion 0.1 %</i>	\$0 (4)	QL (120 ML per 30 days)
<i>betamethasone valerate topical ointment 0.1 %</i>	\$0 (4)	QL (135 GM per 30 days)
<i>betamethasone, augmented topical cream 0.05 %</i>	\$0 (2)	QL (150 GM per 30 days)
<i>betamethasone, augmented topical gel 0.05 %</i>	\$0 (4)	QL (150 GM per 30 days)
<i>betamethasone, augmented topical lotion 0.05 %</i>	\$0 (4)	QL (120 ML per 30 days)
<i>betamethasone, augmented topical ointment 0.05 %</i>	\$0 (4)	QL (150 GM per 30 days)
<i>clobetasol scalp solution 0.05 %</i>	\$0 (4)	QL (100 ML per 28 days)
<i>clobetasol topical cream 0.05 %</i>	\$0 (4)	QL (120 GM per 28 days)
<i>clobetasol topical gel 0.05 %</i>	\$0 (4)	QL (120 GM per 28 days)
<i>clobetasol topical ointment 0.05 %</i>	\$0 (4)	QL (120 GM per 28 days)
<i>clobetasol topical shampoo 0.05 %</i>	\$0 (4)	QL (236 ML per 28 days)
<i>clobetasol-emollient topical cream 0.05 %</i>	\$0 (4)	QL (120 GM per 28 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>clodan topical shampoo 0.05 %</i>	\$0 (4)	QL (236 ML per 28 days)
<i>desonide topical cream 0.05 %</i>	\$0 (4)	QL (120 GM per 30 days)
<i>desonide topical lotion 0.05 %</i>	\$0 (4)	QL (118 ML per 30 days)
<i>desonide topical ointment 0.05 %</i>	\$0 (4)	QL (120 GM per 30 days)
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	\$0 (4)	QL (118.28 ML per 30 days)
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	\$0 (4)	QL (120 GM per 30 days)
<i>fluocinolone topical ointment 0.025 %</i>	\$0 (4)	QL (120 GM per 30 days)
<i>fluocinolone topical solution 0.01 %</i>	\$0 (4)	QL (120 ML per 30 days)
<i>fluocinonide topical cream 0.05 %</i>	\$0 (4)	QL (120 GM per 30 days)
<i>fluocinonide topical gel 0.05 %</i>	\$0 (4)	QL (120 GM per 30 days)
<i>fluocinonide topical ointment 0.05 %</i>	\$0 (4)	QL (120 GM per 30 days)
<i>fluocinonide topical solution 0.05 %</i>	\$0 (4)	QL (120 ML per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>fluocinonide-emollient topical cream 0.05 %</i>	\$0 (4)	QL (120 GM per 30 days)
<i>fluticasone propionate topical cream 0.05 %</i>	\$0 (2)	
<i>halobetasol propionate topical cream 0.05 %</i>	\$0 (4)	QL (100 GM per 30 days)
<i>halobetasol propionate topical ointment 0.05 %</i>	\$0 (4)	QL (100 GM per 30 days)
<i>hydrocortisone topical cream 1 %</i>	\$0 (2)	
<i>hydrocortisone topical lotion 2.5 %</i>	\$0 (2)	
<i>hydrocortisone topical ointment 2.5 %</i>	\$0 (2)	
<i>mometasone topical cream 0.1 %</i>	\$0 (2)	
<i>mometasone topical ointment 0.1 %</i>	\$0 (2)	
<i>mometasone topical solution 0.1 %</i>	\$0 (2)	
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	\$0 (2)	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	\$0 (2)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	\$0 (2)	
<i>triderm topical cream 0.5 %</i>	\$0 (2)	
TOPICAL SCABICIDES / PEDICULICIDES		
<i>malathion topical lotion 0.5 %</i>	\$0 (4)	
<i>permethrin topical cream 5 %</i>	\$0 (2)	QL (60 GM per 30 days)
DIAGNOSTICS / MISCELLANEOUS AGENTS		
MISCELLANEOUS AGENTS		
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	\$0 (4)	
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	\$0 (4)	
<i>carglumic acid oral tablet, dispersible 200 mg</i>	\$0 (5^)	PA; LA
<i>cevimeline oral capsule 30 mg</i>	\$0 (4)	
CHEMET ORAL CAPSULE 100 MG	\$0 (3)	
<i>d10 %-0.45 % sodium chloride intravenous parenteral solution</i>	\$0 (2)	
<i>d2.5 %-0.45 % sodium chloride intravenous parenteral solution</i>	\$0 (4)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	\$0 (2)	
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	\$0 (2)	
<i>deferasirox oral tablet 180 mg, 360 mg</i>	\$0 (4)	PA
<i>deferasirox oral tablet 90 mg</i>	\$0 (3)	PA
<i>deferasirox oral tablet, dispersible 125 mg</i>	\$0 (4)	PA
<i>deferasirox oral tablet, dispersible 250 mg, 500 mg</i>	\$0 (5^)	PA
<i>dextrose 10 % and 0.2 % nacl intravenous parenteral solution</i>	\$0 (4)	
<i>dextrose 10 % in water (d10w) intravenous parenteral solution 10 %</i>	\$0 (4)	
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	\$0 (4)	
<i>dextrose 5%-0.2 % sod chloride intravenous parenteral solution</i>	\$0 (2)	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	\$0 (3)	
<i>glutamine (sickle cell) oral powder in packet 5 gram</i>	\$0 (5^)	PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	\$0 (5^)	PA; LA
<i>kionex (with sorbitol) oral suspension 15-20 gram/60 ml</i>	\$0 (4)	
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	\$0 (4)	
<i>levocarnitine oral tablet 330 mg</i>	\$0 (4)	
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	\$0 (3)	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (4)	
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	\$0 (5^)	PA
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	\$0 (4)	
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML	\$0 (5^)	PA; LA
REVCovi INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	\$0 (5^)	PA; LA
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG	\$0 (5^)	PA; QL (30 EA per 30 days)
<i>riluzole oral tablet 50 mg</i>	\$0 (4)	
<i>risedronate oral tablet 30 mg</i>	\$0 (4)	QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	\$0 (2)	
<i>sodium chloride irrigation solution 0.9 %</i>	\$0 (2)	
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>	\$0 (5^)	PA
<i>sodium phenylbutyrate oral tablet 500 mg</i>	\$0 (5^)	PA
<i>sodium polystyrene sulfonate oral powder 15 gram</i>	\$0 (4)	
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	\$0 (3)	
<i>trientine oral capsule 250 mg</i>	\$0 (5^)	PA
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	\$0 (2)	QL (60 EA per 30 days)
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	\$0 (4)	
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg, 1 mg (56 pack)</i>	\$0 (4)	
<i>varenicline tartrate oral tablets, dose pack 0.5 mg (11)- 1 mg (42)</i>	\$0 (4)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
<i>azelastine nasal spray, non-aerosol 137 mcg (0.1 %)</i>	\$0 (4)	QL (60 ML per 30 days)
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	\$0 (1)	
<i>ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %)</i>	\$0 (2)	QL (30 ML per 30 days)
<i>ipratropium bromide nasal spray, non-aerosol 42 mcg (0.06 %)</i>	\$0 (2)	QL (30 ML per 20 days)
<i>kourzeq dental paste 0.1 %</i>	\$0 (3)	
<i>olopatadine nasal spray, non-aerosol 0.6 %</i>	\$0 (4)	
<i>periogard mucous membrane mouthwash 0.12 %</i>	\$0 (1)	
<i>triamcinolone acetonide dental paste 0.1 %</i>	\$0 (4)	
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear) solution 2 %</i>	\$0 (2)	
<i>flac otic oil otic (ear) drops 0.01 %</i>	\$0 (2)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>	\$0 (2)	
<i>ofloxacin otic (ear) drops 0.3 %</i>	\$0 (4)	
OTIC STEROID / ANTIBIOTIC		
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	\$0 (4)	QL (7.5 ML per 7 days)
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	\$0 (4)	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	\$0 (4)	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	\$0 (2)	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	\$0 (2)	
<i>fludrocortisone oral tablet 0.1 mg</i>	\$0 (2)	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	\$0 (2)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	\$0 (2)	B/D
<i>methylprednisolone oral tablets,dose pack 4 mg</i>	\$0 (2)	
<i>prednisolone oral solution 15 mg/5 ml</i>	\$0 (4)	
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	\$0 (4)	
<i>prednisone intensol oral concentrate 5 mg/ml</i>	\$0 (4)	
<i>prednisone oral solution 5 mg/5 ml</i>	\$0 (4)	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	\$0 (1)	
<i>prednisone oral tablets,dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>	\$0 (2)	
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	\$0 (1)	
<i>propylthiouracil oral tablet 50 mg</i>	\$0 (2)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DIABETES THERAPY		
<i>acarbose oral tablet 100 mg</i>	\$0 (6)	QL (90 EA per 30 days)
<i>acarbose oral tablet 25 mg</i>	\$0 (6)	QL (360 EA per 30 days)
<i>acarbose oral tablet 50 mg</i>	\$0 (6)	QL (180 EA per 30 days)
<i>alcohol pads topical pads, medicated</i>	\$0 (2)	
DAPAGLIFLOZIN PROPANEDIOL ORAL TABLET 10 MG, 5 MG	\$0 (3)	QL (30 EA per 30 days)
<i>diazoxide oral suspension 50 mg/ml</i>	\$0 (5^)	
FARXIGA ORAL TABLET 10 MG, 5 MG	\$0 (3)	QL (30 EA per 30 days)
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	\$0 (3)	
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	\$0 (3)	
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	\$0 (3)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>glimepiride oral tablet 1 mg</i>	\$0 (6)	QL (240 EA per 30 days)
<i>glimepiride oral tablet 2 mg</i>	\$0 (6)	QL (120 EA per 30 days)
<i>glimepiride oral tablet 4 mg</i>	\$0 (6)	QL (60 EA per 30 days)
<i>glipizide oral tablet 10 mg</i>	\$0 (6)	QL (120 EA per 30 days)
<i>glipizide oral tablet 5 mg</i>	\$0 (6)	QL (240 EA per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	\$0 (6)	QL (60 EA per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	\$0 (6)	QL (240 EA per 30 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	\$0 (6)	QL (120 EA per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	\$0 (6)	QL (240 EA per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	\$0 (6)	QL (120 EA per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	\$0 (3)	QL (30 EA per 30 days)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	\$0 (3)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	\$0 (3)	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	\$0 (3)	
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	\$0 (3)	
INSULIN ASPART U-100 SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	\$0 (3)	
INSULIN ASPART U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	\$0 (3)	
INSULIN ASPART U-100 SUBCUTANEOUS SOLUTION 100 UNIT/ML	\$0 (3)	
INSULIN GLARGINE U-300 CONC SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML), 300 UNIT/ML (3 ML)	\$0 (3)	
INSULIN GLARGINE-YFGN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	\$0 (3)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION 100 UNIT/ML	\$0 (3)	
INVOKAMET ORAL TABLET 150- 1,000 MG, 150-500 MG, 50- 1,000 MG, 50-500 MG	\$0 (3)	QL (60 EA per 30 days)
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	\$0 (3)	QL (60 EA per 30 days)
INVOKANA ORAL TABLET 100 MG	\$0 (3)	QL (60 EA per 30 days)
INVOKANA ORAL TABLET 300 MG	\$0 (3)	QL (30 EA per 30 days)
JANUMET ORAL TABLET 50- 1,000 MG, 50-500 MG	\$0 (3)	QL (60 EA per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	\$0 (3)	QL (30 EA per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	\$0 (3)	QL (60 EA per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	\$0 (3)	QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
JARDIANCE ORAL TABLET 10 MG, 25 MG	\$0 (3)	QL (30 EA per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG	\$0 (3)	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	\$0 (3)	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	\$0 (3)	QL (30 EA per 30 days)
<i>metformin oral tablet 1,000 mg</i>	\$0 (6)	QL (75 EA per 30 days)
<i>metformin oral tablet 500 mg</i>	\$0 (6)	QL (150 EA per 30 days)
<i>metformin oral tablet 850 mg</i>	\$0 (6)	QL (90 EA per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	\$0 (6)	Generic for Glucophage XR; QL (120 EA per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	\$0 (6)	Generic for Glucophage XR; QL (60 EA per 30 days)
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	\$0 (3)	PA; QL (2 ML per 28 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>nateglinide oral tablet 120 mg</i>	\$0 (6)	QL (90 EA per 30 days)
<i>nateglinide oral tablet 60 mg</i>	\$0 (6)	QL (180 EA per 30 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	\$0 (3)	
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	\$0 (3)	
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	\$0 (3)	
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	\$0 (3)	
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	\$0 (3)	
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML	\$0 (3)	
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	\$0 (3)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	\$0 (3)	
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	\$0 (3)	
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	\$0 (3)	
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	\$0 (3)	
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	\$0 (3)	PA; QL (3 ML per 28 days)
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	\$0 (6)	QL (30 EA per 30 days)
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	\$0 (6)	QL (30 EA per 30 days)
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i>	\$0 (6)	QL (90 EA per 30 days)
<i>repaglinide oral tablet 0.5 mg</i>	\$0 (6)	QL (960 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>repaglinide oral tablet 1 mg</i>	\$0 (6)	QL (480 EA per 30 days)
<i>repaglinide oral tablet 2 mg</i>	\$0 (6)	QL (240 EA per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	\$0 (3)	PA; QL (30 EA per 30 days)
<i>saxagliptin oral tablet 2.5 mg, 5 mg</i>	\$0 (3)	QL (30 EA per 30 days)
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	\$0 (3)	QL (15 ML per 25 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	\$0 (3)	QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	\$0 (3)	QL (30 EA per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	\$0 (3)	QL (60 EA per 30 days)
TRADJENTA ORAL TABLET 5 MG	\$0 (3)	QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	\$0 (3)	QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	\$0 (3)	QL (60 EA per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	\$0 (3)	PA; QL (2 ML per 28 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	\$0 (3)	QL (30 EA per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	\$0 (3)	QL (60 EA per 30 days)
MISCELLANEOUS HORMONES		
<i>cabergoline oral tablet 0.5 mg</i>	\$0 (2)	
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	\$0 (4)	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	\$0 (2)	
<i>calcitriol oral solution 1 mcg/ml</i>	\$0 (2)	
<i>cinacalcet oral tablet 30 mg</i>	\$0 (2)	QL (60 EA per 30 days)
<i>cinacalcet oral tablet 60 mg</i>	\$0 (4)	QL (60 EA per 30 days)
<i>cinacalcet oral tablet 90 mg</i>	\$0 (4)	QL (120 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	\$0 (4)	
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	\$0 (4)	
<i>desmopressin oral tablet 0.1 mg</i>	\$0 (2)	
<i>desmopressin oral tablet 0.2 mg</i>	\$0 (4)	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	\$0 (4)	
JYNARQUE ORAL TABLET 15 MG, 30 MG	\$0 (5^)	PA; LA
<i>mifepristone oral tablet 300 mg</i>	\$0 (5^)	PA
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	\$0 (4)	
<i>sapropterin oral powder in packet 100 mg</i>	\$0 (5^)	PA
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	\$0 (5^)	PA; LA
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	\$0 (2)	
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	\$0 (4)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/1.25 gram (1 %)</i>	\$0 (4)	PA; QL (300 GM per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	\$0 (4)	PA; QL (150 GM per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	\$0 (4)	PA; QL (300 GM per 30 days)
<i>tolvaptan oral tablet 15 mg, 30 mg</i>	\$0 (5^)	PA
THYROID HORMONES		
<i>euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	\$0 (1)	
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	\$0 (1)	
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	\$0 (1)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	\$0 (2)	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	\$0 (3)	
<i>unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	\$0 (1)	
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
<i>dicyclomine oral capsule 10 mg</i>	\$0 (4)	
<i>dicyclomine oral solution 10 mg/5 ml</i>	\$0 (4)	
<i>dicyclomine oral tablet 20 mg</i>	\$0 (4)	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	\$0 (4)	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	\$0 (4)	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	\$0 (2)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>loperamide oral capsule 2 mg</i>	\$0 (2)	
MISCELLANEOUS GASTROINTESTINAL AGENTS		
<i>alosetron oral tablet 0.5 mg</i>	\$0 (4)	PA; QL (60 EA per 30 days)
<i>alosetron oral tablet 1 mg</i>	\$0 (5^)	PA; QL (60 EA per 30 days)
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	\$0 (4)	B/D
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i>	\$0 (4)	B/D
<i>balsalazide oral capsule 750 mg</i>	\$0 (4)	
<i>betaine oral powder 1 gram/scoop</i>	\$0 (5^)	LA
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>	\$0 (4)	
<i>budesonide oral tablet, delayed and ext. release 9 mg</i>	\$0 (5^)	PA; QL (30 EA per 30 days)
<i>compro rectal suppository 25 mg</i>	\$0 (4)	
<i>constulose oral solution 10 gram/15 ml</i>	\$0 (2)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 - 120,000 UNIT, 3,000-9,500-15,000 UNIT, 36,000-114,000-180,000 UNIT, 6,000-19,000 - 30,000 UNIT	\$0 (3)	
<i>cromolyn oral concentrate 100 mg/5 ml</i>	\$0 (4)	
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	\$0 (4)	PA; QL (60 EA per 30 days)
<i>enulose oral solution 10 gram/15 ml</i>	\$0 (2)	
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>	\$0 (2)	
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>	\$0 (2)	
<i>generlac oral solution 10 gram/15 ml</i>	\$0 (2)	
<i>granisetron hcl oral tablet 1 mg</i>	\$0 (4)	B/D
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	\$0 (2)	
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i>	\$0 (2)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>lactulose oral solution 10 gram/15 ml</i>	\$0 (4)	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	\$0 (3)	QL (30 EA per 30 days)
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	\$0 (4)	QL (60 EA per 30 days)
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	\$0 (2)	
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	\$0 (4)	
<i>mesalamine oral capsule,extended release 24hr 0.375 gram</i>	\$0 (4)	
<i>mesalamine oral tablet,delayed release (dr/ec) 1.2 gram, 800 mg</i>	\$0 (4)	
<i>mesalamine rectal enema 4 gram/60 ml</i>	\$0 (4)	
<i>mesalamine rectal suppository 1,000 mg</i>	\$0 (4)	
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	\$0 (2)	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	\$0 (2)	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	\$0 (3)	QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>nitroglycerin rectal ointment 0.4 % (w/w)</i>	\$0 (3)	QL (30 GM per 30 days)
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	\$0 (2)	
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	\$0 (2)	
<i>ondansetron oral tablet,disintegrating 4 mg, 8 mg</i>	\$0 (2)	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	\$0 (2)	
<i>peg-electrolyte soln oral recon soln 420 gram</i>	\$0 (2)	
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	\$0 (3)	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	\$0 (2)	
<i>prochlorperazine rectal suppository 25 mg</i>	\$0 (4)	
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>	\$0 (2)	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i>	\$0 (4)	
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i>	\$0 (2)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	\$0 (4)	PA; QL (10 EA per 30 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	\$0 (5^)	PA; QL (1.2 ML per 56 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	\$0 (5^)	PA; QL (2.4 ML per 56 days)
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram, 17.5-3.13-1.6 gram 2 pack (480ml)</i>	\$0 (3)	
<i>sulfasalazine oral tablet 500 mg</i>	\$0 (2)	
<i>sulfasalazine oral tablet,delayed release (dr/ec) 500 mg</i>	\$0 (2)	
<i>ursodiol oral capsule 300 mg</i>	\$0 (3)	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	\$0 (4)	
VOWST ORAL CAPSULE	\$0 (5^)	PA; LA

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000-105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000-24,000 UNIT, 60,000-189,600-252,600 UNIT	\$0 (3)	
ULCER THERAPY		
<i>dexlansoprazole oral capsule,biphase delayed releas 30 mg, 60 mg</i>	\$0 (4)	QL (30 EA per 30 days)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg, 40 mg</i>	\$0 (4)	QL (60 EA per 30 days)
<i>famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)</i>	\$0 (2)	
<i>famotidine oral tablet 20 mg, 40 mg</i>	\$0 (1)	
<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg, 30 mg</i>	\$0 (2)	QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	\$0 (2)	
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i>	\$0 (2)	QL (60 EA per 30 days)
<i>sucralfate oral suspension 100 mg/ml</i>	\$0 (4)	
<i>sucralfate oral tablet 1 gram</i>	\$0 (2)	
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	\$0 (5^)	PA; LA
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	\$0 (5^)	PA; LA
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	\$0 (5^)	PA-NS; LA
BETASERON SUBCUTANEOUS KIT 0.3 MG	\$0 (5^)	PA; QL (14 EA per 28 days)
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	\$0 (5^)	PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	\$0 (5^)	PA
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	\$0 (5^)	PA
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	\$0 (5^)	PA
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	\$0 (5^)	PA
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	\$0 (5^)	PA; QL (4 ML per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	\$0 (5^)	PA; QL (2 ML per 28 days)
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	\$0 (3)	PA
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	\$0 (5^)	PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>VACCINES / MISCELLANEOUS IMMUNOLOGICALS</i>		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	\$0 (6)	IRA \$0 for age 19 and older; NM
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	\$0 (6)	NM
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	\$0 (6)	NM
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	\$0 (6)	NM
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	\$0 (6)	IRA \$0 for age 50 and older only; NM
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	\$0 (6)	NM
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	\$0 (6)	NM

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	\$0 (6)	NM
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5- 8-5 LF-MCG-LF/0.5ML	\$0 (6)	NM
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG- LF/0.5ML	\$0 (6)	NM
ENGRIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	\$0 (6)	B/D; NM
ENGRIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	\$0 (6)	B/D; NM
ENGRIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	\$0 (6)	B/D; NM
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	\$0 (5^)	PA; NM
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	\$0 (6)	IRA \$0 up to age 45; NM

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	\$0 (6)	IRA \$0 up to age 45; NM
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	\$0 (6)	NM
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	\$0 (6)	B/D; NM
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	\$0 (6)	NM
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	\$0 (6)	B/D; NM
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	\$0 (6)	NM
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	\$0 (6)	NM
IXCHIQ (PF) INTRAMUSCULAR RECON SOLN 1,000 TCID50/0.5 ML	\$0 (6)	NM
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	\$0 (6)	NM

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	\$0 (6)	B/D; NM
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	\$0 (6)	NM
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	\$0 (6)	NM
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	\$0 (6)	NM
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	\$0 (6)	NM
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	\$0 (6)	NM
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	\$0 (6)	IRA \$0 for age 50 and older only; NM
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	\$0 (6)	NM
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	\$0 (6)	NM

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	\$0 (6)	NM
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG-5LF- 62 DU/0.5 ML	\$0 (6)	NM
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	\$0 (6)	NM
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	\$0 (6)	NM
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	\$0 (6)	NM
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	\$0 (6)	NM
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	\$0 (6)	B/D; NM

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	\$0 (6)	B/D; NM
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	\$0 (6)	B/D; NM
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	\$0 (6)	NM
ROTATEQ VACCINE ORAL SOLUTION 2 ML	\$0 (6)	NM
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	\$0 (6)	A third dose may be considered in post-transplant members (PA required).; NM; QL (2 EA per 999 days)
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	\$0 (6)	NM
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	\$0 (6)	NM
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML	\$0 (6)	NM
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	\$0 (6)	NM

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	\$0 (6)	NM
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	\$0 (6)	NM
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	\$0 (6)	NM
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	\$0 (6)	NM
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	\$0 (6)	NM
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	\$0 (6)	NM
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	\$0 (6)	NM
VIMKUNYA INTRAMUSCULAR SYRINGE 40 MCG/0.8 ML	\$0 (6)	NM
VIVOTIF ORAL CAPSULE, DELAYED RELEASE(DR/EC) 2 BILLION UNIT	\$0 (6)	NM

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML, 10 EXP4.74 UNIT/0.5 ML(2.5 ML IN 1 VIAL)	\$0 (6)	NM
MISCELLANEOUS SUPPLIES		
MISCELLANEOUS SUPPLIES		
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	\$0 (2)	
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	\$0 (3)	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE	\$0 (2)	BD or Embecta preferred
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	\$0 (2)	BD or Embecta preferred
MUSCULOSKELETAL / RHEUMATOLOGY		
GOUT THERAPY		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	\$0 (1)	
<i>colchicine oral capsule 0.6 mg</i>	\$0 (4)	QL (120 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>colchicine oral tablet 0.6 mg</i>	\$0 (4)	QL (120 EA per 30 days)
<i>febuxostat oral tablet 40 mg, 80 mg</i>	\$0 (4)	
<i>probenecid oral tablet 500 mg</i>	\$0 (4)	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	\$0 (4)	
OSTEOPOROSIS THERAPY		
<i>alendronate oral solution 70 mg/75 ml</i>	\$0 (2)	QL (300 ML per 28 days)
<i>alendronate oral tablet 10 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	\$0 (1)	QL (4 EA per 28 days)
BONSITY SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (560MCG/2.24ML)	\$0 (5^)	PA; QL (2.48 ML per 28 days)
<i>ibandronate oral tablet 150 mg</i>	\$0 (2)	QL (1 EA per 30 days)
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	\$0 (4)	QL (1 ML per 180 days)
<i>raloxifene oral tablet 60 mg</i>	\$0 (2)	
<i>risedronate oral tablet 150 mg</i>	\$0 (2)	QL (1 EA per 30 days)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	\$0 (2)	QL (4 EA per 28 days)
<i>risedronate oral tablet 5 mg</i>	\$0 (2)	QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i>	\$0 (4)	QL (4 EA per 28 days)
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (560MCG/2.24ML)	\$0 (5^)	Only Teriparatide NDC 47781065289 is covered; PA; QL (2.48 ML per 28 days)
OTHER RHEUMATOLOGICALS		
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	\$0 (5^)	PA; QL (8 ML per 28 days)
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	\$0 (5^)	PA; QL (8 ML per 28 days)
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	\$0 (5^)	PA; QL (6 EA per 180 days)
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	\$0 (5^)	PA; QL (4 EA per 180 days)
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	\$0 (5^)	PA; QL (4 EA per 28 days)
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	\$0 (5^)	PA; QL (2 EA per 28 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML, 40 MG/0.8 ML	\$0 (5^)	PA; QL (4 EA per 28 days)
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	\$0 (5^)	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	\$0 (5^)	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	\$0 (5^)	PA; QL (8 ML per 28 days)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	\$0 (5^)	PA; QL (8 ML per 28 days)
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	\$0 (5^)	PA; QL (20.1 ML per 30 days)
<i>leflunomide oral tablet 10 mg, 20 mg</i>	\$0 (4)	QL (30 EA per 30 days)
OTEZLA ORAL TABLET 20 MG, 30 MG	\$0 (5^)	PA; QL (60 EA per 30 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	\$0 (5^)	PA; QL (55 EA per 180 days)
<i>penicillamine oral tablet 250 mg</i>	\$0 (5^)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
RINVOQ LQ ORAL SOLUTION 1 MG/ML	\$0 (5^)	PA; QL (360 ML per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	\$0 (5^)	PA; QL (30 EA per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	\$0 (5^)	PA; QL (84 EA per 180 days)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	\$0 (3)	QL (60 EA per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	\$0 (3)	QL (55 EA per 180 days)
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	\$0 (5^)	PA; QL (3.6 ML per 28 days)
TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	\$0 (5^)	PA; QL (3.6 ML per 28 days)
OBSTETRICS / GYNECOLOGY		
ESTROGENS / PROGESTINS		
<i>abigale lo oral tablet 0.5-0.1 mg</i>	\$0 (4)	
<i>camila oral tablet 0.35 mg</i>	\$0 (2)	
<i>deblitane oral tablet 0.35 mg</i>	\$0 (2)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	\$0 (3)	
<i>dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	\$0 (4)	QL (8 EA per 28 days)
<i>errin oral tablet 0.35 mg</i>	\$0 (2)	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (4)	
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	\$0 (4)	QL (8 EA per 28 days)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	\$0 (4)	QL (4 EA per 28 days)
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	\$0 (4)	
<i>estradiol vaginal tablet 10 mcg</i>	\$0 (4)	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	\$0 (4)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	\$0 (4)	
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	\$0 (4)	
<i>gallifrey oral tablet 5 mg</i>	\$0 (2)	
<i>heather oral tablet 0.35 mg</i>	\$0 (2)	
<i>incassia oral tablet 0.35 mg</i>	\$0 (2)	
<i>jinteli oral tablet 1-5 mg-mcg</i>	\$0 (4)	
<i>lyleq oral tablet 0.35 mg</i>	\$0 (2)	
<i>lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	\$0 (4)	QL (8 EA per 28 days)
<i>lyza oral tablet 0.35 mg</i>	\$0 (2)	
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	\$0 (2)	
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	\$0 (2)	
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (1)	
<i>meleya oral tablet 0.35 mg</i>	\$0 (2)	
<i>mimvey oral tablet 1-0.5 mg</i>	\$0 (4)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>nora-be oral tablet 0.35 mg</i>	\$0 (2)	
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	\$0 (2)	
<i>norethindrone acetate oral tablet 5 mg</i>	\$0 (2)	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	\$0 (4)	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	\$0 (3)	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	\$0 (2)	
<i>sharobel oral tablet 0.35 mg</i>	\$0 (2)	
<i>yuvaferm vaginal tablet 10 mcg</i>	\$0 (4)	
MISCELLANEOUS OB/GYN		
<i>clindamycin phosphate vaginal cream 2 %</i>	\$0 (4)	
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	\$0 (3)	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	\$0 (3)	
<i>haloette vaginal ring 0.12-0.015 mg/24 hr</i>	\$0 (2)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG	\$0 (3)	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	\$0 (4)	
NEXPLANON SUBDERMAL IMPLANT 68 MG	\$0 (3)	
<i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i>	\$0 (3)	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	\$0 (2)	
<i>terconazole vaginal suppository 80 mg</i>	\$0 (4)	
<i>tranexamic acid oral tablet 650 mg</i>	\$0 (2)	
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	\$0 (3)	
<i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i>	\$0 (3)	
ORAL CONTRACEPTIVES / RELATED AGENTS		
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	\$0 (2)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	\$0 (2)	
<i>apri oral tablet 0.15-0.03 mg</i>	\$0 (2)	
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>	\$0 (4)	
<i>ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	\$0 (2)	
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	\$0 (2)	
<i>aviane oral tablet 0.1-20 mg-mcg</i>	\$0 (2)	
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	\$0 (2)	
<i>balziva (28) oral tablet 0.4-35 mg-mcg</i>	\$0 (2)	
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	\$0 (2)	
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	\$0 (2)	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	\$0 (2)	
<i>camrese lo oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	\$0 (2)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	\$0 (2)	
<i>cyred eq oral tablet 0.15-0.03 mg</i>	\$0 (2)	
<i>dolishale oral tablet 90-20 mcg (28)</i>	\$0 (2)	
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)</i>	\$0 (2)	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	\$0 (2)	
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	\$0 (2)	
<i>enskyce oral tablet 0.15-0.03 mg</i>	\$0 (2)	
<i>estarylla oral tablet 0.25-0.035 mg</i>	\$0 (2)	
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	\$0 (2)	
<i>finzala oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	\$0 (2)	
<i>gemmily oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	\$0 (2)	
<i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	\$0 (2)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	\$0 (2)	
<i>introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	\$0 (3)	
<i>isibloom oral tablet 0.15-0.03 mg</i>	\$0 (2)	
<i>jasmiel (28) oral tablet 3-0.02 mg</i>	\$0 (4)	
<i>juleber oral tablet 0.15-0.03 mg</i>	\$0 (2)	
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	\$0 (2)	
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	\$0 (2)	
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	\$0 (2)	
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	\$0 (2)	
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	\$0 (2)	
<i>kaitlib fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	\$0 (2)	
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	\$0 (2)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	\$0 (2)	
<i>kelnor 1/50 (28) oral tablet 1-50 mg-mcg</i>	\$0 (4)	
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	\$0 (2)	
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	\$0 (4)	
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	\$0 (2)	
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	\$0 (2)	
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	\$0 (4)	
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	\$0 (4)	
<i>layolis fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	\$0 (2)	
<i>lessina oral tablet 0.1-20 mg-mcg</i>	\$0 (2)	
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	\$0 (2)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)</i>	\$0 (2)	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	\$0 (2)	
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	\$0 (2)	
<i>levora-28 oral tablet 0.15-0.03 mg</i>	\$0 (2)	
<i>loryna (28) oral tablet 3-0.02 mg</i>	\$0 (2)	
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	\$0 (2)	
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	\$0 (2)	
<i>mibelas 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	\$0 (2)	
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	\$0 (2)	
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	\$0 (2)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	\$0 (2)	
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	\$0 (2)	
<i>mili oral tablet 0.25-0.035 mg</i>	\$0 (2)	
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	\$0 (2)	
<i>nikki (28) oral tablet 3-0.02 mg</i>	\$0 (2)	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	\$0 (2)	
<i>norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	\$0 (2)	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg, 0.18/0.215/0.25 mg-0.035mg (28), 0.25-0.035 mg</i>	\$0 (2)	
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	\$0 (4)	
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>	\$0 (4)	
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	\$0 (4)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	\$0 (4)	
<i>nylia 1/35 (28) oral tablet 1-35 mg-mcg</i>	\$0 (2)	
<i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	\$0 (2)	
<i>ocella oral tablet 3-0.03 mg</i>	\$0 (2)	
<i>pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	\$0 (4)	
<i>portia 28 oral tablet 0.15-0.03 mg</i>	\$0 (2)	
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	\$0 (2)	
<i>rivelsa oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	\$0 (2)	
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	\$0 (2)	
<i>sprintec (28) oral tablet 0.25-0.035 mg</i>	\$0 (2)	
<i>syeda oral tablet 3-0.03 mg</i>	\$0 (2)	
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	\$0 (4)	
<i>tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	\$0 (4)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	\$0 (4)	
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	\$0 (2)	
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	\$0 (4)	
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	\$0 (2)	
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	\$0 (2)	
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	\$0 (2)	
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	\$0 (2)	
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	\$0 (2)	
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	\$0 (2)	
<i>turqoz (28) oral tablet 0.3-30 mg-mcg</i>	\$0 (3)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	\$0 (4)	
<i>vestura (28) oral tablet 3-0.02 mg</i>	\$0 (2)	
<i>vienva oral tablet 0.1-20 mg-mcg</i>	\$0 (2)	
<i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>	\$0 (2)	
<i>vylibra oral tablet 0.25-0.035 mg</i>	\$0 (2)	
<i>wymzya fe oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	\$0 (2)	
<i>xarah fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	\$0 (4)	
<i>zovia 1-35 (28) oral tablet 1-35 mg-mcg</i>	\$0 (2)	

OPHTHALMOLOGY

ANTIBIOTICS

<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	\$0 (4)	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	\$0 (2)	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	\$0 (1)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	\$0 (2)	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	\$0 (2)	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	\$0 (2)	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	\$0 (4)	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	\$0 (4)	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	\$0 (4)	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	\$0 (4)	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	\$0 (2)	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	\$0 (1)	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	\$0 (2)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIVIRALS		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	\$0 (4)	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	\$0 (4)	
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	\$0 (4)	
<i>carteolol ophthalmic (eye) drops 1 %</i>	\$0 (2)	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	\$0 (2)	
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	\$0 (1)	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	\$0 (2)	
MISCELLANEOUS OPHTHALMOLOGICS		
<i>atropine ophthalmic (eye) drops 1 %</i>	\$0 (4)	
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	\$0 (4)	
<i>cromolyn ophthalmic (eye) drops 4 %</i>	\$0 (2)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i>	\$0 (3)	QL (60 EA per 30 days)
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	\$0 (5^)	PA; LA
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	\$0 (5^)	PA
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	\$0 (4)	
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	\$0 (4)	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	\$0 (4)	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	\$0 (2)	
XDEMVIY OPHTHALMIC (EYE) DROPS 0.25 %	\$0 (5^)	PA; QL (10 ML per 42 days)
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>bromfenac ophthalmic (eye) drops 0.075 %, 0.09 %</i>	\$0 (4)	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	\$0 (2)	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	\$0 (4)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %</i>	\$0 (4)	
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	\$0 (3)	
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide oral capsule, extended release 500 mg</i>	\$0 (4)	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	\$0 (4)	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	\$0 (4)	
OTHER GLAUCOMA DRUGS		
<i>brinzolamide ophthalmic (eye) drops,suspension 1 %</i>	\$0 (4)	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	\$0 (3)	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	\$0 (2)	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	\$0 (2)	
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	\$0 (1)	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	\$0 (3)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	\$0 (3)	
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	\$0 (3)	
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	\$0 (4)	
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	\$0 (4)	
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	\$0 (4)	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	\$0 (2)	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	\$0 (2)	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	\$0 (4)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	\$0 (3)	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	\$0 (4)	
STEROIDS		
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	\$0 (4)	
<i>difluprednate ophthalmic (eye) drops 0.05 %</i>	\$0 (4)	
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	\$0 (4)	
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %</i>	\$0 (4)	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	\$0 (2)	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	\$0 (4)	
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	\$0 (3)	
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	\$0 (4)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>brimonidine ophthalmic (eye) drops 0.15 %</i>	\$0 (2)	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	\$0 (1)	
OVER THE COUNTER (OTC) AND RX AGENTS		
<i>OVER THE COUNTER (OTC) AND RX AGENTS</i>		
5-mthf 1,700 mcg dfe capsule	\$0 (0)	
ace aerosol cloud enhancer	\$0 (0)	
acephen rectal suppository 325 mg, 650 mg	\$0 (0)	
acetaminophen 160 mg/5 ml solution cup outer 160 mg/5 ml (5 ml)	\$0 (0)	
acetaminophen 325 mg gummy	\$0 (0)	
acetaminophen 325 mg tablet	\$0 (0)	
acetaminophen 325 mg tablet outer, f/c	\$0 (0)	
acetaminophen 500 mg caplet caplet,xtra-strength	\$0 (0)	
acetaminophen 500 mg tablet	\$0 (0)	
acid gone tablet chew 160-105 mg	\$0 (0)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
acne medication 5% lotion	\$0 (0)	
aerochamber mv hold chamber	\$0 (0)	
aerochamber plus flow-vu	\$0 (0)	
aerochamber plus flow-vu large	\$0 (0)	
aerochamber plus flow-vu med with mask	\$0 (0)	
aerochamber plus flow-vu small	\$0 (0)	
aerochamber with flowsignal spacer	\$0 (0)	
aerochamber z-stat plus w-flow	\$0 (0)	
alamax protect capsule 125 mg-95 mcg- 250 mg	\$0 (0)	
alavert d-12 allergy-sinus tab 5-120 mg	\$0 (0)	
alaway 0.025% eye drops 0.025 % (0.035 %)	\$0 (0)	
aler-caps 25 mg capsule	\$0 (0)	
aler-tab oral tablet 25 mg	\$0 (0)	
allegra-d 12 hour tablet allergy/congest (otc) 60-120 mg	\$0 (0)	
aller-chlor 4 mg tablet	\$0 (0)	
aller-chlor oral syrup 2 mg/5 ml	\$0 (0)	
allergy 4 mg tablet	\$0 (0)	
allergy relief 25 mg capsule	\$0 (0)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
altamist 0.65% nose spray	\$0 (0)	
altaryl oral liquid 12.5 mg/5 ml	\$0 (0)	
aluminum hydroxide gel 320 mg/5 ml	\$0 (0)	
amlactin moisturizing body lot fragrance/f, lotion 12 %	\$0 (0)	
ammonium lactate 12% cream (rx)	\$0 (0)	
ammonium lactate 12% lotion fragrance free (rx)	\$0 (0)	
antacid 500 mg chew tablet assorted fruit 200 mg calcium (500 mg)	\$0 (0)	
antacid anti-gas max str liq 400-400-40 mg/5 ml	\$0 (0)	
antacid ex-str 750 mg tab chew 300 mg (750 mg)	\$0 (0)	
antacid liquid reg str,mint 200-200-20 mg/5 ml	\$0 (0)	
anti-diarrheal 1 mg/5 ml soln	\$0 (0)	
antifungal (tolnaftate) topical powder 1 %	\$0 (0)	
anti-hist oral tablet 25 mg	\$0 (0)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
anti-itch (hc) with aloe-vit e topical cream 1 %	\$0 (0)	
anti-itch maximum strength topical cream 2 %	\$0 (0)	
apple cider vinegar-ginger chw 500-5 mg	\$0 (0)	
artificial tears 1.4% drops	\$0 (0)	
artificial tears drops sterile, p/f 0.1-0.3 %	\$0 (0)	
artificial tears eye drops strl 0.1-0.3 %	\$0 (0)	
artificial tears eye ointment 83-15 %	\$0 (0)	
ascorbic acid (vitamin c) oral tablet 250 mg	\$0 (0)	
aspirin 300 mg suppository	\$0 (0)	
aspirin 325 mg tablet	\$0 (0)	
aspirin 600 mg suppository	\$0 (0)	
aspirin 81 mg chewable tablet gluten-free, orange	\$0 (0)	
aspirin 81 mg tablet	\$0 (0)	
aspirin ec 325 mg tablet	\$0 (0)	
aspirin ec 325 mg tablet federal supply	\$0 (0)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
aspirin ec 81 mg tablet low strength	\$0 (0)	
auraphene-b otic (ear) drops 6.5 %	\$0 (0)	
aveeno 1% cream	\$0 (0)	
ayr saline 0.65% nose spray	\$0 (0)	
azo urinary pain rlf 99.5 mg	\$0 (0)	
bacitracin 500 unit/gm ointmnt 500 unit/gram	\$0 (0)	
bacitracin zn 500 unit/gm oint u-d,144x.94gm pkt 500 unit/gram	\$0 (0)	
bacitracin-polymyxin b topical packet 500-10,000 unit/gram	\$0 (0)	
banophen 25 mg capsule	\$0 (0)	
banophen 25 mg tablet	\$0 (0)	
bc max str 500-500-65 mg pwd pk	\$0 (0)	
bd glucose 5 g tablet chewable 5 gram	\$0 (0)	
benadryl allergy oral liquid 12.5 mg/5 ml	\$0 (0)	
benadryl itch stopping 2% gel	\$0 (0)	
benzonatate 100 mg capsule	\$0 (0)	
benzonatate 200 mg capsule	\$0 (0)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
benzoyl peroxide 10% gel aqueous (otc)	\$0 (0)	
benzoyl peroxide 5% gel (otc)	\$0 (0)	
benzoyl peroxide 6% cleanser (otc)	\$0 (0)	
biotin 2,500 mcg gummy	\$0 (0)	
biotin 5,000 mcg gummy	\$0 (0)	
bisac-evac rectal suppository 10 mg	\$0 (0)	
bisacodyl ec 5 mg tablet	\$0 (0)	
biscolax rectal suppository 10 mg	\$0 (0)	
bismatrol oral tablet,chewable 262 mg	\$0 (0)	
bismuth 262 mg tablet chew	\$0 (0)	
bismuth 262 mg/15 ml susp	\$0 (0)	
bismuth tablet chew 262 mg	\$0 (0)	
brotapp dm oral elixir 1-15-5 mg/5 ml	\$0 (0)	
brotapp oral liquid 1-15 mg/5 ml	\$0 (0)	
cal-carb forte oral tablet 500 mg calcium (1,250 mg)	\$0 (0)	
calci-chew oral tablet,chewable 500 mg calcium (1,250 mg)	\$0 (0)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
calcium 500 mg tablet 500mg elemental (otc) 500 mg calcium (1,250 mg)	\$0 (0)	
calcium 500 mg tablet federal supply 500 mg calcium (1,250 mg)	\$0 (0)	
calcium 500-vit d3 400 tablet p/f (rx) 500 mg-10 mcg (400 unit)	\$0 (0)	
calcium 600 mg tablet (rx) 600 mg calcium (1,500 mg)	\$0 (0)	
calcium 600 mg tablet 600 mg calcium (1,500 mg)	\$0 (0)	
calcium 600 mg tablet 600 mg calcium (1,500 mg)	\$0 (0)	
calcium 600 mg tablet p/f, n (rx) 600 mg calcium (1,500 mg)	\$0 (0)	
calcium 600 mg tablet p/f, na/f 600 mg calcium (1,500 mg)	\$0 (0)	
calcium 600-vit d3 200 tablet (rx) 600 mg-5 mcg (200 unit)	\$0 (0)	
calcium 600-vit d3 200 tablet gluten-free (rx) 600 mg-5 mcg (200 unit)	\$0 (0)	
calcium 600-vit d3 200 tablet p/f (rx) 600 mg-5 mcg (200 unit)	\$0 (0)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
calcium 600-vit d3 400 tablet federal supply (rx) 600 mg-10 mcg (400 unit)	\$0 (0)	
calcium antacid 500 mg chw tab assorted fruit 200 mg calcium (500 mg)	\$0 (0)	
calcium carb 1,250 mg/5 ml sus (rx) 500 mg/5 ml (1,250 mg/5 ml)	\$0 (0)	
calcium carb 1,250 mg/5 ml sus 500 mg/5 ml (1,250 mg/5 ml)	\$0 (0)	
calcium carb 500 mg tab chew assorted flavors 200 mg calcium (500 mg)	\$0 (0)	
calcium carbonate 650 mg tab federal supply 650 mg calcium (1,625 mg)	\$0 (0)	
calcium carbonate oral tablet 500 mg calcium (1,250 mg)	\$0 (0)	
calcium carbonate-vitamin d2 oral tablet 500-125 mg-unit, 600 mg-3.125mcg (125 unit)	\$0 (0)	
calcium d-glucarate 500 mg cap	\$0 (0)	
calcium lactate 648 mg tablet (rx) 84 mg (648 mg)	\$0 (0)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
cal-gest 500 mg tablet chew 200 mg calcium (500 mg)	\$0 (0)	
cal-lac oral capsule 500 mg	\$0 (0)	
caltrate 600 oral tablet 600 mg calcium (1,500 mg)	\$0 (0)	
caltrate 600 plus d3 tablet 600 mg-20 mcg (800 unit)	\$0 (0)	
capsaicin 0.025% cream	\$0 (0)	
carnitex 340 mg capsule	\$0 (0)	
carter's little pills oral tablet,delayed release (dr/ec) 5 mg	\$0 (0)	
centamin oral liquid 9 mg iron/15 ml	\$0 (0)	
centavite a-z complete-mineral oral tablet 27-0.4 mg	\$0 (0)	
centavite oral liquid	\$0 (0)	
cerovite advanced formula oral tablet 18-400 mg-mcg	\$0 (0)	
certavite-antioxid (iron gluc) oral liquid 9 mg iron/15 ml	\$0 (0)	
cetirizine hcl 1 mg/1 ml soln children's (otc) 1 mg/ml	\$0 (0)	
cetirizine hcl 1 mg/ml soln (otc)	\$0 (0)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
cetirizine hcl 1 mg/ml syrup (rx)	\$0 (0)	
cetirizine hcl 10 mg tablet	\$0 (0)	
cetirizine hcl 5 mg tablet	\$0 (0)	
cetirizine-pse er 5-120 mg tab	\$0 (0)	
cheratussin ac oral liquid 10-100 mg/5 ml	\$0 (0)	
cheratussin dac oral syrup 30-10-100 mg/5 ml	\$0 (0)	
chest congest rlf 400 mg tab	\$0 (0)	
chewable vitamin c oral tablet,chewable 250 mg	\$0 (0)	
child aspirin 81 mg tab chew	\$0 (0)	
child loratadine 5 mg/5 ml sol	\$0 (0)	
child pain-fever 160 mg/5 ml	\$0 (0)	
child saline 0.65% nasal spray	\$0 (0)	
childrens afrin nasal pmp mist 0.025 %	\$0 (0)	
children's allegra allergy oral tablet 30 mg	\$0 (0)	
children's ibuprofen oral drops,suspension 50 mg/1.25 ml	\$0 (0)	
children's iron 15 mg/ml drops 15 mg iron (75 mg)/ml	\$0 (0)	
children's mapap 80 mg tab chw	\$0 (0)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
children's non-aspirin pain oral tablet,chewable 80 mg	\$0 (0)	
children's pain reliever oral tablet,chewable 80 mg	\$0 (0)	
children's tactinal oral tablet,chewable 80 mg	\$0 (0)	
child's chewable multivit tab 300 mcg	\$0 (0)	
chlorhexidine 4% scrub	\$0 (0)	
chlorhist 4 mg tablet	\$0 (0)	
cidatrine-tm 975-232 mg tablet	\$0 (0)	
cimetidine 200 mg tablet (rx)	\$0 (0)	
citrate of magnesia oral solution	\$0 (0)	
citroma solution	\$0 (0)	
clotrimazole 1% solution (otc)	\$0 (0)	
clotrimazole 1% topical cream (rx)	\$0 (0)	
complete allergy 25 mg caplet	\$0 (0)	
complete allergy 25 mg cplt mfg unresponsive	\$0 (0)	
compound w 17% gel	\$0 (0)	
compound w liquid 17 %	\$0 (0)	
compoz oral tablet 25 mg, 50 mg	\$0 (0)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
coqmax-omega 100 mg softgel 348-500-100 mg	\$0 (0)	
corfen-dm oral liquid 4-10-15 mg/5 ml	\$0 (0)	
correctol 5 mg tablet	\$0 (0)	
correctol extra gentle oral capsule 100 mg	\$0 (0)	
cough suppressant-expectorant oral syrup 10-100 mg/5 ml	\$0 (0)	
cromolyn sodium nasal solution non-drowsy 5.2 mg/spray (4 %)	\$0 (0)	
cvs anti-diarrheal suspension 262 mg/15 ml	\$0 (0)	
cvs glycerin suppository	\$0 (0)	
cyanocobalamin 30,000 mcg/30 ml inner,mdv 1,000 mcg/ml	\$0 (0)	
daily multiple oral tablet	\$0 (0)	
daily vite tablet (rx)	\$0 (0)	
daily-vite tablet 400 mcg	\$0 (0)	
dakin's 0.125% solution	\$0 (0)	
dakin's 0.25% solution	\$0 (0)	
dakin's 0.5% solution	\$0 (0)	
dandelion root 525 mg capsule	\$0 (0)	
deep sea 0.65% nose spray	\$0 (0)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
delsym 30 mg/5 ml suspension	\$0 (0)	
delsym cough-soothing action mucous membrane lozenge 5-5 mg	\$0 (0)	
delsym nighttime multi-symptom oral liquid 6.25-15-325 mg/15 ml	\$0 (0)	
diabetic siltussin das-na oral liquid 100 mg/5 ml	\$0 (0)	
diabetic siltussin-dm oral liquid 10-100 mg/5 ml	\$0 (0)	
diabetic tussin max st oral liquid 10-200 mg/5 ml	\$0 (0)	
digestive support capsule 100-21.5 mg	\$0 (0)	
dimetapp long-acting (cpm-dm) oral liquid 1-7.5 mg/5 ml	\$0 (0)	
diocto oral liquid 50 mg/5 ml	\$0 (0)	
diocto oral syrup 60 mg/15 ml	\$0 (0)	
diotame 262 mg tablet chew outer	\$0 (0)	
diphen 12.5 mg/5 ml elixir	\$0 (0)	
diphenhist 25 mg capsule	\$0 (0)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
diphenhist oral liquid 12.5 mg/5 ml	\$0 (0)	
diphenhist oral tablet 25 mg	\$0 (0)	
diphenhydramine 25 mg tablet	\$0 (0)	
diphenhydramine 50 mg capsule federal supply (otc)	\$0 (0)	
diphenhydramine 50 mg tablet	\$0 (0)	
diphenhydramine hcl oral capsule 25 mg	\$0 (0)	
doc-q-lax oral tablet 8.6-50 mg	\$0 (0)	
docu soft oral capsule 100 mg	\$0 (0)	
docusate cal 240 mg capsule federal supply	\$0 (0)	
docusate sodium 100 mg softgel	\$0 (0)	
docusate sodium 100 mg tablet crushable	\$0 (0)	
docusate sodium 250 mg capsule federal supply	\$0 (0)	
docusate sodium 250 mg softgel	\$0 (0)	
docusil oral capsule 100 mg	\$0 (0)	
dok 100 mg tablet	\$0 (0)	
dok oral capsule 100 mg, 250 mg	\$0 (0)	
dr scholl's clear away strips 40 %	\$0 (0)	
dss 250 mg softgel	\$0 (0)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ducodyl (bisacodyl) oral tablet, delayed release (dr/ec) 5 mg	\$0 (0)	
dulcolax ss 100 mg liquid gel	\$0 (0)	
ear drops 6.5%	\$0 (0)	
ear wax treatment otic (ear) drops 6.5 %	\$0 (0)	
easivent holding chamber retail pack	\$0 (0)	
ed chlorped jr syrup 2 mg/5 ml	\$0 (0)	
ed-apap 160 mg/5 ml liquid	\$0 (0)	
endur-acin er 500 mg tablet	\$0 (0)	
eq hemorrhoidal suppositories 0.25-85.39 %	\$0 (0)	
ergocalciferol 200 mcg/ml drop (rx) 200 mcg/ml (8,000 unit/ml)	\$0 (0)	
e-r-o ear otic (ear) drops 6.5 %	\$0 (0)	
e-r-o ear wax removal system otic (ear) drops 6.5 %	\$0 (0)	
ex-lax chocolate chocolate 15 mg	\$0 (0)	
ex-lax ultra oral tablet 5 mg	\$0 (0)	
famotidine 10 mg tablet	\$0 (0)	
feen-a-mint oral tablet 5 mg	\$0 (0)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ferosul oral elixir 220 mg (44 mg iron)/5 ml	\$0 (0)	
ferro-bob oral tablet 325 mg (65 mg iron)	\$0 (0)	
ferrous sulf ec 324 mg tablet 324 mg (65 mg iron)	\$0 (0)	
ferrous sulf ec 325 mg tablet u-d, outer (rx) 325 mg (65 mg iron)	\$0 (0)	
ferrous sulfate 300 mg/5 ml cup outer 300 mg (60 mg iron)/5 ml	\$0 (0)	
ferrous sulfate 325 mg tablet (rx) 325 mg (65 mg iron)	\$0 (0)	
ferrous sulfate oral tablet 325 mg (65 mg iron)	\$0 (0)	
fexofenadine hcl 180 mg tablet 24 hour, non-drowsy (otc)	\$0 (0)	
fexofenadine hcl 60 mg tablet 12 hour, non-drowsy (otc)	\$0 (0)	
fexofenadine-pse er 180-240 tb (otc) 180-240 mg	\$0 (0)	
fiber 625 mg caplet	\$0 (0)	
fiber lax 625 mg caplet	\$0 (0)	
fiber laxative 625 mg caplet caplet	\$0 (0)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
fibergen oral tablet 625 mg	\$0 (0)	
fleet laxative (bisacodyl) oral tablet, delayed release (dr/ec) 5 mg	\$0 (0)	
flonase allergy rlf 50 mcg spr 120 metered sprays 50 mcg/actuation	\$0 (0)	
foaming antacid oral tablet, chewable 80-20 mg	\$0 (0)	
folic acid 0.8 mg tablet (rx) 800 mcg	\$0 (0)	
folic acid 1 mg tablet federal supply (rx)	\$0 (0)	
folic acid 1,000 mcg tablet (rx) 1 mg	\$0 (0)	
folic acid 400 mcg tablet (rx)	\$0 (0)	
freezone corn remover topical liquid 17.6 %	\$0 (0)	
genahist oral capsule 25 mg	\$0 (0)	
genteal tears 0.1%-0.2%-0.3% 0.1-0.3-0.2 %	\$0 (0)	
gentle laxative 5 mg tablet	\$0 (0)	
gerivite complete oral tablet	\$0 (0)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
gilphex tr 390 mg-10 mg tablet 10-390 mg	\$0 (0)	
glucose oral tablet,chewable 4 gram	\$0 (0)	
goody's hangover powder packet 1,000-150 mg	\$0 (0)	
gs allergy relief 4 mg tablet	\$0 (0)	
gs antacid plus anti-gas susp 400-400-40 mg/5 ml	\$0 (0)	
gs child allergy 12.5 mg/5 ml	\$0 (0)	
gs naproxen sod 220 mg tablet	\$0 (0)	
gs nicotine 2 mg chewing gum	\$0 (0)	
gs nicotine 4 mg chewing gum	\$0 (0)	
gs omeprazole dr 20 mg tablet	\$0 (0)	
gs stool softener 100 mg sftgl	\$0 (0)	
gs suphedrine 12hr 120 mg cplt	\$0 (0)	
gyne-lotrimin 3 day 2% crm	\$0 (0)	
headache pm formula 25-500 mg asprin-free	\$0 (0)	
healthylax powder packet inner 17 gram	\$0 (0)	
hemorrhoidal rectal suppository 0.25-3 %	\$0 (0)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
hemorrhoidal suppositories 0.25-88.44 %	\$0 (0)	
humist nasal aerosol,spray 0.65 %	\$0 (0)	
hydrocortisone 0.5% cream (otc)	\$0 (0)	
hydrocortisone 0.5% ointment	\$0 (0)	
hydrocortisone 1% cream (rx)	\$0 (0)	
hydrocortisone 1% cream maximum strength (otc)	\$0 (0)	
hydrocortisone 1% cream maximum strength	\$0 (0)	
hydrocortisone 1% cream moisturizer,max. str (otc)	\$0 (0)	
hydrocortisone 1% lotion (otc)	\$0 (0)	
hydrocortisone 1% ointment (rx)	\$0 (0)	
hydrocortisone-aloe 1% cream	\$0 (0)	
hydroskin with aloe topical cream 1 %	\$0 (0)	
hypotears ophthalmic (eye) drops 1-1 %	\$0 (0)	
ibuprofen 100 mg/5 ml susp children's (otc)	\$0 (0)	
ibuprofen 100 mg/5 ml suspension cup inner (rx)	\$0 (0)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
in-check dial training device	\$0 (0)	
ipecac oral syrup	\$0 (0)	
iron 18 mg tablet	\$0 (0)	
iron 65 mg tablet (rx) 325 mg (65 mg iron)	\$0 (0)	
itch relief (diphenhydramine) topical cream 2 %	\$0 (0)	
kaopectate 262 mg/15 ml susp peppermint	\$0 (0)	
kaopectate extra strength liq peppermint 525 mg/15 ml	\$0 (0)	
kao-tin (bismuth subsalicylat) oral suspension 262 mg/15 ml	\$0 (0)	
kao-tin (docusate calcium) oral capsule 240 mg	\$0 (0)	
kenwood therapeutic liquid	\$0 (0)	
ketotifen fum 0.025% eye drops (otc) 0.025 % (0.035 %)	\$0 (0)	
kidkare cough/cold oral liquid 1-15-5 mg/5 ml	\$0 (0)	
k-mg citrate 99-70 mg capsule 70-99 mg	\$0 (0)	
konsyl 6 gm packet gluten-f, inner (otc) 6 gram	\$0 (0)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
konsyl fiber oral tablet 625 mg	\$0 (0)	
laxa basic 100 mg softgel	\$0 (0)	
laxative 10 mg suppository	\$0 (0)	
laxative-senna oral tablet 25 mg	\$0 (0)	
lice treatment 1% creme rinse multi-pack, 2x59ml	\$0 (0)	
liquid calcium with vitamin d softgel, p/f (rx) 600 mg-5 mcg (200 unit)	\$0 (0)	
liquitears ophthalmic (eye) drops 1.4 %	\$0 (0)	
little remedies 0.65% spray for noses	\$0 (0)	
loperamide 1 mg/5 ml solution	\$0 (0)	
loperamide a-d caplet mfg unresponsive 2 mg	\$0 (0)	
loratadine 10 mg odt non-drowsy, 24 hour	\$0 (0)	
loratadine 10 mg tablet non-drowsy	\$0 (0)	
loratadine 5 mg/5 ml solution	\$0 (0)	
loratadine hives 5 mg/5 ml d/f, a/f, s/f	\$0 (0)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
loratadine-pseudoephedrine oral tablet extended release 24 hr 10-240 mg	\$0 (0)	
maalox maximum strength susp berry, max strength 400-400-40 mg/5 ml	\$0 (0)	
maalox maximum strength susp maximum strength 400-400-40 mg/5 ml	\$0 (0)	
maalox rs oral tablet,chewable 600 mg calcium (1.5 gram)	\$0 (0)	
mag delay tablet sa 64 mg	\$0 (0)	
mag64 dr 64 mg tablet (rx)	\$0 (0)	
magnacaps oral capsule 100 mg	\$0 (0)	
magnesium 250 mg tablet (rx) 250 mg magnesium	\$0 (0)	
magnesium 250 mg tablet lactose free, p/f	\$0 (0)	
magnesium citrate 83.3 mg gummy	\$0 (0)	
magnesium citrate solution saline laxative	\$0 (0)	
magnesium oxide 400 mg tablet (otc) 400 mg (241.3 mg magnesium)	\$0 (0)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
magnesium oxide 400 mg tablet (rx) 400 mg (241.3 mg magnesium)	\$0 (0)	
magnesium oxide 400 mg tablet outer (rx) 400 mg (241.3 mg magnesium)	\$0 (0)	
magnesium oxide 420 mg tablet (rx)	\$0 (0)	
magnesium oxide 420 mg tablet (rx)	\$0 (0)	
magnesium oxide oral powder in packet 240 mg magnesium	\$0 (0)	
mag-tab sr 84 mg caplet	\$0 (0)	
mapap (acetaminophen) oral suspension 160 mg/5 ml	\$0 (0)	
mapap 500 mg capsule	\$0 (0)	
mapap 64 mg/2 ml oral syringe 32 mg/ml	\$0 (0)	
mapap arthritis er 650 mg cplt	\$0 (0)	
mapap extra strength oral tablet 500 mg	\$0 (0)	
mapap pm oral tablet 25-500 mg	\$0 (0)	
maxapap maximum strength oral tablet 500 mg	\$0 (0)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
maxapap regular strength oral tablet 325 mg	\$0 (0)	
maxichlor peh dm tablet 4-10-18 mg	\$0 (0)	
maxifed tablet 60-360 mg	\$0 (0)	
maxifed tr 30-1.25 mg tablet 1.25-30 mg	\$0 (0)	
maxi-tuss cd liquid 4-10-10 mg/5 ml	\$0 (0)	
meclizine 12.5 mg tablet (otc)	\$0 (0)	
melatonin 12 mg tablet	\$0 (0)	
melatonin 5 mg tablet (otc)	\$0 (0)	
metamucil capsule 0.4 gram	\$0 (0)	
metamucil fiber thin 2 gram	\$0 (0)	
metamucil multihealth powder berry smooth 3.4 gram/5.8 gram	\$0 (0)	
metamucil packet gluten-free 3.4 gram	\$0 (0)	
metamucil powder gluten-free, orange 3.4 gram/12 gram	\$0 (0)	
methyl salicylate 40% oil	\$0 (0)	
mi-acid gas relief(simethicon) oral tablet,chewable 80 mg	\$0 (0)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
mi-acid(calcium carb-mag hydr) oral tablet,chewable 700-300 mg	\$0 (0)	
miconazole 100 mg vag supp	\$0 (0)	
miconazole 2% vaginal cream w/7 disp applicators	\$0 (0)	
miconazole 3 combo pack 200 mg- 2 % (9 gram)	\$0 (0)	
miconazole 3 combo pack 4 % (200 mg)- 2 % (9 gram)	\$0 (0)	
miconazole 3 kit 3pref app w/crm+3wip 4 % (200 mg)- 2 % (9 gram)	\$0 (0)	
microchamber	\$0 (0)	
microspacer for aerosol device	\$0 (0)	
milantex extra strength oral suspension 400-400-40 mg/5 ml	\$0 (0)	
milk of magnesia suspension 100's, u-d 400 mg/5 ml	\$0 (0)	
milk of magnesia suspension mint,low sodium 400 mg/5 ml	\$0 (0)	
mineral oil enema	\$0 (0)	
mintox plus tablet chewable 200-200-25 mg	\$0 (0)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
monistat 3 4% cream 3 pref-applicators 200 mg/5 gram (4 %)	\$0 (0)	
motion sickness 25 mg chew tab chewable tablet	\$0 (0)	
motion sickness rlf 25 mg tab	\$0 (0)	
mucinex cold-flu hbp liq gel 325-200 mg	\$0 (0)	
mucinex fast-max dm max liquid maximum strength 5-100 mg/5 ml	\$0 (0)	
mucus relief 400 mg tablet f/c,caplet	\$0 (0)	
mucus relief dm tablet 20-400 mg	\$0 (0)	
multi-day oral tablet	\$0 (0)	
multivitamin-mineral liquid 9 mg iron/15 ml	\$0 (0)	
multivitamins tablet (rx)	\$0 (0)	
multi-vit-flor 0.25 mg tb chew 0.25 mg fluoride	\$0 (0)	
multi-vit-flor 0.5 mg tab chew 0.5 mg fluoride	\$0 (0)	
multi-vit-flor 1 mg tab chew 1 mg fluoride	\$0 (0)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
multivit-fluor 0.25 mg/ml drop (rx)	\$0 (0)	
multivit-fluor 0.5 mg/ml drop (rx)	\$0 (0)	
murine 6.5% ear drops	\$0 (0)	
murine ear wax removal system 6.5 %	\$0 (0)	
mytab gas (simethicone) oral tablet,chewable 80 mg	\$0 (0)	
n.o.max er tablet 660 mg	\$0 (0)	
n-acetyl tyrosine 350-5 mg cap	\$0 (0)	
nasal mist 0.9% spray	\$0 (0)	
nasal moist nasal aerosol,spray 0.65 %	\$0 (0)	
natural fiber lax powder original texture 3.4 gram/7 gram	\$0 (0)	
natural fiber laxative powder 3.4 gram/11 gram	\$0 (0)	
natural vegetable fiber oral powder	\$0 (0)	
na-zone nasal aerosol,spray 0.65 %	\$0 (0)	
nephronex-sl tablet 800-2,000 mcg-unit	\$0 (0)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
niacin 100 mg tablet (rx)	\$0 (0)	
niacin 250 mg capsule sa (otc)	\$0 (0)	
niacin 250 mg tablet sa mfg no response	\$0 (0)	
niacin 50 mg tablet	\$0 (0)	
niacin 500 mg capsule sa (rx)	\$0 (0)	
niacin 500 mg tablet (rx)	\$0 (0)	
nicotine 14 mg/24hr patch clear, step 2 (otc)	\$0 (0)	
nicotine 21 mg/24hr patch clear, step 1 (otc)	\$0 (0)	
nicotine 7 mg/24hr patch 2 week kit (otc)	\$0 (0)	
nohist-dm liquid 4-10-15 mg/5 ml	\$0 (0)	
non-aspirin 325 mg tablet 250's, u-d	\$0 (0)	
non-aspirin 500 mg tablet 250's	\$0 (0)	
non-aspirin 80 mg tab chew children's	\$0 (0)	
nortemp 80 mg/0.8 ml drop	\$0 (0)	
nytol 25 mg tablet 12's	\$0 (0)	
ocean for kids nasal aerosol,spray 0.65 %	\$0 (0)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
olopatadine hcl 0.1% eye drops (otc)	\$0 (0)	
omegapure 900-tg softgel 964-257-643 mg	\$0 (0)	
once daily oral tablet	\$0 (0)	
one daily multivitamin tab (rx)	\$0 (0)	
optichamber advantage spacer	\$0 (0)	
optichamber large face mask device	\$0 (0)	
optichamber medium face mask device	\$0 (0)	
optichamber small face mask device	\$0 (0)	
optihaler drug delivery system spacer	\$0 (0)	
optimag plus calcium powder 600 mg calcium- 300 mg/scoop	\$0 (0)	
oralYTE freezer pops	\$0 (0)	
oralYTE solution	\$0 (0)	
orazinc 220 mg capsule 50 mg zinc (220 mg)	\$0 (0)	
ossopan 1100 capsule 275 mg calcium (1,100 mg)	\$0 (0)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ossopan md capsule 200 mg calcium- 1.25 mcg	\$0 (0)	
oysco 500-vit d3 200 tablet 500 mg-5 mcg (200 unit)	\$0 (0)	
oysco-500 oral tablet 500 mg calcium (1,250 mg)	\$0 (0)	
oyst-cal d oral tablet 250 mg-3.125 mcg (125 unit)	\$0 (0)	
oyster shell 250-vit d3 125 tb (rx) 250 mg-3.125 mcg (125 unit)	\$0 (0)	
oyster shell 500-vit d3 200 tb (rx) 500 mg-5 mcg (200 unit)	\$0 (0)	
oyster shell calcium-vit d tab p/f (rx) 500 mg-10 mcg (400 unit)	\$0 (0)	
oyster shell calcium-vit d tab p/f, s/f (otc) 500 mg-10 mcg (400 unit)	\$0 (0)	
oyster shell calcium-vit d2 oral tablet 250 (625)-125 mg-unit, 500-125 mg-unit	\$0 (0)	
oyster shell calcium-vit d3 oral powder in packet 500 mg-5 mcg (200 unit)	\$0 (0)	
oyster shell calcium-vit d3 oral tablet 500 mg-5 mcg (200 unit)	\$0 (0)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
oyster shell-d 250 mg tablet u-d, 10x10 (rx) 250 mg-3.125 mcg (125 unit)	\$0 (0)	
pain relief 500 mg tablet ex-strength	\$0 (0)	
pain relief pm 25-500 mg cplt caplet,ex-strength	\$0 (0)	
pain reliever pm oral tablet 25-500 mg	\$0 (0)	
panoxyl 10% acne foaming wash	\$0 (0)	
pediatric enema 9.5-3.5 gram/59 ml	\$0 (0)	
peri-colace oral tablet 8.6-50 mg	\$0 (0)	
peri-wash topical solution 10 %	\$0 (0)	
pflex inspiratory trainer	\$0 (0)	
pharbedryl 50 mg capsule	\$0 (0)	
pharbetol 325 mg tablet regular strength	\$0 (0)	
pharbetol 500 mg caplet extra-str, caplet	\$0 (0)	
phazyme 500 mg softgel	\$0 (0)	
phenazopyridine 100 mg tab	\$0 (0)	
phenazopyridine 95 mg tablet	\$0 (0)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
phenylhistine dh oral liquid 2-30-10 mg/5 ml	\$0 (0)	
phosphate oral saline laxative ginger lemon 7.2-2.7 gram/15 ml	\$0 (0)	
pink bismuth oral suspension 262 mg/15 ml	\$0 (0)	
pink bismuth tablet chew regular strength 262 mg	\$0 (0)	
plain niacin 250 mg tablet (rx)	\$0 (0)	
pocket chamber	\$0 (0)	
pocket spacer spacer	\$0 (0)	
polyethylene glycol 3350 powd (otc) 17 gram/dose	\$0 (0)	
poly-iron 150 mg capsule 150 mg iron	\$0 (0)	
poly-vi-flor 0.25 mg drop 0.25 mg fluoride/ml	\$0 (0)	
poly-vi-flor-iron 0.25 mg drop 0.25mg fluoride -7 mg iron/ml	\$0 (0)	
poly-vitamin oral drops 1,500-35-400 unit-mg-unit/ml	\$0 (0)	
poly-vitamin with iron oral drops 1,500 unit-400 unit-10 mg/ml	\$0 (0)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
povidone-iodine 10% solution usp	\$0 (0)	
prebiotic inulin-fos powder 3 gram/ 3.8gram (scoop)	\$0 (0)	
prenatal plus-dha combo pack 27 mg iron-1 mg -312 mg-250 mg	\$0 (0)	
prenatal tablet (rx) 27 mg iron-0.8 mg	\$0 (0)	
preparation h hc 1% cream	\$0 (0)	
promethazine vc-codeine soln 6.25-5-10 mg/5 ml	\$0 (0)	
promethazine-codeine solution 6.25-10 mg/5 ml	\$0 (0)	
promethazine-dm 6.25-15 mg/5 ml	\$0 (0)	
proteoxyme capsule 50 mg	\$0 (0)	
pseudoephedrine 30 mg tablet federal supply	\$0 (0)	
pseudoephedrine 60 mg tablet federal supply (otc)	\$0 (0)	
pure comfort spacer-adult mask	\$0 (0)	
pyridium 200 mg tablet	\$0 (0)	
pyridoxine 500 mg tablet	\$0 (0)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
q-dryl oral capsule 25 mg	\$0 (0)	
q-dryl oral liquid 12.5 mg/5 ml	\$0 (0)	
q-tapp oral liquid 1-15 mg/5 ml	\$0 (0)	
ra hi-cal plus vit d tab 500-125 mg-unit	\$0 (0)	
reese's pinworm 144 mg/ml susp 50 mg/ml	\$0 (0)	
refenesen 200 mg tablet	\$0 (0)	
refenesen 400 mg tablet	\$0 (0)	
reguloid capsule 0.4 gram	\$0 (0)	
renal caps softgel 1 mg	\$0 (0)	
rena-vite rx tablet (rx) 1-60-300 mg-mg-mcg	\$0 (0)	
reno caps softgel 1 mg	\$0 (0)	
robafen 200 mg/10 ml syrup 100 mg/5 ml	\$0 (0)	
robafen cf liquid cough & cold 5-10-100 mg/5 ml	\$0 (0)	
robitussin long-acting liq 1-7.5 mg/5 ml	\$0 (0)	
robitussin pediatric oral syrup 7.5 mg/5 ml	\$0 (0)	
rynex dm liquid gluten/f 1-2.5-5 mg/5 ml	\$0 (0)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
salactic film topical liquid 17 %	\$0 (0)	
saline mist 0.65% nose spry	\$0 (0)	
sam-e-tmg powder stick pack 400-600 mg	\$0 (0)	
scot-tussin allergy relief oral liquid 12.5 mg/5 ml	\$0 (0)	
sea soft nasal mist nasal aerosol,spray 0.65 %	\$0 (0)	
senexon oral syrup 8.8 mg/5 ml	\$0 (0)	
senexon oral tablet 8.6 mg	\$0 (0)	
senna 17.6 mg/10 ml syrup cup 8.8 mg/5 ml	\$0 (0)	
senna 8.6 mg tablet	\$0 (0)	
senna laxative 8.6 mg tablet	\$0 (0)	
senna oral tablet 8.6 mg	\$0 (0)	
senna plus tablet 8.6-50 mg	\$0 (0)	
senna soft oral tablet 15 mg	\$0 (0)	
sennacon oral tablet 8.6 mg	\$0 (0)	
senna-lax 8.6 mg tablet	\$0 (0)	
sennalax-s oral tablet 8.6-50 mg	\$0 (0)	
senna-s tablet 8.6-50 mg	\$0 (0)	
senna-time 8.6 mg tablet	\$0 (0)	
senna-time s tablet 8.6-50 mg	\$0 (0)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
senno oral tablet 8.6 mg	\$0 (0)	
sennosides-docusate sodium tab 8.6-50 mg	\$0 (0)	
silace 100 mg/10 ml liquid cup 50 mg/5 ml	\$0 (0)	
silace 60 mg/15 ml syrup	\$0 (0)	
siladryl 12.5 mg/5 ml liquid	\$0 (0)	
silapap oral drops 80 mg/0.8 ml	\$0 (0)	
silapap oral liquid 160 mg/5 ml	\$0 (0)	
silphen cough oral syrup 12.5 mg/5 ml	\$0 (0)	
simethicone 40 mg/0.6 ml drop	\$0 (0)	
simethicone 80 mg tab chew federal supply	\$0 (0)	
simply sleep 25 mg caplet	\$0 (0)	
sleep calm gummy 3-50-12.5 mg	\$0 (0)	
sleep tabs 25 mg tablet	\$0 (0)	
slow release iron tablet (rx) 160 mg (50 mg iron)	\$0 (0)	
sm hydrocortisone plus 1% crm	\$0 (0)	
sodium bicarb 325 mg tablet	\$0 (0)	
sodium bicarb 650 mg tablet	\$0 (0)	
sodium chloride 1 gm tablet (otc)	\$0 (0)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
sodium fluoride 0.5 mg/ml drop (rx) 0.5 mg (1.1 mg sod.fluorid)/ml	\$0 (0)	
sof-lax oral capsule 100 mg	\$0 (0)	
sominex 25 mg tablet	\$0 (0)	
sorbitol 70% solution (otc)	\$0 (0)	
stimulant laxative oral tablet 5 mg	\$0 (0)	
stool softener 100 mg softgel	\$0 (0)	
stool softener-laxative tablet plus laxative 8.6-50 mg	\$0 (0)	
super nu-thera oral tablet	\$0 (0)	
surfak 240 mg softgel softgel	\$0 (0)	
sv vitamin d3 400 unit softgel softgel , p/f (rx) 10 mcg (400 unit)	\$0 (0)	
systane complete pf 0.6% drop	\$0 (0)	
tactinal 325 mg tablet	\$0 (0)	
tactinal extra strength oral tablet 500 mg	\$0 (0)	
tears again ophthalmic (eye) ointment 80-20 %	\$0 (0)	
tera-gel tar shampoo topical shampoo 0.5 %	\$0 (0)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
terbinafine 1% cream	\$0 (0)	
thera tablet 400 mcg	\$0 (0)	
thera vital m oral tablet	\$0 (0)	
therabasic-m oral tablet	\$0 (0)	
thera-m tablet w/beta carotene 9 mg iron-400 mcg	\$0 (0)	
therapeutic oral tablet	\$0 (0)	
therapeutic-m caplet 19 mg iron- 400 mcg	\$0 (0)	
thera-tabs caplet	\$0 (0)	
threshold imt trainer	\$0 (0)	
threshold pep device	\$0 (0)	
titralac oral tablet,chewable 168 mg calcium (420 mg)	\$0 (0)	
total allergy 25 mg tablet	\$0 (0)	
total allergy medicine oral liquid 12.5 mg/5 ml	\$0 (0)	
total formula-3 without iron oral tablet	\$0 (0)	
tri-buffered aspirin 325 mg tb coated tablet	\$0 (0)	
triple antibiotic ointment 3.5mg- 400 unit- 5,000 unit/gram	\$0 (0)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
triple antibiotic ointment pkt u-d,144x.94g foilpk (otc) 3.5-400-5,000 mg-unit-unit	\$0 (0)	
triprolidine-pseudoephedrine oral tablet 2.5-60 mg	\$0 (0)	
tri-vitamin oral drops 1,500-35-400 unit-mg-unit/ml	\$0 (0)	
tussin pe oral liquid 5-100 mg/5 ml	\$0 (0)	
ultra fresh pm ointment	\$0 (0)	
urinary pain relief 97.5 mg tb maximum strength	\$0 (0)	
vanacof liquid 1-30-12.5 mg/5 ml	\$0 (0)	
vitafol-ob caplet 65-1 mg	\$0 (0)	
vitamin a 10,000 units capsule soluble 3,000 mcg (10,000 unit)	\$0 (0)	
vitamin a 8,000 units capsule 2,400 mcg	\$0 (0)	
vitamin b complex-vit c tablet (otc)	\$0 (0)	
vitamin b-1 100 mg tablet (rx)	\$0 (0)	
vitamin b-1 100 mg tablet	\$0 (0)	
vitamin b-1 250 mg tablet	\$0 (0)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
vitamin b-1 50 mg tablet gluten free (rx)	\$0 (0)	
vitamin b-12 1,000 mcg tab sl n, p/f	\$0 (0)	
vitamin b-12 1,000 mcg tablet (rx)	\$0 (0)	
vitamin b-12 500 mcg tablet	\$0 (0)	
vitamin b-12 oral tablet 250 mcg	\$0 (0)	
vitamin b-12 tr 1,000 mcg tab gluten-free, f/c (rx)	\$0 (0)	
vitamin b-2 100 mg tablet p/f, lactose-f (rx)	\$0 (0)	
vitamin b-6 100 mg tablet	\$0 (0)	
vitamin b-6 25 mg tablet (rx)	\$0 (0)	
vitamin b-6 50 mg tablet (rx)	\$0 (0)	
vitamin b-6 oral tablet 250 mg	\$0 (0)	
vitamin b-6 oral tablet extended release 200 mg	\$0 (0)	
vitamin c 1,000 mg tablet (rx)	\$0 (0)	
vitamin c 100 mg tablet (rx)	\$0 (0)	
vitamin c 100 mg tablet chew tangerine	\$0 (0)	
vitamin c 250 mg tablet	\$0 (0)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
vitamin c 250 mg tablet chew p/f (rx)	\$0 (0)	
vitamin c 500 mg powder packet	\$0 (0)	
vitamin c oral syrup 500 mg/5 ml	\$0 (0)	
vitamin c oral tablet 500 mg	\$0 (0)	
vitamin c oral tablet, chewable 500 mg	\$0 (0)	
vitamin d2 1.25 mg(50,000 unit)	\$0 (0)	
vitamin d3 1,000 unit softgel softgel (rx) 25 mcg (1,000 unit)	\$0 (0)	
vitamin d3 2,000 unit softgel p/f, color-free (rx) 50 mcg (2,000 unit)	\$0 (0)	
vitamin d3 400 unit tab chew p/f, orange, chewable 10 mcg (400 unit)	\$0 (0)	
vitamin d3 400 unit tablet n,p/f,d/f (rx) 10 mcg (400 unit)	\$0 (0)	
vitamin d3 400 unit/ml liquid (rx) 10 mcg/ml (400 unit/ml)	\$0 (0)	
vitamin d3 62.5 mcg gummy 62.5 mcg (2,500 unit)	\$0 (0)	
vitamin d3 oral tablet 25 mcg (1,000 unit)	\$0 (0)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
vitamin e 180 mg softgel (rx) 180 mg (400 unit)	\$0 (0)	
vitamin e oral capsule 268 mg (400 unit)	\$0 (0)	
vitamin e oral tablet,chewable 400 unit	\$0 (0)	
vitamin k 100 mcg tablet p/f, gluten-free	\$0 (0)	
vitamins a-d-e tablet 10,000-400 unit-unit	\$0 (0)	
vitamins for hair oral tablet	\$0 (0)	
wal-profen 200 mg tablet f/c	\$0 (0)	
watchhaler spacer	\$0 (0)	
windmill trainer for mini wright pfm	\$0 (0)	
women's laxative tablet 5 mg	\$0 (0)	
xymodine 12,500 mcg capsule 7,500-5,000 mcg	\$0 (0)	
yl vitamin c 500 mg tablet s/f,p/f,na/f	\$0 (0)	
zinc gluconate 50 mg tablet (rx)	\$0 (0)	
zinc oral tablet 50 mg	\$0 (0)	
zinc sulfate 220 mg (50 mg) cap (rx) 50 mg zinc (220 mg)	\$0 (0)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
zinc sulfate 50 mg (220 mg) tb (rx) 50 mg zinc (220 mg)	\$0 (0)	
zinc-220 capsule 50 mg zinc (220 mg)	\$0 (0)	
RESPIRATORY AND ALLERGY		
ANTIHISTAMINE / ANTIALLERGENIC AGENTS		
<i>cetirizine oral solution 1 mg/ml</i>	\$0 (1)	
<i>cyproheptadine oral tablet 4 mg</i>	\$0 (4)	PA
<i>desloratadine oral tablet 5 mg</i>	\$0 (2)	
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	\$0 (3)	Only Epinephrine NDCs starting with 00093 and 49502 are covered; QL (4 EA per 30 days)
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	\$0 (4)	PA
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	\$0 (4)	PA
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	\$0 (2)	
<i>levocetirizine oral tablet 5 mg</i>	\$0 (2)	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	\$0 (4)	PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	\$0 (4)	PA
PULMONARY AGENTS		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	\$0 (4)	B/D
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	\$0 (5^)	PA; LA; QL (90 EA per 30 days)
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	\$0 (3)	QL (12 GM per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	\$0 (4)	8.5 gm inhaler; QL (17 GM per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)</i>	\$0 (4)	6.7 gm inhaler; QL (13.4 GM per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg/3 ml (0.083 %), 2.5 mg/0.5 ml</i>	\$0 (4)	B/D
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	\$0 (4)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	\$0 (4)	
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	\$0 (5^)	PA; LA; QL (30 EA per 30 days)
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	\$0 (3)	QL (60 EA per 30 days)
<i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i>	\$0 (4)	B/D; QL (120 ML per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	\$0 (3)	QL (30 EA per 30 days)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	\$0 (4)	QL (25.8 GM per 30 days)
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	\$0 (3)	QL (10.7 GM per 30 days)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	\$0 (5^)	PA; LA; QL (60 EA per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE	\$0 (3)	QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>breyna inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	\$0 (3)	Breyna is generic for Symbicort; QL (30.9 GM per 30 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	\$0 (3)	QL (10.7 GM per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	\$0 (4)	B/D
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	\$0 (3)	QL (8 GM per 30 days)
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	\$0 (3)	B/D
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	\$0 (2)	QL (50 ML per 30 days)
<i>fluticasone propionate nasal spray, suspension 50 mcg/actuation</i>	\$0 (2)	QL (16 GM per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	\$0 (4)	QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i>	\$0 (3)	B/D; QL (120 ML per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT	\$0 (5^)	PA; LA; QL (30 EA per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT	\$0 (5^)	PA; LA; QL (20 EA per 30 days)
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	\$0 (5^)	PA; QL (27 ML per 30 days)
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	\$0 (3)	QL (30 EA per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	\$0 (2)	B/D
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	\$0 (4)	B/D
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	\$0 (4)	B/D
<i>mometasone nasal spray, non-aerosol 50 mcg/actuation</i>	\$0 (4)	QL (34 GM per 30 days)
<i>montelukast oral granules in packet 4 mg</i>	\$0 (2)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>montelukast oral tablet 10 mg</i>	\$0 (1)	
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i>	\$0 (2)	
OFEV ORAL CAPSULE 100 MG, 150 MG	\$0 (5^)	PA; LA; QL (60 EA per 30 days)
<i>pirfenidone oral tablet 267 mg</i>	\$0 (5^)	PA; QL (270 EA per 30 days)
<i>pirfenidone oral tablet 801 mg</i>	\$0 (5^)	PA; QL (90 EA per 30 days)
PULMOZYME INHALATION SOLUTION 1 MG/ML	\$0 (5^)	B/D
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	\$0 (4)	QL (30 EA per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	\$0 (3)	QL (60 EA per 30 days)
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	\$0 (2)	generic for Revatio; PA; QL (90 EA per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	\$0 (4)	QL (4 GM per 30 days)
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>	\$0 (4)	generic for Adcirca; PA; QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	\$0 (4)	
THEO-24 ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	\$0 (4)	
<i>theophylline oral solution 80 mg/15 ml</i>	\$0 (4)	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	\$0 (4)	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	\$0 (3)	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	\$0 (3)	QL (60 EA per 30 days)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	\$0 (5^)	PA; QL (56 EA per 28 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	\$0 (5^)	PA; LA; QL (84 EA per 28 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	\$0 (3)	18 gm inhaler; QL (36 GM per 30 days)
WINREVAIR SUBCUTANEOUS KIT 120 MG (60 MG X 2), 45 MG, 60 MG, 90 MG (45 MG X 2)	\$0 (5^)	PA; QL (1 EA per 21 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML	\$0 (5^)	PA; QL (8 ML per 28 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	\$0 (5^)	PA; QL (1 ML per 28 days)
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	\$0 (5^)	PA; LA; QL (8 EA per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	\$0 (5^)	PA; LA; QL (8 ML per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 300 MG/2 ML	\$0 (5^)	PA; QL (8 ML per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	\$0 (5^)	PA; LA; QL (1 ML per 28 days)
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	\$0 (4)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
UROLOGICALS		
ANTICHOLINERGICS / ANTISPASMODICS		
<i>mirabegron oral tablet extended release 24 hr 25 mg, 50 mg</i>	\$0 (3)	QL (30 EA per 30 days)
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	\$0 (2)	QL (600 ML per 30 days)
<i>oxybutynin chloride oral tablet 5 mg</i>	\$0 (2)	QL (120 EA per 30 days)
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg</i>	\$0 (4)	QL (60 EA per 30 days)
<i>oxybutynin chloride oral tablet extended release 24hr 5 mg</i>	\$0 (4)	QL (30 EA per 30 days)
<i>solifenacin oral tablet 10 mg, 5 mg</i>	\$0 (4)	QL (30 EA per 30 days)
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i>	\$0 (4)	QL (30 EA per 30 days)
<i>tolterodine oral tablet 1 mg, 2 mg</i>	\$0 (4)	QL (60 EA per 30 days)
<i>trospium oral capsule, extended release 24hr 60 mg</i>	\$0 (4)	QL (30 EA per 30 days)
<i>trospium oral tablet 20 mg</i>	\$0 (4)	QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	\$0 (2)	
<i>dutasteride oral capsule 0.5 mg</i>	\$0 (2)	
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i>	\$0 (4)	
<i>finasteride oral tablet 5 mg</i>	\$0 (1)	
<i>tamsulosin oral capsule 0.4 mg</i>	\$0 (2)	
MISCELLANEOUS UROLOGICALS		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	\$0 (2)	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	\$0 (4)	PA; LA
ELMIRON ORAL CAPSULE 100 MG	\$0 (3)	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	\$0 (4)	
<i>tadalafil oral tablet 2.5 mg</i>	\$0 (4)	PA; QL (60 EA per 30 days)
<i>tadalafil oral tablet 5 mg</i>	\$0 (4)	PA; QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VITAMINS, HEMATINICS / ELECTROLYTES		
ELECTROLYTES		
<i>klor-con 10 oral tablet extended release 10 meq</i>	\$0 (2)	
<i>klor-con 8 oral tablet extended release 8 meq</i>	\$0 (2)	
<i>klor-con m10 oral tablet,er particles/crystals 10 meq</i>	\$0 (4)	
<i>klor-con m15 oral tablet,er particles/crystals 15 meq</i>	\$0 (4)	
<i>klor-con m20 oral tablet,er particles/crystals 20 meq</i>	\$0 (4)	
<i>klor-con oral packet 20 meq</i>	\$0 (4)	
<i>magnesium sulfate injection solution 500 mg/ml (50 %)</i>	\$0 (4)	
<i>magnesium sulfate injection syringe 500 mg/ml (50 %)</i>	\$0 (4)	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l</i>	\$0 (4)	
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	\$0 (4)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l</i>	\$0 (4)	
<i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)</i>	\$0 (2)	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	\$0 (4)	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	\$0 (2)	
<i>potassium chloride oral packet 20 meq</i>	\$0 (2)	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq</i>	\$0 (2)	
<i>potassium chloride oral tablet extended release 8 meq</i>	\$0 (4)	
<i>potassium chloride oral tablet,er particles/crystals 10 meq, 20 meq</i>	\$0 (2)	
<i>potassium chloride oral tablet,er particles/crystals 15 meq</i>	\$0 (4)	
<i>potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l</i>	\$0 (4)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	\$0 (4)	
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	\$0 (4)	
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	\$0 (2)	
<i>sodium chloride 3 % hypertonic intravenous parenteral solution 3 %</i>	\$0 (2)	
<i>sodium chloride 5 % hypertonic intravenous parenteral solution 5 %</i>	\$0 (2)	
MISCELLANEOUS NUTRITION PRODUCTS		
<i>electrolyte-148 intravenous parenteral solution</i>	\$0 (2)	
<i>electrolyte-a intravenous parenteral solution</i>	\$0 (2)	
PLENAMINE INTRAVENOUS PARENTERAL SOLUTION 15 %	\$0 (4)	B/D
<i>premasol 10 % intravenous parenteral solution 10 %</i>	\$0 (4)	B/D

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>travasol 10 % intravenous parenteral solution 10 %</i>	\$0 (4)	B/D
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	\$0 (4)	B/D
VITAMINS / HEMATINICS		
<i>fluoride (sodium) oral tablet 1 mg (2.2 mg sod. fluoride)</i>	\$0 (2)	
<i>prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg</i>	\$0 (2)	

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

You can find information on what the symbols and abbreviations in this table mean by going to Section C, on page 30. 10/01/2025

D. Index of Covered Drugs

In this section, you can find a drug by searching for its name alphabetically. This will tell you the page number where you can find additional coverage information for your drug

<i>abacavir</i> 36	<i>acitretin</i> 135	AIMOVIG
<i>abacavir-</i>	acne medication.... 206	AUTOINJECTOR.....88
<i>lamivudine</i> 36	ACTHIB (PF).....174	AKEEGA.....57
ABELCET.....34	ACTIMMUNE.....172	<i>ala-cort</i> 143
<i>abigale lo</i> 185	<i>acyclovir</i>.....36	alamax protect..... 206
ABILIFY ASIMTUFII... 98	<i>acyclovir sodium</i> 36	alavert d-12 allergy-
ABILIFY MAINTENA.. 99	ADACEL(TDAP	sinus.....206
<i>abiraterone</i>.....57	ADOLESN/ADULT)(P	alaway.....206
<i>abirtega</i> 57	F).....174	<i>albendazole</i> 46
ABRYSVO (PF)..... 174	<i>adapalene</i>.....139	<i>albuterol sulfate</i>
<i>acamprosate</i>.....147	<i>adefovir</i> 36	 248, 249
<i>acarbose</i> 154	ADEMPAS.....248	<i>alclometasone</i> 143
<i>accutane</i> 139	ADVAIR HFA.....248	<i>alcohol pads</i>.....154
ace aerosol cloud	aerochamber mv... 206	ALECENSA..... 57
enhancer.....205	aerochamber plus	<i>alendronate</i> 182
<i>acebutolol</i>.....117	flow-vu.....206	aler-cap.....206
acephen.....205	aerochamber plus	aler-tab.....206
acetaminophen..... 205	flow-vu,l msk..... 206	<i>alfuzosin</i> 256
<i>acetaminophen-</i>	aerochamber plus	<i>aliskiren</i> 117
<i>codeine</i> 93	flow-vu,m msk..... 206	allegra-d 12 hour... 206
<i>acetazolamide</i> 202	aerochamber plus	aller-chlor..... 206
<i>acetic acid</i>.....151	flow-vu,s msk.....206	allergy
<i>acetylcysteine</i> 248	aerochamber with	(chlorpheniramine) 206
acetyltirosine-	flowsignal..... 206	allergy
vitamin b6.....231	aerochamber z-stat	relief(chlorphenira
acid gone antacid	plus-flw sg.....206	mn)..... 222
e.strength..... 205		

10/01/2025

allergy	<i>amlodipine-</i>	anti-diarrheal
relief(diphenhydra	<i>valsartan</i>.....118	(loperamide).....207
min)..... 206	<i>amlodipine-</i>	antifungal
<i>allopurinol</i>.....181	<i>valsartan-hcthia</i>	(tolnaftate)..... 207
<i>alosetron</i>.....166	<i>id 118</i>	anti-hist..... 207
ALPHAGAN P.....204	<i>ammonium lactate</i>	anti-itch (hc) with
<i>alprazolam</i>.....99	<i>207</i>	aloe-vit e.....208
altamist.....207	<i>amnestem</i>.....139	anti-itch maximum
altaryl.....207	<i>amoxapine</i>.....99	strength..... 208
<i>altavera (28)</i> 189	<i>amoxicillin</i>.....52	<i>apraclonidine</i>.....204
aluminum	<i>amoxicillin-pot</i>	<i>aprepitant</i>.....166
hydroxide gel..... 207	<i>clavulanate</i> 52	<i>apri</i> 190
ALUNBRIG.....57	<i>amphotericin b</i> 34	APTIVUS.....37
<i>alyacen 1/35 (28)</i> ...190	<i>amphotericin b</i>	<i>aranelle (28)</i> 190
<i>amantadine hcl</i>.....36	<i>liposome</i> 34	ARCALYST.....172
<i>ambrisentan</i> 249	<i>ampicillin</i> 52	AREXVY (PF).....174
<i>amikacin</i> 47	<i>ampicillin sodium</i>.....53	<i>arformoterol</i> 249
<i>amiloride</i>.....118	<i>ampicillin-</i>	ARIKAYCE.....47
<i>amiloride-</i>	<i>sulbactam</i> 53	<i>aripiprazole</i>.....99
<i>hydrochlorothiazide</i>	<i>anagrelide</i>.....147	ARISTADA.....100
..... 118	<i>anastrozole</i>.....57	ARISTADA INITIO... 100
<i>amiodarone</i> 116	ANORO ELLIPTA..... 249	<i>armodafinil</i> 100
<i>amitriptyline</i> 99	antacid (calcium	ARNUITY ELLIPTA... 249
<i>amlactin</i>.....207	carbonate)..... 207	artificial tears
<i>amlodipine</i>.....118	antacid anti-gas..... 207	(petro/min).....208
<i>amlodipine-</i>	antacid ext str	artificial tears (pf).. 208
<i>atorvastatin</i> 131	(calcium carb)..... 207	artificial tears
<i>amlodipine-</i>	antacid plus anti-	(polyvin alc)..... 208
<i>benazepril</i> 118	gas..... 222	
<i>amlodipine-</i>	antacid regular	
<i>olmesartan</i> 118	strength..... 207	
	anti-diarrheal.....216	

10/01/2025

artificial	AVMAPKI-	benadryl allergy.....	209
tears(dext70-hypro)	FAKZYNJA.....	<i>benazepril</i>	118
.....	ayr saline.....	<i>benazepril-</i>	
ascorbic acid	AYVAKIT.....	<i>hydrochlorothiazide</i>	
(vitamin c)	<i>azathioprine</i>.....	.....	119
.....	<i>azelaic acid</i>	BENLYSTA.....	183
<i>asenapine maleate</i>	<i>azelastine</i>	benzonatate.....	209
<i>ashlyna</i>	<i>azithromycin</i>	benzoyl peroxide...	210
aspirin.....	azo urinary pain	<i>benztropine</i>	86
aspirin childrens....	relief.....	BESREMI.....	172
<i>aspirin-</i>	<i>aztreonam</i>	<i>betaine</i>	166
<i>dipyridamole</i>	<i>azurette (28)</i>	<i>betamethasone</i>	
ASSURE ID INSULIN	<i>bacitracin</i>	<i>dipropionate</i>	143
SAFETY.....	bacitracin.....	<i>betamethasone</i>	
<i>atazanavir</i>	bacitracin zinc.....	<i>valerate</i>	143, 144
<i>atenolol</i>	<i>bacitracin-</i>	<i>betamethasone,</i>	
<i>atenolol-</i>	<i>polymyxin b</i>	<i>augmented</i>	144
<i>chlorthalidone</i>	bacitracin-	BETASERON.....	172
<i>atomoxetine</i> ..	polymyxin b.....	<i>betaxolol</i>	119, 200
<i>atorvastatin</i>	<i>baclofen</i>	<i>bethanechol</i>	
<i>atovaquone</i>	<i>balsalazide</i>	<i>chloride</i>	256
<i>atovaquone-</i>	BALVERSA.....	BEVESPI	
<i>proguanil</i>	<i>balziva (28)</i>	AEROSPHERE.....	249
<i>atropine</i>	banophen.....	<i>bexarotene</i>	58
ATROVENT HFA.....	BARACLUDE.....	BEXSERO.....	174
<i>aubra eq</i>	bc max strength.....	<i>bicalutamide</i>	58
AUGTYRO.....	BCG VACCINE, LIVE	BICILLIN L-A.....	53
auraphene-b.....	(PF).....	BIKTARVY.....	37
AUVELITY.....	b-complex with	biotin.....	210
aveeno anti-itch	vitamin c.....	bisac-evac.....	210
(hydrocortsn).....	BELSOMRA.....	bisacodyl.....	210
<i>aviane</i>	benadryl.....	biscolax.....	210

10/01/2025

bismatrol.....	210	<i>buprenorphine-</i>	<i>caltrate with</i>
bismuth		<i>naloxone</i>	vitamin d3.....213
subsalicylate.....	210	<i>bupropion hcl</i>	<i>camila</i> 185
<i>bisoprolol fumarate</i>		<i>bupropion hcl</i>	<i>camrese lo</i> 190
.....	119	(<i>smoking deter</i>).....	<i>candesartan</i>.....119
<i>bisoprolol-</i>		<i>buspirone</i>	<i>candesartan-</i>
<i>hydrochlorothiazide</i>		<i>butorphanol</i>	<i>hydrochlorothiazid</i> .119
.....	119	<i>cabergoline</i>	CAPLYTA..... 101
<i>blisovi 24 fe</i>	190	CABOMETYX.....	CAPRELSA..... 59
<i>blisovi fe 1.5/30</i>		cal-carb forte.....	capsaicin..... 213
(28).....	190	calci-chew.....	<i>captopril</i> 119
BONSITY.....	182	<i>calcipotriene</i>	<i>carbamazepine</i> 78
BOOSTRIX TDAP.....	175	<i>calcitonin (salmon)</i>	<i>carbidopa</i>.....86
<i>bosentan</i>	249	<i>calcitriol</i>	<i>carbidopa-levodopa</i> .86
BOSULIF.....	58	calcium 500 with d	<i>carbidopa-</i>
BRAFTOVI.....	58	calcium 600.....	<i>levodopa-</i>
BREO ELLIPTA.....	249	calcium antacid.....	<i>entacapone</i>.....87
<i>breyana</i>	250	calcium carbonate	<i>carglumic acid</i> 147
BREZTRI		.....	carnitex.....213
AEROSPHERE.....	250	.....	<i>carteolol</i>.....200
<i>briellyn</i>	190	calcium carbonate-	carter's little pills... 213
<i>brimonidine</i>	205	vitamin d2.....	<i>cartia xt</i> 120
<i>brinzolamide</i>	202	calcium carbonate-	<i>carvedilol</i> 120
BRIVIACT.....	78	vitamin d3.....	<i>caspofungin</i> 34
<i>bromfenac</i>	201	211, 212	CAYSTON..... 47
<i>bromocriptine</i>	86	calcium glucarate..	<i>cefaclor</i> 43
brotapp.....	210	calcium lactate.....	<i>cefadroxil</i> 43
brotapp dm.....	210	cal-gest antacid.....	<i>cefazolin</i>.....43
BRUKINSA.....	58	cal-lac.....	<i>cefdinir</i>.....43, 44
<i>budesonide</i>	166, 250	CALQUENCE	<i>cefepime</i> 44
<i>bumetanide</i>	119	(ACALABRUTINIB	<i>cefixime</i> 44
<i>buprenorphine hcl</i>	93	MAL).....	<i>cefoxitin</i> 44
10/01/2025		caltrate 600.....	
		213	

<i>cefpodoxime</i>	44	children's chewable		cider vinegar-ginger	
<i>cefprozil</i>	44	multivitmn.....	215	root xt.....	208
<i>ceftazidime</i>	44	children's ibuprofen		<i>cilostazol</i>	128
<i>ceftriaxone</i>	45	.....	214	CIMDUO.....	37
<i>cefuroxime axetil</i>	45	children's iron.....	214	cimetidine.....	215
<i>cefuroxime sodium</i> ..	45	children's mapap...	214	<i>cinacalcet</i>	162
<i>celecoxib</i>	96	children's non-		<i>ciprofloxacin hcl</i>	
centamin.....	213	aspirin pain.....	215	.....	54, 198
centavite.....	213	children's pain		<i>ciprofloxacin in 5 %</i>	
centavite a-z		reliever.....	215	<i>dextrose</i>	54
complete-mineral..	213	children's pain-		<i>ciprofloxacin-</i>	
<i>cephalexin</i>	45	fever relief.....	214	<i>dexamethasone</i>	152
cervite advanced		children's saline		<i>citalopram</i>	102
formula.....	213	nasal spray.....	214	citrate of magnesia	215
certavite-antioxid		children's tactinal..	215	citroma.....	215
(iron gluc).....	213	<i>chlorhexidine</i>		<i>claravis</i>	139
cetirizine.....	213, 214	<i>gluconate</i>	151	<i>clarithromycin</i>	46
<i>cetirizine</i>	247	chlorhexidine		<i>clindamycin hcl</i>	47
cetirizine-		gluconate.....	215	<i>clindamycin in 5 %</i>	
pseudoephedrine..	214	chlorhist.....	215	<i>dextrose</i>	47
<i>cevimeline</i>	147	<i>chloroquine</i>		<i>clindamycin</i>	
CHEMET.....	147	<i>phosphate</i>	47	<i>phosphate</i>	
cheratussin ac.....	214	<i>chlorpromazine</i>	101	.....	47, 139, 140, 188
cheratussin dac.....	214	<i>chlorthalidone</i>	120	<i>clindamycin-</i>	
chest congestion		cholecalciferol		<i>benzoyl peroxide</i>	140
relief.....	214	(vitamin d3).....	245	<i>clobazam</i>	78
chewable vitamin c	214	<i>cholestyramine</i>		<i>clobetasol</i>	144
children's afrin.....	214	(with sugar).....	131	<i>clobetasol-</i>	
children's allegra		<i>cholestyramine</i>		<i>emollient</i>	144
allergy.....	214	<i>light</i>	131	<i>clodan</i>	145
children's allergy		<i>ciclopirox</i>	142	<i>clomipramine</i>	102
(diphenhyd).....	222	cidatine-tm.....	215	<i>clonazepam</i>	79

<i>clonidine</i>	120	<i>corfen-dm</i>	216	CYLTEZO(CF) PEN	
<i>clonidine hcl</i>	120	CORLANOR.....	133	CROHN'S-UC-HS.....	183
<i>clopidogrel</i>	128	correctol.....	216	CYLTEZO(CF) PEN	
<i>clorazepate</i>		correctol extra		PSORIASIS-UV.....	183
<i>dipotassium</i>	102	gentle.....	216	<i>ciproheptadine</i>	247
<i>clotrimazole</i>	34, 142	COSENTYX.....	135	<i>cyred eq</i>	191
<i>clotrimazole</i>	215	COSENTYX (2		CYSTAGON.....	256
<i>clotrimazole-</i>		SYRINGES).....	135	CYSTARAN.....	201
<i>betamethasone</i>	142	COSENTYX PEN (2		<i>d10 %-0.45 %</i>	
<i>clozapine</i>	102	PENS).....	135	<i>sodium chloride</i>	147
COARTEM.....	48	COSENTYX		<i>d2.5 %-0.45 %</i>	
COBENFY.....	102	UNOREADY PEN.....	135	<i>sodium chloride</i>	147
COBENFY STARTER		COTELLIC.....	59	<i>d5 % and 0.9 %</i>	
PACK.....	102	cough suppressant-		<i>sodium chloride</i>	148
<i>colchicine</i>	181, 182	expectorant.....	216	<i>d5 %-0.45 % sodium</i>	
<i>colesevelam</i>	131	CREON.....	167	<i>chloride</i>	148
<i>colestipol</i>	131	CRESEMBA.....	34	<i>dabigatran</i>	
<i>colistin</i>		<i>cromolyn</i> 167, 200, 250		<i>etexilate</i>	128
<i>(colistimethate na)</i> ..	48	<i>cromolyn</i>	216	daily multiple.....	216
COMBIGAN.....	202	<i>cryselle (28)</i>	191	daily-vite.....	216
COMBIVENT		cyanocobalamin		daily-vite (with folic	
RESPIMAT.....	250	(vitamin b-12) 216, 244		acid).....	216
COMETRIQ.....	59	<i>cyclobenzaprine</i>	93	dakin's solution.....	216
complete allergy....	215	<i>cyclophosphamide</i> ... 59		<i>dalfampridine</i>	90
complete allergy		CYCLOPHOSPHAMI		<i>danazol</i>	163
medicine.....	215	DE.....	59	dandelion root.....	216
compound w.....	215	<i>cyclosporine</i>	60, 201	<i>dantrolene</i>	93
compoz.....	215	<i>cyclosporine</i>		DANZITEN.....	60
<i>compro</i>	166	<i>modified</i>	59, 60	DAPAGLIFLOZIN	
<i>constulose</i>	166	CYLTEZO(CF)..	183, 184	PROPANEDIOL.....	154
COPIKTRA.....	59	CYLTEZO(CF) PEN... 183		<i>dapsone</i>	48
coqmax omega.....	216				

DAPTACEL (DTAP	<i>dextroamphetamin</i>	<i>difluprednate</i> 204
PEDIATRIC) (PF)..... 175	<i>e sulfate</i> 103	digestive support...217
<i>daptomycin</i>.....48	<i>dextroamphetamin</i>	<i>digoxin</i> 133
<i>darunavir</i> 37	<i>e-amphetamine</i> 104	<i>dihydroergotamine</i> ..88
<i>dasatinib</i>.....60	<i>dextrose 10 % and</i>	DILANTIN..... 79
DAURISMO..... 60	<i>0.2 % nacl</i> 148	DILANTIN
<i>deblitane</i>.....185	<i>dextrose 10 % in</i>	EXTENDED.....79
deep sea nasal..... 216	<i>water (d10w)</i> 148	DILANTIN INFATABS.79
<i>deferasirox</i>.....148	<i>dextrose 5 % in</i>	DILANTIN-125..... 80
DELSTRIGO.....37	<i>water (d5w)</i> 148	<i>diltiazem hcl</i> ...120, 121
delsym 12 hour.....217	<i>dextrose 5%-0.2 %</i>	<i>dilt-xr</i> 121
delsym cough-	<i>sod chloride</i> 148	dimetapp long-
soothing action.....217	diabetic siltussin	acting (cpm-dm).... 217
delsym nighttime	das-na..... 217	<i>dimethyl fumarate</i> ...90
multi-symptom..... 217	diabetic siltussin-	diocto.....217
<i>demeclocycline</i> 55	dm..... 217	diotame..... 217
DEPO-SUBQ	diabetic tussin max	diphen.....217
PROVERA 104..... 186	st.....217	diphenhist.....217, 218
DESCOVY.....37	DIACOMIT..... 79	diphenhydramine
<i>desipramine</i> 103	<i>diazepam</i> 79, 104	hcl..... 218
<i>desloratadine</i>.....247	<i>diazepam intensol</i> . 104	<i>diphenoxylate-</i>
<i>desmopressin</i>.....163	<i>diazoxide</i>.....154	<i>atropine</i> 165
<i>desonide</i> 145	<i>diclofenac</i>	<i>dipyridamole</i>.....128
<i>desvenlafaxine</i>	<i>potassium</i> 96	<i>disopyramide</i>
<i>succinate</i>.....103	<i>diclofenac sodium</i>	<i>phosphate</i>.....116
<i>dexamethasone</i> 152	 96, 201	<i>disulfiram</i>.....148
<i>dexamethasone</i>	<i>diclofenac-</i>	<i>divalproex</i> 80
<i>sodium phosphate</i> . 204	<i>misoprostol</i>.....96	doc-q-lax.....218
<i>dexlansoprazole</i>.....171	<i>dicloxacillin</i> 53	docu soft.....218
<i>dexmethylphenidat</i>	<i>dicyclomine</i>.....165	docusate calcium...218
<i>e</i> 103	DIFICID..... 46	docusate sodium... 218
	<i>diflunisal</i> 96	docusil..... 218

10/01/2025

<i>dofetilide</i>.....116	ducodyl (bisacodyl) 219	ELIGARD (4
dok.....218	dulcolax stool	MONTH).....60
<i>dolishale</i> 191	softener (dss).....219	ELIGARD (6
<i>donepezil</i> 90	<i>duloxetine</i> 105	MONTH).....60
DOPTELET (10 TAB	DUPIXENT PEN.....137	ELIQUIS..... 129
PACK)..... 129	DUPIXENT SYRINGE137	ELIQUIS DVT-PE
DOPTELET (15 TAB	<i>dutasteride</i> 256	TREAT 30D START.. 129
PACK)..... 129	<i>dutasteride-</i>	ELMIRON..... 256
DOPTELET (30 TAB	<i>tamsulosin</i> 256	<i>eluryng</i>.....188
PACK)..... 129	ear drops	EMGALITY PEN.....88
<i>dorzolamide</i>.....202	(carbamide	EMGALITY SYRINGE. 88
<i>dorzolamide-timolol</i>	peroxide)..... 219	EMSAM..... 105
..... 202	ear wax treatment.219	<i>emtricitabine</i> 38
<i>dotti</i> 186	easivent holding	<i>emtricitabine-</i>
DOVATO.....37	chamber..... 219	<i>tenofovir (tdf)</i> 38
<i>doxazosin</i>.....121	ed chlorped jr..... 219	<i>emtricitabine-</i>
<i>doxepin</i> 104	ed-apap.....219	<i>tenof df</i> 38
<i>doxercalciferol</i> 163	EDARBI.....121	EMTRIVA.....38
<i>doxy-100</i> 55	EDARBYCLOR..... 121	EMVERM.....48
<i>doxycycline hyclate</i> ..55	EDURANT.....37	<i>enalapril maleate</i> .. 121
<i>doxycycline</i>	<i>efavirenz</i> 37	<i>enalapril-</i>
<i>monohydrate</i> 55	<i>efavirenz-</i>	<i>hydrochlorothiazide</i>
dr scholl's clear	<i>emtricitabin-</i>	 121
away..... 218	<i>tenofov</i> 37	ENBREL..... 184
DRIZALMA	<i>efavirenz-lamivu-</i>	ENBREL MINI..... 184
SPRINKLE..... 105	<i>tenofov disop</i> 37	ENBREL SURECLICK 184
<i>dronabinol</i> 167	<i>electrolyte-148</i>.....259	<i>endocet</i> 93, 94
<i>drospirenone-</i>	<i>electrolyte-a</i>.....259	endur-acin..... 219
<i>e.estradiol-lm.fa</i> 191	ELIGARD.....61	ENGERIX-B (PF)..... 175
<i>drospirenone-</i>	ELIGARD (3	ENGERIX-B
<i>ethinyl estradiol</i>.....191	MONTH).....60	PEDIATRIC (PF).....175
dss.....218		<i>enoxaparin</i>.....129
10/01/2025		

<i>enpresse</i>.....191	<i>erythromycin-</i>	<i>ezetimibe-</i>
<i>enskyce</i> 191	<i>benzoyl peroxide</i>....140	<i>simvastatin</i> 131
<i>entacapone</i>.....87	<i>escitalopram</i>	<i>falmina (28)</i> 191
<i>entecavir</i>.....38	<i>oxalate</i>.....105	<i>famciclovir</i> 38
ENTRESTO.....133	<i>eslicarbazepine</i> 80	<i>famotidine</i> 171
ENTRESTO	<i>esomeprazole</i>	<i>famotidine</i> 219
SPRINKLE..... 133	<i>magnesium</i>.....171	FANAPT.....105
<i>enulose</i> 167	<i>estarylla</i>.....191	FANAPT TITRATION
ENVARSUS XR..... 61	<i>estradiol</i>.....186	PACK A..... 105
EPIDIOLEX..... 80	<i>estradiol valerate</i> ...186	FARXIGA.....154
<i>epinephrine</i>.....247	<i>estradiol-</i>	<i>febuxostat</i>.....182
<i>epitol</i>.....80	<i>norethindrone acet</i> 187	<i>feen-a-mint</i>.....219
<i>eplerenone</i>.....121	<i>ethambutol</i> 48	<i>felbamate</i> 80
EPRONTIA..... 80	<i>ethosuximide</i> 80	<i>felodipine</i>.....121
ergocalciferol	<i>etodolac</i>.....97	<i>fenofibrate</i>.....132
(vitamin d2)... 219, 245	<i>etonogestrel-ethinyl</i>	<i>fenofibrate</i>
<i>ergotamine-</i>	<i>estradiol</i>.....188	<i>micronized</i> 131
<i>caffeine</i> 88	<i>etravirine</i> 38	<i>fenofibrate</i>
ERIVEDGE.....61	EUCRISA.....137	<i>nanocrystallized</i>....132
ERLEADA..... 61	EULEXIN..... 61	<i>fenofibric acid</i>
<i>erlotinib</i> 61	<i>euthyrox</i>.....164	<i>(choline)</i>.....132
e-r-o ear.....219	<i>everolimus</i>	<i>fentanyl</i>.....94
e-r-o ear wax	<i>(antineoplastic)</i>.....61	<i>ferosul</i>.....220
removal system..... 219	<i>everolimus</i>	<i>ferro-bob</i> 220
<i>errin</i> 186	<i>(immunosuppressiv</i>	<i>ferrous sulfate</i> 220, 224
<i>ertapenem</i> 48	<i>e)</i>.....62	FETZIMA.....105, 106
<i>ery pads</i> 140	EVOTAZ.....38	<i>fexofenadine</i>.....220
<i>ery-tab</i> 46	<i>exemestane</i> 62	<i>fexofenadine-</i>
<i>erythromycin</i>....46, 199	<i>ex-lax (sennosides)</i> 219	<i>pseudoephedrine</i> .. 220
<i>erythromycin with</i>	<i>ex-lax ultra</i>.....219	FIASP FLEXTOUCH
<i>ethanol</i> 140	<i>ezetimibe</i> 131	U-100 INSULIN..... 154

10/01/2025

FIASP PENFILL U-100 INSULIN.....154	<i>fluocinonide</i> 145	<i>fosinopril-hydrochlorothiazide</i> 122
FIASP U-100 INSULIN.....154	<i>fluocinonide-emollient</i>.....146	FOTIVDA..... 62
fiber (calcium polycarbophil).....220	fluoride (sodium)... 241	freezone corn remover..... 221
fiber laxative (calcium polycarbo).....220	<i>fluoride (sodium)</i> ... 260	FRUZAQLA..... 62
fibergen..... 221	<i>fluorometholone</i> 204	<i>furosemide</i>.....122
<i>finasteride</i>.....256	<i>fluorouracil</i> 137, 138	<i>fyavolv</i> 187
<i>fingolimod</i> 90	<i>fluoxetine</i>.....106	FYCOMPA.....81
FINTEPLA..... 81	<i>fluphenazine decanoate</i>.....106	<i>gabapentin</i> 81
<i>finzala</i> 191	<i>fluphenazine hcl</i>....106	<i>galantamine</i> 91
FIRMAGON KIT W DILUENT SYRINGE.... 62	<i>flurbiprofen</i>.....97	<i>gallifrey</i>.....187
<i>flac otic oil</i> 151	<i>flurbiprofen sodium</i> 201	GAMUNEX-C..... 175
<i>flecainide</i> 116	<i>fluticasone propionate</i> 146, 250	GARDASIL 9 (PF)..... 175, 176
fleet laxative (bisacodyl)..... 221	<i>fluticasone propion-salmeterol</i>.....250	<i>gatifloxacin</i>.....199
flonase allergy relief..... 221	<i>fluvastatin</i>.....132	GAUZE PAD.....181
<i>fluconazole</i>.....34, 35	<i>fluvoxamine</i> 106	<i>gavilyte-c</i> 167
<i>fluconazole in nacl (iso-osm)</i> 34	foaming antacid.....221	<i>gavilyte-g</i>.....167
<i>flucytosine</i> 35	folic acid..... 221	GAVRETO..... 62
<i>fludrocortisone</i> 152	<i>formoterol fumarate</i>.....251	<i>gefitinib</i> 62
<i>flunisolide</i> 250	<i>fosamprenavir</i> 38	<i>gemfibrozil</i>.....132
<i>fluocinolone</i> 145	<i>fosfomycin tromethamine</i>.....56	<i>gemmily</i> 191
<i>fluocinolone acetonide oil</i> 152	<i>fosinopril</i>.....121	<i>genahist</i> 221
<i>fluocinolone and shower cap</i> 145		<i>generlac</i>.....167
10/01/2025		<i>gengraf</i> 62
		<i>gentamicin</i> 48, 141, 199
		<i>gentamicin in nacl (iso-osm)</i> 48

genteal tears	gyne-lotrimin..... 222	<i>hydrocortisone</i>
moderate..... 221	HAEGARDA..... 251	 146, 152, 167
GENVOYA..... 38	<i>hailey 24 fe</i> 191	hydrocortisone..... 223
gerivite complete.. 221	<i>halobetasol</i>	hydrocortisone
GILOTRIF..... 63	<i>propionate</i> 146	acetate..... 223
gilphex tr..... 222	<i>haloette</i> 188	hydrocortisone plus
<i>glatiramer</i> 91	<i>haloperidol</i> 107	 240
<i>glatopa</i> 91	<i>haloperidol</i>	hydrocortisone-
GLEOSTINE..... 63	<i>decanoate</i> 107	aloe vera..... 223
<i>glimepiride</i> 155	<i>haloperidol lactate</i> 107	<i>hydromorphone</i> 94
<i>glipizide</i> 155	HAVRIX (PF)..... 176	hydroskin with aloe
<i>glipizide-metformin</i>	headache pm..... 222	 223
..... 155	healthylax..... 222	<i>hydroxychloroquine</i> . 48
glucose..... 209, 222	<i>heather</i> 187	<i>hydroxyurea</i> 63
<i>glutamine (sickle</i>	hemorrhoidal..... 222	<i>hydroxyzine hcl</i> 247
<i>cell)</i> 148	hemorrhoidal	<i>hydroxyzine</i>
glycerin (adult)..... 216	(phenyleph-cocoa)	<i>pamoate</i> 247
<i>glycopyrrolate</i> 165	 219, 223	hypotears..... 223
GLYXAMBI..... 155	<i>heparin (porcine)</i> ... 129	<i>ibandronate</i> 182
GOMEKLI..... 63	HEPLISAV-B (PF)..... 176	IBRANCE..... 63
goody's hangover.. 222	HIBERIX (PF)..... 176	<i>ibu</i> 97
<i>granisetron hcl</i> 167	hi-cal plus vit d..... 238	<i>ibuprofen</i> 97
<i>griseofulvin</i>	humist..... 223	<i>ibuprofen</i> 223
<i>microsize</i> 35	HUMULIN R U-500	<i>icatibant</i> 251
<i>griseofulvin</i>	(CONC) KWIKPEN... 156	<i>iclevia</i> 192
<i>ultramicrosize</i> 35	<i>hydralazine</i> 122	ICLUSIG..... 63
<i>guanfacine</i> 106, 122	<i>hydrochlorothiazide</i>	<i>icosapent ethyl</i> 132
GVOKE..... 156	 122	IDHIFA..... 63
GVOKE HYPOPEN 2-	<i>hydrocodone-</i>	<i>imatinib</i> 63
PACK..... 155	<i>acetaminophen</i> 94	IMBRUVICA..... 64
GVOKE PFS 1-PACK	<i>hydrocodone-</i>	
SYRINGE..... 156	<i>ibuprofen</i> 94	
10/01/2025		

<i>imipenem-cilastatin</i>	INTELENCE..... 38	<i>itraconazole</i> 35
..... 48, 49	<i>introvale</i> 192	<i>ivabradine</i> 133
<i>imipramine hcl</i> 107	INVEGA HAFYERA.. 107	<i>ivermectin</i> 49
<i>imiquimod</i> 138	INVEGA SUSTENNA	IWILFIN..... 65
IMKELDI..... 64	 107, 108	IXCHIQ (PF)..... 176
IMOVAX RABIES	INVEGA TRINZA.... 108	IXIARO (PF)..... 176
VACCINE (PF)..... 176	INVOKAMET..... 157	JAKAFI..... 65
IMPAVIDO..... 49	INVOKAMET XR..... 157	<i>jantoven</i> 129
INBRIJA..... 87	INVOKANA..... 157	JANUMET..... 157
<i>incassia</i> 187	ipecac..... 224	JANUMET XR..... 157
in-check dial	IPOL..... 176	JANUVIA..... 157
training device..... 224	<i>ipratropium</i>	JARDIANCE..... 158
INCRELEX..... 149	<i>bromide</i> 151, 251	<i>jasmiel (28)</i> 192
INCRUSE ELLIPTA... 251	<i>ipratropium-</i>	JAYPIRCA..... 65
<i>indapamide</i> 122	<i>albuterol</i> 251	JENTADUETO..... 158
INFANRIX (DTAP)	<i>irbesartan</i> 122	JENTADUETO XR... 158
(PF)..... 176	<i>irbesartan-</i>	<i>jinteli</i> 187
INGREZZA..... 91	<i>hydrochlorothiazide</i>	<i>juleber</i> 192
INGREZZA	 122	JULUCA..... 39
INITIATION	iron..... 224	<i>junel 1.5/30 (21)</i> ... 192
PK(TARDIV)..... 91	ISENTRESS..... 39	<i>junel 1/20 (21)</i> 192
INLYTA..... 64	ISENTRESS HD..... 39	<i>junel fe 1.5/30 (28)</i> 192
INQOVI..... 64	<i>isibloom</i> 192	<i>junel fe 1/20 (28)</i> ... 192
INREBIC..... 64	<i>isoniazid</i> 49	<i>junel fe 24</i> 192
INSULIN ASPART U-	<i>isosorbide dinitrate</i> 134	JYLAMVO..... 65
100..... 156	<i>isosorbide</i>	JYNARQUE..... 163
INSULIN GLARGINE	<i>mononitrate</i> 134	JYNNEOS (PF)..... 177
U-300 CONC..... 156	<i>isotretinoin</i> 140	<i>kaitlib fe</i> 192
INSULIN GLARGINE-	<i>isradipine</i> 123	KALETRA..... 39
YFGN..... 156, 157	itch relief	kaopectate
INSULIN SYRINGE-	(diphenhydramine) 224	(bismuth subsalicy) 224
NEEDLE U-100..... 181	ITOVEBI..... 64	

kapectate ex str	/	leuprolide.....66
(bismuth ss)..... 224	norgest/e.estradiol-	levabuterol hcl..... 251
kao-tin (bismuth	e.estradiol.....193	levetiracetam.....82
subsalicylat)..... 224	labetalol.....123	levobunolol..... 200
kao-tin (docusate	lacosamide.....81, 82	levocarnitine..... 149
calcium)..... 224	lactulose..... 168	levocarnitine (with
kariva (28)..... 192	lamivudine..... 39	sugar).....149
kelnor 1/35 (28).....193	lamivudine-	levocetirizine.....247
kelnor 1/50 (28).....193	zidovudine.....39	levofloxacin.....54
KERENDIA..... 123	lamotrigine..... 82	levofloxacin in d5w.. 54
ketoconazole....35, 142	lansoprazole..... 171	levonest (28)..... 193
ketorolac.....202	lapatinib.....65	levonorgestrel-
ketotifen fumarate 224	larin 1.5/30 (21).....193	ethinyl estradiol.....194
kidkare cough/cold 224	larin 1/20 (21).....193	levonorg-eth estradiol
KINERET..... 184	larin fe 1.5/30 (28).193	triphasic..... 194
KINRIX (PF).....177	larin fe 1/20 (28)....193	levora-28..... 194
kionex (with	latanoprost..... 202	levothyroxine..... 164
sorbitol)..... 149	laxa basic..... 225	levoxyl.....164
KISQALI..... 65	laxative (bisacodyl)	lice treatment.....225
klor-con.....257	 221, 225	lidocaine..... 138
klor-con 10.....257	laxative-senna.....225	lidocaine hcl.....138
klor-con 8.....257	layolis fe.....193	lidocaine viscous....138
klor-con m10.....257	LAZCLUZE..... 65, 66	lidocaine-prilocaine138
klor-con m15.....257	LEDIPASVIR-	lidocan iii.....138
klor-con m20.....257	SOFOSBUVIR..... 39	LILETTA..... 189
KLOXXADO..... 97	leflunomide.....184	linezolid.....49
konsyl fiber..... 225	lenalidomide..... 66	linezolid in dextrose
konsyl sugar-free... 224	LENVIMA.....66	5%..... 49
KOSELUGO..... 65	lessina..... 193	LINZESS..... 168
kourzeq..... 151	letrozole.....66	liothyronine..... 165
KRAZATI..... 65	leucovorin calcium...56	liquid calcium with
kurvelo (28).....193	LEUKERAN.....66	vitamin d.....225

10/01/2025

liquitears.....225	<i>loxapine succinate</i> . 109	mapap extra
<i>lisdexamfetamine</i>	<i>lubiprostone</i>.....168	strength..... 227
..... 108, 109	LUMAKRAS.....67	mapap pm..... 227
<i>lisinopril</i> 123	LUMIGAN.....202	<i>maraviroc</i> 40
<i>lisinopril-</i>	LUPRON DEPOT..... 67	<i>marlissa (28)</i> 194
<i>hydrochlorothiazide</i>	<i>lurasidone</i> 109	MARPLAN..... 109
..... 123	<i>lyleq</i> 187	MATULANE..... 67
<i>lithium carbonate</i> .. 109	<i>lyllana</i> 187	<i>matzim la</i>.....123
<i>lithium citrate</i> 109	LYNPARZA.....67	maxapap maximum
little remedies..... 225	LYSODREN.....67	strength..... 227
LIVTENCITY..... 39	LYTGOBI..... 67	maxapap regular
LOKELMA..... 149	<i>lyza</i> 187	strength..... 228
LONSURF.....66	maalox maximum	maxichlor peh dm..228
<i>loperamide</i> 166	strength..... 226	maxifed.....228
loperamide..... 225	maalox rs..... 226	maxifed tr..... 228
<i>lopinavir-ritonavir</i>	mag 64.....226	maxi-tuss cd.....228
..... 39, 40	mag citrate-	<i>meclizine</i>.....168
loratadine..... 214, 225	potassium citrate...224	meclizine.....228
loratadine-	mag-delay.....226	<i>medroxyprogesterone</i>
pseudoephedrine.. 226	magnacaps.....226	<i>ne</i>.....187
<i>lorazepam</i>.....109	magnesium.....226	<i>mefloquine</i>.....49
<i>lorazepam intensol</i> 109	magnesium citrate.226	<i>megestrol</i>.....67
LORBRENA..... 66	magnesium oxide	MEKINIST..... 68
<i>loryna (28)</i> 194	 226, 227	MEKTOVI.....68
<i>losartan</i> 123	<i>magnesium sulfate</i> 257	melatonin..... 228
<i>losartan-</i>	magtab..... 227	<i>meleya</i> 187
<i>hydrochlorothiazide</i>	<i>malathion</i> 147	<i>meloxicam</i> 97
..... 123	mapap	<i>memantine</i> 91, 92
<i>loteprednol</i>	(acetaminophen)... 227	MENACTRA (PF).....177
<i>etabonate</i> 204	mapap arthritis	MENQUADFI (PF)...177
<i>lovastatin</i>.....132	pain.....227	MENVEO A-C-Y-W-
<i>low-ogestrel (28)</i> ... 194		135-DIP (PF).....177

<i>mercaptopurine</i> 68	<i>metoprolol</i>	<i>mifepristone</i> 163
<i>meropenem</i> 49	<i>succinate</i>.....124	<i>milantex extra</i>
<i>mesalamine</i> 168	<i>metoprolol ta-</i>	<i>strength</i> 229
<i>mesna</i> 56	<i>hydrochlorothiaz</i>....124	<i>mili</i>.....195
<i>metamucil</i>.....228	<i>metoprolol tartrate</i> 124	<i>milk of magnesia</i> ... 229
<i>metamucil (with</i>	<i>metronidazole</i>	<i>mimvey</i> 187
<i>sugar)</i>.....228	 50, 140, 189	<i>mineral oil</i>.....229
<i>metamucil fiber</i>	<i>metronidazole in</i>	<i>minocycline</i>.....55, 56
<i>thin</i> 228	<i>nacl (iso-os)</i>.....50	<i>minoxidil</i> 124
<i>metamucil</i>	<i>metirosine</i>.....124	<i>mintox plus</i>.....229
<i>multihealth fiber</i>....228	<i>mexiletine</i> 117	<i>mirabegron</i>.....255
<i>metformin</i>.....158	<i>mi-acid gas</i>	<i>mirtazapine</i> 110
<i>methadone</i> 94	<i>relief(simethicon)</i> .. 228	<i>misoprostol</i>.....172
<i>methazolamide</i>.....202	<i>mi-acid(calcium</i>	<i>M-M-R II (PF)</i> 177
<i>methenamine</i>	<i>carb-mag hydr)</i> 229	<i>modafinil</i>.....110
<i>hippurate</i> 56	<i>mibelas 24 fe</i> 194	<i>moexipril</i>.....124
<i>methimazole</i>.....153	<i>micafungin</i>.....35	<i>molindone</i>.....111
<i>methotrexate</i>	<i>miconazole nitrate</i> .229	<i>mometasone</i> ..146, 251
<i>sodium</i> 68	<i>miconazole-3</i> 229	<i>monistat 3</i> 230
<i>methotrexate</i>	<i>miconazole-3</i>	<i>montelukast</i> ...251, 252
<i>sodium (pf)</i>.....68	<i>prefil,cream,wipe</i> .. 229	<i>morphine</i> 95
<i>methsuximide</i> 82	<i>microchamber</i> 229	<i>morphine</i>
<i>methyl salicylate</i>....228	<i>microgestin 1.5/30</i>	<i>concentrate</i> 95
<i>methylphenidate</i>	<i>(21)</i> 194	<i>motion sickness</i>
<i>hcl</i> 109, 110	<i>microgestin 1/20</i>	<i>relief(mecliz)</i>.....230
<i>methylprednisolone</i>	<i>(21)</i> 194	<i>MOUNJARO</i> 158
..... 153	<i>microgestin fe</i>	<i>MOVANTIK</i>.....168
<i>methyltetrahydrofo</i>	<i>1.5/30 (28)</i>.....195	<i>moxifloxacin</i>.....54, 199
<i>late glucos</i>.....205	<i>microgestin fe 1/20</i>	<i>moxifloxacin-</i>
<i>metoclopramide hcl</i>	<i>(28)</i> 195	<i>sod.chloride(iso)</i> 54
..... 168	<i>microspacer</i>.....229	<i>MRESVIA (PF)</i>.....177
<i>metolazone</i>.....123	<i>midodrine</i> 149	

10/01/2025

mucinex cold-flu	<i>naproxen</i>.....98	NERLYNX.....69
hbp.....230	<i>naproxen sodium</i>....98	<i>neuac</i>.....141
mucinex fast-max	<i>naproxen sodium</i> ...222	NEUPRO.....87
dm max.....230	<i>naratriptan</i>.....88	<i>nevirapine</i>.....40
mucus relief.....230	nasal mist.....231	NEXLETOL.....132
mucus relief dm....230	nasal moist.....231	NEXPLANON.....189
MULTAQ.....117	NATACYN.....199	<i>niacin</i>.....132
multi-day.....230	<i>nateglinide</i>.....159	<i>niacin</i>.....232, 236
multivitamin.....230	natural fiber	<i>nicardipine</i>.....124
multi-vitamin with	laxative (sugar).....231	<i>nicotine</i>.....232
fluoride.....231	natural vegetable	<i>nicotine (polacrilex)</i>
multivitamin with	fiber.....231	222
minerals.....230	NAYZILAM.....82	NICOTROL NS.....150
multi-vit-flor.....230	na-zone.....231	<i>nifedipine</i>.....124
<i>mupirocin</i>.....141	<i>nebivolol</i>.....124	<i>nikki (28)</i>.....195
murine ear.....231	<i>necon 0.5/35 (28)</i> ..195	<i>nilutamide</i>.....69
murine ear wax	<i>nefazodone</i>.....111	<i>nimodipine</i>.....125
removal system....231	<i>neomycin</i>.....50	NINLARO.....69
<i>mycophenolate</i>	<i>neomycin-</i>	<i>nitazoxanide</i>.....50
<i>mofetil</i>.....68	<i>bacitracin-poly-hc</i> ..203	<i>nitisinone</i>.....149
<i>mycophenolate</i>	<i>neomycin-</i>	<i>nitro-bid</i>.....134
<i>sodium</i>.....69	<i>bacitracin-</i>	<i>nitrofurantoin</i>
mytab gas	<i>polymyxin</i>.....199	<i>macrocrystal</i>.....56
(simethicone).....231	<i>neomycin-</i>	<i>nitrofurantoin</i>
n.o.max er.....231	<i>polymyxin b-</i>	<i>monohyd/m-cryst</i>....56
<i>nabumetone</i>.....97	<i>dexameth</i>.....203	<i>nitroglycerin</i> ...134, 169
<i>nadolol</i>.....124	<i>neomycin-</i>	NIVESTYM.....172, 173
<i>nafcillin</i>.....53	<i>polymyxin-</i>	<i>nohist-dm</i>.....232
<i>naftifine</i>.....142	<i>gramicidin</i>.....199	<i>non-aspirin</i>.....232
<i>naloxone</i>.....97	<i>neomycin-</i>	<i>non-aspirin extra</i>
<i>naltrexone</i>.....97	<i>polymyxin-hc</i> ..152, 203	<i>strength</i>.....232
NAMZARIC.....92	<i>nephronex-sl</i>.....231	<i>nora-be</i>.....188

10/01/2025

<i>norelgestromin-ethin.estradiol</i>	189	NOVOLOG FLEXPEN		<i>olmesartan</i>	125
<i>norethindrone (contraceptive)</i>	188	U-100 INSULIN.....	159	<i>olmesartan-amlodipin-hcthia</i>	
<i>norethindrone acetate</i>	188	NOVOLOG MIX 70-30 U-100 INSULN...	160	.....	125
<i>norethindrone ac-eth estradiol</i> ...	188, 195	NOVOLOG MIX 70-30FLEXPEN U-100..	160	<i>olmesartan-hydrochlorothiazide</i>	
<i>norethindrone-e.estradiol-iron</i>	195	NOVOLOG PENFILL U-100 INSULIN.....	160	.....	125
<i>norgestimate-ethinyl estradiol</i>	195	NOVOLOG U-100 INSULIN ASPART....	160	<i>olopatadine</i>	151
<i>nortemp</i>	232	NUBEQA.....	69	<i>olopatadine</i>	233
<i>nortrel 0.5/35 (28)</i> ..	195	NUDEXTA.....	92	<i>omegapure 900-tg</i> ..	233
<i>nortrel 1/35 (21)</i>	195	NUPLAZID.....	111	<i>omeprazole</i>	172
<i>nortrel 1/35 (28)</i>	195	NURTEC ODT.....	89	<i>omeprazole</i>	222
<i>nortrel 7/7/7 (28)</i> ..	196	<i>nyamyc</i>	143	OMNITROPE.....	173
<i>nortriptyline</i>	111	<i>nylia 1/35 (28)</i>	196	<i>once daily</i>	233
NORVIR.....	40	<i>nylia 7/7/7 (28)</i>	196	<i>ondansetron</i>	169
NOVOLIN 70/30 U-100 INSULIN.....	159	<i>nystatin</i>	35, 143	<i>ondansetron hcl</i>	169
NOVOLIN 70-30 FLEXPEN U-100.....	159	<i>nystop</i>	143	<i>one daily</i>	
NOVOLIN N FLEXPEN.....	159	<i>nytol</i>	232	<i>multivitamin</i>	233
NOVOLIN N NPH U-100 INSULIN.....	159	NYVEPRIA.....	173	ONUREG.....	70
NOVOLIN R FLEXPEN.....	159	<i>ocean for kids</i>	232	OPIPZA.....	111, 112
NOVOLIN R REGULAR U100 INSULIN.....	159	<i>ocella</i>	196	<i>optichamber advantage</i>	233
		<i>octreotide acetate</i> ...	69	<i>optichamber large face mask</i>	233
		ODEFSEY.....	40	<i>optichamber medium face mask</i>	233
		ODOMZO.....	69	<i>optichamber small face mask</i>	233
		OFEV.....	252	<i>optihaler drug delivery system</i>	233
		<i>ofloxacin</i>	152, 199	<i>optimag plus calcium</i>	233
		OGSIVEO.....	69, 70		
		OJEMDA.....	70		
		OJJAARA.....	70		
		<i>olanzapine</i>	111		

oralyte.....	233	panoxyl.....	235	<i>perindopril</i>	
orazinc.....	233	PANRETIN.....	138	<i>erbumine</i>	125
ORGOVYX.....	70	<i>pantoprazole</i>	172	<i>periogard</i>	151
ORSERDU.....	70	<i>paricalcitol</i>	163	peri-wash.....	235
<i>oseltamivir</i>	40	<i>paroxetine hcl</i>	112	<i>permethrin</i>	147
ossopan md.....	234	PAXLOVID.....	40, 41	<i>perphenazine</i>	112
ossopan-1100.....	233	<i>pazopanib</i>	70	pflex inspiratory	
OTEZLA.....	184	PEDIARIX (PF).....	177	trainer.....	235
OTEZLA STARTER...	184	pediatric enema....	235	pharbedryl.....	235
<i>oxacillin</i>	53	PEDVAX HIB (PF)....	177	pharbetol.....	235
<i>oxaprozin</i>	98	<i>peg 3350-</i>		phazyme.....	235
<i>oxcarbazepine</i>	83	<i>electrolytes</i>	169	phenazopyridine....	235
OXERVATE.....	201	PEGASYS.....	173	<i>phenelzine</i>	112
<i>oxybutynin chloride</i>	255	<i>peg-electrolyte soln</i>		<i>phenobarbital</i>	83
<i>oxycodone</i>	95	.....	169	phenylhistine dh....	236
<i>oxycodone-</i>		PEMAZYRE.....	70	<i>phenytoin</i>	83
<i>acetaminophen</i>	95	PEN NEEDLE,		<i>phenytoin sodium</i>	
oysco 500/d.....	234	DIABETIC.....	181	<i>extended</i>	83
oysco-500.....	234	PENBRAYA (PF).....	178	phosphate laxative	236
oyst-cal d.....	234	<i>penicillamine</i>	184	phytonadione	
oyster shell + d3....	235	PENICILLIN G POT		(vitamin k1).....	246
oyster shell		IN DEXTROSE.....	53	PIFELTRO.....	41
calcium-vit d2.....	234	<i>penicillin g</i>		<i>pilocarpine hcl</i>	149, 201
oyster shell		<i>potassium</i>	53	<i>pimecrolimus</i>	138
calcium-vit d3.....	234	<i>penicillin g sodium</i> ...	53	<i>pimozide</i>	112
OZEMPIC.....	160	<i>penicillin v</i>		<i>pimtrea (28)</i>	196
<i>pacerone</i>	117	<i>potassium</i>	54	<i>pindolol</i>	125
pain relief es		PENTACEL (PF).....	178	pink bismuth.....	236
(acetaminophen)...	235	<i>pentamidine</i>	50	<i>pioglitazone</i>	160
pain relief pm.....	235	<i>pentoxifylline</i>	129	<i>pioglitazone-</i>	
pain reliever pm....	235	peri-colace.....	235	<i>glimepiride</i>	160
<i>paliperidone</i>	112				

10/01/2025

<i>pioglitazone-</i>	<i>potassium chloride</i>	<i>prenatal vitamin</i>
<i>metformin</i>.....160	<i>in 0.9%nacl</i> 257	<i>plus low iron</i> 260
<i>piperacillin-</i>	<i>potassium chloride</i>	<i>preparation h</i>
<i>tazobactam</i>.....54	<i>in 5 % dex</i>.....258	<i>hydrocortisone</i> 237
PIQRAY.....71	<i>potassium chloride-</i>	<i>prevalite</i>.....133
<i>pirfenidone</i> 252	<i>0.45 % nacl</i> 258	PREVYMIS..... 41
<i>piroxicam</i> 98	<i>potassium chloride-</i>	PREZCOBIX.....41
<i>pitavastatin</i>	<i>d5-0.2%nacl</i> 259	PREZISTA.....41
<i>calcium</i> 132	<i>potassium chloride-</i>	PRIFTIN..... 50
PLENAMINE..... 259	<i>d5-0.9%nacl</i> 259	PRIMAQUINE..... 50
PLENVU.....169	<i>potassium citrate</i> ...256	PRIMIDONE.....83
pocket chamber.....236	povidone-iodine.... 237	<i>primidone</i> 84
pocket spacer..... 236	PRALUENT PEN..... 132	PRIORIX (PF).....178
<i>podofilox</i>.....138	<i>pramipexole</i> .....87	<i>probenecid</i>.....182
polyethylene glycol	<i>prasugrel hcl</i> 130	<i>probenecid-</i>
3350.....236	<i>pravastatin</i> 133	<i>colchicine</i> 182
poly-iron..... 236	<i>praziquantel</i>.....50	<i>prochlorperazine</i>....169
<i>polymyxin b sulf-</i>	<i>prazosin</i> 125	<i>prochlorperazine</i>
<i>trimethoprim</i> 199	prebiotic inulin-fos 237	<i>maleate</i> 169
poly-vi-flor drops... 236	<i>prednisolone</i> 153	<i>procto-med hc</i> 169
poly-vi-flor with	<i>prednisolone</i>	<i>proctosol hc</i> 169
iron drops..... 236	<i>acetate</i>.....204	<i>proctozone-hc</i>.....169
poly-vitamin.....236	<i>prednisolone</i>	<i>progesterone</i>
poly-vitamin with	<i>sodium phosphate</i>	<i>micronized</i> 188
iron..... 236	 153, 204	PROGRAF..... 71
POMALYST..... 71	<i>prednisone</i> 153	PROLASTIN-C..... 149
<i>portia 28</i> 196	<i>prednisone intensol</i> 153	PROLENSA.....202
<i>posaconazole</i> 35	<i>pregabalin</i> 83	PROLIA..... 182
<i>potassium chlorid-</i>	PREMARIN..... 188	PROMACTA..... 130
<i>d5-0.45%nacl</i> 257	<i>premasol 10 %</i> 259	<i>promethazine</i> .247, 248
<i>potassium chloride</i> 258	prenatal plus dha...237	<i>promethazine vc-</i>
	prenatal vitamin.... 237	<i>codeine</i> 237

10/01/2025

promethazine- codeine..... 237	<i>quinapril- hydrochlorothiazide</i> 126	REZDIFFRA..... 149
promethazine-dm.. 237	<i>quinidine sulfate</i> 117	REZLIDHIA..... 72
<i>propafenone</i> 117	<i>quinine sulfate</i> 50	RHOPRESSA..... 203
<i>propranolol</i> 125	RABAVERT (PF)..... 178	<i>ribavirin</i> 41
<i>propylthiouracil</i> 153	<i>rabeprazole</i> 172	<i>rifabutin</i> 50
PROQUAD (PF)..... 178	RADICAVA ORS STARTER KIT SUSP... 92	<i>rifampin</i> 50
proteoxyme..... 237	RALDESY..... 113	<i>riluzole</i> 149
<i>protriptyline</i> 112	<i>raloxifene</i> 182	<i>rimantadine</i> 41
pseudoephedrine hcl..... 237	<i>ramipril</i> 126	RINVOQ..... 185
PULMOZYME..... 252	<i>ranolazine</i> 134	RINVOQ LQ..... 185
pure comfort spacer-adult mask. 237	<i>rasagiline</i> 87	<i>risedronate</i> 149, 182, 183
<i>pyrazinamide</i> 50	<i>reclipsen (28)</i> 196	RISPERDAL CONSTA 113
pyridium..... 237	RECOMBIVAX HB (PF)..... 179	<i>risperidone</i> 114
<i>pyridostigmine bromide</i> 93	reese's pinworm medicine..... 238	<i>risperidone microspheres</i> . 113, 114
pyridoxine (vitamin b6)..... 237, 244	refenesen..... 238	<i>ritonavir</i> 41
<i>pyrimethamine</i> 50	reguloid (psyllium husk)..... 238	<i>rivaroxaban</i> 130
q-dryl..... 238	renal caps..... 238	<i>rivastigmine</i> 92
QINLOCK..... 71	rena-vite rx..... 238	<i>rivastigmine tartrate</i> 92
q-tapp..... 238	reno caps..... 238	<i>rivelsa</i> 196
QUADRACEL (PF)... 178	<i>repaglinide</i> 160, 161	<i>rizatriptan</i> 89
<i>quetiapine</i> 112, 113	RETACRIT..... 173	robafen..... 238
QUETIAPINE..... 113	RETEVMO..... 71	robafen cf (phenylephrine)..... 238
<i>quinapril</i> 126	REVCovi..... 149	robitussin long- acting..... 238
	REVUFORJ..... 71	robitussin pediatric 238
	REXULTI..... 113	ROCKLATAN..... 203
	REYATAZ..... 41	<i>roflumilast</i> 252

10/01/2025

ROMVIMZA.....72	senna laxative.....239	sleep-tabs..... 240
<i>ropinirole</i> 87, 88	senna plus.....239	slow release iron... 240
<i>rosuvastatin</i>.....133	senna soft..... 239	sodium bicarbonate
ROTARIX.....179	sennacon..... 239	 240
ROTATEQ VACCINE 179	sennalax-s.....239	<i>sodium chloride</i> 150
<i>roweepra</i> 84	senna-s..... 239	sodium chloride.....240
ROZLYTREK..... 72	senna-time s..... 239	<i>sodium chloride</i>
RUBRACA..... 72	senno.....240	0.45 %.....259
<i>rufinamide</i> 84	sennosides.....239	<i>sodium chloride 0.9</i>
RUKOBIA.....41	sennosides-	%.....150
RYBELSUS.....161	docusate sodium... 240	<i>sodium chloride 3 %</i>
RYDAPT..... 72	SEREVENT DISKUS..252	<i>hypertonic</i>.....259
rynex dm.....238	<i>sertraline</i> 114	<i>sodium chloride 5 %</i>
salactic film.....239	<i>setlakin</i> 196	<i>hypertonic</i>.....259
saline mist.....239	<i>sharobel</i>.....188	SODIUM OXYBATE. 114
sam-e-tmg..... 239	SHINGRIX (PF)..... 179	<i>sodium</i>
SANTYL.....138	SIGNIFOR..... 72	<i>phenylbutyrate</i> 150
<i>sapropterin</i> 163	silace.....240	<i>sodium polystyrene</i>
SAVELLA.....185	siladryl sa.....240	<i>sulfonate</i>.....150
<i>saxagliptin</i> 161	silapap..... 240	<i>sodium,potassium,</i>
SCEMBLIX.....72	<i>sildenafil</i>	<i>mag sulfates</i> 170
<i>scopolamine base</i> .. 170	(<i>pulm.hypertension</i>)	sof-lax..... 241
scot-tussin allergy	252	SOFOSBUVIR-
relief..... 239	silphen cough..... 240	VELPATASVIR..... 42
sea soft nasal mist. 239	<i>silver sulfadiazine</i> .. 138	<i>solifenacin</i>.....255
SECUADO..... 114	simethicone.....240	SOLQUA 100/33....161
<i>selegiline hcl</i> 88	simply sleep.....240	SOLTAMOX..... 73
<i>selenium sulfide</i> 135	<i>simvastatin</i> 133	SOMAVERT..... 163
SELZENTRY..... 42	<i>sirolimus</i> 72, 73	sominex..... 241
senexon..... 239	SIRTURO.....51	<i>sorafenib</i>.....73
senna..... 239	SKYRIZI... 135, 136, 170	sorbitol..... 241
senna lax.....239	sleep calm.....240	<i>sotalol</i>.....117

10/01/2025

<i>sotalol af</i>.....117	<i>sumatriptan</i>	<i>tarina fe 1-20 eq</i>
SPIRIVA RESPIMAT.252	<i>succinate</i>.....89	(28)..... 196
<i>spironolactone</i>.....126	<i>sunitinib malate</i>.....73	TASIGNA..... 74
<i>spironolacton-</i>	SUNLENCA..... 42	<i>tazarotene</i> 141
<i>hydrochlorothiaz</i>....126	super nu-thera.....241	TAZVERIK..... 74
<i>sprintec (28)</i>.....196	suphedrine 12 hour	tears again..... 241
SPRITAM..... 84	222	TEFLARO..... 45
<i>sps (with sorbitol)</i> .. 150	surfak.....241	<i>telmisartan</i> 126
<i>ssd</i>.....139	<i>syeda</i> 196	<i>telmisartan-</i>
STELARA.....136	SYMPAZAN.....84	<i>amlodipine</i>.....126
STEQEYMA.....136	SYMTUZA..... 42	<i>telmisartan-</i>
stimulant laxative.. 241	SYNJARDY..... 161	<i>hydrochlorothiazid</i> .126
STIVARGA.....73	SYNJARDY XR..... 161	<i>temazepam</i>....114, 115
stool softener 222, 241	SYNTHROID.....165	TENIVAC (PF)..... 179
stool softener-	systane complete	<i>tenofovir disoproxil</i>
laxative..... 241	pf..... 241	<i>fumarate</i>.....42
STREPTOMYCIN..... 51	TABLOID.....73	TEPMETKO..... 74
STRIBILD.....42	TABRECTA..... 73	tera-gel tar
<i>sucralfate</i>.....172	<i>tacrolimus</i>.....73, 139	shampoo.....241
<i>sulfacetamide</i>	tactinal.....241	<i>terazosin</i> 126
<i>sodium</i> 201	tactinal extra	<i>terbinafine hcl</i>.....35
<i>sulfacetamide</i>	strength..... 241	terbinafine hcl..... 242
<i>sodium (acne)</i> 141	<i>tadalafil</i> 256	<i>terbutaline</i>.....253
<i>sulfacetamide-</i>	<i>tadalafil (pulm.</i>	<i>terconazole</i> 189
<i>prednisolone</i> 201	<i>hypertension)</i>.....252	<i>teriflunomide</i> 92
<i>sulfadiazine</i>.....55	TAFINLAR..... 73	TERIPARATIDE.....183
<i>sulfamethoxazole-</i>	TAGRISSO.....73	<i>testosterone</i>.....164
<i>trimethoprim</i> 55	TALZENNA.....73	<i>testosterone</i>
<i>sulfasalazine</i> 170	<i>tamoxifen</i> 74	<i>cypionate</i> 163
<i>sulindac</i>.....98	<i>tamsulosin</i> 256	<i>testosterone</i>
<i>sumatriptan</i> 89	<i>tarina 24 fe</i> 196	<i>enanthate</i> 163
		<i>tetrabenazine</i> 92, 93

10/01/2025

<i>tetracycline</i>	56	<i>timolol maleate</i>		<i>trazodone</i>	115
THALOMID.....	74	.....	127, 200	TRECATOR.....	51
THEO-24.....	253	<i>tinidazole</i>	51	TRELEGY ELLIPTA...	253
<i>theophylline</i>	253	titralac.....	242	TREMFYA.....	136
thera.....	242	TIVICAY.....	42	TREMFYA PEN.....	136
thera vital m.....	242	TIVICAY PD.....	42	TREMFYA PEN	
therabasic-m.....	242	<i>tizanidine</i>	93	INDUCTION PK-	
thera-m.....	242	TOBRADEX.....	204	CROHN.....	136
therapeutic.....	242	<i>tobramycin</i>	199	<i>tretinoin</i>	141
therapeutic liquid..	224	<i>tobramycin in 0.225</i>		<i>tretinoin</i>	
therapeutic-m.....	242	% <i>nacl</i>	51	(<i>antineoplastic</i>).....	74
thera-tabs.....	242	<i>tobramycin sulfate</i> ...	51	<i>tretinoin</i>	
thiamine hcl		<i>tobramycin-</i>		<i>microspheres</i>	141
(vitamin b1).....	243	<i>dexamethasone</i>	204	<i>triamcinolone</i>	
thiamine		<i>tolterodine</i>	255	<i>acetonide</i>	
mononitrate (vit		<i>tolvaptan</i>	164	.....	146, 147, 151
b1).....	243	<i>topiramate</i>	84	<i>triamterene-</i>	
<i>thioridazine</i>	115	<i>toremifene</i>	74	<i>hydrochlorothiazid</i> .	127
<i>thiothixene</i>	115	<i>torsemide</i>	127	tri-buffered aspirin	242
threshold imt		total allergy		<i>tridacaine ii</i>	139
trainer.....	242	medicine.....	242	<i>triderm</i>	147
threshold pep		total formula-3		<i>trientine</i>	150
device.....	242	without iron.....	242	<i>tri-estarylla</i>	197
<i>tiadylt er</i>	127	TRADJENTA.....	161	<i>trifluoperazine</i>	115
<i>tiagabine</i>	84	<i>tramadol</i>	98	<i>trifluridine</i>	200
TIBSOVO.....	74	<i>tramadol-</i>		<i>trihexyphenidyl</i>	88
<i>ticagrelor</i>	130	<i>acetaminophen</i>	98	TRIJARDY XR...	161, 162
TICOVAC.....	179	<i>trandolapril</i>	127	TRIKAFTA.....	253
<i>tigecycline</i>	51	<i>tranexamic acid</i>	189	<i>tri-legest fe</i>	197
<i>tilia fe</i>	197	<i>tranylcypromine</i>	115	<i>tri-lo-estarylla</i>	197
		<i>travasol 10 %</i>	260	<i>tri-lo-sprintec</i>	197
		<i>travoprost</i>	203	<i>trimethoprim</i>	56

10/01/2025

<i>tri-mili</i>	197	USTEKINUMAB	VERSACLOZ.....	115
<i>trimipramine</i>	115	.....	VERZENIO.....	75
TRINTELLIX.....	115	<i>valacyclovir</i>	<i>vestura (28)</i>	198
triple antibiotic		VALCHLOR.....	<i>vienva</i>	198
.....	242, 243	<i>valganciclovir</i>	<i>vigabatrin</i>	85
triprolidine-		<i>valproic acid</i>	<i>vigadrone</i>	85
pseudoephedrine..	243	<i>valproic acid (as</i>	<i>vilazodone</i>	115
<i>tri-sprintec (28)</i>	197	<i>sodium salt)</i>	VIMKUNYA.....	180
TRIUMEQ.....	42	<i>valsartan</i>	VIRACEPT.....	43
TRIUMEQ PD.....	42	<i>valsartan-</i>	VIREAD.....	43
tri-vitamin.....	243	<i>hydrochlorothiazide</i>	<i>vitafol-ob</i>	243
<i>tri-vylibra</i>	197	.....	<i>vitamin a</i>	243
<i>tri-vylibra lo</i>	197	VALTOCO.....	<i>vitamin b-1</i>	243, 244
TROPHAMINE 10 %	260	<i>vanacof</i>	<i>vitamin b-12</i>	244
<i>trospium</i>	255	<i>vancomycin</i>	<i>vitamin b-2</i>	244
TRULICITY.....	162	VANFLYTA.....	<i>vitamin b-6</i>	244
TRUMENBA.....	179	VAQTA (PF).....	<i>vitamin c</i> 244, 245, 246	
TRUQAP.....	74	<i>varenicline tartrate</i>	<i>vitamin d3</i>	241, 245
TUKYSA.....	74	VARIVAX (PF).....	<i>vitamin e</i>	246
TURALIO.....	75	VASCEPA.....	<i>vitamin e (dl,</i>	
<i>turqoz (28)</i>	197	VAXCHORA	<i>acetate)</i>	246
tussin pe.....	243	VACCINE.....	<i>vitamins a-d-e</i>	
TWINRIX (PF).....	180	<i>velivet triphasic</i>	<i>selenium</i>	246
TYENNE.....	185	<i>regimen (28)</i>	<i>vitamins for hair</i>	246
TYENNE		VEMLIDY.....	VITRAKVI.....	75
AUTOINJECTOR.....	185	VENCLEXTA.....	VIVOTIF.....	180
TYPHIM VI.....	180	VENCLEXTA	VIZIMPRO.....	75
ultra fresh pm.....	243	STARTING PACK.....	VONJO.....	75
<i>unithroid</i>	165	<i>venlafaxine</i>	VORANIGO.....	76
UPTRAVI.....	127	VENTOLIN HFA.....	<i>voriconazole</i>	35, 36
urinary pain relief..	243	<i>verapamil</i>	VOWST.....	170
<i>ursodiol</i>	170	VERQUVO.....	VRAYLAR.....	116

10/01/2025

<i>vyfemla</i> (28).....	198	XPOVIO.....	77
<i>vylibra</i>	198	XTANDI.....	77
VYNDAQEL.....	134	<i>xulane</i>	189
VYZULTA.....	203	xymodine.....	246
wal-profen.....	246	YF-VAX (PF).....	181
<i>warfarin</i>	130	<i>yuvafem</i>	188
watchhaler.....	246	<i>zafemy</i>	189
WELIREG.....	76	<i>zafirlukast</i>	254
windmill trainer.....	246	ZEJULA.....	77
WINREVAIR.....	254	ZELBORAF.....	77
women's laxative		<i>zenatane</i>	141
(bisacodyl).....	246	ZENPEP.....	171
<i>wymzya fe</i>	198	<i>zidovudine</i>	43
XALKORI.....	76	zinc.....	246
<i>xarah fe</i>	198	zinc gluconate.....	246
XARELTO.....	130	zinc sulfate.....	246, 247
XARELTO DVT-PE		zinc-220.....	247
TREAT 30D START..	130	<i>ziprasidone hcl</i>	116
XATMEP.....	76	<i>ziprasidone</i>	
XCOPRI.....	85	<i>mesylate</i>	116
XCOPRI		ZIRGAN.....	200
MAINTENANCE		ZOLINZA.....	77
PACK.....	85	<i>zolmitriptan</i>	89, 90
XCOPRI TITRATION		<i>zolpidem</i>	116
PACK.....	85, 86	ZONISADE.....	86
XDEMVI.....	201	<i>zonisamide</i>	86
XERMELO.....	76	<i>zovia 1-35 (28)</i>	198
XGEVA.....	57	ZTALMY.....	86
XIFAXAN.....	52	ZURZUVAE.....	116
XIGDUO XR.....	162	ZYDELIG.....	77
XOLAIR.....	254	ZYKADIA.....	78
XOSPATA.....	76		

10/01/2025



By

FIDELIS CARE®

This *Drug List* was updated on 10/01/2025.

For more recent information or other questions, contact us at **1-866-892-8340** or, for TTY users, **711**, between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m., between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m., or visit **go.wellcare.com/FidelisNJ**.

10/01/2025

MedicareRx
Prescription Drug Coverage