

Wellcare 'Ohana Dual Align, HMO-POS D-SNP

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

16



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

HPMS Approved Formulary File Submission ID 26330, Version Number 06

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

For more recent information or other questions, please contact us at **1-888-846-4262**, for TTY users, **711**, between October 1 and March 31, representatives are available Monday–Sunday, 7:45 a.m. to 8 p.m., between April 1 and September 30, representatives are available Monday–Friday, 7:45 a.m. to 8 p.m., or visit **go.wellcare.com/OhanaHI**.



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 Wellcare 'Ohana Dual Align (HMO-POS D-SNP). The *Drug List* also tells you if there are any special rules or restrictions on any drugs covered by Wellcare 'Ohana Dual Align (HMO-POS D-SNP). Key terms and their definitions appear in the last chapter of the *Evidence of Coverage*.



If you have questions, please call Wellcare 'Ohana Dual Align (HMO-POS D-SNP) at 1-888-846-4262, TTY 711, Between October 1 and March 31, representatives are available Monday–Sunday, 7:45 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 7:45 a.m. to 8 p.m. The call is free. **For more information**, visit

Table of Contents

A. Disclaimers	4
B. Frequently Asked Questions (FAQ)	9
B1. What 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.)	9
B2. Does the <i>Drug List</i> ever change?	10
B3. What happens when there's a change to the <i>Drug List</i> ?	11
B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?	13
B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug?	14
B6. What happens if Wellcare 'Ohana Dual Align (HMO-POS D-SNP) changes their rules about how they cover some drugs (for example, prior authorization, quantity limits, and/or step therapy restrictions)?	14
B7. How can I find a drug on the <i>Drug List</i> ?	15
B8. What if the drug I want to take isn't on the <i>Drug List</i> ?	15
B9. What if I am a new Wellcare 'Ohana Dual Align (HMO-POS D-SNP) member and can't find my drug on the <i>Drug List</i> or have a problem getting my drug?	16
B10. Can I ask for an exception to cover my drug?	17
B11. How can I ask for an exception?	17
B12. How long does it take to get an exception?	18
B13. What are generic drugs?	18
B14. What are original biological products and how are they related to biosimilars?	19
B15. What are OTC drugs?	19

This section is continued on the next page.

B16. Does Wellcare ‘Ohana Dual Align (HMO-POS D-SNP) cover non-drug OTC products? 20

B17. Does Wellcare ‘Ohana Dual Align (HMO-POS D-SNP) cover long-term supplies of prescriptions? 20

B18. Can I get prescriptions delivered to my home from my local pharmacy? 20

B19. What’s my copay? 21

C. Overview of the *List of Covered Drugs* 23

 C1. List of Drugs by Medical Condition 24

D. Index of Covered Drugs.....INDEX-1



If you have questions, please call Wellcare ‘Ohana Dual Align (HMO-POS D-SNP) at 1-888-846-4262, TTY 711, Between October 1 and March 31, representatives are available Monday–Sunday, 7:45 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 7:45 a.m. to 8 p.m. The call is free. **For more information**, visit

A. Disclaimers

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

- ❖ ‘Ohana Health Plan, a plan offered by WellCare Health Insurance of Arizona, Inc.
- ❖ You can always check Wellcare ‘Ohana Dual Align (HMO-POS D-SNP)’s up-to-date *List of Covered Drugs* online at go.wellcare.com/OhanaHI or by calling Member Services at the numbers in the footer of this document. 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 in the footer of this document. This call is free.
- ❖ ATTENTION: If you speak a language other than English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-888-846-4262 (TTY: 711).

Iloko PALIIWEN: Adda dagiti libre a serbisio a tulong iti pagsasao. Dagiti maitutop a katulongan ken serbisio a mangipaay iti impormasion kadagiti nalaka a maawatan a pormat ket libre met a magun-odan. Tawagan ti 1-888-846-4262 (TTY: 711).

Gagana Sāmoa FA’AALIGA: O lo’o avanoa fua ia te oe auaunaga fesoasoani i le gagana. E avanoa fo’i fua fesoasoani ma meafaigaluega talafeagai e tu’uina atu ai fa’amatalaga i auala faigofie ona malamalama ai. Vala’au 1-888-846-4262 (TTY: 711).

‘Ōlelo Hawai‘i HO’ĀKAKA: Loa‘a iā ‘oe ke kōkua manuahi no ka unuhi ‘ōlelo. Loa‘a pū kekahi mau pono kōkua kūpono a me nā lawelawe e hā‘awi ai i ka ‘ike i nā ‘ano ‘ano hiki ke ki‘i ‘ia, me ka uku ‘ole. Kelepona i 1-888-846-4262 (TTY: 711).

Tagalog ATENSYON: May mga libreng serbisyo ng tulong sa wika na available para sa inyo. Available din nang libre ang mga naaangkop na karagdagang tulong at serbisyo para makapagbigay ng impormasyon sa mga accessible na format. Tumawag sa 1-888-846-4262 (TTY: 711).

This section is continued on the next page.

日本語 注意：言語支援サービスを無料で提供しています。情報をアクセシビリティに対応した形式で提供する各種補助支援およびサービスも無料です。1-888-846-4262 (TTY: 711) にお電話ください。

简体中文 注意：我们为您提供免费的语言协助服务，同时也可免费提供适当的辅助设施与服务，以便提供无障碍格式的信息。请致电 1-888-846-4262 (TTY: 711)。

繁體中文 注意：我們為您提供免費的語言協助服務，還免費提供適當的輔助工具和服務，以無障礙格式提供資訊。請致電 1-888-846-4262 (TTY: 711)。

Español ATENCIÓN: Contamos con servicios de asistencia lingüística que se encuentran disponibles para usted de manera gratuita. También se encuentran disponibles de manera gratuita ayudas y servicios auxiliares adecuados para proporcionar información en formatos accesibles. Llame al 1-888-846-4262 (TTY: 711).

한국어 주의: 무료 언어 지원 서비스를 이용하실 수 있습니다. 정보 제공을 위해 적합한 보조 도구 및 서비스 또한 액세스 가능한 형식으로 무료 이용이 가능합니다. 1-888-846-4262 (TTY: 711)번으로 전화해 주십시오.

Tiếng Việt LƯU Ý: Chúng tôi có cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí. Các dịch vụ và trợ giúp bổ trợ phù hợp để cung cấp thông tin ở các định dạng có thể truy cập cũng được cung cấp miễn phí. Gọi 1-888-846-4262 (TTY: 711).

This section is continued on the next page.



If you have questions, please call Wellcare 'Ohana Dual Align (HMO-POS D-SNP) at 1-888-846-4262, TTY 711, Between October 1 and March 31, representatives are available Monday–Sunday, 7:45 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 7:45 a.m. to 8 p.m. The call is free. **For more information**, visit

ไทย โปรดทราบ: พร้อมให้บริการความช่วยเหลือทางภาษาฟรีแก่คุณ และมีความช่วยเหลือและบริการเสริมที่เหมาะสมเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่มีค่าใช้จ่ายด้วยเช่นกัน โทร 1-888-846-4262 (TTY: 711)

ພາສາລາວ ໝາຍເຫດ: ມີບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາຟຣີສໍາລັບທ່ານ ນອກຈາກນີ້ຍັງມີບໍລິການຊ່ວຍເຫຼືອ ແລະ ບໍລິການເສີມທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນທີ່ສາມາດເຂົ້າເຖິງໄດ້ໂດຍບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍເພີ່ມເຕີມ. ໂທ 1-888-846-4262 (TTY: 711).

Deutsch ACHTUNG: Sprachdienstleistungen stehen Ihnen kostenlos zur Verfügung. Geeignete zusätzliche Unterstützung und Dienstleistungen für Informationen in zugänglichen Formaten stehen Ihnen ebenfalls kostenlos zur Verfügung. Rufen Sie folgende Nummer an: 1-888-846-4262 (TTY: 711).

Français REMARQUE : des services d'assistance linguistique gratuits sont à votre disposition. Des services et aides pour obtenir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-888-846-4262 (TTY : 711).

Français cadien COMMUNIQUE: Des services d'aide linguistique sans frais sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations en formats accessibles sont également proposés sans frais. Composez le 1-888-846-4262 (TTY : 711).

Русский ВНИМАНИЕ! Вам доступны бесплатные услуги языковой поддержки. Вы также можете бесплатно получить соответствующие вспомогательные средства и услуги, направленные на предоставление информации в доступных форматах. Позвоните по номеру 1-888-846-4262 (TTY: 711).

Português ATENÇÃO: estão disponíveis serviços de assistência gratuitos no seu idioma. Também estão disponíveis apoios auxiliares e serviços adequados que oferecem informações em formatos acessíveis e sem custos. Ligue para 1-888-846-4262 (TTY: 711).

This section is continued on the next page.

Українська УВАГА! Вам доступні безкоштовні послуги мовної допомоги. Відповідні допоміжні засоби та послуги для надання інформації у доступних форматах також доступні безкоштовно. Зателефонуйте за номером 1-888-846-4262 (TTY: 711).

Bisaya ATENSYON: Libreng mga serbisyo sa pagtabang sa lengguwahe ang available nimo. Available sab ang angay nga auxiliary nga mga tabang ug serbisyo nga maghatag og impormasyon sa ma-access nga mga format nga walay bayad. Tawagi ang 1-888-846-4262 (TTY: 711).

Fosun Chuuk ESINESIN: Mi wor aninisin chiakun non fosun fonu mi kawor ngonuk ese kamo. Mei pwan wor ekewe pisekin aninisin weweiti porous mi kawor an epwe awora mecheres non atouren porous ese pwan kamo. Kekeru 1-888-846-4262 (TTY: 711).

Nan Ro rej Kajin Majol LALE: Ewor jermal in jipan kajin ko ejjelok woneen nan kwe. Ewor bar kein jipan ko rekkar im jermal in jipan ko nan lelok melele ko ilo wawein ko remaron ilo ejjelok woneen. Kilok 1-888-846-4262 (TTY: 711).

Lea fakatonga FAKATOKANGA KI HE: 'Oku 'ata atu kiate koe 'a e ngaahi tokoni ta'etotongi 'i he lea fakafonua. 'Oku toe ma'u ta'etotongi foki mo e ngaahi tokoni fe'unga ke ma'u 'aki 'a e fakamatala 'i ha founa 'oku faingofua ke ma'u. Taa ki he 1-888-846-4262 (TTY: 711).

This section is continued on the next page.



If you have questions, please call Wellcare 'Ohana Dual Align (HMO-POS D-SNP) at 1-888-846-4262, TTY 711, Between October 1 and March 31, representatives are available Monday–Sunday, 7:45 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 7:45 a.m. to 8 p.m. The call is free. **For more information**, visit

- ❖ This document is available for free in English, Burmese, Cambodian, Traditional Chinese, Hawaiian, Hmong, Ilocano, Japanese, Karen, Korean, Laotian, Samoan, Tagalog, Thai, Turkish, Uzbek and Vietnamese.
- ❖ 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 in the footer of this document. The call is free.
 - If you would like to continue to receive printed materials after you have requested one, we will 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 in the footer of this document. The call is free.

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 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 Wellcare 'Ohana Dual Align (HMO-POS D-SNP). 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.”

- Wellcare 'Ohana Dual Align (HMO-POS D-SNP) 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,
 - Wellcare 'Ohana Dual Align (HMO-POS D-SNP) agrees that the drug is medically necessary for you, **and**
 - you fill the prescription at a Wellcare 'Ohana Dual Align (HMO-POS D-SNP) network pharmacy.
- In some cases, you have to do something before you can get a drug. Refer to question B4 for more information.

You can also find an up-to-date list of drugs that we cover on our website at go.wellcare.com/OhanaHI or call Member Services at the numbers in the footer of this document.



If you have questions, please call Wellcare 'Ohana Dual Align (HMO-POS D-SNP) at 1-888-846-4262, TTY 711, Between October 1 and March 31, representatives are available Monday–Sunday, 7:45 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 7:45 a.m. to 8 p.m. The call is free. **For more information**, visit

B2. Does the *Drug List* ever change?

Yes, and Wellcare 'Ohana Dual Align (HMO-POS D-SNP) 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 Wellcare 'Ohana Dual Align (HMO-POS D-SNP) 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.

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 below have more information on what happens when the *Drug List* changes.

- You can always check Wellcare 'Ohana Dual Align (HMO-POS D-SNP)'s up-to-date *Drug List* online at go.wellcare.com/OhanaHI. Updates to the *Drug List* are posted on the website monthly.
- You can also call Member Services at the numbers in the footer of this document to check the current *Drug List*.

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. 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**.
 - You or your provider can ask for an exception from these changes. We'll 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.

This section is continued on the next page.



If you have questions, please call Wellcare 'Ohana Dual Align (HMO-POS D-SNP) at 1-888-846-4262, TTY 711, Between October 1 and March 31, representatives are available Monday–Sunday, 7:45 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 7:45 a.m. to 8 p.m. The call is free. **For more information**, visit

- **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's a similar drug on the *Drug List* that you can take instead.

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.

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 Wellcare 'Ohana Dual Align (HMO-POS D-SNP) before you fill your prescription. Prior authorization is different from a referral. Wellcare 'Ohana Dual Align (HMO-POS D-SNP) may not cover the drug if you don't get prior authorization.
- **Quantity limits:** Sometimes Wellcare 'Ohana Dual Align (HMO-POS D-SNP) limits the amount of a drug you can get.
- **Step therapy:** Sometimes Wellcare 'Ohana Dual Align (HMO-POS D-SNP) 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'll 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 'Ohana Dual Align (HMO-POS D-SNP) at 1-888-846-4262, TTY 711, Between October 1 and March 31, representatives are available Monday–Sunday, 7:45 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 7:45 a.m. to 8 p.m. The call is free. **For more information**, visit

You can find out if your drug has any additional requirements or limits by looking in the tables in **Section C1**. You can also get more information by visiting our website at go.wellcare.com/OhanaHI. 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 from 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 Medical Condition" has a column labeled "Necessary actions, restrictions, or limits on use."

B6. What happens if Wellcare 'Ohana Dual Align (HMO-POS 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 medical condition.

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 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.

To search by **medical condition**, find **Section C1** labeled “List of Drugs by Medical Condition”. The drugs in this section are grouped into categories depending on the type of medical conditions they’re used to treat. For example, if you have a heart condition, you should look in CARDIOVASCULAR, HYPERTENSION / LIPIDS category. That’s where you’ll find drugs that treat heart conditions.

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 numbers in the footer of this document and ask about it. If you learn that Wellcare ‘Ohana Dual Align (HMO-POS D-SNP) 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 Wellcare ‘Ohana Dual Align (HMO-POS D-SNP) 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 ‘Ohana Dual Align (HMO-POS D-SNP) at 1-888-846-4262, TTY 711, Between October 1 and March 31, representatives are available Monday–Sunday, 7:45 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 7:45 a.m. to 8 p.m. The call is free. **For more information**, visit

B9. What if I am a new Wellcare ‘Ohana Dual Align (HMO-POS D-SNP) 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 Wellcare ‘Ohana Dual Align (HMO-POS D-SNP). 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’ll allow multiple refills to provide up to a maximum of 30 days of medication.

We’ll 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 Wellcare ‘Ohana Dual Align (HMO-POS D-SNP), **or**
- you’re taking a drug that’s part of a step therapy restriction.

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 Wellcare ‘Ohana Dual Align (HMO-POS D-SNP) member.
- This is in addition to the temporary supply during the first 90 days you’re a member of Wellcare ‘Ohana Dual Align (HMO-POS D-SNP).

If your level of care changes (such as moving to or from a long-term care facility or hospital), we’ll cover one temporary 30-day supply. If your prescription is written for fewer days, we’ll allow refills to provide up to a total of a 30-day supply.

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

Yes. You can ask Wellcare 'Ohana Dual Align (HMO-POS D-SNP) 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, Wellcare 'Ohana Dual Align (HMO-POS D-SNP) 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 provider to help you ask for an exception. You can also read **Chapter 9 Section 7** of the *Evidence of Coverage* to learn more about exceptions.



If you have questions, please call Wellcare 'Ohana Dual Align (HMO-POS D-SNP) at 1-888-846-4262, TTY 711, Between October 1 and March 31, representatives are available Monday–Sunday, 7:45 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 7:45 a.m. to 8 p.m. The call is free. **For more information**, visit

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. You, your representative, or your doctor (or other prescriber) can call, write, or fax us to make your request. You can also access the coverage decision process through our website. For the details, go to Chapter 2, Section 1 of the *Evidence of Coverage* and look for the section called "Coverage Decisions for Part D Prescription Drugs" under section "How to contact us when you are asking for a coverage decision or appeal about your medical care."

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.

Wellcare 'Ohana Dual Align (HMO-POS D-SNP) covers both brand name drugs and generic drugs.

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”. Wellcare ‘Ohana Dual Align (HMO-POS D-SNP) covers some OTC drugs when they’re written as prescriptions by your provider.

You can read the Wellcare ‘Ohana Dual Align (HMO-POS D-SNP) *Drug List* to find out what OTC drugs are covered.



If you have questions, please call Wellcare ‘Ohana Dual Align (HMO-POS D-SNP) at 1-888-846-4262, TTY 711, Between October 1 and March 31, representatives are available Monday–Sunday, 7:45 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 7:45 a.m. to 8 p.m. The call is free. **For more information**, visit

B16. Does Wellcare ‘Ohana Dual Align (HMO-POS D-SNP) cover non-drug OTC products?

Wellcare ‘Ohana Dual Align (HMO-POS D-SNP) covers some non-drug OTC products when they’re written as prescriptions by your provider.

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

You can read the Wellcare ‘Ohana Dual Align (HMO-POS D-SNP) *Drug List* to find out what non-drug OTC products are covered.

B17. Does Wellcare ‘Ohana Dual Align (HMO-POS D-SNP) cover long-term supplies of prescriptions?

- **Mail-Order Programs.** 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.
- **100-Day Retail Pharmacy Programs.** Some retail pharmacies may also offer up to a 100-day supply of covered drugs.

B18. Can I get prescriptions delivered to my home from my local pharmacy?

Your local pharmacy may be able to deliver your prescription to your home. You can call your pharmacy to find out if they offer home delivery.

B19. What's my copay?

Wellcare 'Ohana Dual Align (HMO-POS D-SNP) members have no copays on applicable tiers for prescription and 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. Your copayments may be different based on your level of Extra Help.

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
- **Tier 1 (Preferred Generic)** includes preferred generic drugs and may include some brand drugs.
- **Tier 2 (Generic)** includes generic drugs and may include some brand drugs.
- **Tier 3 (Preferred Brand)** includes preferred brand drugs and may include some generic drugs.
- **Tier 4 (Non-Preferred Drug)** includes non-preferred brand and non-preferred generic drugs.

This section is continued on the next page.



If you have questions, please call Wellcare 'Ohana Dual Align (HMO-POS D-SNP) at 1-888-846-4262, TTY 711, Between October 1 and March 31, representatives are available Monday–Sunday, 7:45 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 7:45 a.m. to 8 p.m. The call is free. **For more information**, visit

- **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.
- **Tier 6 (Select Care Drugs)** includes some generic and brand drugs commonly used to treat specific chronic conditions or to prevent disease (vaccines).

All tiers have \$0 copay.

OTCs have a \$0 copay.

If you have questions, call Member Services at the numbers in the footer of this document.

C. Overview of the *List of Covered Drugs*

The *List of Covered Drugs* gives you information about the drugs covered by Wellcare 'Ohana Dual Align (HMO-POS D-SNP). 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 Wellcare 'Ohana Dual Align (HMO-POS D-SNP).

- **NT** stands for Not Part D. This drug is not a “Part D drug”.
- **NM** means the drug is not available via your monthly mail service benefit. This is noted in the Necessary actions, restrictions, or limits on use column of your formulary.
- **PA** stands for Prior Authorization. Refer to question B4.
- **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 are 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. Refer to question B4.

This section is continued on the next page.



If you have questions, please call Wellcare 'Ohana Dual Align (HMO-POS D-SNP) at 1-888-846-4262, TTY 711, Between October 1 and March 31, representatives are available Monday–Sunday, 7:45 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 7:45 a.m. to 8 p.m. The call is free. **For more information**, visit

- **LA** stands for Limited Access medication. This prescription may be available only at certain pharmacies. For more recent information or other questions, contact us at the numbers in the footer of this document.
- **ST** stands for Step Therapy. Refer to question B4.
- **^** stands for Drug may be available for up to a 30-day supply only.

Note: The NT next to a drug means the drug isn't a "Part D drug." These drugs have different rules for appeals.

- An appeal is a formal way of asking us to review a decision we made about your coverage and to change it if you think we made a mistake.
- For example, we might decide that a drug that you want isn't covered or is no longer covered by Medicare or the state.
- If you or your prescriber disagrees with our decision, you can appeal. If you ever have a question, call Member Services at the numbers in the footer of this document.
- You can also read **Chapter 9** of the *Evidence of Coverage* to learn how to appeal a decision.

C1. List of Drugs by Medical Condition

The drugs in this section are grouped into categories depending on the type of medical conditions they're used to treat. For example, if you have a heart condition, you should look in the category, **CARDIOVASCULAR, HYPERTENSION / LIPIDS**. That's where you'll find drugs that treat heart conditions.

The first column of the table lists the name of the drug. Generic drugs are listed in lower-case italics (for example, *simvastatin*) and brand name drugs are capitalized (for example, **ELIQUIS**), 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 Wellcare 'Ohana Dual Align (HMO-POS D-SNP) has any rules for covering your drug.

Table of Contents

ANTI - INFECTIVES.....	27
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS.....	45
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH.....	66
CARDIOVASCULAR, HYPERTENSION / LIPIDS.....	97
DERMATOLOGICALS/TOPICAL THERAPY.....	113
DIAGNOSTICS / MISCELLANEOUS AGENTS.....	122
EAR, NOSE / THROAT MEDICATIONS.....	126
ENDOCRINE/DIABETES.....	127
GASTROENTEROLOGY.....	138
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY.....	143
MISCELLANEOUS SUPPLIES.....	150
MUSCULOSKELETAL / RHEUMATOLOGY.....	151
OBSTETRICS / GYNECOLOGY.....	154
OPHTHALMOLOGY.....	165
OVER THE COUNTER (OTC) AND RX AGENTS.....	170
RESPIRATORY AND ALLERGY.....	207
UROLOGICALS.....	214
VITAMINS, HEMATINICS / ELECTROLYTES.....	215

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)	
<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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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>micafungin 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
<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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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)	
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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg</i>	\$0 (4)	
<i>efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg, 600-300-300 mg</i>	\$0 (5^)	
<i>emtricitabine oral capsule 200 mg</i>	\$0 (4)	
<i>emtricitabine-tenofov (tdf) oral tablet 100-150 mg, 167-250 mg, 200-300 mg</i>	\$0 (4)	QL (30 EA per 30 days)
<i>emtricitabine-tenofov (tdf) oral tablet 133-200 mg</i>	\$0 (5^)	QL (30 EA per 30 days)
<i>emtricitabine-rilpivirine-tenofov 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 (4)	
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)	
ISENTRESS HD ORAL TABLET 600 MG	\$0 (5^)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
<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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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)
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^)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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^)	
SELZENTRY ORAL SOLUTION 20 MG/ML	\$0 (5^)	
SOFOSBUVIR-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^)	
SYM TUZA 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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>valganciclovir oral recon soln 50 mg/ml</i>	\$0 (5^)	
<i>valganciclovir oral tablet 450 mg</i>	\$0 (3)	
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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>cefdinir oral capsule 300 mg</i>	\$0 (4)	
<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)	
<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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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^)	
<i>ERYTHROMYCINS / OTHER MACROLIDES</i>		
<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)	
<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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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)	
<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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>clindamycin phosphate injection solution 150 (mg/ml) (4 ml), 150 (mg/ml) (6 ml), 150 mg/ml</i>	\$0 (4)	
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)	
<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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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)
<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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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)	
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)	
TRECATOR 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)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>vancomycin oral capsule 250 mg</i>	\$0 (4)	QL (80 EA per 10 days)
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)	
<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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
<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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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)	
<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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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^)	
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)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
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)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
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)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
<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)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	\$0 (3)	PA-NS
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	\$0 (4)	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^)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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)
<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)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
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)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
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)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
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)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
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

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
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)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
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

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>mycophenolate mofetil oral tablet 500 mg</i>	\$0 (2)	B/D
<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)
OGSIVEO ORAL TABLET 50 MG	\$0 (5^)	PA-NS; QL (180 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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 referring to section C.

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)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
REVUFORJ ORAL TABLET 25 MG	\$0 (5^)	PA-NS; QL (240 EA per 30 days)
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)
SCEMBLIX ORAL TABLET 100 MG	\$0 (5^)	PA-NS; QL (120 EA per 30 days)
SCEMBLIX ORAL TABLET 20 MG	\$0 (5^)	PA-NS; QL (60 EA per 30 days)
SCEMBLIX ORAL TABLET 40 MG	\$0 (5^)	PA-NS; QL (300 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
<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)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
<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 referring to section C.

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)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VONJO ORAL CAPSULE 100 MG	\$0 (5^)	PA-NS; LA; QL (120 EA per 30 days)
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 PELLETT 150 MG	\$0 (5^)	PA-NS; QL (180 EA per 30 days)
XALKORI ORAL PELLETT 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 referring to section C.

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 referring to section C.

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)
<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)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

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, 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)	
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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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)	
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)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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)
<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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	\$0 (4)	PA-NS; QL (10 EA per 30 days)
<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)	
<i>primidone oral tablet 250 mg, 50 mg</i>	\$0 (2)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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 referring to section C.

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 (4)	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 referring to section C.

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 referring to section C.

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)	
<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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
--------------	--	---

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)
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)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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)
<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)
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 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 referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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
<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

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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)
<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)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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)
<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 referring to section C.

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)
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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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)	
<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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
<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)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
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)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>aripiprazole oral tablet, disintegrating 10 mg, 15 mg</i>	\$0 (4)	QL (60 EA per 30 days)
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)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

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 10 mg, 18 mg, 25 mg, 40 mg</i>	\$0 (4)	QL (60 EA per 30 days)
<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 (4)	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 (5^)	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 referring to section C.

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 (5^)	QL (60 EA per 30 days)
COBENFY STARTER PACK ORAL CAPSULE, DOSE PACK 50 MG-20 MG /100 MG-20 MG	\$0 (5^)	QL (56 EA per 180 days)
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	\$0 (4)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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)
<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)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

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 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)
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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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)
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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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)
<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 referring to section C.

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 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i>	\$0 (4)	QL (30 EA per 30 days)
<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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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)
<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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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)
<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)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
OPIPZA ORAL FILM 2 MG	\$0 (4)	QL (30 EA per 30 days)
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)	
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)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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 (5^)	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)
<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)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
<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)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	\$0 (4)	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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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)	
<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 referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>amloride oral tablet 5 mg</i>	\$0 (2)	
<i>amloride-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-hcthiazid 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)	
<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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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)	
<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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

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 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)	
<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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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)	
<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 referring to section C.

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)	
<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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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)	
<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-hcthiaid 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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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)	
<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)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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)	
<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 referring to section C.

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</i> 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	\$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)	
DOPTelet (10 TAB PACK) ORAL TABLET 20 MG	\$0 (5^)	PA; LA
DOPTelet (15 TAB PACK) ORAL TABLET 20 MG	\$0 (5^)	PA; LA

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
<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)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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)	
<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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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
<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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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)
<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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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)	
DERMATOLOGICALS/TOPICAL THERAPY		
<i>ANTIPSORIATIC / ANTISEBORRHEIC</i>		
<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)
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)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
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)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
<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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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)	
<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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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)
<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)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>metronidazole topical lotion 0.75 %</i>	\$0 (4)	QL (59 ML per 30 days)
<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)	
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)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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)
<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)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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)
<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 referring to section C.

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)
<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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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)	
<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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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)	
<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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>glutamine (sickle cell) oral powder in packet 5 gram</i>	\$0 (5^)	PA
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 referring to section C.

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 referring to section C.

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)	
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>	\$0 (2)	
<i>ofloxacin otic (ear) drops 0.3 %</i>	\$0 (4)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
<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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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)	
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)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
<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)
You can find information on what the symbols and abbreviations in this table mean by referring to section C.		
10/01/2025		

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	\$0 (3)	
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)	
INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION 100 UNIT/ML	\$0 (3)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
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)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>liraglutide subcutaneous pen injector 0.6 mg/0.1 ml (18 mg/3 ml)</i>	\$0 (3)	PA; QL (9 ML 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)
<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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
NOVOLOG MIX 70-30 U-100 INSULIN 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)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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)
<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)
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg</i>	\$0 (3)	QL (60 EA per 30 days)
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg</i>	\$0 (3)	QL (30 EA per 30 days)
SOLQUA 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)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
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)
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	\$0 (4)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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)	
<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)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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)	
<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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
<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

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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)	
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 referring to section C.

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 (4)	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)
<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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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)	
<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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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
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, biphasic delayed release 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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg, 30 mg</i>	\$0 (2)	QL (60 EA per 30 days)
<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 referring to section C.

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
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	\$0 (6)	NM; IRA \$0 for age 19 and older

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	NM; IRA \$0 for age 50 and older only
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
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

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	\$0 (6)	B/D; NM
ENGERIX-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)	NM; IRA \$0 up to age 45
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	\$0 (6)	NM; IRA \$0 up to age 45
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

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
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)	NM; IRA \$0 for age 50 and older only
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 referring to section C.

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
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

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	NM; A third dose may be considered in post-transplant members (PA required).; 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
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

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
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

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
<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)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

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 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)
<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^)	PA; Only Teriparatide NDC 47781065289 is covered; 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 referring to section C.

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^)	
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)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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		
<i>ESTROGENS / PROGESTINS</i>		
<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)	
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)
You can find information on what the symbols and abbreviations in this table mean by referring to section C.		
10/01/2025		

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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)	
<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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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)	
<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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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)	
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)	
<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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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)	
<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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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)	
<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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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)	
<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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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)	
<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 referring to section C.

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)	
<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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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)	
<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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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)	
<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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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)	
<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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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)	
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)	
<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

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
<i>ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %</i>	\$0 (4)	
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	\$0 (3)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
--------------	--	---

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)	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	\$0 (3)	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	\$0 (4)	

STERIODS

<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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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)	
<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		
OVER THE COUNTER (OTC) AND RX AGENTS		
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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
acetaminophen 500 mg tablet	\$0 (0)	
acid gone tablet chew 160-105 mg	\$0 (0)	
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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
allergy relief 25 mg capsule	\$0 (0)	
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)	
anti-itch (hc) with aloe-vit e topical cream 1 %	\$0 (0)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
dok oral capsule 100 mg, 250 mg	\$0 (0)	
dr scholl's clear away strips 40 %	\$0 (0)	
dss 250 mg softgel	\$0 (0)	
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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
feen-a-mint oral tablet 5 mg	\$0 (0)	
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 referring to section C.

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)	
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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
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)	
kapectate 262 mg/15 ml susp peppermint	\$0 (0)	
kapectate extra strength liq peppermint 525 mg/15 ml	\$0 (0)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
magnesium citrate solution saline laxative	\$0 (0)	
magnesium oxide 400 mg tablet (otc) 400 mg (241.3 mg magnesium)	\$0 (0)	
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)	
maxapap regular strength oral tablet 325 mg	\$0 (0)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
nytol 25 mg tablet 12's	\$0 (0)	
ocean for kids nasal aerosol,spray 0.65 %	\$0 (0)	
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)	
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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
sodium bicarb 325 mg tablet	\$0 (0)	
sodium bicarb 650 mg tablet	\$0 (0)	
sodium chloride 1 gm tablet (otc)	\$0 (0)	
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 referring to section C.

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)	
triple antibiotic ointment pkt u-d,144x.94g foilpk (otc) 3.5-400-5,000 mg-unit-unit	\$0 (0)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
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		
ANTI-HISTAMINE / 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

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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
<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 referring to section C.

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)
ARNUIITY 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)
<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)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
<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)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
<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)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	PA; generic for Revatio; 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)	PA; generic for Adcirca; QL (60 EA per 30 days)
<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)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
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 referring to section C.

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)

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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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)
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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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)	
<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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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)	
<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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

10/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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
<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 referring to section C.

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>.....28	<i>acyclovir sodium</i>.....29	<i>alcohol pads</i> 128
<i>abacavir-lamivudine</i>.....28	ADACEL(TDAP	ALECENSA.....45
ABELCET.....27	ADOLESN/ADULT)(PF) 145	<i>alendronate</i>.....151
<i>abigale lo</i>.....154	<i>adapalene</i>.....116	aler-cap..... 171
ABILIFY ASIMTUFII.....83	<i>adefovir</i> 29	aler-tab.....171
ABILIFY MAINTENA.....83	ADEMPAS..... 208	<i>alfuzosin</i> 214
<i>abiraterone</i>.....45	ADVAIR HFA.....208	<i>aliskiren</i> 98
<i>abirtega</i>.....45	aerochamber mv..... 171	allegra-d 12 hour.....171
ABRYSVO (PF)..... 144	aerochamber plus	aller-chlor..... 171
<i>acamprosate</i> 122	flow-vu..... 171	allergy
<i>acarbose</i>.....128	aerochamber plus	(chlorpheniramine).... 171
<i>accutane</i>.....116	flow-vu,l msk..... 171	allergy
ace aerosol cloud	aerochamber plus	relief(chlorpheniramn)
enhancer..... 170	flow-vu,m msk.....171	185
<i>acebutolol</i>.....98	aerochamber plus	allergy
acephen.....170	flow-vu,s msk..... 171	relief(diphenhydramin
acetaminophen.. 170, 171	aerochamber with	)..... 172
<i>acetaminophen-</i>	flowsignal..... 171	<i>allopurinol</i> 151
<i>codeine</i> 78, 79	aerochamber z-stat	<i>alose tron</i> 138
<i>acetazolamide</i> 168	plus-flw sg..... 171	ALPHAGAN P..... 170
<i>acetic acid</i>.....126	AIMOVIG	<i>alprazolam</i> 83
<i>acetylcysteine</i>.....208	AUTOINJECTOR.....75	altamist.....172
acetyltyrosine-vitamin	AKEEGA.....45	altaryl..... 172
b6..... 193	<i>ala-cort</i> 119	<i>altavera (28)</i>.....157
acid gone antacid	alamax protect..... 171	aluminum hydroxide
e.strength.....171	alavert d-12 allergy-	gel.....172
<i>acitretin</i> 113	sinus..... 171	ALUNBRIG.....45, 46
acne medication.....171	alaway..... 171	<i>alyacen 1/35 (28)</i> 157
ACTHIB (PF)..... 145	<i>albendazole</i> 37	<i>amantadine hcl</i>.....29
ACTIMMUNE..... 143	<i>albuterol sulfate</i> . 208, 209	<i>ambrisentan</i> 209
<i>acyclovir</i>.....28, 29	<i>alclometasone</i> 119	<i>amikacin</i> 37

<i>amiloride</i>	99	antacid plus anti-gas..	186	<i>ashlyna</i>	158
<i>amiloride-</i>		antacid regular		aspirin.....	173
<i>hydrochlorothiazide</i>	99	strength.....	172	aspirin childrens.....	178
<i>amiodarone</i>	97	anti-diarrheal.....	180	<i>aspirin-dipyridamole</i> ..	107
<i>amitriptyline</i>	83	anti-diarrheal		ASSURE ID INSULIN	
<i>amlactin</i>	172	(loperamide).....	172	SAFETY.....	150
<i>amlodipine</i>	99	antifungal (tolnaftate)	172	<i>atazanavir</i>	29
<i>amlodipine-</i>		anti-hist.....	172	<i>atenolol</i>	99
<i>atorvastatin</i>	109	anti-itch (hc) with		<i>atenolol-</i>	
<i>amlodipine-benazepril</i> ..	99	aloe-vit e.....	172	<i>chlorthalidone</i>	99
<i>amlodipine-</i>		anti-itch maximum		<i>atomoxetine</i>	85
<i>olmesartan</i>	99	strength.....	173	<i>atorvastatin</i>	109
<i>amlodipine-valsartan</i> ...	99	<i>apraclonidine</i>	170	<i>atovaquone</i>	37
<i>amlodipine-valsartan-</i>		<i>aprepitant</i>	138	<i>atovaquone-proguanil</i> ..	37
<i>hcthiacid</i>	99	<i>apri</i>	157	<i>atropine</i>	166
<i>ammonium lactate</i>	115	APTIVUS.....	29	ATROVENT HFA.....	209
<i>ammonium lactate</i>	172	<i>aranelle (28)</i>	158	<i>aubra eq</i>	158
<i>amnesteam</i>	116	ARCALYST.....	143	AUGTYRO.....	46
<i>amoxapine</i>	83	AREXVY (PF).....	145	auraphene-b.....	173
<i>amoxicillin</i>	41	<i>arformoterol</i>	209	AUVELITY.....	85
<i>amoxicillin-pot</i>		ARIKAYCE.....	37	aveeno anti-itch	
<i>clavulanate</i>	41	<i>aripiprazole</i>	83, 84	(hydrocortsn).....	173
<i>amphotericin b</i>	27	ARISTADA.....	84	<i>aviane</i>	158
<i>amphotericin b</i>		ARISTADA INITIO.....	84	AVMAPKI-FAKZYNJA.....	46
<i>liposome</i>	27	<i>armodafinil</i>	84	ayr saline.....	173
<i>ampicillin</i>	41	ARNUITY ELLIPTA.....	209	AYVAKIT.....	46
<i>ampicillin sodium</i>	41	artificial tears		<i>azathioprine</i>	46
<i>ampicillin-sulbactam</i>	41	(petro/min).....	173	<i>azelaic acid</i>	117
<i>anagrelide</i>	122	artificial tears (pf).....	173	<i>azelastine</i>	126, 166
<i>anastrozole</i>	46	artificial tears (polyvin		<i>azithromycin</i>	36
ANORO ELLIPTA.....	209	alc).....	173	azo urinary pain relief	173
antacid (calcium		artificial tears(dext70-		<i>aztreonam</i>	37
carbonate).....	172	hypro).....	173	<i>azurette (28)</i>	158
antacid anti-gas.....	172	ascorbic acid (vitamin		<i>bacitracin</i>	165
antacid ext str		c).....	173, 205	<i>bacitracin</i>	174
(calcium carb).....	172	<i>asenapine maleate</i>	84	<i>bacitracin zinc</i>	174

10/01/2025

<i>bacitracin-polymyxin b</i>.....165	BEVESPI AEROSPHERE 209	<i>buprenorphine hcl</i> 79
<i>bacitracin-polymyxin b</i>.....174	<i>bexarotene</i> 46	<i>buprenorphine-</i> <i>naloxone</i>.....80
<i>baclofen</i>.....78	BEXSERO.....145	<i>bupropion hcl</i>.....85
<i>balsalazide</i>.....138	<i>bicalutamide</i>.....46	<i>bupropion hcl</i> <i>(smoking deter)</i> 125
BALVERSA..... 46	BICILLIN L-A..... 42	<i>buspirone</i>.....85
<i>balziva (28)</i>.....158	BIKTARVY.....29	<i>butorphanol</i>.....81
banophen..... 174	biotin..... 174	<i>cabergoline</i>.....135
BARACLUDE..... 29	bisac-evac.....174	CABOMETYX..... 47
bc max strength.....174	bisacodyl.....174	cal-carb forte..... 175
BCG VACCINE, LIVE (PF)..... 145	biscolax.....175	calci-chew.....175
b-complex with vitamin c.....204	bismatrol..... 175	<i>calcipotriene</i>.....113
BELSOMRA..... 85	bismuth subsalicylate.175	<i>calcitonin (salmon)</i> 135
benadryl..... 174	<i>bisoprolol fumarate</i>....100	<i>calcitriol</i>.....135
benadryl allergy.....174	<i>bisoprolol-</i> <i>hydrochlorothiazide</i>....100	calcium 500 with d.... 175
<i>benazepril</i>.....99	<i>blisovi 24 fe</i> 158	calcium 600..... 175, 176
<i>benazepril-</i> <i>hydrochlorothiazide</i>.....99	<i>blisovi fe 1.5/30 (28)</i> ...158	calcium antacid..... 176
BENLYSTA..... 152	BONSITY..... 151	calcium carbonate 175, 176, 177
benzonatate..... 174	BOOSTRIX TDAP.....145	calcium carbonate- vitamin d2..... 177
benzoyl peroxide.....174	<i>bosentan</i>.....209	calcium carbonate- vitamin d3..... 176
<i>benztropine</i> 73	BOSULIF..... 46, 47	calcium glucarate..... 177
BESREMI..... 143	BRAFTOVI..... 47	calcium lactate..... 177
<i>betaine</i> 138	BREO ELLIPTA..... 209	cal-gest antacid..... 177
<i>betamethasone</i> <i>dipropionate</i> 119, 120	<i>breyna</i> 209	cal-lac..... 177
<i>betamethasone</i> <i>valerate</i> 120	BREZTRI AEROSPHERE 210	CALQUENCE (ACALABRUTINIB MAL).47
<i>betamethasone,</i> <i>augmented</i> 120	<i>briellyn</i>.....158	caltrate 600..... 177
BETASERON..... 143	<i>brimonidine</i> 170	caltrate with vitamin d3..... 177
<i>betaxolol</i>.....99, 166	<i>brinzolamide</i>.....168	<i>camila</i>.....154
<i>bethanechol chloride</i> ..215	BRIVIACT.....66	<i>camrese lo</i> 158
	<i>bromfenac</i> 167	<i>candesartan</i>.....100
	<i>bromocriptine</i>.....73	
	brotapp.....175	
	brotapp dm..... 175	
	BRUKINSA..... 47	
	<i>budesonide</i> 139, 210	
	<i>bumetanide</i> 100	

10/01/2025

<i>candesartan-</i>	<i>centavite a-z</i>	<i>children's tactinal</i> 179
<i>hydrochlorothiazid</i> 100	<i>complete-mineral</i>.....178	<i>chlorhexidine</i>
CAPLYTA..... 85	<i>cephalexin</i> 36	<i>gluconate</i>.....126
CAPRELSA..... 47	<i>cervite advanced</i>	<i>chlorhexidine</i>
<i>capsaicin</i>.....177	<i>formula</i>.....178	<i>gluconate</i>.....179
<i>captopril</i> 100	<i>certavite-antioxid (iron</i>	<i>chlorhist</i>.....179
<i>carbamazepine</i>.....66	<i>gluc)</i>.....178	<i>chloroquine phosphate</i> .37
<i>carbidopa</i> 73	<i>cetirizine</i>.....178	<i>chlorpromazine</i>.....85
<i>carbidopa-levodopa</i> 73	<i>cetirizine</i> 207	<i>chlorthalidone</i> 100
<i>carbidopa-levodopa-</i>	<i>cetirizine-</i>	<i>cholecalciferol</i>
<i>entacapone</i>.....74	<i>pseudoephedrine</i> 178	<i>(vitamin d3)</i> 205, 206
<i>carglumic acid</i> 122	<i>cevimeline</i>.....122	<i>cholestyramine (with</i>
<i>carnitex</i>.....177	CHEMET.....122	<i>sugar)</i> 109
<i>carteolol</i> 166	<i>cheratussin ac</i>.....178	<i>cholestyramine light</i> ...110
<i>carter's little pills</i>.....177	<i>cheratussin dac</i> 178	<i>ciclopirox</i> 118
<i>cartia xt</i> 100	<i>chest congestion relief</i>	<i>cidatine-tm</i>.....179
<i>carvedilol</i> 100	178	<i>cider vinegar-ginger</i>
<i>casprofungin</i> 27	<i>chewable vitamin c</i>.....178	<i>root xt</i>.....173
CAYSTON..... 37	<i>children's afrin</i>.....179	<i>cilostazol</i>.....107
<i>cefaclor</i>.....34	<i>children's allegra</i>	CIMDUO..... 29
<i>cefadroxil</i>.....34	<i>allergy</i>.....179	<i>cimetidine</i>.....179
<i>cefazolin</i> 34	<i>children's allergy</i>	<i>cinacalcet</i> 135
<i>cefdinir</i>.....35	<i>(diphenhyd)</i> 186	<i>ciprofloxacin hcl</i> ...43, 165
<i>cefepime</i> 35	<i>children's chewable</i>	<i>ciprofloxacin in 5 %</i>
<i>cefixime</i> 35	<i>multivitmn</i>.....179	<i>dextrose</i>.....43
<i>cefoxitin</i>.....35	<i>children's ibuprofen</i> ... 179	<i>ciprofloxacin-</i>
<i>cefpodoxime</i>.....35	<i>children's iron</i>.....179	<i>dexamethasone</i> 127
<i>cefprozil</i>.....35	<i>children's mapap</i> 179	<i>citalopram</i> 86
<i>ceftazidime</i>.....35	<i>children's non-aspirin</i>	<i>citrate of magnesia</i>....179
<i>ceftriaxone</i> 35	<i>pain</i>.....179	<i>citroma</i> 179
<i>cefuroxime axetil</i>.....35	<i>children's pain reliever</i>	<i>claravis</i> 117
<i>cefuroxime sodium</i> . 35, 36	179	<i>clarithromycin</i> 36
<i>celecoxib</i>.....81	<i>children's pain-fever</i>	<i>clindamycin hcl</i>.....37
<i>centamin</i> 177	<i>relief</i> 179	<i>clindamycin in 5 %</i>
<i>centavite</i>.....178	<i>children's saline nasal</i>	<i>dextrose</i>.....37
	<i>spray</i>.....179	

10/01/2025

<i>clindamycin phosphate</i> 38, 117, 156	compound w..... 180	CYLTEZO(CF) PEN
<i>clindamycin-benzoyl peroxide</i>.....117	compoz.....180	CROHN'S-UC-HS.....152
<i>clobazam</i> 66	<i>compro</i> 139	CYLTEZO(CF) PEN
<i>clobetasol</i> 120	<i>constulose</i>.....139	PSORIASIS-UV..... 152
<i>clobetasol-emollient</i> ...120	COPIKTRA..... 48	<i>cyproheptadine</i> 207
<i>clodan</i>.....121	coqmax omega..... 180	<i>cyred eq</i> 158
<i>clomipramine</i> 86	corfen-dm.....180	CYSTAGON.....215
<i>clonazepam</i> 66, 67	CORLANOR..... 111	CYSTARAN..... 166
<i>clonidine</i> 100	correctol..... 180	<i>d10 %-0.45 % sodium chloride</i>.....123
<i>clonidine hcl</i>.....100	correctol extra gentle.180	<i>d2.5 %-0.45 % sodium chloride</i>.....123
<i>clopidogrel</i>.....107	COSENTYX.....113	<i>d5 % and 0.9 % sodium chloride</i>.....123
<i>clorazepate</i>	COSENTYX (2 SYRINGES).....113	<i>d5 %-0.45 % sodium chloride</i>.....123
<i>dipotassium</i> 86	COSENTYX PEN (2 PENS)..... 113	<i>dabigatran etexilate</i> ...107
<i>clotrimazole</i> .. 27, 118, 119	COSENTYX UNOREADY PEN..... 113	daily multiple.....180
<i>clotrimazole</i>.....180	COTELLIC..... 48	daily-vite.....181
<i>clotrimazole- betamethasone</i> 119	cough suppressant- expectorant..... 180	daily-vite (with folic acid).....181
<i>clozapine</i> 86	CREON..... 139	dakin's solution..... 181
COARTEM..... 38	CRESEMBA.....27	<i>dalfampridine</i> 76
COBENFY..... 86	<i>cromolyn</i>....139, 166, 210	<i>danazol</i>.....135
COBENFY STARTER PACK..... 86	cromolyn..... 180	dandelion root.....181
<i>colchicine</i>.....151	<i>cryselle (28)</i> 158	<i>dantrolene</i> 78
<i>colesevelam</i>.....110	cyanocobalamin (vitamin b-12) 180, 204, 205	DANZITEN..... 48
<i>colestipol</i> 110	<i>cyclobenzaprine</i>.....78	DAPAGLIFLOZIN
<i>colistin (colistimethate na)</i> 38	<i>cyclophosphamide</i>.....48	PROPANEDIOL..... 128
COMBIGAN.....168	CYCLOPHOSPHAMIDE...48	<i>dapsone</i> 38
COMBIVENT	<i>cyclosporine</i>.....48, 166	DAPTACEL (DTAP
RESPIMAT..... 210	<i>cyclosporine modified</i> ...48	PEDIATRIC) (PF)..... 145
COMETRIQ.....47	CYLTEZO(CF)..... 152, 153	<i>daptomycin</i>.....38
complete allergy.....180	CYLTEZO(CF) PEN.....152	<i>darunavir</i> 29
complete allergy medicine.....180		<i>dasatinib</i>.....48
10/01/2025		DAURISMO..... 48, 49

<i>deblitane</i>	154	diabetic siltussin das-		<i>disopyramide</i>	
deep sea nasal.....	181	na.....	181	<i>phosphate</i>	98
<i>deferasirox</i>	123	diabetic siltussin-dm..	181	<i>disulfiram</i>	123
DELSTRIGO.....	29	diabetic tussin max st.	181	<i>divalproex</i>	67, 68
delsym 12 hour.....	181	DIACOMIT.....	67	doc-q-lax.....	182
delsym cough-		<i>diazepam</i>	67, 88	docu soft.....	182
soothing action.....	181	<i>diazepam intensol</i>	88	docusate calcium.....	182
delsym nighttime		<i>diazoxide</i>	128	docusate sodium.....	182
multi-symptom.....	181	<i>diclofenac potassium</i>	81	docusil.....	182
<i>demeclocycline</i>	43	<i>diclofenac sodium</i> .81,	167	<i>dofetilide</i>	98
DEPO-SUBQ PROVERA		<i>diclofenac-misoprostol</i> .	81	dok.....	182, 183
104.....	154	<i>dicloxacillin</i>	42	<i>dolishale</i>	158
DESCOVY.....	29	<i>dicyclomine</i>	138	<i>donepezil</i>	76
<i>desipramine</i>	86	DIFICID.....	36	DOPTELET (10 TAB	
<i>desloratadine</i>	207	<i>diflunisal</i>	81	PACK).....	107
<i>desmopressin</i>	136	<i>difluprednate</i>	169	DOPTELET (15 TAB	
<i>desonide</i>	121	digestive support.....	181	PACK).....	107
<i>desvenlafaxine</i>		<i>digoxin</i>	111, 112	DOPTELET (30 TAB	
<i>succinate</i>	87	<i>dihydroergotamine</i>	75	PACK).....	108
<i>dexamethasone</i>	127	DILANTIN.....	67	<i>dorzolamide</i>	168
<i>dexamethasone</i>		DILANTIN EXTENDED....	67	<i>dorzolamide-timolol</i> ...	168
<i>sodium phosphate</i>	169	DILANTIN INFATABS.....	67	<i>dotti</i>	154
<i>dexlansoprazole</i>	142	DILANTIN-125.....	67	DOVATO.....	29
<i>dexmethylphenidate</i>	87	<i>diltiazem hcl</i>	101	<i>doxazosin</i>	101
<i>dextroamphetamine</i>		<i>dilt-xr</i>	101	<i>doxepin</i>	88
<i>sulfate</i>	87	dimetapp long-acting		<i>doxercalciferol</i>	136
<i>dextroamphetamine-</i>		(cpm-dm).....	181	<i>doxy-100</i>	43
<i>amphetamine</i>	87, 88	<i>dimethyl fumarate</i>	76	<i>doxycycline hyclate</i>	44
<i>dextrose 10 % and 0.2</i>		diocto.....	181, 182	<i>doxycycline</i>	
<i>% nacl</i>	123	diotame.....	182	<i>monohydrate</i>	44
<i>dextrose 10 % in water</i>		diphen.....	182	dr scholl's clear away.	183
(d10w).....	123	diphenhist.....	182	DRIZALMA SPRINKLE....	88
<i>dextrose 5 % in water</i>		diphenhydramine hcl.	182	<i>dronabinol</i>	139
(d5w).....	123	<i>diphenoxylate-</i>		<i>drospirenone-</i>	
<i>dextrose 5%-0.2 % sod</i>		<i>atropine</i>	138	<i>e.estradiol-lm.fa</i>	158
<i>chloride</i>	123	<i>dipyridamole</i>	107		

10/01/2025

<i>drospirenone-ethinyl</i>	ELMIRON.....	215	EPRONTIA.....	68
<i>estradiol</i>	<i>eluryng</i>	157	ergocalciferol (vitamin	
dss.....	EMGALITY PEN.....	75	d2).....	183, 205
ducodyl (bisacodyl).....	EMGALITY SYRINGE.....	75	<i>ergotamine-caffeine</i>	75
dulcolax stool softener	EMSAM.....	88	ERIVEDGE.....	49
(dss).....	<i>emtricitabine</i>	30	ERLEADA.....	49
<i>duloxetine</i>	<i>emtricitabine-tenofovir</i>		<i>erlotinib</i>	49
DUPIXENT PEN.....	(<i>tdf</i>).....	30	e-r-o ear.....	183
DUPIXENT SYRINGE....	<i>emtricitabine-tenofovir</i>		e-r-o ear wax removal	
<i>dutasteride</i>	<i>tenofovir</i>	30	system.....	183
<i>dutasteride-tamsulosin</i>	EMTRIVA.....	30	<i>errin</i>	154
.....	EMVERM.....	38	<i>ertapenem</i>	38
ear drops (carbamide	<i>enalapril maleate</i>	101	<i>ery pads</i>	117
peroxide).....	<i>enalapril-</i>		<i>ery-tab</i>	36
ear wax treatment.....	<i>hydrochlorothiazide</i>	101	<i>erythromycin</i> ..	36, 37, 165
easivent holding	ENBREL.....	153	<i>erythromycin with</i>	
chamber.....	ENBREL MINI.....	153	<i>ethanol</i>	117
ed chlorped jr.....	ENBREL SURECLICK.....	153	<i>erythromycin-benzoyl</i>	
ed-apap.....	<i>endocet</i>	79	<i>peroxide</i>	117
EDARBI.....	endur-acin.....	183	<i>escitalopram oxalate</i>	
EDARBYCLOR.....	ENERGIX-B (PF)...	145, 146	.....	88, 89
EDURANT.....	ENERGIX-B PEDIATRIC		<i>eslicarbazepine</i>	68
<i>efavirenz</i>	(PF).....	146	<i>esomeprazole</i>	
<i>efavirenz-emtricitabine-</i>	<i>enoxaparin</i>	108	<i>magnesium</i>	142
<i>tenofovir</i>	<i>enpresse</i>	159	<i>estarylla</i>	159
<i>efavirenz-lamivudine-</i>	<i>enskyce</i>	159	<i>estradiol</i>	154, 155
<i>tenofovir disoproxil</i>	<i>entacapone</i>	74	<i>estradiol valerate</i>	155
<i>electrolyte-148</i>	<i>entecavir</i>	30	<i>estradiol-</i>	
<i>electrolyte-a</i>	ENTRESTO.....	112	<i>norethindrone acet</i>	155
ELIGARD.....	ENTRESTO SPRINKLE..	112	<i>ethambutol</i>	38
ELIGARD (3 MONTH)....	<i>enulose</i>	139	<i>ethosuximide</i>	68
ELIGARD (4 MONTH)....	ENVARUSUS XR.....	49	<i>etodolac</i>	81
ELIGARD (6 MONTH)....	EPIDIOLEX.....	68	<i>etonogestrel-ethinyl</i>	
ELIQUIS.....	<i>epinephrine</i>	207	<i>estradiol</i>	157
ELIQUIS DVT-PE TREAT	<i>epitol</i>	68	<i>etravirine</i>	30
30D START.....	<i>eplerenone</i>	101	EUCRISA.....	115
10/01/2025				

EULEXIN.....	49	fexofenadine.....	184	<i>fluocinonide-emollient</i>	121
<i>euthyrox</i>	137	fexofenadine-		fluoride (sodium).....	202
<i>everolimus</i>		pseudoephedrine.....	184	<i>fluoride (sodium)</i>	218
(<i>antineoplastic</i>).....	50	FIASP FLEXTOUCH U-		<i>fluorometholone</i>	169
<i>everolimus</i>		100 INSULIN.....	129	<i>fluorouracil</i>	115
(<i>immunosuppressive</i>)...	50	FIASP PENFILL U-100		<i>fluoxetine</i>	89
EVOTAZ.....	30	INSULIN.....	129	<i>fluphenazine</i>	
<i>exemestane</i>	50	FIASP U-100 INSULIN..	129	<i>decanoate</i>	89
ex-lax (sennosides).....	183	fiber (calcium		<i>fluphenazine hcl</i>	89
ex-lax ultra.....	183	polycarbophil).....	184	<i>flurbiprofen</i>	81
<i>ezetimibe</i>	110	fiber laxative (ca		<i>flurbiprofen sodium</i>	167
<i>ezetimibe-simvastatin</i>	110	polycarbo).....	184	<i>fluticasone propionate</i>	
<i>falmina (28)</i>	159	fibergen.....	185	.....	121, 210
<i>famciclovir</i>	30	<i>finasteride</i>	215	<i>fluticasone propion-</i>	
<i>famotidine</i>	142	<i>fungolimod</i>	76	<i>salmeterol</i>	210
famotidine.....	183	FINTEPLA.....	68	<i>fluvastatin</i>	110
FANAPT.....	89	<i>finzala</i>	159	<i>fluvoxamine</i>	89
FANAPT TITRATION		FIRMAGON KIT W		foaming antacid.....	185
PACK A.....	89	DILUENT SYRINGE.....	50	folic acid.....	185
FARXIGA.....	128	<i>flac otic oil</i>	126	<i>formoterol fumarate</i> ..	210
<i>febuxostat</i>	151	<i>flecainide</i>	98	<i>fosamprenavir</i>	30
feen-a-mint.....	184	fleet laxative		<i>fosfomycin</i>	
<i>felbamate</i>	68	(bisacodyl).....	185	<i>tromethamine</i>	44
<i>felodipine</i>	102	flonase allergy relief..	185	<i>fosinopril</i>	102
<i>fenofibrate</i>	110	<i>fluconazole</i>	27	<i>fosinopril-</i>	
<i>fenofibrate micronized</i>		<i>fluconazole in nacl</i>		<i>hydrochlorothiazide</i>	102
.....	110	(<i>iso-osm</i>).....	27	FOTIVDA.....	50
<i>fenofibrate</i>		<i>flucytosine</i>	27	freezezone corn remover	
<i>nanocrystallized</i>	110	<i>fludrocortisone</i>	127	.....	185
<i>fenofibric acid</i>		<i>flunisolide</i>	210	FRUZAQLA.....	50
(<i>choline</i>).....	110	<i>fluocinolone</i>	121	<i>furosemide</i>	102
<i>fentanyl</i>	79	<i>fluocinolone acetoneide</i>		<i>fyavolv</i>	155
ferosul.....	184	<i>oil</i>	126	FYCOMPA.....	68
ferro-bob.....	184	<i>fluocinolone and</i>		<i>gabapentin</i>	68, 69
ferrous sulfate....	184, 187	<i>shower cap</i>	121	<i>galantamine</i>	76, 77
FETZIMA.....	89	<i>fluocinonide</i>	121	<i>gallifrey</i>	155

10/01/2025

GAMUNEX-C.....	146	<i>griseofulvin microsize</i>	<i>hydrocodone-</i>
GARDASIL 9 (PF).....	146	27, 28	<i>acetaminophen</i>
<i>gatifloxacin</i>	165	<i>griseofulvin</i>	<i>hydrocodone-</i>
GAUZE PAD.....	150	<i>ultramicrosize</i>	<i>ibuprofen</i>
<i>gavilyte-c</i>	139	<i>guanfacine</i>	<i>hydrocortisone</i>
<i>gavilyte-g</i>	139	GVOKE.....	121, 127, 139
GAVRETO.....	51	GVOKE HYPOPEN 2-	<i>hydrocortisone</i> ...
<i>gefitinib</i>	51	PACK.....	<i>hydrocortisone</i>
<i>gemfibrozil</i>	110	GVOKE PFS 1-PACK	<i>acetate</i>
<i>gemmily</i>	159	SYRINGE.....	<i>hydrocortisone plus</i> ...
genahist.....	185	gyne-lotrimin.....	<i>hydrocortisone-aloe</i>
<i>generlac</i>	139	HAEGARDA.....	<i>vera</i>
<i>gengraf</i>	51	<i>hailey 24 fe</i>	<i>hydromorphone</i>
<i>gentamicin</i>	38, 118, 165	<i>halobetasol</i>	<i>hydroskin with aloe</i>
<i>gentamicin in nacl (iso-</i>		<i>propionate</i>	<i>hydroxychloroquine</i>
<i>osm)</i>	38	<i>haloette</i>	<i>hydroxyurea</i>
genteal tears		<i>haloperidol</i>	<i>hydroxyzine hcl</i>
moderate.....	185	<i>haloperidol decanoate</i> .	<i>hydroxyzine pamoate</i> .
GENVOYA.....	30	<i>haloperidol lactate</i>	hypotears.....
gerivite complete.....	185	HAVRIX (PF).....	<i>ibandronate</i>
GILOTRIF.....	51	headache pm.....	IBRANCE.....
gilphex tr.....	185	healthylax.....	<i>ibu</i>
<i>glatiramer</i>	77	<i>heather</i>	<i>ibuprofen</i>
<i>glatopa</i>	77	hemorrhoidal.....	<i>ibuprofen</i>
GLEOSTINE.....	51	hemorrhoidal	<i>icatibant</i>
<i>glimepiride</i>	129	(phenyleph-cocoa)	<i>iclevia</i>
<i>glipizide</i>	129	183, 186	ICLUSIG.....
<i>glipizide-metformin</i>	129	<i>heparin (porcine)</i>	<i>icosapent ethyl</i>
glucose.....	174, 185	HEPLISAV-B (PF).....	IDHIFA.....
<i>glutamine (sickle cell)</i> .	124	HIBERIX (PF).....	<i>imatinib</i>
glycerin (adult).....	180	hi-cal plus vit d.....	IMBRUVICA.....
<i>glycopyrrolate</i>	138	humist.....	<i>imipenem-cilastatin</i>
GLYXAMBI.....	129	HUMULIN R U-500	<i>imipramine hcl</i>
GOMEKLI.....	51	(CONC) KWIKPEN.....	<i>imiquimod</i>
goody's hangover.....	185	<i>hydralazine</i>	IMKELDI.....
<i>granisetron hcl</i>	139	<i>hydrochlorothiazide</i>	

10/01/2025

<i>klor-con m15</i>	216	<i>letrozole</i>	54	<i>liraglutide</i>	132
<i>klor-con m20</i>	216	<i>leucovorin calcium</i>	45	<i>lisdexamfetamine</i>	91
KLOXXADO.....	82	LEUKERAN.....	54	<i>lisinopril</i>	103
konsyl fiber.....	188	<i>leuprolide</i>	54	<i>lisinopril-</i>	
konsyl sugar-free.....	188	<i>levabuterol hcl</i>	211	<i>hydrochlorothiazide</i>	103
KOSELUGO.....	54	<i>levetiracetam</i>	69	<i>lithium carbonate</i>	91
<i>kourzeq</i>	126	<i>levobunolol</i>	166	<i>lithium citrate</i>	92
KRAZATI.....	54	<i>levocarnitine</i>	124	little remedies.....	188
<i>kurvelo (28)</i>	160	<i>levocarnitine (with</i>		LIVTENCITY.....	31
<i>l norgest/e.estradiol-</i>		<i>sugar)</i>	124	LOKELMA.....	124
<i>e.estrad</i>	160	<i>levocetirizine</i>	208	LONSURF.....	55
<i>labetalol</i>	103	<i>levofloxacin</i>	43	<i>loperamide</i>	138
<i>lacosamide</i>	69	<i>levofloxacin in d5w</i>	43	<i>loperamide</i>	189
<i>lactulose</i>	140	<i>levonest (28)</i>	161	<i>lopinavir-ritonavir</i>	31
<i>lamivudine</i>	31	<i>levonorgestrel-ethinyl</i>		<i>loratadine</i>	178, 189
<i>lamivudine-zidovudine</i> .	31	<i>estrad</i>	161	<i>loratadine-</i>	
<i>lamotrigine</i>	69	<i>levonorg-eth estrad</i>		<i>pseudoephedrine</i>	189
<i>lansoprazole</i>	143	<i>triphasic</i>	161	<i>lorazepam</i>	92
<i>lapatinib</i>	54	<i>levora-28</i>	161	<i>lorazepam intensol</i>	92
<i>larin 1.5/30 (21)</i>	160	<i>levothyroxine</i>	137	LORBRENA.....	55
<i>larin 1/20 (21)</i>	160	<i>levoxyl</i>	137	<i>loryna (28)</i>	161
<i>larin fe 1.5/30 (28)</i>	160	lice treatment.....	188	<i>losartan</i>	103
<i>larin fe 1/20 (28)</i>	160	<i>lidocaine</i>	115	<i>losartan-</i>	
<i>latanoprost</i>	168	<i>lidocaine hcl</i>	115	<i>hydrochlorothiazide</i>	103
<i>laxa basic</i>	188	<i>lidocaine viscous</i>	115	<i>loteprednol etabonate</i>	169
<i>laxative (bisacodyl)</i>		<i>lidocaine-prilocaine</i>	116	<i>lovastatin</i>	111
.....	185, 188	<i>lidocan iii</i>	116	<i>low-ogestrel (28)</i>	161
<i>laxative-senna</i>	188	LILETTA.....	157	<i>loxapine succinate</i>	92
<i>layolis fe</i>	161	<i>linezolid</i>	39	<i>lubiprostone</i>	140
LAZCLUZE.....	54	<i>linezolid in dextrose</i>		LUMAKRAS.....	55
LEDIPASVIR-		<i>5%</i>	39	LUMIGAN.....	168
SOFOSBUVIR.....	31	LINZESS.....	140	LUPRON DEPOT.....	55
<i>leflunomide</i>	153	<i>liothyronine</i>	137	<i>lurasidone</i>	92
<i>lenalidomide</i>	54	liquid calcium with		<i>lyleq</i>	155
LENVIMA.....	54	vitamin d.....	188	<i>lyllana</i>	155
<i>lessina</i>	161	liquitears.....	188	LYNPARZA.....	55

10/01/2025

LYSODREN.....	55	maxi-tuss cd.....	191	methyl salicylate.....	191
LYTGOBI.....	55	<i>meclizine</i>	140	<i>methylphenidate hcl</i>	92
<i>lyza</i>	155	meclizine.....	191	<i>methylprednisolone</i>	127
maalox maximum		<i>medroxyprogesterone</i>	156	methyltetrahydrofolat	
strength.....	189	<i>mefloquine</i>	39	e glucos.....	170
maalox rs.....	189	<i>megestrol</i>	56	<i>metoclopramide hcl</i>	140
mag 64.....	189	MEKINIST.....	56	<i>metolazone</i>	103
mag citrate-potassium		MEKTOVI.....	56	<i>metoprolol succinate</i> ..	103
citrate.....	188	melatonin.....	191	<i>metoprolol ta-</i>	
mag-delay.....	189	<i>meleya</i>	156	<i>hydrochlorothiaz</i>	103
magnacaps.....	189	<i>meloxicam</i>	82	<i>metoprolol tartrate</i>	103
magnesium.....	189	<i>memantine</i>	77	<i>metronidazole</i>	
magnesium citrate		MENACTRA (PF).....	147	.....	39, 117, 118, 157
.....	189, 190	MENQUADFI (PF).....	147	<i>metronidazole in nacl</i>	
magnesium oxide		MENVEO A-C-Y-W-		<i>(iso-os)</i>	39
.....	189, 190	135-DIP (PF).....	147	<i>metyrosine</i>	104
<i>magnesium sulfate</i>	216	<i>mercaptapurine</i>	56	<i>mexiletine</i>	98
magtab.....	190	<i>meropenem</i>	39	mi-acid gas	
<i>malathion</i>	122	<i>mesalamine</i>	140	relief(simethicon).....	191
mapap		<i>mesna</i>	45	mi-acid(calcium carb-	
(acetaminophen).....	190	metamucil.....	191	mag hydr).....	191
mapap arthritis pain...	190	metamucil (with sugar)		<i>mibelas 24 fe</i>	161
mapap extra strength.	190	.....	191	<i>micafungin</i>	28
mapap pm.....	190	metamucil fiber thin...	191	miconazole nitrate	
<i>maraviroc</i>	31	metamucil multihealth		.....	191, 192
<i>marlissa (28)</i>	161	fiber.....	191	miconazole-3.....	192
MARPLAN.....	92	<i>metformin</i>	132	miconazole-3	
MATULANE.....	56	<i>methadone</i>	79	prefil,cream,wipe.....	192
<i>matzim la</i>	103	<i>methazolamide</i>	168	microchamber.....	192
maxapap maximum		<i>methenamine</i>		<i>microgestin 1.5/30</i>	
strength.....	190	<i>hippurate</i>	44	(21).....	161
maxapap regular		<i>methimazole</i>	128	<i>microgestin 1/20 (21)</i> .	161
strength.....	190	<i>methotrexate sodium</i> ...	56	<i>microgestin fe 1.5/30</i>	
maxichlor peh dm.....	191	<i>methotrexate sodium</i>		(28).....	162
maxifed.....	191	(pf).....	56	<i>microgestin fe 1/20</i>	
maxifed tr.....	191	<i>methsuximide</i>	69	(28).....	162

10/01/2025

microspacer.....	192	mucus relief.....	193	natural fiber laxative	
<i>midodrine</i>	124	mucus relief dm.....	193	(sugar).....	194
<i>mifepristone</i>	136	MULTAQ.....	98	natural vegetable fiber	
milantex extra		multi-day.....	193	.....	194
strength.....	192	multivitamin.....	193	NAYZILAM.....	70
<i>mili</i>	162	multi-vitamin with		na-zone.....	194
milk of magnesia.....	192	fluoride.....	193	<i>nebivolol</i>	104
<i>mimvey</i>	156	multivitamin with		<i>necon 0.5/35 (28)</i>	162
mineral oil.....	192	minerals.....	193	<i>nefazodone</i>	93
<i>minocycline</i>	44	multi-vit-flor.....	193	<i>neomycin</i>	39
<i>minoxidil</i>	104	<i>mupirocin</i>	118	<i>neomycin-bacitracin-</i>	
mintox plus.....	192	murine ear.....	193	<i>poly-hc</i>	169
<i>mirabegron</i>	214	murine ear wax		<i>neomycin-bacitracin-</i>	
<i>mirtazapine</i>	92, 93	removal system.....	193	<i>polymyxin</i>	165
<i>misoprostol</i>	143	<i>mycophenolate mofetil</i>		<i>neomycin-polymyxin b-</i>	
M-M-R II (PF).....	147	.....	56, 57	<i>dexameth</i>	169
<i>modafinil</i>	93	<i>mycophenolate</i>		<i>neomycin-polymyxin-</i>	
<i>moexipril</i>	104	<i>sodium</i>	57	<i>gramicidin</i>	165
<i>molindone</i>	93	mytab gas		<i>neomycin-polymyxin-</i>	
<i>mometasone</i>		(simethicone).....	193	<i>hc</i>	127, 169
.....	121, 122, 211	n.o.max er.....	193	nephronex-sl.....	194
monistat 3.....	192	<i>nabumetone</i>	82	NERLYNX.....	57
<i>montelukast</i>	211	<i>nadolol</i>	104	<i>neuac</i>	118
<i>morphine</i>	80	<i>nafcillin</i>	42	NEUPRO.....	74
<i>morphine concentrate</i> ..	80	<i>naftifine</i>	119	<i>nevirapine</i>	31, 32
motion sickness		<i>naloxone</i>	82	NEXLETOL.....	111
relief(mecliz).....	192	<i>naltrexone</i>	82	NEXPLANON.....	157
MOUNJARO.....	132	NAMZARIC.....	77	<i>niacin</i>	111
MOVANTIK.....	140	<i>naproxen</i>	82	niacin.....	194, 197
<i>moxifloxacin</i>	43, 165	<i>naproxen sodium</i>	82	<i>nicardipine</i>	104
<i>moxifloxacin-</i>		naproxen sodium.....	186	nicotine.....	194
<i>sod.chloride(iso)</i>	43	<i>naratriptan</i>	75	nicotine (polacrilex)....	186
MRESVIA (PF).....	147	nasal mist.....	193	NICOTROL NS.....	125
mucinex cold-flu hbp..	192	nasal moist.....	193	<i>nifedipine</i>	104
mucinex fast-max dm		NATACYN.....	165	<i>nikki (28)</i>	162
max.....	193	<i>nateglinide</i>	132	<i>nilutamide</i>	57

10/01/2025

<i>nimodipine</i>.....104	NOVOLIN 70-30	OGSIVEO.....57
NINLARO.....57	FLEXPEN U-100.....132	OJEMDA.....58
<i>nitazoxanide</i>.....39	NOVOLIN N FLEXPEN..132	OJJAARA.....58
<i>nitisinone</i>.....124	NOVOLIN N NPH U-	<i>olanzapine</i>.....93
<i>nitro-bid</i>.....112	100 INSULIN.....133	<i>olmesartan</i>.....104
<i>nitrofurantoin</i>	NOVOLIN R FLEXPEN..133	<i>olmesartan-amlodipin-</i>
<i>macrocrystal</i>.....44	NOVOLIN R REGULAR	<i>hcthiaid</i>.....104
<i>nitrofurantoin</i>	U100 INSULIN.....133	<i>olmesartan-</i>
<i>monohyd/m-cryst</i>.....45	NOVOLOG FLEXPEN U-	<i>hydrochlorothiazide</i>....104
<i>nitroglycerin</i> 112, 113, 140	100 INSULIN.....133	<i>olopatadine</i>.....126
NIVESTYM.....143, 144	NOVOLOG MIX 70-30	<i>olopatadine</i>.....195
nohist-dm.....194	U-100 INSULN.....133	<i>omegapure 900-tg</i>.....195
non-aspirin.....194	NOVOLOG MIX 70-	<i>omeprazole</i>.....143
non-aspirin extra	30FLEXPEN U-100.....133	<i>omeprazole</i>.....186
strength.....194	NOVOLOG PENFILL U-	OMNITROPE.....144
<i>nora-be</i>.....156	100 INSULIN.....133	<i>once daily</i>.....195
<i>norelgestromin-</i>	NOVOLOG U-100	<i>ondansetron</i>.....140
<i>ethin.estradiol</i>.....157	INSULIN ASPART.....133	<i>ondansetron hcl</i>.....140
<i>norethindrone</i>	NUBEQA.....57	<i>one daily multivitamin</i> 195
<i>(contraceptive)</i>.....156	NUDEXTA.....77	ONUREG.....58
<i>norethindrone acetate</i> 156	NUPLAZID.....93	OPIPZA.....93, 94
<i>norethindrone ac-eth</i>	NURTEC ODT.....75	<i>optichamber</i>
<i>estradiol</i>.....156, 162	<i>nyamyc</i>.....119	<i>advantage</i>.....195
<i>norethindrone-</i>	<i>nylia 1/35 (28)</i>.....162	<i>optichamber large</i>
<i>e.estradiol-iron</i>.....162	<i>nylia 7/7/7 (28)</i>.....163	<i>face mask</i>.....195
<i>norgestimate-ethinyl</i>	<i>nystatin</i>.....28, 119	<i>optichamber medium</i>
<i>estradiol</i>.....162	<i>nystop</i>.....119	<i>face mask</i>.....195
nortemp.....194	nytol.....195	<i>optichamber small</i>
<i>nortrel 0.5/35 (28)</i>.....162	NYVEPRIA.....144	<i>face mask</i>.....195
<i>nortrel 1/35 (21)</i>.....162	<i>ocean for kids</i>.....195	<i>optihaler drug delivery</i>
<i>nortrel 1/35 (28)</i>.....162	<i>ocella</i>.....163	<i>system</i>.....195
<i>nortrel 7/7/7 (28)</i>.....162	<i>octreotide acetate</i>.....57	<i>optimag plus calcium</i> . 195
<i>nortriptyline</i>.....93	ODEFSEY.....32	<i>oralyte</i>.....195
NORVIR.....32	ODOMZO.....57	<i>orazinc</i>.....195
NOVOLIN 70/30 U-100	OFEV.....211	ORGOVYX.....58
INSULIN.....132	<i>ofloxacin</i>.....126, 165	ORSERDU.....58

10/01/2025

<i>oseltamivir</i>	32	pediatric enema.....	197	phosphate laxative.....	197
ossopan md.....	195	PEDVAX HIB (PF).....	147	phytonadione (vitamin k1).....	206
ossopan-1100.....	195	<i>peg 3350-electrolytes</i> ..	141	PIFELTRO.....	32
OTEZLA.....	153	PEGASYS.....	144	<i>pilocarpine hcl</i>	124, 167
OTEZLA STARTER.....	153	<i>peg-electrolyte soln</i>	141	<i>pimecrolimus</i>	116
<i>oxacillin</i>	42	PEMAZYRE.....	58	<i>pimozide</i>	94
<i>oxaprozin</i>	82	PEN NEEDLE, DIABETIC	151	<i>pimtrea (28)</i>	163
<i>oxcarbazepine</i>	70	PENBRAYA (PF).....	148	<i>pindolol</i>	104
OXERVATE.....	167	<i>penicillamine</i>	153	pink bismuth.....	197
<i>oxybutynin chloride</i>	214	PENICILLIN G POT IN DEXTROSE.....	42	<i>pioglitazone</i>	134
<i>oxycodone</i>	80	<i>penicillin g potassium</i> ...	42	<i>pioglitazone-</i> <i>glimepiride</i>	134
<i>oxycodone-</i> <i>acetaminophen</i>	80	<i>penicillin g sodium</i>	42	<i>pioglitazone-</i> <i>metformin</i>	134
oysco 500/d.....	195	<i>penicillin v potassium</i> ...	42	<i>piperacillin-</i> <i>tazobactam</i>	42
oysco-500.....	196	PENTACEL (PF).....	148	PIQRAY.....	59
oyst-cal d.....	196	<i>pentamidine</i>	39	<i>pirfenidone</i>	211
oyster shell + d3.....	196	<i>pentoxifylline</i>	108	<i>piroxicam</i>	82
oyster shell calcium-vit d2.....	196	peri-colace.....	197	<i>pitavastatin calcium</i> ...	111
oyster shell calcium-vit d3.....	196	<i>perindopril erbumine</i> ..	104	PLENAMINE.....	218
OZEMPIC.....	133	<i>periogard</i>	126	PLENVU.....	141
<i>pacerone</i>	98	peri-wash.....	197	pocket chamber.....	197
pain relief es (acetaminophen).....	196	<i>permethrin</i>	122	pocket spacer.....	197
pain relief pm.....	196	<i>perphenazine</i>	94	<i>podofilox</i>	116
pain reliever pm.....	197	pflex inspiratory trainer.....	197	polyethylene glycol 3350.....	198
<i>paliperidone</i>	94	pharbedryl.....	197	poly-iron.....	198
panoxyl.....	197	pharbetol.....	197	<i>polymyxin b sulf-</i> <i>trimethoprim</i>	166
PANRETIN.....	116	phazyme.....	197	poly-vi-flor drops.....	198
<i>pantoprazole</i>	143	phenazopyridine.....	197	poly-vi-flor with iron drops.....	198
<i>paricalcitol</i>	136	<i>phenelzine</i>	94	poly-vitamin.....	198
<i>paroxetine hcl</i>	94	<i>phenobarbital</i>	70	poly-vitamin with iron	198
PAXLOVID.....	32	phenylhistine dh.....	197		
<i>pazopanib</i>	58	<i>phenytoin</i>	70		
PEDIARIX (PF).....	147	<i>phenytoin sodium</i> <i>extended</i>	70		

10/01/2025

POMALYST.....	59	prenatal vitamin.....	198	<i>propranolol</i>	105
<i>portia 28</i>	163	<i>prenatal vitamin plus</i>		<i>propylthiouracil</i>	128
<i>posaconazole</i>	28	<i>low iron</i>	218	PROQUAD (PF).....	148
<i>potassium chlorid-d5-</i>		preparation h		proteoxyme.....	199
<i>0.45%nacl</i>	216	hydrocortisone.....	198	<i>protriptyline</i>	94
<i>potassium chloride</i>		<i>prevalite</i>	111	pseudoephedrine hcl..	199
.....	216, 217	PREVYMIS.....	32	PULMOZYME.....	211
<i>potassium chloride in</i>		PREZCOBIX.....	32	pure comfort spacer-	
<i>0.9%nacl</i>	216	PREZISTA.....	32	adult mask.....	199
<i>potassium chloride in 5</i>		PRIFTIN.....	39	<i>pyrazinamide</i>	40
<i>% dex</i>	216	PRIMAQUINE.....	39	pyridium.....	199
<i>potassium chloride-</i>		PRIMIDONE.....	70	<i>pyridostigmine</i>	
<i>0.45 % nacl</i>	217	<i>primidone</i>	70	<i>bromide</i>	78
<i>potassium chloride-d5-</i>		PRIORIX (PF).....	148	pyridoxine (vitamin	
<i>0.2%nacl</i>	217	<i>probenecid</i>	151	b6).....	199, 205
<i>potassium chloride-d5-</i>		<i>probenecid-colchicine</i> ..	151	<i>pyrimethamine</i>	40
<i>0.9%nacl</i>	217	<i>prochlorperazine</i>	141	q-dryl.....	199
<i>potassium citrate</i>	215	<i>prochlorperazine</i>		QINLOCK.....	59
povidone-iodine.....	198	<i>maleate</i>	141	q-tapp.....	199
PRALUENT PEN.....	111	<i>procto-med hc</i>	141	QUADRACEL (PF).....	148
<i>pramipexole</i>	74	<i>proctosol hc</i>	141	<i>quetiapine</i>	94, 95
<i>prasugrel hcl</i>	108	<i>proctozone-hc</i>	141	QUETIAPINE.....	94
<i>pravastatin</i>	111	<i>progesterone</i>		<i>quinapril</i>	105
<i>praziquantel</i>	39	<i>micronized</i>	156	<i>quinapril-</i>	
<i>prazosin</i>	105	PROGRAF.....	59	<i>hydrochlorothiazide</i>	105
prebiotic inulin-fos.....	198	PROLASTIN-C.....	124	<i>quinidine sulfate</i>	98
<i>prednisolone</i>	127	PROLENSA.....	167	<i>quinine sulfate</i>	40
<i>prednisolone acetate</i> ..	170	PROLIA.....	151	RABAVERT (PF).....	148
<i>prednisolone sodium</i>		PROMACTA.....	108, 109	<i>rabeprazole</i>	143
<i>phosphate</i>	128, 170	<i>promethazine</i>	208	RADICAVA ORS	
<i>prednisone</i>	128	promethazine vc-		STARTER KIT SUSP.....	77
<i>prednisone intensol</i>	128	codeine.....	198	RALDESY.....	95
<i>pregabalin</i>	70	promethazine-codeine		<i>raloxifene</i>	151
PREMARIN.....	156	.....	198	<i>ramipril</i>	105
<i>premasol 10 %</i>	218	promethazine-dm.....	198	<i>ranolazine</i>	112
prenatal plus dha.....	198	<i>propafenone</i>	98	<i>rasagiline</i>	74

<i>reclipsen</i> (28).....	163	<i>rivelsa</i>	163	<i>selegiline hcl</i>	74
RECOMBIVAX HB (PF).	148	<i>rizatriptan</i>	75	<i>selenium sulfide</i>	113
reese's pinworm		robafen.....	199	SELZENTRY.....	33
medicine.....	199	robafen cf		senexon.....	200
refenesen.....	199	(phenylephrine).....	200	senna.....	200, 201
reguloid (psyllium		robitussin long-acting.	200	senna lax.....	201
husk).....	199	robitussin pediatric....	200	senna laxative.....	200
renal caps.....	199	ROCKLATAN.....	168	senna plus.....	200
rena-vite rx.....	199	<i>roflumilast</i>	211	senna soft.....	200
reno caps.....	199	ROMVIMZA.....	60	sennacon.....	200
<i>repaglinide</i>	134	<i>ropinirole</i>	74	sennalax-s.....	201
RETACRIT.....	144	<i>rosuvastatin</i>	111	senna-s.....	201
RETEVMO.....	59	ROTARIX.....	149	senna-time s.....	201
REVCovi.....	124	ROTATEQ VACCINE.....	149	senno.....	201
REVUFORJ.....	59, 60	<i>roweepra</i>	71	sennosides.....	200
REXULTI.....	95	ROZLYTREK.....	60	sennosides-docusate	
REYATAZ.....	32	RUBRACA.....	60	sodium.....	201
REZDIFFRA.....	124	<i>rufinamide</i>	71	SEREVENT DISKUS.....	212
REZLIDHIA.....	60	RUKOBIA.....	33	<i>sertraline</i>	96
RHOPRESSA.....	168	RYBELSUS.....	134	<i>setlakin</i>	163
<i>ribavirin</i>	33	RYDAPT.....	60	<i>sharobel</i>	156
<i>rifabutin</i>	40	rynex dm.....	200	SHINGRIX (PF).....	149
<i>rifampin</i>	40	salactic film.....	200	SIGNIFOR.....	61
<i>riluzole</i>	124	saline mist.....	200	silace.....	201
<i>rimantadine</i>	33	sam-e-tmg.....	200	siladryl sa.....	201
RINVOQ.....	153	SANTYL.....	116	silapap.....	201
RINVOQ LQ.....	153	<i>sapropterin</i>	136	<i>sildenafil</i>	
<i>risedronate</i> . 124, 151, 152		SAVELLA.....	154	(<i>pulm.hypertension</i>)... 212	
RISPERDAL CONSTA.....	95	<i>saxagliptin</i>	134	silphen cough.....	201
<i>risperidone</i>	95	<i>saxagliptin-metformin</i>	134	<i>silver sulfadiazine</i>	116
<i>risperidone</i>		SCSEMBLIX.....	60	simethicone.....	201
<i>microspheres</i>	95	<i>scopolamine base</i>	141	simply sleep.....	201
<i>ritonavir</i>	33	scot-tussin allergy		<i>simvastatin</i>	111
<i>rivaroxaban</i>	109	relief.....	200	<i>sirolimus</i>	61
<i>rivastigmine</i>	78	sea soft nasal mist.....	200	SIRTURO.....	40
<i>rivastigmine tartrate</i>	78	SECUADO.....	96	SKYRIZI.....	113, 141

10/01/2025

sleep calm.....	201	<i>sprintec (28)</i>	163	SYNTHROID.....	137
sleep-tabs.....	201	SPRITAM.....	71	systane complete pf...	202
slow release iron.....	201	<i>sps (with sorbitol)</i>	125	TABLOID.....	61
sodium bicarbonate...	202	<i>ssd</i>	116	TABRECTA.....	61
<i>sodium chloride</i>	125	STELARA.....	113, 114	<i>tacrolimus</i>	61, 116
sodium chloride.....	202	STEQEYMA.....	114	tactinal.....	202
<i>sodium chloride 0.45 %</i>	217	stimulant laxative.....	202	tactinal extra strength	202
<i>sodium chloride 0.9 %</i>	125	STIVARGA.....	61	<i>tadalafil</i>	215
<i>sodium chloride 3 %</i> <i>hypertonic</i>	217	stool softener.....	186, 202	<i>tadalafil (pulm.</i> <i>hypertension)</i>	212
<i>sodium chloride 5 %</i> <i>hypertonic</i>	217	stool softener-laxative	202	TAFINLAR.....	61
SODIUM OXYBATE.....	96	STREPTOMYCIN.....	40	TAGRISSO.....	61
<i>sodium phenylbutyrate</i>	125	STRIBILD.....	33	TALZENNA.....	61, 62
<i>sodium polystyrene</i> <i>sulfonate</i>	125	<i>sucralfate</i>	143	<i>tamoxifen</i>	62
<i>sodium,potassium,ma</i> <i>g sulfates</i>	141	<i>sulfacetamide sodium</i>	167	<i>tamsulosin</i>	215
sof-lax.....	202	<i>sulfacetamide sodium</i> <i>(acne)</i>	118	<i>tarina 24 fe</i>	163
SOFOSBUVIR-		<i>sulfacetamide-</i> <i>prednisolone</i>	167	<i>tarina fe 1-20 eq (28)</i> ..	163
VELPATASVIR.....	33	<i>sulfadiazine</i>	43	TASIGNA.....	62
<i>solifenacin</i>	214	<i>sulfamethoxazole-</i> <i>trimethoprim</i>	43	<i>tazarotene</i>	118
SOLQUA 100/33.....	134	<i>sulfasalazine</i>	142	TAZVERIK.....	62
SOLTAMOX.....	61	<i>sulindac</i>	82	tears again.....	202
SOMAVERT.....	136	<i>sumatriptan</i>	75	TEFLARO.....	36
sominex.....	202	<i>sumatriptan succinate</i>	75, 76	<i>telmisartan</i>	105
<i>sorafenib</i>	61	<i>sunitinib malate</i>	61	<i>telmisartan-</i> <i>amlodipine</i>	105
sorbitol.....	202	SUNLENCA.....	33	<i>telmisartan-</i> <i>hydrochlorothiazid</i>	105, 106
<i>sotalol</i>	98	super nu-thera.....	202	<i>temazepam</i>	96
<i>sotalol af</i>	98	suphedrine 12 hour....	186	TENIVAC (PF).....	149
SPIRIVA RESPIMAT.....	212	surfak.....	202	<i>tenofovir disoproxil</i> <i>fumarate</i>	33
<i>spironolactone</i>	105	<i>syeda</i>	163	TEPMETKO.....	62
<i>spironolacton-</i> <i>hydrochlorothiaz</i>	105	SYMPAZAN.....	71	tera-gel tar shampoo..	202
		SYMTUZA.....	33	<i>terazosin</i>	106
		SYNJARDY.....	134	<i>terbinafine hcl</i>	28
		SYNJARDY XR.....	134		

10/01/2025

terbinafine hcl.....	203	<i>tigecycline</i>	40	TREMFYA PEN.....	114
<i>terbutaline</i>	212	<i>tilia fe</i>	163	TREMFYA PEN	
<i>terconazole</i>	157	<i>timolol maleate</i> ..	106, 166	INDUCTION PK-CROHN	
<i>teriflunomide</i>	78	<i>tinidazole</i>	40	.....	114
TERIPARATIDE.....	152	titralac.....	203	<i>tretinoin</i>	118
<i>testosterone</i>	136	TIVICAY.....	33	<i>tretinoin</i>	
<i>testosterone cypionate</i>		TIVICAY PD.....	33	(antineoplastic).....	62
.....	136	<i>tizanidine</i>	78	<i>tretinoin microspheres</i>	118
<i>testosterone</i>		TOBRADEX.....	169	<i>triamcinolone</i>	
<i>enantate</i>	136	<i>tobramycin</i>	166	<i>acetonide</i>	122, 126
<i>tetrabenazine</i>	78	<i>tobramycin in 0.225 %</i>		<i>triamterene-</i>	
<i>tetracycline</i>	44	<i>nacl</i>	40	<i>hydrochlorothiazid</i>	106
THALOMID.....	62	<i>tobramycin sulfate</i>	40	tri-buffered aspirin.....	203
THEO-24.....	212	<i>tobramycin-</i>		<i>tridacaine ii</i>	116
<i>theophylline</i>	212	<i>dexamethasone</i>	169	<i>triderm</i>	122
thera.....	203	<i>tolterodine</i>	214	<i>trientine</i>	125
thera vital m.....	203	<i>tolvaptan</i>	137	<i>tri-estarylla</i>	163
therabasic-m.....	203	<i>topiramate</i>	71	<i>trifluoperazine</i>	96
thera-m.....	203	<i>toremifene</i>	62	<i>trifluridine</i>	166
therapeutic.....	203	<i>torsemide</i>	106	<i>trihexyphenidyl</i>	74
therapeutic liquid.....	188	total allergy medicine.	203	TRIJARDY XR.....	135
therapeutic-m.....	203	total formula-3		TRIKAFTA.....	212, 213
thera-tabs.....	203	without iron.....	203	<i>tri-legest fe</i>	163
thiamine hcl (vitamin		TRADJENTA.....	135	<i>tri-lo-estarylla</i>	164
b1).....	204	<i>tramadol</i>	82	<i>tri-lo-sprintec</i>	164
thiamine mononitrate		<i>tramadol-</i>		<i>trimethoprim</i>	45
(vit b1).....	204	<i>acetaminophen</i>	82	<i>tri-mili</i>	164
<i>thioridazine</i>	96	<i>trandolapril</i>	106	<i>trimipramine</i>	96
<i>thiothixene</i>	96	<i>tranexamic acid</i>	157	TRINTELLIX.....	96
threshold imt trainer..	203	<i>tranylcypromine</i>	96	triple antibiotic.....	203
threshold pep device..	203	<i>travasol 10 %</i>	218	triprolidine-	
<i>tiadylt er</i>	106	<i>travoprost</i>	168	pseudoephedrine.....	204
<i>tiagabine</i>	71	<i>trazodone</i>	96	<i>tri-sprintec (28)</i>	164
TIBSOVO.....	62	TRECATOR.....	40	TRIUMEQ.....	33
<i>ticagrelor</i>	109	TRELEGY ELLIPTA.....	212	TRIUMEQ PD.....	33
TICOVAC.....	149	TREMFYA.....	114	tri-vitamin.....	204

10/01/2025

<i>tri-vylibra</i>	164	<i>varenicline tartrate</i>	125	vitamins for hair.....	206
<i>tri-vylibra lo</i>	164	VARIVAX (PF).....	150	VITRAKVI.....	63
TROPHAMINE 10 %....	218	VASCEPA.....	111	VIVOTIF.....	150
<i>trospium</i>	214	VAXCHORA VACCINE..	150	VIZIMPRO.....	63
TRULICITY.....	135	<i>velivet triphasic</i>		VONJO.....	64
TRUMENBA.....	149	<i>regimen (28)</i>	164	VORANIGO.....	64
TRUQAP.....	62	VEMLIDY.....	34	<i>voriconazole</i>	28
TUKYSA.....	62	VENCLEXTA.....	63	VOWST.....	142
TURALIO.....	63	VENCLEXTA STARTING		VRAYLAR.....	97
<i>turqoz (28)</i>	164	PACK.....	63	<i>vyfemla (28)</i>	164
tussin pe.....	204	<i>venlafaxine</i>	97	<i>vylibra</i>	164
TWINRIX (PF).....	149	VENTOLIN HFA.....	213	VYNDAQEL.....	112
TYENNE.....	154	<i>verapamil</i>	107	VYZULTA.....	168
TYENNE		VERQUVO.....	112	wal-profen.....	206
AUTOINJECTOR.....	154	VERSACLOZ.....	97	<i>warfarin</i>	109
TYPHIM VI.....	149	VERZENIO.....	63	watchhaler.....	206
ultra fresh pm.....	204	<i>vestura (28)</i>	164	WELIREG.....	64
<i>unithroid</i>	137	<i>vienva</i>	164	windmill trainer.....	206
UPTRAVI.....	106	<i>vigabatrin</i>	72	WINREVAIR.....	213
urinary pain relief.....	204	<i>vigadrone</i>	72	women's laxative	
<i>ursodiol</i>	142	<i>vilazodone</i>	97	(bisacodyl).....	206
USTEKINUMAB.....	114	VIMKUNYA.....	150	<i>wymzya fe</i>	164
<i>valacyclovir</i>	33	VIRACEPT.....	34	XALKORI.....	64
VALCHLOR.....	116	VIREAD.....	34	<i>xarah fe</i>	164
<i>valganciclovir</i>	34	vitafol-ob.....	204	XARELTO.....	109
<i>valproic acid</i>	71	vitamin a.....	204	XARELTO DVT-PE	
<i>valproic acid (as</i>		vitamin b-1.....	204	TREAT 30D START.....	109
<i>sodium salt)</i>	71	vitamin b-12.....	204	XATMEP.....	64
<i>valsartan</i>	106	vitamin b-2.....	205	XCOPRI.....	72
<i>valsartan-</i>		vitamin b-6.....	205	XCOPRI	
<i>hydrochlorothiazide</i>	107	vitamin c.....	205, 207	MAINTENANCE PACK....	72
VALTOCO.....	72	vitamin d3.....	202, 206	XCOPRI TITRATION	
vanacof.....	204	vitamin e.....	206	PACK.....	72, 73
<i>vancomycin</i>	40, 41	vitamin e (dl, acetate)	206	XDEMVI.....	167
VANFLYTA.....	63	vitamins a-d-e		XERMELO.....	64
VAQTA (PF).....	149, 150	selenium.....	206	XGEVA.....	45

XIFAXAN.....	41
XIGDUO XR.....	135
XOLAIR.....	213
XOSPATA.....	64
XPOVIO.....	65
XTANDI.....	65
<i>xulane</i>	157
xymodine.....	207
YF-VAX (PF).....	150
<i>yuvaferm</i>	156
<i>zafemy</i>	157
<i>zafirlukast</i>	213
ZEJULA.....	65
ZELBORAF.....	65
<i>zenatane</i>	118
ZENPEP.....	142
<i>zidovudine</i>	34
zinc.....	207
zinc gluconate.....	207
zinc sulfate.....	207
zinc-220.....	207
<i>ziprasidone hcl</i>	97
<i>ziprasidone mesylate</i>	97
ZIRGAN.....	166
ZOLINZA.....	65
<i>zolmitriptan</i>	76
<i>zolpidem</i>	97
ZONISADE.....	73
<i>zonisamide</i>	73
<i>zovia 1-35 (28)</i>	165
ZTALMY.....	73
ZURZUVAE.....	97
ZYDELIG.....	65
ZYKADIA.....	66



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

For more recent information or other questions, please contact us at **1-888-846-4262**, for TTY users, **711**, between October 1 and March 31, representatives are available Monday–Sunday, 7:45 a.m. to 8 p.m., between April 1 and September 30, representatives are available Monday–Friday, 7:45 a.m. to 8 p.m., or visit **go.wellcare.com/OhanaHI**.

10/01/2025

MedicareRx
Prescription Drug Coverage