

Wellcare Dual Align, HMO D-SNP

2025 List of Covered Drugs (*Drug List or Formulary*)

03



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

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For more recent information or other questions, please contact us at **1-844-451-1768**, for TTY users, **711**, between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m., between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m., or visit **[wellcare.com/allwellAZ](https://www.wellcare.com/allwellAZ)**.



Introduction

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



If you have questions, please call Wellcare Dual Align (HMO D-SNP) at 1-844-451-1768, TTY 711, Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. For more information, visit [wellcare.com/allwellAZ](https://www.wellcare.com/allwellAZ).

Table of Contents

A. Disclaimers	3
B. Frequently Asked Questions (FAQ)	7
B1. What prescription drugs are on the <i>List of Covered Drugs</i> ? (We call the <i>List of Covered Drugs</i> the “ <i>Drug List</i> ” for short.)	7
B2. Does the <i>Drug List</i> ever change?	8
B3. What happens when there is a change to the <i>Drug List</i> ?	9
B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?	11
B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug? ..	11
B6. What happens if Wellcare Dual Align (HMO D-SNP) changes their rules about how they cover some drugs (for example, prior authorization, quantity limits, and/or step therapy restrictions)?	12
B7. How can I find a drug on the <i>Drug List</i> ?	12
B8. What if the drug I want to take is not on the <i>Drug List</i> ?	12
B9. What if I am a new Wellcare Dual Align (HMO D-SNP) member and can’t find my drug on the <i>Drug List</i> or have a problem getting my drug?	13
B10. Can I ask for an exception to cover my drug?	14
B11. How can I ask for an exception?	14
B12. How long does it take to get an exception?	14
B13. What are generic drugs?	15
B14. What are original biological products and how are they related to biosimilars?	15
B15. What are OTC drugs?	15
B16. Does Wellcare Dual Align (HMO D-SNP) cover non-drug OTC products?	15
B17. Does Wellcare Dual Align (HMO D-SNP) cover long-term supplies of prescriptions?	16
B18. Can I get prescriptions delivered to my home from my local pharmacy?	16
B19. What is my copay?	16
C. Overview of the <i>List of Covered Drugs</i>	17
C1. List of Drugs by Medical Condition	18
D. Index of Covered Drugs.....	INDEX-1

A. Disclaimers

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

- ❖ You can always check Wellcare Dual Align (HMO D-SNP)'s up-to-date *List of Covered Drugs* online at wellcare.com/allwellAZ or by calling Member Services at the numbers in the footer of this document.
- ❖ You can get this document at no-cost in other formats, such as large print, braille, or audio. Call Member Services at the numbers in the footer of this document.
- ❖ If you, or someone you are helping, have questions about Wellcare By Allwell, and are not proficient in English, you have the right to get help and information in your language at no cost and in a timely manner. If you, or someone you are helping, have an auditory and/or visual condition that impedes communication, you have the right to receive auxiliary aids and services at no cost and in a timely manner. To receive oral interpretation, ASL, written translation, or auxiliary services, please contact Member Services at **1-844-451-1768 (TTY 711)**.

Spanish: Si usted, o alguien a quien está ayudando, tiene preguntas acerca de Wellcare By Allwell y no domina el inglés, tiene derecho a obtener ayuda e información en su idioma sin costo alguno y de manera oportuna. Si usted, o alguien a quien está ayudando, tiene un impedimento auditivo o visual que le dificulta la comunicación, tiene derecho a recibir ayuda y servicios auxiliares sin costo alguno y de manera oportuna. Para recibir interpretación oral, lengua de signos americana (ASL), traducción escrita o servicios auxiliares, comuníquese con Servicios para Miembros al **1-844-451-1768 (TTY 711)**.

Navajo: Daa ni, doodaii la'da ni'bineesh'a dzaadi, be'esdzááh na'ídkid 'aa Wellcare By Allwell, dóó bineesh'a góó t'oo 'adee naash'ne di Bilagaana bizaad, ni be'esdzááh la' t'áá 'áko góó bil hánish'áash dzaadi dóó bíka'ashkídi di nihí saad gi 'ádin t'áadoo bááhilinigoo dóó di léi na'alkid lahgo 'át'éego. Dáá ni, doodaii la'da ni'bineesh'a dzaadi, be'esdzááh la nish'j dóó/doodaii na'ach'aah 'ahoosoli eii biniishl'aah bil'alnaa'alwo, ni be'esdzááh la' t'aa 'ako góó baa yíłtsóós 'ooljee'lahgo 'anaa'niil bika'iishyeed dóó tse'esgizii gi 'adin t'adoo baahilinigoo dóó di léi na'alkid lahgo 'át'éego. Góó yíłtsóós saad náánalahdée' doodaii 'ooljee'lahgo 'anaa'niil tse'esgizii, Bilagáana 'atiingii 'i'ii'ahigii dine bizaad (ASL), t'aa shoodi deistse' 'Anishtah Tse'esgizii gi **1-844-451-1768 (TTY 711)**.serbisyo.

Chinese (Mandarin): 如果您或您帮助的人对 Wellcare By Allwell 有疑问，并且不精通英语，则您有权免费、及时获得以您的语言提供的帮助和信息。如果您或您帮助的人患有听觉和/或视觉方面的疾病，会阻碍沟通，则您有权免费、及时获得辅助工具和服务。要获得口译、美国手语 (ASL)、笔译或辅助服务，请致电 **1-844-451-1768 (TTY 711)** 联系会员服务部。

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If you have questions, please call Wellcare Dual Align (HMO D-SNP) at 1-844-451-1768, TTY 711, Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. For more information, visit wellcare.com/allwellAZ.

Chinese (Cantonese): 如果您，或是您正在協助的對象，有關於 Wellcare By Allwell 方面的問題，且不精通英語，您有權利免費並及時以您的母語獲幫助和訊息。如果您，或您正在協助的對象有聽力和/或視力上的問題，阻礙了溝通，您有權利免費並及時獲得輔助支援與服務。若要取得口譯，美國手語 (ASL)，書面翻譯或輔助服務，請聯絡會員服務部，電話是 **1-844-451-1768 (TTY 711)**。

Vietnamese: Nếu quý vị hoặc người mà quý vị đang giúp đỡ có câu hỏi về Wellcare By Allwell và không thành thạo tiếng Anh, quý vị có quyền được trợ giúp và nhận thông tin bằng ngôn ngữ của mình miễn phí và kịp thời. Nếu quý vị hoặc người mà quý vị đang giúp đỡ mắc bệnh về thính giác và/hoặc thị giác gây cản trở giao tiếp, quý vị có quyền được nhận các hỗ trợ và dịch vụ phụ trợ miễn phí và kịp thời. Để nhận dịch vụ thông dịch Ngôn ngữ ký hiệu Mỹ (ASL) hoặc dịch vụ phụ trợ, vui lòng liên hệ bộ phận Dịch Vụ Thành Viên theo số **1-844-451-1768 (TTY 711)**.

Arabic: إذا كان لديك أو لدى شخص تساعدك أسئلة حول Wellcare By Allwell، ولم تكن بارعًا باللغة الإنكليزية، فلديك الحق في الحصول على المساعدة والمعلومات بلغتك من دون أي تكلفة وفي الوقت المناسب. إذا كنت أنت أو أي شخص تساعدك تعاني من حالة سمعية و/أو بصرية تعيق التواصل، فلديك الحق في تلقي مساعدات وخدمات إضافية من دون أي تكلفة وفي الوقت المناسب. لتلقي خدمات الترجمة الشفهية أو لغة الإشارة الأمريكية (ASL) أو الترجمة الكتابية أو خدمات إضافية، يرجى الاتصال بخدمات الأعضاء على **1-844-451-1768 (TTY 711)**.

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Korean: 귀하 또는 귀하의 도움을 받는 분이 Wellcare By Allwell에 대한 질문이 있는 경우 영어에 능숙하지 않으시면 해당 언어로 시의적절하게 무료 지원과 정보를 받을 권리가 있습니다. 귀하 또는 귀하의 도움을 받는 분이 청각 및/또는 시각적으로 의사소통에 장애가 있는 경우 시의적절하게 무료 보조 도구 및 서비스를 받을 권리가 있습니다. 구두 통역, ASL, 서면 번역 또는 보조 서비스를 받으시려면 **1-844-451-1768(TTY 711)**번으로 가입자 서비스부에 연락해주시시오.

French: Si vous-même ou une personne que vous aidez avez des questions à propos de Wellcare By Allwell et que vous ne maîtrisez pas l'anglais, vous pouvez bénéficier gratuitement et en temps utile d'aide et d'informations dans votre langue. Si vous-même ou une personne que vous aidez souffrez d'un trouble auditif ou visuel qui entrave la communication, vous pouvez bénéficier gratuitement et en temps utile d'aides et de services auxiliaires. Pour profiter de services d'interprétation, de langue des signes américaine (ASL), de traduction ou de services auxiliaires, veuillez contacter Services aux membres au **1-844-451-1768 (TTY 711)**.

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German: Falls Sie oder jemand, dem Sie helfen, Fragen zu Wellcare By Allwell hat und nicht Englisch spricht, haben Sie das Recht, kostenlos und zeitnah Hilfe und Informationen in Ihrer Sprache zu erhalten. Falls Sie oder jemand, dem Sie helfen, eine Hör- und/oder Sehbeeinträchtigung hat, die die Kommunikation beeinflusst, haben Sie das Recht, kostenlos und zeitnah zusätzliche Hilfe und Dienstleistungen zu erhalten. Für mündliche Verdolmetschungen in andere Sprachen und in amerikanische Gebärdensprache (ASL), schriftliche Übersetzungen oder weitere Unterstützung wenden Sie sich bitte an unseren Kundendienst unter **1-844-451-1768 (TTY 711)**.

Russian: Если у вас или у лица, которому вы помогаете, возникли какие-либо вопросы о программе страхования Wellcare By Allwell, при этом вы недостаточно хорошо владеете английским языком, вы имеете право на бесплатную и своевременную помощь и информацию на своем родном языке. Если у вас или у лица, которому вы помогаете, наблюдается какое-либо нарушение слуха и/или зрения, которое препятствует коммуникации, вы имеете право на бесплатные и своевременные вспомогательные услуги и помощь. Для получения услуг устного перевода, перевода на американский жестовый язык (ASL), письменного перевода или вспомогательных услуг обратитесь в отдел обслуживания участников программы страхования по номеру **1-844-451-1768 (TTY 711)**.

Japanese: ご自身やあなたが介護している他の人が、Wellcare By Allwellについてご質問をお持ちの場合、英語に自信がなくても無料かつタイムリーにご希望の言語でヘルプや情報を得ることができます。ご自身や、あなたが介護している他の人の聴覚や視覚の状態のためやり取りが難しい場合でも、無料かつタイムリーに補助サービスを受けることができます。通訳やアメリカ手話（ASL）、翻訳、補助サービスを受けるには、1-844-451-1768 (TTY 711)のメンバーサービスにご連絡ください。

(Farsi) Persian: اگر شما یا فردی که دارید به او کمک می‌کنید، سؤالی درباره Wellcare By Allwell دارید، و انگلیسی نمی‌دانید، حق دارید کمک و اطلاعات را به زبان خودتان به رایگان و به موقع دریافت کنید. اگر شما یا فردی که دارید به او کمک می‌کنید مشکلات شنوایی یا بینایی دارد که برقراری ارتباط را سخت می‌کند، حق دارید کمک‌ها و خدمات امدادی را به زبان خودتان به رایگان و به موقع دریافت کنید. برای دریافت خدمات ترجمه شفاهی، زبان اشاره آمریکایی (ASL)، ترجمه کتبی، یا کمک‌های امدادی لطفاً با خدمات اعضا به شماره **1-844-451-1768** (TTY **711**) تماس بگیرید.

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If you have questions, please call Wellcare Dual Align (HMO D-SNP) at 1-844-451-1768, TTY 711, Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. For more information, visit [wellcare.com/allwellAZ](https://www.wellcare.com/allwellAZ).

Serbo-Croatian: Ako Vi, ili neko kome pomažete, imate pitanja u vezi sa Wellcare By Allwell, a ne govorite engleski jezik, imate pravo na besplatnu i blagovremenu pomoć i informacije na sopstvenom jeziku. Ako Vi, ili neko kome pomažete, imate neki poremećaj sluha i/ili vida zbog kojeg je onemogućena komunikacija, imate pravo da besplatno i blagovremeno dobijete pomagala i pomoćne usluge. Obratite se odeljenju za pružanje usluga članovima pozivom na broj **1-844-451-1768** (TTY **711**) da biste dobili usluge tumača, prevodioca za američki znakovni jezik (ASL), usluge pisanog prevoda ili pomoćne usluge.

Thai: หากคุณหรือคนที่คุณกำลังให้ความช่วยเหลือมีคำถามเกี่ยวกับ Wellcare By Allwell และไม่ชำนาญในการใช้ภาษาอังกฤษ คุณมีสิทธิที่จะขอรับความช่วยเหลือและข้อมูลในภาษาของคุณโดยไม่เสียค่าใช้จ่ายอย่างทันทีทันใดที่ หากคุณหรือคนที่คุณกำลังให้ความช่วยเหลือมีภาวะด้านการฟังและ/หรือการมองเห็นที่เป็นอุปสรรคต่อการสื่อสาร คุณมีสิทธิที่จะขอรับความช่วยเหลือและบริการเสริมโดยไม่เสียค่าใช้จ่ายอย่างทันทีทันใดที่ หากต้องการล่ามโดยการพูด, ASL, คำแปลเป็นตัวอักษร หรือบริการเสริมโปรดติดต่อ บริการสำหรับสมาชิก ที่หมายเลข **1-844-451-1768** (TTY **711**)

- ❖ This document is available at no-cost in English and Spanish.
- ❖ If you would like to request an alternate format (large print, audio, accessible electronic formats, other formats) or another preferred language call Member Services at the numbers in the footer of this document.
 - 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 numbers in the footer of this document.

B. Frequently Asked Questions (FAQ)

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

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

The drugs on the *List of Covered Drugs* that starts in section C1 are the drugs covered by Wellcare Dual Align (HMO 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 Dual Align (HMO 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 Dual Align (HMO D-SNP) agrees that the drug is medically necessary for you, **and**
 - you fill the prescription at a Wellcare Dual Align (HMO 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 wellcare.com/allwellAZ or call Member Services at the numbers in the footer of this document.



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B2. Does the *Drug List* ever change?

Yes, and Wellcare Dual Align (HMO 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 Dual Align (HMO 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 will cover another drug.)

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

If you are taking a drug that was covered at the **beginning** of the year, we will 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 is not 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 Dual Align (HMO D-SNP)'s up-to-date *Drug List* online at [wellcare.com/allwellAZ](https://www.wellcare.com/allwellAZ). 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 is 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 will send you information about the specific change we made once it happens.
 - We can make these changes only if the drug we are 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 will send you a notice with the steps you can take to ask for an exception. Please refer to questions B10-B12 for more information on exceptions.
- **A drug is taken off the market.** If the Food and Drug Administration (FDA) says a drug you are taking is not safe or the drug's manufacturer takes a drug off the market, we may immediately take it off the *Drug List*. If you are taking the drug, we will send you a notice after we make the change. Please talk to your doctor or other prescriber to help you decide if there is a similar drug on the *Drug List* that you can take instead.

This section is continued on the next page.



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We may make other changes that affect the drugs you take. We will 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 is not 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 will:

- 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 is 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 Dual Align (HMO D-SNP) before you fill your prescription. Prior authorization is different from a referral. Wellcare Dual Align (HMO D-SNP) may not cover the drug if you don't get prior authorization.
- **Quantity limits:** Sometimes Wellcare Dual Align (HMO D-SNP) limits the amount of a drug you can get.
- **Step therapy:** Sometimes Wellcare Dual Align (HMO D-SNP) requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your prescriber thinks the first drug doesn't work for you, then we will cover the second.

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 wellcare.com/allwellAZ. 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 is 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 List of Drugs by medical condition has a column labeled "Necessary actions, restrictions, or limits on use."



If you have questions, please call Wellcare Dual Align (HMO D-SNP) at 1-844-451-1768, TTY 711, Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. For more information, visit wellcare.com/allwellAZ.

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

In some cases, we will 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 are used to treat. For example, if you have a heart condition, you should look in CARDIOVASCULAR, HYPERTENSION / LIPIDS. That is where you will find drugs that treat heart conditions.

B8. What if the drug I want to take is not 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 Dual Align (HMO D-SNP) will not 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 is like the one you want to take. **Or**
- You can ask Wellcare Dual Align (HMO D-SNP) to make an exception to cover your drug. Refer to questions B10-B12 for more information about exceptions.

B9. What if I am a new Wellcare Dual Align (HMO 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 are a member of Wellcare Dual Align (HMO D-SNP). This will give you time to talk to your doctor or other prescriber. They can help you decide if there is a similar drug on the *Drug List* you can take instead or whether to ask for an exception.

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

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

- you are taking a drug that is not on our *Drug List*, **or**
- our plan rules do not let you get the amount ordered by your prescriber, **or**
- the drug requires prior authorization by Wellcare Dual Align (HMO D-SNP), **or**
- you are taking a drug that is part of a step therapy restriction.

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

- We will cover one 31-day supply of the drug you need (unless you have a prescription for fewer days), whether or not you are a new Wellcare Dual Align (HMO D-SNP) member.
- This is in addition to the temporary supply during the first 90 days you are a member of Wellcare Dual Align (HMO D-SNP).

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



If you have questions, please call Wellcare Dual Align (HMO D-SNP) at 1-844-451-1768, TTY 711, Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. For more information, visit [wellcare.com/allwellAZ](https://www.wellcare.com/allwellAZ).

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

Yes. You can ask Wellcare Dual Align (HMO D-SNP) to make an exception to cover a drug that is not on the *Drug List*.

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

- For example, Wellcare Dual Align (HMO D-SNP) may limit the amount of a drug we will 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.

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 will 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 will 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 Dual Align (HMO 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 Dual Align (HMO D-SNP) covers some OTC drugs when they are written as prescriptions by your provider.

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

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

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

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

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



If you have questions, please call Wellcare Dual Align (HMO D-SNP) at 1-844-451-1768, TTY 711, Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. For more information, visit [wellcare.com/allwellAZ](https://www.wellcare.com/allwellAZ).

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

- **Mail-Order Programs.** We offer a mail-order program that allows you to get up to a 100-day supply of your prescription drugs sent directly to your home. A 100-day supply has the same copay as a one-month supply.
- **100-Day Retail Pharmacy Programs.** Some retail pharmacies may also offer up to a 100-day supply of covered prescription drugs. A 100-day supply has the same copay as a one-month supply.

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 is my copay?

Wellcare Dual Align (HMO D-SNP) members have no copay 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.

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

Tier 1 (Single Tier) includes all generic and brand drugs. This tier has no 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 Dual Align (HMO 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 Dual Align (HMO 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.
- **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 1-844-451-1768 or, for TTY users, 711, between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m., between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m., or visit [wellcare.com/allwellAZ](https://www.wellcare.com/allwellAZ).
- **ST** stands for Step Therapy. Refer to question B4.
- **^** stands for Drug may be available for up to a 30-day supply only.



If you have questions, please call Wellcare Dual Align (HMO D-SNP) at 1-844-451-1768, TTY 711, Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. For more information, visit [wellcare.com/allwellAZ](https://www.wellcare.com/allwellAZ).

Note: The *NT* next to a drug means the drug is not 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 is not 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 are used to treat. For example, if you have a heart condition, you should look in the category, CARDIOVASCULAR, HYPERTENSION / LIPIDS. That is where you will find drugs that treat heart conditions.

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

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, aspirin oral tablet 81 mg). The information in the “Necessary actions, restrictions, or limits on use” column tells you if Wellcare Dual Align (HMO D-SNP) has any rules for covering your drug.

Table of Contents

ANTI - INFECTIVES	21
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	31
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	42
CARDIOVASCULAR, HYPERTENSION / LIPIDS	60
DERMATOLOGICALS/TOPICAL THERAPY	68
DIAGNOSTICS / MISCELLANEOUS AGENTS	74
EAR, NOSE / THROAT MEDICATIONS	76
ENDOCRINE/DIABETES	77
GASTROENTEROLOGY	83
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	87
MISCELLANEOUS SUPPLIES	91
MUSCULOSKELETAL / RHEUMATOLOGY	92
OBSTETRICS / GYNECOLOGY	94
OPHTHALMOLOGY	102
OVER THE COUNTER (OTC) AND RX AGENTS	104
RESPIRATORY AND ALLERGY	157
UROLOGICALS	161
VITAMINS, HEMATINICS / ELECTROLYTES	162

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 (1)	B/D
<i>amphotericin b injection recon soln 50 mg</i>	\$0 (1)	B/D
<i>caspofungin intravenous recon soln 50 mg, 70 mg</i>	\$0 (1)	
<i>clotrimazole mucous membrane troche 10 mg</i>	\$0 (1)	
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	\$0 (1)	PA; ^
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	\$0 (1)	
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	\$0 (1)	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	\$0 (1)	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	\$0 (1)	PA; ^
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	\$0 (1)	
<i>griseofulvin microsize oral tablet 500 mg</i>	\$0 (1)	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	\$0 (1)	
<i>itraconazole oral capsule 100 mg</i>	\$0 (1)	PA; QL (120 EA per 30 days)
<i>ketoconazole oral tablet 200 mg</i>	\$0 (1)	PA
<i>micafungin intravenous recon soln 100 mg, 50 mg</i>	\$0 (1)	
<i>nystatin oral suspension 100,000 unit/ml</i>	\$0 (1)	
<i>nystatin oral tablet 500,000 unit</i>	\$0 (1)	
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i>	\$0 (1)	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 (1)	PA; ^
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	\$0 (1)	PA; ^
<i>voriconazole oral tablet 200 mg</i>	\$0 (1)	PA; QL (120 EA per 30 days)
<i>voriconazole oral tablet 50 mg</i>	\$0 (1)	PA; QL (480 EA per 30 days)
ANTIVIRALS		
<i>abacavir oral solution 20 mg/ml</i>	\$0 (1)	
<i>abacavir oral tablet 300 mg</i>	\$0 (1)	
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	\$0 (1)	
<i>acyclovir oral capsule 200 mg</i>	\$0 (1)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>acyclovir oral suspension 200 mg/5 ml, 200 mg/5 ml (5 ml)</i>	\$0 (1)	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	\$0 (1)	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	\$0 (1)	B/D
<i>adefovir oral tablet 10 mg</i>	\$0 (1)	
<i>amantadine hcl oral capsule 100 mg</i>	\$0 (1)	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	\$0 (1)	
<i>amantadine hcl oral tablet 100 mg</i>	\$0 (1)	
APTIVUS ORAL CAPSULE 250 MG	\$0 (1)	^
<i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i>	\$0 (1)	
BARACLUDE ORAL SOLUTION 0.05 MG/ML	\$0 (1)	^
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	\$0 (1)	^
CIMDUO ORAL TABLET 300-300 MG	\$0 (1)	^
COMPLERA ORAL TABLET 200-25-300 MG	\$0 (1)	^
<i>darunavir oral tablet 600 mg</i>	\$0 (1)	QL (60 EA per 30 days); ^
<i>darunavir oral tablet 800 mg</i>	\$0 (1)	QL (30 EA per 30 days); ^
DELSTRIGO ORAL TABLET 100-300-300 MG	\$0 (1)	^
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	\$0 (1)	QL (30 EA per 30 days); ^
DOVATO ORAL TABLET 50-300 MG	\$0 (1)	^
EDURANT ORAL TABLET 25 MG	\$0 (1)	^
<i>efavirenz oral tablet 600 mg</i>	\$0 (1)	
<i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i>	\$0 (1)	^
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 400-300-300 mg, 600-300-300 mg</i>	\$0 (1)	^
<i>emtricitabine oral capsule 200 mg</i>	\$0 (1)	
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	\$0 (1)	QL (30 EA per 30 days); ^
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	\$0 (1)	QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML	\$0 (1)	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	\$0 (1)	
<i>etravirine oral tablet 100 mg, 200 mg</i>	\$0 (1)	^
EVOTAZ ORAL TABLET 300-150 MG	\$0 (1)	^
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	\$0 (1)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>fosamprenavir oral tablet 700 mg</i>	\$0 (1)	
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	\$0 (1)	^
<i>ganciclovir sodium intravenous recon soln 500 mg</i>	\$0 (1)	
GENVOYA ORAL TABLET 150-150-200-10 MG	\$0 (1)	^
INTELENCE ORAL TABLET 25 MG	\$0 (1)	
ISENTRESS HD ORAL TABLET 600 MG	\$0 (1)	^
ISENTRESS ORAL POWDER IN PACKET 100 MG	\$0 (1)	^
ISENTRESS ORAL TABLET 400 MG	\$0 (1)	^
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	\$0 (1)	^
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	\$0 (1)	
JULUCA ORAL TABLET 50-25 MG	\$0 (1)	^
<i>lamivudine oral solution 10 mg/ml</i>	\$0 (1)	
<i>lamivudine oral tablet 100 mg, 150 mg, 300 mg</i>	\$0 (1)	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	\$0 (1)	
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG	\$0 (1)	PA; QL (28 EA per 28 days); ^
LEXIVA ORAL SUSPENSION 50 MG/ML	\$0 (1)	
LIVTENCITY ORAL TABLET 200 MG	\$0 (1)	PA; LA; QL (120 EA per 30 days); ^
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i>	\$0 (1)	
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	\$0 (1)	
<i>maraviroc oral tablet 150 mg, 300 mg</i>	\$0 (1)	^
<i>nevirapine oral suspension 50 mg/5 ml</i>	\$0 (1)	
<i>nevirapine oral tablet 200 mg</i>	\$0 (1)	
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	\$0 (1)	
NORVIR ORAL POWDER IN PACKET 100 MG	\$0 (1)	
ODEFSEY ORAL TABLET 200-25-25 MG	\$0 (1)	^
<i>oseltamivir oral capsule 30 mg</i>	\$0 (1)	QL (168 EA per 365 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i>	\$0 (1)	QL (84 EA per 365 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	\$0 (1)	QL (1080 ML per 365 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG	\$0 (1)	QL (20 EA per 90 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	\$0 (1)	QL (30 EA per 90 days)
PIFELTRO ORAL TABLET 100 MG	\$0 (1)	^

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PREVYMIS ORAL TABLET 240 MG, 480 MG	\$0 (1)	PA; QL (30 EA per 30 days); ^
PREZCOBIX ORAL TABLET 800-150 MG-MG	\$0 (1)	^
PREZISTA ORAL SUSPENSION 100 MG/ML	\$0 (1)	QL (400 ML per 30 days); ^
PREZISTA ORAL TABLET 150 MG	\$0 (1)	QL (240 EA per 30 days)
PREZISTA ORAL TABLET 75 MG	\$0 (1)	QL (480 EA per 30 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	\$0 (1)	QL (120 EA per 365 days)
REYATAZ ORAL POWDER IN PACKET 50 MG	\$0 (1)	^
<i>ribavirin oral capsule 200 mg</i>	\$0 (1)	
<i>ribavirin oral tablet 200 mg</i>	\$0 (1)	
<i>rimantadine oral tablet 100 mg</i>	\$0 (1)	
<i>ritonavir oral tablet 100 mg</i>	\$0 (1)	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	\$0 (1)	^
SELZENTRY ORAL SOLUTION 20 MG/ML	\$0 (1)	^
SELZENTRY ORAL TABLET 25 MG	\$0 (1)	
SELZENTRY ORAL TABLET 75 MG	\$0 (1)	^
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	\$0 (1)	PA; QL (28 EA per 28 days); ^
STRIBILD ORAL TABLET 150-150-200-300 MG	\$0 (1)	^
SUNLENCA ORAL TABLET 300 MG, 300 MG (4-TABLET PACK)	\$0 (1)	^
SYM TUZA ORAL TABLET 800-150-200-10 MG	\$0 (1)	
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	\$0 (1)	
TIVICAY ORAL TABLET 10 MG	\$0 (1)	
TIVICAY ORAL TABLET 25 MG, 50 MG	\$0 (1)	^
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	\$0 (1)	^
TRIUMEQ ORAL TABLET 600-50-300 MG	\$0 (1)	^
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	\$0 (1)	
TRIZIVIR ORAL TABLET 300-150-300 MG	\$0 (1)	^
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	\$0 (1)	LA; ^
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	\$0 (1)	
<i>valganciclovir oral recon soln 50 mg/ml</i>	\$0 (1)	^
<i>valganciclovir oral tablet 450 mg</i>	\$0 (1)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VEMLIDY ORAL TABLET 25 MG	\$0 (1)	^
VIRACEPT ORAL TABLET 250 MG, 625 MG	\$0 (1)	^
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	\$0 (1)	^
VIREAD ORAL TABLET 150 MG, 250 MG	\$0 (1)	^
VIREAD ORAL TABLET 200 MG	\$0 (1)	
<i>zidovudine oral capsule 100 mg</i>	\$0 (1)	
<i>zidovudine oral syrup 10 mg/ml</i>	\$0 (1)	
<i>zidovudine oral tablet 300 mg</i>	\$0 (1)	
CEPHALOSPORINS		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	\$0 (1)	
<i>cefaclor oral suspension for reconstitution 250 mg/5 ml</i>	\$0 (1)	
<i>cefadroxil oral capsule 500 mg</i>	\$0 (1)	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	\$0 (1)	
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml</i>	\$0 (1)	
<i>cefazolin injection recon soln 1 gram, 10 gram, 100 gram, 300 gram, 500 mg</i>	\$0 (1)	
<i>cefazolin intravenous recon soln 1 gram</i>	\$0 (1)	
<i>cefdinir oral capsule 300 mg</i>	\$0 (1)	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	\$0 (1)	
<i>cefepime in dextrose,iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/100 ml</i>	\$0 (1)	
<i>cefepime injection recon soln 1 gram, 2 gram</i>	\$0 (1)	
<i>cefixime oral capsule 400 mg</i>	\$0 (1)	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	\$0 (1)	
<i>cefoxitin in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	\$0 (1)	
<i>cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram</i>	\$0 (1)	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	\$0 (1)	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	\$0 (1)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	\$0 (1)	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	\$0 (1)	
<i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram</i>	\$0 (1)	
<i>ceftriaxone in dextrose,iso-os intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	\$0 (1)	
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	\$0 (1)	
<i>ceftriaxone intravenous recon soln 1 gram, 2 gram</i>	\$0 (1)	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	\$0 (1)	
<i>cefuroxime sodium injection recon soln 750 mg</i>	\$0 (1)	
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	\$0 (1)	
<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 (1)	
<i>tazicef injection recon soln 1 gram, 2 gram, 6 gram</i>	\$0 (1)	
<i>tazicef intravenous recon soln 1 gram, 2 gram</i>	\$0 (1)	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	\$0 (1)	^
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin intravenous recon soln 500 mg</i>	\$0 (1)	
<i>azithromycin oral packet 1 gram</i>	\$0 (1)	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	\$0 (1)	
<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 (1)	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	\$0 (1)	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	\$0 (1)	
DIFICID ORAL TABLET 200 MG	\$0 (1)	QL (20 EA per 10 days); ^
<i>ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg</i>	\$0 (1)	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	\$0 (1)	
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	\$0 (1)	
<i>erythromycin oral capsule,delayed release(dr/ec) 250 mg</i>	\$0 (1)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
05/01/2025

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 (1)	
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i>	\$0 (1)	
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole oral tablet 200 mg</i>	\$0 (1)	^
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	\$0 (1)	
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	\$0 (1)	PA; LA; ^
<i>atovaquone oral suspension 750 mg/5 ml</i>	\$0 (1)	
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	\$0 (1)	
<i>aztreonam injection recon soln 1 gram, 2 gram</i>	\$0 (1)	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	\$0 (1)	PA; LA; QL (84 ML per 56 days); ^
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	\$0 (1)	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	\$0 (1)	
<i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml</i>	\$0 (1)	
<i>clindamycin phosphate injection solution 150 mg/ml</i>	\$0 (1)	
COARTEM ORAL TABLET 20-120 MG	\$0 (1)	
<i>colistin (colistimethate na) injection recon soln 150 mg</i>	\$0 (1)	QL (30 EA per 10 days)
<i>dapsone oral tablet 100 mg, 25 mg</i>	\$0 (1)	
<i>daptomycin intravenous recon soln 500 mg</i>	\$0 (1)	^
EMVERM ORAL TABLET,CHEWABLE 100 MG	\$0 (1)	^
<i>ertapenem injection recon soln 1 gram</i>	\$0 (1)	QL (14 EA per 14 days)
<i>ethambutol oral tablet 100 mg, 400 mg</i>	\$0 (1)	
<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 (1)	
<i>gentamicin injection solution 40 mg/ml</i>	\$0 (1)	
<i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>	\$0 (1)	
<i>hydroxychloroquine oral tablet 200 mg</i>	\$0 (1)	
<i>imipenem-cilastatin intravenous recon soln 250 mg, 500 mg</i>	\$0 (1)	
<i>isoniazid oral solution 50 mg/5 ml</i>	\$0 (1)	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	\$0 (1)	

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05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ivermectin oral tablet 3 mg</i>	\$0 (1)	PA; QL (20 EA per 30 days)
<i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i>	\$0 (1)	
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	\$0 (1)	QL (1800 ML per 30 days); ^
<i>linezolid oral tablet 600 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>linezolid-0.9% sodium chloride intravenous parenteral solution 600 mg/300 ml</i>	\$0 (1)	
<i>mefloquine oral tablet 250 mg</i>	\$0 (1)	
<i>meropenem intravenous recon soln 1 gram</i>	\$0 (1)	QL (30 EA per 10 days)
<i>meropenem intravenous recon soln 500 mg</i>	\$0 (1)	QL (10 EA per 10 days)
<i>metro i.v. intravenous piggyback 500 mg/100 ml</i>	\$0 (1)	
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	\$0 (1)	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	\$0 (1)	
<i>neomycin oral tablet 500 mg</i>	\$0 (1)	
<i>nitazoxanide oral tablet 500 mg</i>	\$0 (1)	QL (12 EA per 30 days); ^
<i>pentamidine inhalation recon soln 300 mg</i>	\$0 (1)	B/D; QL (1 EA per 28 days)
<i>pentamidine injection recon soln 300 mg</i>	\$0 (1)	
<i>praziquantel oral tablet 600 mg</i>	\$0 (1)	
PRIFTIN ORAL TABLET 150 MG	\$0 (1)	
PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)	\$0 (1)	
<i>pyrazinamide oral tablet 500 mg</i>	\$0 (1)	
<i>pyrimethamine oral tablet 25 mg</i>	\$0 (1)	PA; ^
<i>quinine sulfate oral capsule 324 mg</i>	\$0 (1)	PA
<i>rifabutin oral capsule 150 mg</i>	\$0 (1)	
<i>rifampin intravenous recon soln 600 mg</i>	\$0 (1)	
<i>rifampin oral capsule 150 mg, 300 mg</i>	\$0 (1)	
SIRTURO ORAL TABLET 100 MG, 20 MG	\$0 (1)	PA; LA; ^
STREPTOMYCIN INTRAMUSCULAR RECON SOLN 1 GRAM	\$0 (1)	QL (60 EA per 30 days)
<i>tigecycline intravenous recon soln 50 mg</i>	\$0 (1)	^
<i>tinidazole oral tablet 250 mg, 500 mg</i>	\$0 (1)	
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	\$0 (1)	PA; QL (280 ML per 28 days); ^

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05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>tobramycin sulfate injection recon soln 1.2 gram</i>	\$0 (1)	
<i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	\$0 (1)	
TRECATOR ORAL TABLET 250 MG	\$0 (1)	
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 1 GRAM/200 ML	\$0 (1)	QL (4000 ML per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 500 MG/100 ML	\$0 (1)	QL (1000 ML per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 750 MG/150 ML	\$0 (1)	QL (4050 ML per 10 days)
<i>vancomycin intravenous recon soln 1,000 mg</i>	\$0 (1)	QL (20 EA per 10 days)
<i>vancomycin intravenous recon soln 1.25 gram</i>	\$0 (1)	QL (16 EA per 10 days)
<i>vancomycin intravenous recon soln 1.5 gram</i>	\$0 (1)	QL (14 EA per 10 days)
<i>vancomycin intravenous recon soln 10 gram, 5 gram</i>	\$0 (1)	QL (2 EA per 10 days)
<i>vancomycin intravenous recon soln 500 mg</i>	\$0 (1)	QL (10 EA per 10 days)
<i>vancomycin intravenous recon soln 750 mg</i>	\$0 (1)	QL (27 EA per 10 days)
<i>vancomycin oral capsule 125 mg</i>	\$0 (1)	QL (40 EA per 10 days)
<i>vancomycin oral capsule 250 mg</i>	\$0 (1)	QL (80 EA per 10 days)
XIFAXAN ORAL TABLET 550 MG	\$0 (1)	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 (1)	
<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 (1)	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	\$0 (1)	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	\$0 (1)	
<i>amoxicillin-pot clavulanate oral tablet,chewable 200-28.5 mg, 400-57 mg</i>	\$0 (1)	
<i>ampicillin oral capsule 500 mg</i>	\$0 (1)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	\$0 (1)	
<i>ampicillin sodium intravenous recon soln 1 gram, 2 gram</i>	\$0 (1)	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i>	\$0 (1)	
<i>ampicillin-sulbactam intravenous recon soln 1.5 gram, 3 gram</i>	\$0 (1)	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	\$0 (1)	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	\$0 (1)	
<i>naftacillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml</i>	\$0 (1)	
<i>naftacillin injection recon soln 1 gram, 2 gram</i>	\$0 (1)	
<i>naftacillin injection recon soln 10 gram</i>	\$0 (1)	^
<i>oxacillin injection recon soln 1 gram, 10 gram, 2 gram</i>	\$0 (1)	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	\$0 (1)	
<i>penicillin g potassium injection recon soln 20 million unit, 5 million unit</i>	\$0 (1)	
<i>penicillin g sodium injection recon soln 5 million unit</i>	\$0 (1)	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	\$0 (1)	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	\$0 (1)	
<i>pfizerpen-g injection recon soln 20 million unit, 5 million unit</i>	\$0 (1)	
<i>piperacillin-tazobactam intravenous recon soln 13.5 gram, 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	\$0 (1)	
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, 400 mg/200 ml</i>	\$0 (1)	
<i>ciprofloxacin oral suspension, microcapsule recon 500 mg/5 ml</i>	\$0 (1)	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	\$0 (1)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
05/01/2025

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>levofloxacin intravenous solution 25 mg/ml</i>	\$0 (1)
<i>levofloxacin oral solution 250 mg/10 ml</i>	\$0 (1)
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	\$0 (1)
<i>moxifloxacin oral tablet 400 mg</i>	\$0 (1)
<i>moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml</i>	\$0 (1)
SULFA'S / RELATED AGENTS	
<i>sulfadiazine oral tablet 500 mg</i>	\$0 (1)
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml</i>	\$0 (1)
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	\$0 (1)
<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 (1)
<i>doxy-100 intravenous recon soln 100 mg</i>	\$0 (1)
<i>doxycycline hyclate intravenous recon soln 100 mg</i>	\$0 (1)
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	\$0 (1)
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	\$0 (1)
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	\$0 (1)
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	\$0 (1)
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	\$0 (1)
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	\$0 (1)
<i>tetracycline oral capsule 250 mg, 500 mg</i>	\$0 (1)
URINARY TRACT AGENTS	
<i>methenamine hippurate oral tablet 1 gram</i>	\$0 (1)
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	\$0 (1)
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	\$0 (1)
<i>trimethoprim oral tablet 100 mg</i>	\$0 (1)
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	
ADJUNCTIVE AGENTS	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	\$0 (1)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>mesna oral tablet 400 mg</i>	\$0 (1)	^
MESNEX ORAL TABLET 400 MG	\$0 (1)	^
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	\$0 (1)	B/D; ^
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet 250 mg</i>	\$0 (1)	PA-NS; QL (120 EA per 30 days)
<i>abiraterone oral tablet 500 mg</i>	\$0 (1)	PA-NS; QL (60 EA per 30 days)
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	\$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
ALECENSA ORAL CAPSULE 150 MG	\$0 (1)	PA-NS; LA; QL (240 EA per 30 days); ^
ALUNBRIG ORAL TABLET 180 MG, 90 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
ALUNBRIG ORAL TABLET 30 MG	\$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	\$0 (1)	PA-NS; LA; QL (30 EA per 180 days); ^
<i>anastrozole oral tablet 1 mg</i>	\$0 (1)	
AUGTYRO ORAL CAPSULE 160 MG, 40 MG	\$0 (1)	PA-NS; QL (240 EA per 30 days); ^
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
<i>azacitidine injection recon soln 100 mg</i>	\$0 (1)	B/D; ^
<i>azathioprine oral tablet 50 mg</i>	\$0 (1)	B/D
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	\$0 (1)	PA-NS; LA; ^
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML	\$0 (1)	B/D; ^
<i>bexarotene oral capsule 75 mg</i>	\$0 (1)	PA-NS; ^
<i>bexarotene topical gel 1 %</i>	\$0 (1)	PA-NS; QL (60 GM per 30 days); ^
<i>bicalutamide oral tablet 50 mg</i>	\$0 (1)	
BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG	\$0 (1)	B/D; ^
<i>bortezomib injection recon soln 3.5 mg</i>	\$0 (1)	B/D; ^
BOSULIF ORAL CAPSULE 100 MG	\$0 (1)	PA-NS; QL (180 EA per 30 days); ^
BOSULIF ORAL CAPSULE 50 MG	\$0 (1)	PA-NS; QL (330 EA per 30 days); ^
BOSULIF ORAL TABLET 100 MG	\$0 (1)	PA-NS; QL (90 EA per 30 days); ^
BOSULIF ORAL TABLET 400 MG, 500 MG	\$0 (1)	PA-NS; QL (30 EA per 30 days); ^
BRAFTOVI ORAL CAPSULE 75 MG	\$0 (1)	PA-NS; LA; QL (180 EA per 30 days); ^
BRUKINSA ORAL CAPSULE 80 MG	\$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^

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05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	\$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
CALQUENCE ORAL CAPSULE 100 MG	\$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
CAPRELSA ORAL TABLET 100 MG	\$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
CAPRELSA ORAL TABLET 300 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
<i>carboplatin intravenous solution 10 mg/ml</i>	\$0 (1)	B/D
<i>cisplatin intravenous solution 1 mg/ml</i>	\$0 (1)	B/D
COLUMVI INTRAVENOUS SOLUTION 1 MG/ML	\$0 (1)	B/D; ^
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	\$0 (1)	PA-NS; LA; QL (56 EA per 28 days); ^
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	\$0 (1)	PA-NS; LA; QL (112 EA per 28 days); ^
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	\$0 (1)	PA-NS; LA; QL (84 EA per 28 days); ^
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	\$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
COTELLIC ORAL TABLET 20 MG	\$0 (1)	PA-NS; LA; QL (63 EA per 28 days); ^
<i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i>	\$0 (1)	B/D
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	\$0 (1)	B/D
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG, 50 MG	\$0 (1)	B/D
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	\$0 (1)	B/D
<i>cyclosporine modified oral solution 100 mg/ml</i>	\$0 (1)	B/D
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	\$0 (1)	B/D
<i>cytarabine injection solution 20 mg/ml</i>	\$0 (1)	
DANZITEN ORAL TABLET 71 MG, 95 MG	\$0 (1)	PA-NS; QL (112 EA per 28 days); ^
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 80 mg</i>	\$0 (1)	PA-NS; QL (30 EA per 30 days); ^
<i>dasatinib oral tablet 20 mg, 70 mg</i>	\$0 (1)	PA-NS; QL (60 EA per 30 days); ^
DAURISMO ORAL TABLET 100 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
DAURISMO ORAL TABLET 25 MG	\$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	\$0 (1)	B/D; ^
<i>doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i>	\$0 (1)	B/D
<i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i>	\$0 (1)	B/D; ^

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05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	\$0 (1)	
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	\$0 (1)	PA-NS
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	\$0 (1)	PA-NS
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	\$0 (1)	PA-NS
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	\$0 (1)	PA-NS
ELLEENCE INTRAVENOUS SOLUTION 200 MG/100 ML, 50 MG/25 ML	\$0 (1)	B/D
ELREXFIO SUBCUTANEOUS SOLUTION 40 MG/ML	\$0 (1)	PA-NS; ^
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	\$0 (1)	B/D
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8 ML, 48 MG/0.8 ML	\$0 (1)	B/D; ^
ERIVEDGE ORAL CAPSULE 150 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
ERLEADA ORAL TABLET 240 MG	\$0 (1)	PA-NS; QL (30 EA per 30 days); ^
ERLEADA ORAL TABLET 60 MG	\$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^
<i>erlotinib oral tablet 100 mg, 150 mg</i>	\$0 (1)	PA-NS; QL (30 EA per 30 days); ^
<i>erlotinib oral tablet 25 mg</i>	\$0 (1)	PA-NS; QL (90 EA per 30 days); ^
<i>etoposide intravenous solution 20 mg/ml</i>	\$0 (1)	B/D
EULEXIN ORAL CAPSULE 125 MG	\$0 (1)	^
<i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	\$0 (1)	PA-NS; QL (30 EA per 30 days); ^
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg</i>	\$0 (1)	PA-NS; QL (150 EA per 30 days); ^
<i>everolimus (antineoplastic) oral tablet for suspension 3 mg</i>	\$0 (1)	PA-NS; QL (90 EA per 30 days); ^
<i>everolimus (antineoplastic) oral tablet for suspension 5 mg</i>	\$0 (1)	PA-NS; QL (60 EA per 30 days); ^
<i>everolimus (immunosuppressive) oral tablet 0.25 mg</i>	\$0 (1)	B/D
<i>everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg</i>	\$0 (1)	B/D; ^
<i>exemestane oral tablet 25 mg</i>	\$0 (1)	
EXKIVITY ORAL CAPSULE 40 MG	\$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	\$0 (1)	PA-NS; ^
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	\$0 (1)	PA-NS

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>fluorouracil intravenous solution 1 gram/20 ml, 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml</i>	\$0 (1)	
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	\$0 (1)	PA-NS; LA; QL (21 EA per 28 days); ^
FRUZAQLA ORAL CAPSULE 1 MG	\$0 (1)	PA-NS; QL (84 EA per 28 days); ^
FRUZAQLA ORAL CAPSULE 5 MG	\$0 (1)	PA-NS; QL (21 EA per 28 days); ^
<i>fulvestrant intramuscular syringe 250 mg/5 ml</i>	\$0 (1)	B/D; ^
GAVRETO ORAL CAPSULE 100 MG	\$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^
<i>gefitinib oral tablet 250 mg</i>	\$0 (1)	PA-NS; QL (30 EA per 30 days); ^
<i>gemcitabine intravenous recon soln 1 gram, 2 gram, 200 mg</i>	\$0 (1)	B/D
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	\$0 (1)	B/D
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	\$0 (1)	B/D
<i>gengraf oral capsule 100 mg, 25 mg</i>	\$0 (1)	B/D
<i>gengraf oral solution 100 mg/ml</i>	\$0 (1)	B/D
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
GLEOSTINE ORAL CAPSULE 10 MG, 40 MG	\$0 (1)	
GLEOSTINE ORAL CAPSULE 100 MG	\$0 (1)	^
<i>hydroxyurea oral capsule 500 mg</i>	\$0 (1)	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	\$0 (1)	PA-NS; LA; QL (21 EA per 28 days); ^
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	\$0 (1)	PA-NS; LA; QL (21 EA per 28 days); ^
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
IDHIFA ORAL TABLET 100 MG, 50 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
<i>imatinib oral tablet 100 mg</i>	\$0 (1)	PA-NS; QL (180 EA per 30 days); ^
<i>imatinib oral tablet 400 mg</i>	\$0 (1)	PA-NS; QL (60 EA per 30 days); ^
IMBRUVICA ORAL CAPSULE 140 MG	\$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^
IMBRUVICA ORAL CAPSULE 70 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
IMBRUVICA ORAL SUSPENSION 70 MG/ML	\$0 (1)	PA-NS; LA; QL (324 ML per 30 days); ^
IMBRUVICA ORAL TABLET 420 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
IMKELDI ORAL SOLUTION 80 MG/ML	\$0 (1)	PA-NS; QL (280 ML per 28 days); ^
INLYTA ORAL TABLET 1 MG	\$0 (1)	PA-NS; LA; QL (180 EA per 30 days); ^
INLYTA ORAL TABLET 5 MG	\$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^
INQOVI ORAL TABLET 35-100 MG	\$0 (1)	PA-NS; LA; QL (5 EA per 28 days); ^

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
INREBIC ORAL CAPSULE 100 MG	\$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^
<i>irinotecan intravenous solution 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml, 500 mg/25 ml</i>	\$0 (1)	B/D
ITOVEBI ORAL TABLET 3 MG	\$0 (1)	PA-NS; QL (60 EA per 30 days); ^
ITOVEBI ORAL TABLET 9 MG	\$0 (1)	PA-NS; QL (30 EA per 30 days); ^
IWILFIN ORAL TABLET 192 MG	\$0 (1)	PA-NS; LA; QL (240 EA per 30 days); ^
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	\$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
JAYPIRCA ORAL TABLET 100 MG	\$0 (1)	PA-NS; QL (60 EA per 30 days); ^
JAYPIRCA ORAL TABLET 50 MG	\$0 (1)	PA-NS; QL (30 EA per 30 days); ^
JYLAMVO ORAL SOLUTION 2 MG/ML	\$0 (1)	
KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG	\$0 (1)	B/D; ^
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	\$0 (1)	PA-NS; ^
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	\$0 (1)	PA-NS; QL (49 EA per 30 days); ^
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	\$0 (1)	PA-NS; QL (70 EA per 28 days); ^
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	\$0 (1)	PA-NS; QL (91 EA per 28 days); ^
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	\$0 (1)	PA-NS; QL (21 EA per 28 days); ^
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	\$0 (1)	PA-NS; QL (42 EA per 28 days); ^
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	\$0 (1)	PA-NS; QL (63 EA per 28 days); ^
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	\$0 (1)	PA-NS; ^
KRAZATI ORAL TABLET 200 MG	\$0 (1)	PA-NS; LA; QL (180 EA per 30 days); ^
<i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i>	\$0 (1)	PA-NS; ^
<i>lapatinib oral tablet 250 mg</i>	\$0 (1)	PA-NS; QL (180 EA per 30 days); ^
LAZCLUZE ORAL TABLET 240 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
LAZCLUZE ORAL TABLET 80 MG	\$0 (1)	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 (1)	PA-NS; LA; QL (28 EA per 28 days); ^
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	\$0 (1)	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 (1)	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.
05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
<i>letrozole oral tablet 2.5 mg</i>	\$0 (1)	
LEUKERAN ORAL TABLET 2 MG	\$0 (1)	^
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	\$0 (1)	PA-NS
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	\$0 (1)	PA-NS; LA; ^
LORBRENA ORAL TABLET 100 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
LORBRENA ORAL TABLET 25 MG	\$0 (1)	PA-NS; LA; QL (90 EA per 30 days); ^
LUMAKRAS ORAL TABLET 120 MG	\$0 (1)	PA-NS; LA; QL (240 EA per 30 days); ^
LUMAKRAS ORAL TABLET 240 MG	\$0 (1)	PA-NS; QL (120 EA per 30 days); ^
LUMAKRAS ORAL TABLET 320 MG	\$0 (1)	PA-NS; QL (90 EA per 30 days); ^
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	\$0 (1)	PA-NS; ^
LYNPARZA ORAL TABLET 100 MG, 150 MG	\$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^
LYSODREN ORAL TABLET 500 MG	\$0 (1)	^
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3)	\$0 (1)	PA-NS; QL (84 EA per 28 days); ^
LYTGOBI ORAL TABLET 16 MG/DAY (4 MG X 4)	\$0 (1)	PA-NS; QL (112 EA per 28 days); ^
LYTGOBI ORAL TABLET 20 MG/DAY (4 MG X 5)	\$0 (1)	PA-NS; QL (140 EA per 28 days); ^
MATULANE ORAL CAPSULE 50 MG	\$0 (1)	LA; ^
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	\$0 (1)	PA
<i>megestrol oral tablet 20 mg, 40 mg</i>	\$0 (1)	
MEKINIST ORAL RECON SOLN 0.05 MG/ML	\$0 (1)	PA-NS; QL (1200 ML per 30 days); ^
MEKINIST ORAL TABLET 0.5 MG	\$0 (1)	PA-NS; LA; QL (90 EA per 30 days); ^
MEKINIST ORAL TABLET 2 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
MEKTOVI ORAL TABLET 15 MG	\$0 (1)	PA-NS; LA; QL (180 EA per 30 days); ^
<i>mercaptopurine oral tablet 50 mg</i>	\$0 (1)	
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	\$0 (1)	B/D
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	\$0 (1)	B/D
<i>methotrexate sodium injection solution 25 mg/ml</i>	\$0 (1)	B/D
<i>methotrexate sodium oral tablet 2.5 mg</i>	\$0 (1)	
MONJUVI INTRAVENOUS RECON SOLN 200 MG	\$0 (1)	PA-NS; LA; ^
<i>mycophenolate mofetil oral capsule 250 mg</i>	\$0 (1)	B/D

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	\$0 (1)	B/D; ^
<i>mycophenolate mofetil oral tablet 500 mg</i>	\$0 (1)	B/D
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i>	\$0 (1)	B/D
<i>mycophenolic acid dr 180 mg tb</i>	\$0 (1)	B/D; mycophenolate sodium = mycophenolic acid
<i>mycophenolic acid dr 360 mg tb</i>	\$0 (1)	B/D; mycophenolate sodium = mycophenolic acid
NERLYNX ORAL TABLET 40 MG	\$0 (1)	PA-NS; LA; ^
<i>nilutamide oral tablet 150 mg</i>	\$0 (1)	^
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	\$0 (1)	PA-NS; QL (3 EA per 28 days); ^
NUBEQA ORAL TABLET 300 MG	\$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^
NULOJIX INTRAVENOUS RECON SOLN 250 MG	\$0 (1)	^
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	\$0 (1)	PA; ^
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	\$0 (1)	PA
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	\$0 (1)	PA
ODOMZO ORAL CAPSULE 200 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
OGSIVEO ORAL TABLET 100 MG, 150 MG	\$0 (1)	PA-NS; QL (56 EA per 28 days); ^
OGSIVEO ORAL TABLET 50 MG	\$0 (1)	PA-NS; QL (180 EA per 30 days); ^
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	\$0 (1)	PA-NS; QL (96 ML per 28 days); ^
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4)	\$0 (1)	PA-NS; QL (16 EA per 28 days); ^
OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5)	\$0 (1)	PA-NS; QL (20 EA per 28 days); ^
OJEMDA ORAL TABLET 600 MG/WEEK (100 MG X 6)	\$0 (1)	PA-NS; QL (24 EA per 28 days); ^
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	\$0 (1)	PA-NS; QL (30 EA per 30 days); ^
ONUREG ORAL TABLET 200 MG, 300 MG	\$0 (1)	PA-NS; LA; QL (14 EA per 28 days)
ORGOVYX ORAL TABLET 120 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 28 days); ^
ORSERDU ORAL TABLET 345 MG	\$0 (1)	PA-NS; QL (30 EA per 30 days); ^
ORSERDU ORAL TABLET 86 MG	\$0 (1)	PA-NS; QL (90 EA per 30 days); ^
<i>oxaliplatin intravenous recon soln 100 mg, 50 mg</i>	\$0 (1)	B/D

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>oxaliplatin intravenous solution 100 mg/20 ml, 200 mg/40 ml, 50 mg/10 ml (5 mg/ml)</i>	\$0 (1)	B/D
<i>paclitaxel intravenous concentrate 6 mg/ml</i>	\$0 (1)	B/D
<i>paraplatin intravenous solution 10 mg/ml</i>	\$0 (1)	B/D
<i>pazopanib oral tablet 200 mg</i>	\$0 (1)	PA-NS; QL (120 EA per 30 days); ^
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	\$0 (1)	PA-NS; LA; QL (28 EA per 28 days); ^
<i>pemetrexed disodium intravenous recon soln 1,000 mg, 500 mg, 750 mg</i>	\$0 (1)	B/D; ^
<i>pemetrexed disodium intravenous recon soln 100 mg</i>	\$0 (1)	B/D
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	\$0 (1)	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 (1)	PA-NS; QL (56 EA per 28 days); ^
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	\$0 (1)	PA-NS; LA; QL (21 EA per 28 days); ^
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	\$0 (1)	B/D
PURIXAN ORAL SUSPENSION 20 MG/ML	\$0 (1)	^
QINLOCK ORAL TABLET 50 MG	\$0 (1)	PA-NS; LA; QL (90 EA per 30 days); ^
RETEVMO ORAL CAPSULE 40 MG	\$0 (1)	PA-NS; LA; QL (180 EA per 30 days); ^
RETEVMO ORAL CAPSULE 80 MG	\$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	\$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
RETEVMO ORAL TABLET 40 MG	\$0 (1)	PA-NS; LA; QL (90 EA per 30 days); ^
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	\$0 (1)	PA-NS; LA; QL (28 EA per 28 days); ^
REVUFORJ ORAL TABLET 110 MG, 160 MG	\$0 (1)	PA-NS; QL (60 EA per 30 days); ^
REZLIDHIA ORAL CAPSULE 150 MG	\$0 (1)	PA-NS; QL (60 EA per 30 days); ^
REZUROCK ORAL TABLET 200 MG	\$0 (1)	PA; LA; QL (30 EA per 30 days); ^
ROZLYTREK ORAL CAPSULE 100 MG	\$0 (1)	PA-NS; LA; QL (150 EA per 30 days); ^
ROZLYTREK ORAL CAPSULE 200 MG	\$0 (1)	PA-NS; LA; QL (90 EA per 30 days); ^
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	\$0 (1)	PA-NS; QL (336 EA per 28 days); ^
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	\$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML	\$0 (1)	PA-NS; ^
RYDAPT ORAL CAPSULE 25 MG	\$0 (1)	PA-NS; QL (224 EA per 28 days); ^
SANDIMMUNE ORAL SOLUTION 100 MG/ML	\$0 (1)	B/D
SCSEMBLIX ORAL TABLET 100 MG	\$0 (1)	PA-NS; 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.
05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SCEMBLIX ORAL TABLET 20 MG	\$0 (1)	PA-NS; QL (60 EA per 30 days); ^
SCEMBLIX ORAL TABLET 40 MG	\$0 (1)	PA-NS; QL (300 EA per 30 days); ^
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	\$0 (1)	PA; LA; ^
<i>sirolimus oral solution 1 mg/ml</i>	\$0 (1)	B/D; ^
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (1)	B/D
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	\$0 (1)	
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML, 90 MG/0.3 ML	\$0 (1)	PA-NS; ^
<i>sorafenib oral tablet 200 mg</i>	\$0 (1)	PA-NS; QL (120 EA per 30 days); ^
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	\$0 (1)	PA-NS; QL (30 EA per 30 days); ^
SPRYCEL ORAL TABLET 20 MG, 70 MG	\$0 (1)	PA-NS; QL (60 EA per 30 days); ^
STIVARGA ORAL TABLET 40 MG	\$0 (1)	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 (1)	PA-NS; QL (28 EA per 28 days); ^
TABLOID ORAL TABLET 40 MG	\$0 (1)	
TABRECTA ORAL TABLET 150 MG, 200 MG	\$0 (1)	PA-NS; ^
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	\$0 (1)	B/D
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	\$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	\$0 (1)	PA-NS; QL (840 EA per 28 days); ^
TAGRISSE ORAL TABLET 40 MG, 80 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
TALVEY SUBCUTANEOUS SOLUTION 2 MG/ML, 40 MG/ML	\$0 (1)	PA-NS; ^
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	\$0 (1)	PA-NS; QL (30 EA per 30 days); ^
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	\$0 (1)	
TASIGNA ORAL CAPSULE 150 MG, 200 MG	\$0 (1)	PA-NS; QL (112 EA per 28 days); ^
TASIGNA ORAL CAPSULE 50 MG	\$0 (1)	PA-NS; QL (120 EA per 30 days); ^
TAZVERIK ORAL TABLET 200 MG	\$0 (1)	PA-NS; LA; ^
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML)	\$0 (1)	B/D; LA; ^
TEPMETKO ORAL TABLET 225 MG	\$0 (1)	PA-NS; LA; ^
THALOMID ORAL CAPSULE 100 MG, 50 MG	\$0 (1)	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.
05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
THALOMID ORAL CAPSULE 200 MG	\$0 (1)	PA-NS; LA; QL (56 EA per 28 days); ^
TIBSOVO ORAL TABLET 250 MG	\$0 (1)	PA-NS; LA; ^
<i>toremifene oral tablet 60 mg</i>	\$0 (1)	
TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG	\$0 (1)	B/D; ^
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	\$0 (1)	^
TRUQAP ORAL TABLET 160 MG, 200 MG	\$0 (1)	PA-NS; QL (64 EA per 28 days); ^
TUKYSA ORAL TABLET 150 MG	\$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^
TUKYSA ORAL TABLET 50 MG	\$0 (1)	PA-NS; LA; QL (300 EA per 30 days); ^
TURALIO ORAL CAPSULE 125 MG	\$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	\$0 (1)	PA-NS; QL (56 EA per 28 days); ^
VENCLEXTA ORAL TABLET 10 MG	\$0 (1)	PA-NS; LA; QL (14 EA per 7 days)
VENCLEXTA ORAL TABLET 100 MG	\$0 (1)	PA-NS; LA; QL (180 EA per 30 days); ^
VENCLEXTA ORAL TABLET 50 MG	\$0 (1)	PA-NS; LA; QL (7 EA per 7 days); ^
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	\$0 (1)	PA-NS; LA; QL (42 EA per 180 days); ^
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	\$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
<i>vincristine intravenous solution 1 mg/ml, 2 mg/2 ml</i>	\$0 (1)	
<i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i>	\$0 (1)	B/D
VITRAKVI ORAL CAPSULE 100 MG	\$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
VITRAKVI ORAL CAPSULE 25 MG	\$0 (1)	PA-NS; LA; QL (180 EA per 30 days); ^
VITRAKVI ORAL SOLUTION 20 MG/ML	\$0 (1)	PA-NS; LA; QL (300 ML per 30 days); ^
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
VONJO ORAL CAPSULE 100 MG	\$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^
VORANIGO ORAL TABLET 10 MG	\$0 (1)	PA-NS; QL (60 EA per 30 days); ^
VORANIGO ORAL TABLET 40 MG	\$0 (1)	PA-NS; QL (30 EA per 30 days); ^
WELIREG ORAL TABLET 40 MG	\$0 (1)	PA-NS; LA; ^
XALKORI ORAL CAPSULE 200 MG, 250 MG	\$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
XALKORI ORAL PELLET 150 MG	\$0 (1)	PA-NS; QL (180 EA per 30 days); ^
XALKORI ORAL PELLET 20 MG, 50 MG	\$0 (1)	PA-NS; QL (120 EA per 30 days); ^
XATMEP ORAL SOLUTION 2.5 MG/ML	\$0 (1)	
XERMELO ORAL TABLET 250 MG	\$0 (1)	PA; LA; QL (84 EA per 28 days); ^
XOSPATA ORAL TABLET 40 MG	\$0 (1)	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.
05/01/2025

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), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2)	\$0 (1)	PA-NS; LA; QL (8 EA per 28 days); ^
XPOVIO ORAL TABLET 40 MG/WEEK (10 MG X 4), 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1)	\$0 (1)	PA-NS; LA; QL (4 EA per 28 days); ^
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	\$0 (1)	PA-NS; LA; QL (24 EA per 28 days); ^
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	\$0 (1)	PA-NS; LA; QL (32 EA per 28 days); ^
XTANDI ORAL CAPSULE 40 MG	\$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^
XTANDI ORAL TABLET 40 MG	\$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^
XTANDI ORAL TABLET 80 MG	\$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
ZEJULA ORAL TABLET 100 MG	\$0 (1)	PA-NS; LA; QL (90 EA per 30 days); ^
ZEJULA ORAL TABLET 200 MG, 300 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
ZELBORAF ORAL TABLET 240 MG	\$0 (1)	PA-NS; LA; QL (240 EA per 30 days); ^
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	\$0 (1)	B/D; ^
ZOLINZA ORAL CAPSULE 100 MG	\$0 (1)	PA-NS; QL (120 EA per 30 days); ^
ZYDELIG ORAL TABLET 100 MG, 150 MG	\$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
ZYKADIA ORAL TABLET 150 MG	\$0 (1)	PA-NS; LA; QL (90 EA per 30 days); ^
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH		
ANTICONSULSANTS		
APTOM ORAL TABLET 200 MG, 400 MG	\$0 (1)	QL (30 EA per 30 days)
APTOM ORAL TABLET 600 MG, 800 MG	\$0 (1)	QL (60 EA per 30 days)
BRIVACT INTRAVENOUS SOLUTION 50 MG/5 ML	\$0 (1)	QL (600 ML per 30 days)
BRIVACT ORAL SOLUTION 10 MG/ML	\$0 (1)	QL (600 ML per 30 days); ^
BRIVACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	\$0 (1)	QL (60 EA per 30 days); ^
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	\$0 (1)	
<i>carbamazepine oral suspension 100 mg/5 ml, 100 mg/5 ml (5 ml), 200 mg/10 ml</i>	\$0 (1)	
<i>carbamazepine oral tablet 200 mg</i>	\$0 (1)	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	\$0 (1)	
<i>carbamazepine oral tablet, chewable 100 mg</i>	\$0 (1)	
<i>clobazam oral suspension 2.5 mg/ml</i>	\$0 (1)	PA-NS; QL (480 ML per 30 days)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>clobazam oral tablet 10 mg, 20 mg</i>	\$0 (1)	PA-NS; QL (60 EA per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	\$0 (1)	QL (90 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	\$0 (1)	QL (300 EA per 30 days)
<i>clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	\$0 (1)	QL (90 EA per 30 days)
<i>clonazepam oral tablet,disintegrating 2 mg</i>	\$0 (1)	QL (300 EA per 30 days)
DIACOMIT ORAL CAPSULE 250 MG	\$0 (1)	PA-NS; LA; QL (360 EA per 30 days); ^
DIACOMIT ORAL CAPSULE 500 MG	\$0 (1)	PA-NS; LA; QL (180 EA per 30 days); ^
DIACOMIT ORAL POWDER IN PACKET 250 MG	\$0 (1)	PA-NS; LA; QL (360 EA per 30 days); ^
DIACOMIT ORAL POWDER IN PACKET 500 MG	\$0 (1)	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 (1)	
DILANTIN EXTENDED ORAL CAPSULE 100 MG	\$0 (1)	
DILANTIN INFATABS ORAL TABLET,CHEWABLE 50 MG	\$0 (1)	
DILANTIN ORAL CAPSULE 30 MG	\$0 (1)	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML	\$0 (1)	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	\$0 (1)	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	\$0 (1)	
<i>divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	\$0 (1)	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	\$0 (1)	PA-NS; LA
<i>epitol oral tablet 200 mg</i>	\$0 (1)	
EPRONTIA ORAL SOLUTION 25 MG/ML	\$0 (1)	PA-NS
<i>ethosuximide oral capsule 250 mg</i>	\$0 (1)	
<i>ethosuximide oral solution 250 mg/5 ml</i>	\$0 (1)	
<i>felbamate oral suspension 600 mg/5 ml</i>	\$0 (1)	
<i>felbamate oral tablet 400 mg, 600 mg</i>	\$0 (1)	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	\$0 (1)	PA-NS; LA; QL (360 ML per 30 days); ^
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	\$0 (1)	QL (720 ML per 30 days); ^
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	\$0 (1)	QL (30 EA per 30 days); ^
FYCOMPA ORAL TABLET 2 MG	\$0 (1)	QL (60 EA per 30 days)
<i>gabapentin oral capsule 100 mg, 400 mg</i>	\$0 (1)	QL (270 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>gabapentin oral capsule 300 mg</i>	\$0 (1)	QL (360 EA per 30 days)
<i>gabapentin oral solution 250 mg/5 ml, 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	\$0 (1)	QL (2160 ML per 30 days)
<i>gabapentin oral tablet 600 mg</i>	\$0 (1)	QL (180 EA per 30 days)
<i>gabapentin oral tablet 800 mg</i>	\$0 (1)	QL (120 EA per 30 days)
<i>gabapentin oral tablet extended release 24 hr 300 mg</i>	\$0 (1)	PA; QL (180 EA per 30 days)
<i>gabapentin oral tablet extended release 24 hr 600 mg</i>	\$0 (1)	PA; QL (90 EA per 30 days)
<i>lacosamide intravenous solution 200 mg/20 ml</i>	\$0 (1)	QL (1200 ML per 30 days); ^
<i>lacosamide oral solution 10 mg/ml</i>	\$0 (1)	QL (1200 ML per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>lacosamide oral tablet 50 mg</i>	\$0 (1)	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 (1)	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	\$0 (1)	
<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	\$0 (1)	
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml</i>	\$0 (1)	
<i>levetiracetam intravenous solution 500 mg/5 ml</i>	\$0 (1)	
<i>levetiracetam oral solution 100 mg/ml, 500 mg/5 ml (5 ml)</i>	\$0 (1)	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	\$0 (1)	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	\$0 (1)	
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	\$0 (1)	PA-NS; QL (10 EA per 30 days); ^
<i>methsuximide oral capsule 300 mg</i>	\$0 (1)	
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	\$0 (1)	PA-NS; QL (10 EA per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	\$0 (1)	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	\$0 (1)	
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	\$0 (1)	PA-NS

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05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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 (1)	PA-NS
<i>phenobarbital sodium injection solution 130 mg/ml, 65 mg/ml</i>	\$0 (1)	
<i>phenytoin oral suspension 125 mg/5 ml</i>	\$0 (1)	
<i>phenytoin oral tablet, chewable 50 mg</i>	\$0 (1)	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	\$0 (1)	
<i>phenytoin sodium intravenous solution 50 mg/ml</i>	\$0 (1)	
<i>pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	\$0 (1)	QL (120 EA per 30 days)
<i>pregabalin oral capsule 200 mg</i>	\$0 (1)	QL (90 EA per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>pregabalin oral solution 20 mg/ml</i>	\$0 (1)	QL (900 ML per 30 days)
PRIMIDONE ORAL TABLET 125 MG	\$0 (1)	
<i>primidone oral tablet 250 mg, 50 mg</i>	\$0 (1)	
<i>roweepra oral tablet 500 mg</i>	\$0 (1)	
<i>rufinamide oral suspension 40 mg/ml</i>	\$0 (1)	PA-NS; QL (2400 ML per 30 days); ^
<i>rufinamide oral tablet 200 mg</i>	\$0 (1)	PA-NS; QL (480 EA per 30 days)
<i>rufinamide oral tablet 400 mg</i>	\$0 (1)	PA-NS; QL (240 EA per 30 days); ^
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG	\$0 (1)	
SYMPAZAN ORAL FILM 10 MG, 20 MG	\$0 (1)	PA-NS; QL (60 EA per 30 days); ^
SYMPAZAN ORAL FILM 5 MG	\$0 (1)	PA-NS; QL (60 EA per 30 days)
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	\$0 (1)	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	\$0 (1)	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	\$0 (1)	
<i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i>	\$0 (1)	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	\$0 (1)	
<i>valproic acid oral capsule 250 mg</i>	\$0 (1)	

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05/01/2025

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 (1)	PA-NS; QL (10 EA per 30 days)
<i>vigabatrin oral powder in packet 500 mg</i>	\$0 (1)	PA-NS; LA; QL (180 EA per 30 days); ^
<i>vigabatrin oral tablet 500 mg</i>	\$0 (1)	PA-NS; LA; QL (180 EA per 30 days); ^
<i>vigadrone oral powder in packet 500 mg</i>	\$0 (1)	PA-NS; LA; QL (180 EA per 30 days); ^
<i>vigadrone oral tablet 500 mg</i>	\$0 (1)	PA-NS; LA; QL (180 EA per 30 days); ^
<i>vigpoder oral powder in packet 500 mg</i>	\$0 (1)	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 (1)	QL (56 EA per 28 days); ^
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	\$0 (1)	QL (30 EA per 30 days); ^
XCOPRI ORAL TABLET 150 MG, 200 MG	\$0 (1)	QL (60 EA per 30 days); ^
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 12.5 MG (14)- 25 MG (14)	\$0 (1)	QL (28 EA per 180 days)
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	\$0 (1)	QL (28 EA per 180 days); ^
ZONISADE ORAL SUSPENSION 100 MG/5 ML	\$0 (1)	PA-NS
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	\$0 (1)	
ZTALMY ORAL SUSPENSION 50 MG/ML	\$0 (1)	PA-NS; QL (1100 ML per 30 days); ^
ANTIPARKINSONISM AGENTS		
<i>benztropine injection solution 1 mg/ml</i>	\$0 (1)	
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (1)	PA
<i>bromocriptine oral capsule 5 mg</i>	\$0 (1)	
<i>bromocriptine oral tablet 2.5 mg</i>	\$0 (1)	
<i>carbidopa oral tablet 25 mg</i>	\$0 (1)	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	\$0 (1)	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	\$0 (1)	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	\$0 (1)	
<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 (1)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>entacapone oral tablet 200 mg</i>	\$0 (1)	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	\$0 (1)	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 (1)	
<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 (1)	
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	\$0 (1)	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	\$0 (1)	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	\$0 (1)	
<i>selegiline hcl oral capsule 5 mg</i>	\$0 (1)	
<i>selegiline hcl oral tablet 5 mg</i>	\$0 (1)	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	\$0 (1)	PA
MIGRAINE / CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	\$0 (1)	PA; QL (1 ML per 30 days)
<i>dihydroergotamine injection solution 1 mg/ml</i>	\$0 (1)	^
<i>dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	\$0 (1)	PA; QL (8 ML per 28 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	\$0 (1)	PA; QL (2 ML per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	\$0 (1)	PA; QL (2 ML per 30 days)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	\$0 (1)	QL (40 EA per 28 days)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	\$0 (1)	QL (18 EA per 28 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	\$0 (1)	PA; QL (16 EA per 30 days); ^
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	\$0 (1)	QL (18 EA per 30 days)
<i>rizatriptan oral tablet,disintegrating 10 mg, 5 mg</i>	\$0 (1)	QL (18 EA per 30 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation</i>	\$0 (1)	QL (18 EA per 28 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (1)	QL (18 EA per 28 days)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i>	\$0 (1)	QL (8 ML per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i>	\$0 (1)	QL (8 ML per 28 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	\$0 (1)	QL (8 ML per 28 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	\$0 (1)	QL (18 EA per 28 days)
<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i>	\$0 (1)	QL (18 EA per 28 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
AUSTEDO ORAL TABLET 12 MG, 9 MG	\$0 (1)	PA; LA; QL (120 EA per 30 days); ^
AUSTEDO ORAL TABLET 6 MG	\$0 (1)	PA; LA; QL (60 EA per 30 days); ^
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG	\$0 (1)	PA; QL (120 EA per 30 days); ^
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG	\$0 (1)	PA; QL (30 EA per 30 days); ^
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 24 MG	\$0 (1)	PA; QL (60 EA per 30 days); ^
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG	\$0 (1)	PA; QL (90 EA per 30 days); ^
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	\$0 (1)	PA; QL (28 EA per 180 days); ^
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 6 MG (14)-12 MG (14)-24 MG (14)	\$0 (1)	PA; QL (42 EA per 28 days); ^
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	\$0 (1)	PA; QL (60 EA per 30 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg</i>	\$0 (1)	PA; QL (14 EA per 7 days); ^
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	\$0 (1)	PA; QL (120 EA per 180 days); ^
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i>	\$0 (1)	PA; QL (60 EA per 30 days); ^
<i>donepezil oral tablet 10 mg, 5 mg</i>	\$0 (1)	
<i>donepezil oral tablet 23 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>	\$0 (1)	
<i>fingolimod oral capsule 0.5 mg</i>	\$0 (1)	PA; QL (30 EA per 30 days); ^
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>galantamine oral solution 4 mg/ml</i>	\$0 (1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	\$0 (1)	PA; QL (30 ML per 30 days); ^
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	\$0 (1)	PA; QL (12 ML per 28 days); ^
<i>glatopa subcutaneous syringe 20 mg/ml</i>	\$0 (1)	PA; QL (30 ML per 30 days); ^
<i>glatopa subcutaneous syringe 40 mg/ml</i>	\$0 (1)	PA; QL (12 ML per 28 days); ^
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21)	\$0 (1)	PA; LA; QL (28 EA per 180 days); ^
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	\$0 (1)	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 (1)	PA
<i>memantine oral solution 2 mg/ml</i>	\$0 (1)	PA
<i>memantine oral tablet 10 mg, 5 mg</i>	\$0 (1)	PA
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	\$0 (1)	
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	\$0 (1)	
NUEDEXTA ORAL CAPSULE 20-10 MG	\$0 (1)	PA; QL (60 EA per 30 days); ^
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	\$0 (1)	PA; QL (20 ML per 180 days); ^
RADICAVA ORS ORAL SUSPENSION 105 MG/5 ML	\$0 (1)	PA; ^
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML	\$0 (1)	PA; ^
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	\$0 (1)	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 (1)	QL (30 EA per 30 days)
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	\$0 (1)	PA; QL (30 EA per 30 days); ^
<i>tetrabenazine oral tablet 12.5 mg</i>	\$0 (1)	PA; QL (90 EA per 30 days); ^
<i>tetrabenazine oral tablet 25 mg</i>	\$0 (1)	PA; QL (120 EA per 30 days); ^
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
<i>baclofen oral tablet 10 mg, 20 mg</i>	\$0 (1)	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	\$0 (1)	PA
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	\$0 (1)	
<i>pyridostigmine bromide oral tablet 60 mg</i>	\$0 (1)	
<i>tizanidine oral tablet 2 mg, 4 mg</i>	\$0 (1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NARCOTIC ANALGESICS		
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml</i>	\$0 (1)	QL (2700 ML per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	\$0 (1)	QL (360 EA per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	\$0 (1)	QL (180 EA per 30 days)
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	\$0 (1)	PA; QL (90 EA per 30 days)
<i>endocet oral tablet 10-325 mg</i>	\$0 (1)	QL (180 EA per 30 days)
<i>endocet oral tablet 2.5-325 mg, 5-325 mg</i>	\$0 (1)	QL (360 EA per 30 days)
<i>endocet oral tablet 7.5-325 mg</i>	\$0 (1)	QL (240 EA per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg</i>	\$0 (1)	PA; QL (120 EA per 30 days); ^
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	\$0 (1)	PA; QL (120 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 (1)	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 (1)	QL (2700 ML per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>	\$0 (1)	QL (180 EA per 30 days)
<i>hydrocodone-acetaminophen oral tablet 5-325 mg</i>	\$0 (1)	QL (240 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	\$0 (1)	QL (150 EA per 30 days)
<i>hydromorphone oral liquid 1 mg/ml</i>	\$0 (1)	QL (600 ML per 30 days)
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>	\$0 (1)	QL (180 EA per 30 days)
<i>methadone intensol oral concentrate 10 mg/ml</i>	\$0 (1)	PA; QL (90 ML per 30 days)
<i>methadone oral concentrate 10 mg/ml</i>	\$0 (1)	PA; QL (90 ML per 30 days)
<i>methadone oral solution 10 mg/5 ml, 5 mg/5 ml</i>	\$0 (1)	PA; QL (450 ML per 30 days)
<i>methadone oral tablet 10 mg, 5 mg</i>	\$0 (1)	PA; QL (90 EA per 30 days)
<i>morphine (pf) intravenous patient control.analgesia soln 30 mg/30 ml (1 mg/ml)</i>	\$0 (1)	
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	\$0 (1)	QL (180 ML per 30 days)
<i>morphine injection syringe 4 mg/ml</i>	\$0 (1)	
<i>morphine intravenous solution 10 mg/ml, 4 mg/ml, 50 mg/ml</i>	\$0 (1)	
<i>morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml</i>	\$0 (1)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
MORPHINE INTRAVENOUS SYRINGE 8 MG/ML	\$0 (1)	
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	\$0 (1)	QL (900 ML per 30 days)
<i>morphine oral tablet 15 mg, 30 mg</i>	\$0 (1)	QL (180 EA per 30 days)
<i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	\$0 (1)	PA; QL (90 EA per 30 days)
<i>oxycodone oral capsule 5 mg</i>	\$0 (1)	QL (180 EA per 30 days)
<i>oxycodone oral concentrate 20 mg/ml</i>	\$0 (1)	QL (180 ML per 30 days)
<i>oxycodone oral solution 5 mg/5 ml</i>	\$0 (1)	QL (900 ML per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	\$0 (1)	QL (180 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	\$0 (1)	QL (180 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	\$0 (1)	QL (360 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	\$0 (1)	QL (240 EA per 30 days)
NON-NARCOTIC ANALGESICS		
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	\$0 (1)	QL (90 EA per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	\$0 (1)	QL (90 EA per 30 days)
<i>butorphanol injection solution 1 mg/ml, 2 mg/ml</i>	\$0 (1)	
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>celecoxib oral capsule 400 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i>	\$0 (1)	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	\$0 (1)	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	\$0 (1)	
<i>diclofenac sodium topical gel 1 %</i>	\$0 (1)	Over the counter NDCs are not eligible for coverage under Medicare; QL (1000 GM per 28 days)
<i>diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)</i>	\$0 (1)	QL (224 GM per 28 days)
<i>diclofenac-misoprostol oral tablet,ir, delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	\$0 (1)	
<i>diflunisal oral tablet 500 mg</i>	\$0 (1)	

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05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>etodolac oral capsule 200 mg, 300 mg</i>	\$0 (1)	
<i>etodolac oral tablet 400 mg, 500 mg</i>	\$0 (1)	
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	\$0 (1)	
<i>flurbiprofen oral tablet 100 mg</i>	\$0 (1)	
<i>ibu oral tablet 600 mg, 800 mg</i>	\$0 (1)	
<i>ibuprofen oral suspension 100 mg/5 ml</i>	\$0 (1)	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	\$0 (1)	
<i>meloxicam oral tablet 15 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>meloxicam oral tablet 7.5 mg</i>	\$0 (1)	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	\$0 (1)	
<i>nalbuphine injection solution 10 mg/ml, 20 mg/ml</i>	\$0 (1)	
<i>naloxone injection solution 0.4 mg/ml</i>	\$0 (1)	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	\$0 (1)	
<i>naloxone nasal spray,non-aerosol 4 mg/actuation</i>	\$0 (1)	
<i>naltrexone oral tablet 50 mg</i>	\$0 (1)	
<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 (1)	QL (120 EA per 30 days)
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	\$0 (1)	
<i>oxaprozin oral tablet 600 mg</i>	\$0 (1)	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	\$0 (1)	
<i>sulindac oral tablet 150 mg, 200 mg</i>	\$0 (1)	
<i>tramadol oral tablet 50 mg</i>	\$0 (1)	QL (240 EA per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	\$0 (1)	QL (240 EA per 30 days)
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG	\$0 (1)	
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	\$0 (1)	QL (2.4 ML per 56 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	\$0 (1)	QL (3.2 ML per 56 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	\$0 (1)	QL (1 EA per 28 days)

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05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	\$0 (1)	QL (1 EA per 28 days)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	\$0 (1)	QL (150 EA per 30 days)
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	\$0 (1)	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	\$0 (1)	
<i>aripiprazole oral solution 1 mg/ml</i>	\$0 (1)	QL (900 ML per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>aripiprazole oral tablet,disintegrating 10 mg, 15 mg</i>	\$0 (1)	QL (60 EA per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	\$0 (1)	QL (4.8 ML per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	\$0 (1)	QL (3.9 ML per 56 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	\$0 (1)	QL (1.6 ML per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	\$0 (1)	QL (2.4 ML per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	\$0 (1)	QL (3.2 ML per 28 days)
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	\$0 (1)	PA; QL (30 EA per 30 days)
<i>armodafinil oral tablet 50 mg</i>	\$0 (1)	PA; QL (60 EA per 30 days)
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	\$0 (1)	QL (30 EA per 30 days)
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	\$0 (1)	ST; QL (60 EA per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	\$0 (1)	QL (30 EA per 30 days)
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	\$0 (1)	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	\$0 (1)	QL (90 EA per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	\$0 (1)	
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	\$0 (1)	QL (30 EA per 30 days)

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05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>chlorpromazine injection solution 25 mg/ml</i>	\$0 (1)	
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	\$0 (1)	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	\$0 (1)	
<i>citalopram oral solution 10 mg/5 ml</i>	\$0 (1)	
<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 (1)	PA-NS
<i>clorazepate dipotassium oral tablet 15 mg</i>	\$0 (1)	PA-NS; QL (180 EA per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	\$0 (1)	PA-NS; QL (90 EA per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	\$0 (1)	PA-NS; QL (360 EA per 30 days)
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	\$0 (1)	
<i>clozapine oral tablet,disintegrating 100 mg</i>	\$0 (1)	QL (270 EA per 30 days)
<i>clozapine oral tablet,disintegrating 12.5 mg, 25 mg</i>	\$0 (1)	
<i>clozapine oral tablet,disintegrating 150 mg</i>	\$0 (1)	QL (180 EA per 30 days)
<i>clozapine oral tablet,disintegrating 200 mg</i>	\$0 (1)	QL (120 EA per 30 days)
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	\$0 (1)	QL (60 EA per 30 days); ^
COBENFY STARTER PACK ORAL CAPSULE,DOSE PACK 50 MG-20 MG /100 MG-20 MG	\$0 (1)	QL (56 EA per 180 days); ^
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	\$0 (1)	
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	\$0 (1)	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 (1)	QL (30 EA per 30 days)
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg, 5 mg</i>	\$0 (1)	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	\$0 (1)	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 15 mg</i>	\$0 (1)	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 20 mg</i>	\$0 (1)	QL (90 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 30 mg</i>	\$0 (1)	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 (1)	QL (30 EA per 30 days)

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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 (1)	QL (60 EA per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 20 mg</i>	\$0 (1)	QL (90 EA per 30 days)
<i>diazepam injection solution 5 mg/ml</i>	\$0 (1)	
<i>diazepam injection syringe 5 mg/ml</i>	\$0 (1)	
<i>diazepam intensol oral concentrate 5 mg/ml</i>	\$0 (1)	PA-NS; QL (240 ML per 30 days)
<i>diazepam oral concentrate 5 mg/ml</i>	\$0 (1)	PA-NS; QL (240 ML per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml, 5 ml)</i>	\$0 (1)	PA-NS; QL (1200 ML per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	\$0 (1)	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 (1)	
<i>doxepin oral concentrate 10 mg/ml</i>	\$0 (1)	
<i>doxepin oral tablet 3 mg, 6 mg</i>	\$0 (1)	QL (30 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	\$0 (1)	
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 40 mg, 60 mg</i>	\$0 (1)	QL (60 EA per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	\$0 (1)	QL (30 EA per 30 days); ^
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	\$0 (1)	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	\$0 (1)	
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	\$0 (1)	ST; QL (60 EA per 30 days); ^
FANAPT ORAL TABLETS, DOSE PACK 1MG(2)-2MG(2)-4MG(2)-6MG(2)	\$0 (1)	ST; QL (8 EA per 180 days)
FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	\$0 (1)	QL (28 EA per 180 days)
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	\$0 (1)	QL (30 EA per 30 days)
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i>	\$0 (1)	
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	\$0 (1)	
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	\$0 (1)	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	\$0 (1)	

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05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	\$0 (1)	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	\$0 (1)	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	\$0 (1)	
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (1)	
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 4 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>guanfacine oral tablet extended release 24 hr 3 mg</i>	\$0 (1)	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 (1)	
<i>haloperidol lactate injection solution 5 mg/ml</i>	\$0 (1)	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	\$0 (1)	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	\$0 (1)	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	\$0 (1)	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	\$0 (1)	QL (3.5 ML per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	\$0 (1)	QL (5 ML per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	\$0 (1)	QL (0.75 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	\$0 (1)	QL (1 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	\$0 (1)	QL (1.5 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	\$0 (1)	QL (0.25 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	\$0 (1)	QL (0.5 ML per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	\$0 (1)	QL (0.88 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	\$0 (1)	QL (1.32 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	\$0 (1)	QL (1.75 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	\$0 (1)	QL (2.63 ML per 90 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>lisdexamfetamine oral capsule 40 mg, 50 mg, 60 mg, 70 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>lisdexamfetamine oral tablet, chewable 10 mg, 20 mg, 30 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>lisdexamfetamine oral tablet, chewable 40 mg, 50 mg, 60 mg</i>	\$0 (1)	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 (1)	
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	\$0 (1)	
<i>lithium citrate oral solution 8 meq/5 ml</i>	\$0 (1)	
<i>lorazepam injection solution 2 mg/ml, 4 mg/ml</i>	\$0 (1)	
<i>lorazepam injection syringe 2 mg/ml</i>	\$0 (1)	
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	\$0 (1)	QL (150 ML per 30 days)
<i>lorazepam oral concentrate 2 mg/ml</i>	\$0 (1)	QL (150 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (1)	QL (150 EA per 30 days)
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	\$0 (1)	
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>lurasidone oral tablet 80 mg</i>	\$0 (1)	QL (60 EA per 30 days)
MARPLAN ORAL TABLET 10 MG	\$0 (1)	
<i>methylphenidate hcl oral solution 10 mg/5 ml</i>	\$0 (1)	QL (900 ML per 30 days)
<i>methylphenidate hcl oral solution 5 mg/5 ml</i>	\$0 (1)	QL (1800 ML per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	\$0 (1)	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	\$0 (1)	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 (1)	QL (30 EA per 30 days)
<i>methylphenidate hcl oral tablet, chewable 10 mg, 2.5 mg, 5 mg</i>	\$0 (1)	QL (180 EA per 30 days)
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	\$0 (1)	
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i>	\$0 (1)	
<i>modafinil oral tablet 100 mg</i>	\$0 (1)	PA; QL (30 EA per 30 days)
<i>modafinil oral tablet 200 mg</i>	\$0 (1)	PA; QL (60 EA per 30 days)

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05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>molindone oral tablet 10 mg, 25 mg, 5 mg</i>	\$0 (1)	
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	\$0 (1)	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	\$0 (1)	
<i>nortriptyline oral solution 10 mg/5 ml</i>	\$0 (1)	
NUPLAZID ORAL CAPSULE 34 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
NUPLAZID ORAL TABLET 10 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
<i>olanzapine intramuscular recon soln 10 mg</i>	\$0 (1)	QL (3 EA per 1 day)
<i>olanzapine oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>olanzapine oral tablet 15 mg, 20 mg, 7.5 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>olanzapine oral tablet,disintegrating 10 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>olanzapine oral tablet,disintegrating 15 mg, 20 mg, 5 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>paroxetine hcl oral suspension 10 mg/5 ml</i>	\$0 (1)	QL (900 ML per 30 days)
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	\$0 (1)	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 (1)	QL (60 EA per 30 days)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	\$0 (1)	
<i>phenelzine oral tablet 15 mg</i>	\$0 (1)	
<i>pimozide oral tablet 1 mg, 2 mg</i>	\$0 (1)	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	\$0 (1)	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	\$0 (1)	
QUETIAPINE ORAL TABLET 150 MG	\$0 (1)	
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	\$0 (1)	QL (60 EA per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	\$0 (1)	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. 05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	\$0 (1)	QL (2 EA per 28 days)
<i>risperidone oral solution 1 mg/ml</i>	\$0 (1)	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	\$0 (1)	
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg</i>	\$0 (1)	QL (90 EA per 30 days)
<i>risperidone oral tablet, disintegrating 1 mg, 2 mg, 3 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>risperidone oral tablet, disintegrating 4 mg</i>	\$0 (1)	QL (120 EA per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	\$0 (1)	QL (30 EA per 30 days)
<i>sertraline oral concentrate 20 mg/ml</i>	\$0 (1)	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (1)	
SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	\$0 (1)	PA; LA; QL (540 ML per 30 days); ^
<i>temazepam oral capsule 15 mg</i>	\$0 (1)	PA; QL (60 EA per 30 days)
<i>temazepam oral capsule 30 mg, 7.5 mg</i>	\$0 (1)	PA; QL (30 EA per 30 days)
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	\$0 (1)	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	\$0 (1)	
<i>tranylcypromine oral tablet 10 mg</i>	\$0 (1)	
<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 (1)	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	\$0 (1)	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	\$0 (1)	QL (30 EA per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	\$0 (1)	
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	\$0 (1)	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	\$0 (1)	PA-NS; QL (600 ML per 30 days); ^
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i>	\$0 (1)	QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	\$0 (1)	QL (30 EA per 30 days); ^
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i>	\$0 (1)	
<i>zolpidem oral tablet 10 mg, 5 mg</i>	\$0 (1)	QL (30 EA per 30 days)

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05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	\$0 (1)	PA-NS; QL (28 EA per 365 days); ^
ZURZUVAE ORAL CAPSULE 30 MG	\$0 (1)	PA-NS; QL (14 EA per 365 days); ^
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	\$0 (1)	PA-NS; QL (2.4 EA per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	\$0 (1)	PA-NS; QL (2 EA per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	\$0 (1)	PA-NS; QL (1 EA per 28 days)
CARDIOVASCULAR, HYPERTENSION / LIPIDS		
ANTIARRHYTHMIC AGENTS		
<i>amiodarone intravenous solution 50 mg/ml</i>	\$0 (1)	
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i>	\$0 (1)	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	\$0 (1)	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	\$0 (1)	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	\$0 (1)	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	\$0 (1)	
MULTAQ ORAL TABLET 400 MG	\$0 (1)	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	\$0 (1)	
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>	\$0 (1)	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	\$0 (1)	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	\$0 (1)	
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i>	\$0 (1)	
<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 (1)	
<i>aliskiren oral tablet 150 mg, 300 mg</i>	\$0 (1)	
<i>amiloride oral tablet 5 mg</i>	\$0 (1)	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	\$0 (1)	
<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 (1)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	\$0 (1)	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 (1)	QL (30 EA per 30 days)
<i>amlodipine-valsartan-hcthiiazid 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 (1)	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 (1)	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	\$0 (1)	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	\$0 (1)	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	\$0 (1)	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	\$0 (1)	
<i>bumetanide injection solution 0.25 mg/ml</i>	\$0 (1)	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (1)	
<i>candesartan oral tablet 16 mg, 4 mg, 8 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>candesartan oral tablet 32 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>candesartan-hydrochlorothiazid oral tablet 32-12.5 mg, 32-25 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	\$0 (1)	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	\$0 (1)	
<i>cartia xt oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	\$0 (1)	
<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 (1)	
<i>diltiazem hcl intravenous solution 5 mg/ml</i>	\$0 (1)	

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05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	\$0 (1)	
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	\$0 (1)	
<i>diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	\$0 (1)	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	\$0 (1)	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	\$0 (1)	
<i>diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	\$0 (1)	
<i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	\$0 (1)	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	\$0 (1)	
EDARBI ORAL TABLET 40 MG, 80 MG	\$0 (1)	QL (30 EA per 30 days)
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	\$0 (1)	QL (30 EA per 30 days)
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	\$0 (1)	
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	\$0 (1)	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	\$0 (1)	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	\$0 (1)	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	\$0 (1)	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	\$0 (1)	
<i>furosemide injection solution 10 mg/ml</i>	\$0 (1)	
<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 (1)	
<i>hydralazine injection solution 20 mg/ml</i>	\$0 (1)	
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	\$0 (1)	
<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 (1)	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.
05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	\$0 (1)	
KERENDIA ORAL TABLET 10 MG, 20 MG	\$0 (1)	QL (30 EA per 30 days)
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	\$0 (1)	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	\$0 (1)	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	\$0 (1)	
<i>losartan oral tablet 100 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>losartan oral tablet 25 mg, 50 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>losartan-hydrochlorothiazide oral tablet 50-12.5 mg</i>	\$0 (1)	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 (1)	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (1)	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	\$0 (1)	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	\$0 (1)	
<i>metoprolol tartrate intravenous solution 5 mg/5 ml</i>	\$0 (1)	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	\$0 (1)	
<i>metyrosine oral capsule 250 mg</i>	\$0 (1)	PA; ^
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	\$0 (1)	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	\$0 (1)	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	\$0 (1)	
<i>nebivolol oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>nebivolol oral tablet 20 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>nicardipine oral capsule 20 mg, 30 mg</i>	\$0 (1)	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	\$0 (1)	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	\$0 (1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>nimodipine oral capsule 30 mg</i>	\$0 (1)	
<i>olmesartan oral tablet 20 mg, 40 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>olmesartan oral tablet 5 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>olmesartan-amlodipin-hcthiazyd oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	\$0 (1)	
<i>pindolol oral tablet 10 mg, 5 mg</i>	\$0 (1)	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	\$0 (1)	
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	\$0 (1)	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	\$0 (1)	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	\$0 (1)	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	\$0 (1)	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	\$0 (1)	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	\$0 (1)	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (1)	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	\$0 (1)	
<i>taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	\$0 (1)	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	\$0 (1)	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 (1)	QL (30 EA per 30 days)
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-25 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>telmisartan-hydrochlorothiazid oral tablet 80-12.5 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	\$0 (1)	
<i>tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	\$0 (1)	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	\$0 (1)	
<i>torse mide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	\$0 (1)	

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05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	\$0 (1)	
<i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i>	\$0 (1)	PA; LA; ^
<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)	
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>valsartan oral tablet 320 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>verapamil intravenous solution 2.5 mg/ml</i>	\$0 (1)	
<i>verapamil intravenous syringe 2.5 mg/ml</i>	\$0 (1)	
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	\$0 (1)	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	\$0 (1)	
<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 (1)	
COAGULATION THERAPY		
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	\$0 (1)	
BRILINTA ORAL TABLET 60 MG, 90 MG	\$0 (1)	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	\$0 (1)	
<i>clopidogrel oral tablet 75 mg</i>	\$0 (1)	
<i>dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	\$0 (1)	
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	\$0 (1)	PA; LA; ^
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	\$0 (1)	PA; LA; ^
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	\$0 (1)	PA; LA; ^
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	\$0 (1)	QL (74 EA per 180 days)
ELIQUIS ORAL TABLET 2.5 MG	\$0 (1)	QL (60 EA per 30 days)
ELIQUIS ORAL TABLET 5 MG	\$0 (1)	QL (74 EA per 30 days)

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05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i>	\$0 (1)	
<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 (1)	
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	\$0 (1)	^
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	\$0 (1)	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	\$0 (1)	
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	\$0 (1)	
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	\$0 (1)	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	\$0 (1)	
<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 (1)	
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	\$0 (1)	
PROMACTA ORAL POWDER IN PACKET 12.5 MG	\$0 (1)	PA; LA; QL (360 EA per 30 days); ^
PROMACTA ORAL POWDER IN PACKET 25 MG	\$0 (1)	PA; LA; QL (180 EA per 30 days); ^
PROMACTA ORAL TABLET 12.5 MG, 25 MG	\$0 (1)	PA; LA; QL (30 EA per 30 days); ^
PROMACTA ORAL TABLET 50 MG, 75 MG	\$0 (1)	PA; LA; QL (60 EA per 30 days); ^
<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 (1)	QL (51 EA per 180 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	\$0 (1)	QL (775 ML per 28 days)
XARELTO ORAL TABLET 10 MG, 20 MG	\$0 (1)	QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	\$0 (1)	QL (60 EA per 30 days)

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05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>cholestyramine (with sugar) oral powder 4 gram</i>	\$0 (1)	
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	\$0 (1)	
<i>cholestyramine light oral powder 4 gram</i>	\$0 (1)	
<i>colesevelam oral powder in packet 3.75 gram</i>	\$0 (1)	
<i>colesevelam oral tablet 625 mg</i>	\$0 (1)	
<i>colestipol oral granules 5 gram</i>	\$0 (1)	
<i>colestipol oral packet 5 gram</i>	\$0 (1)	
<i>colestipol oral tablet 1 gram</i>	\$0 (1)	
<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 (1)	QL (30 EA per 30 days)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	\$0 (1)	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	\$0 (1)	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	\$0 (1)	
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i>	\$0 (1)	
<i>fluvastatin oral capsule 20 mg, 40 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>gemfibrozil oral tablet 600 mg</i>	\$0 (1)	
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	\$0 (1)	
<i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i>	\$0 (1)	QL (30 EA per 30 days)
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	\$0 (1)	PA
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>prevalite oral powder 4 gram</i>	\$0 (1)	
<i>prevalite oral powder in packet 4 gram</i>	\$0 (1)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	\$0 (1)	QL (30 EA per 30 days)
VASCEPA ORAL CAPSULE 0.5 GRAM, 1 GRAM	\$0 (1)	
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CORLANOR ORAL SOLUTION 5 MG/5 ML	\$0 (1)	QL (450 ML per 30 days)
CORLANOR ORAL TABLET 5 MG, 7.5 MG	\$0 (1)	QL (60 EA per 30 days)
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	\$0 (1)	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg), 62.5 mcg (0.0625 mg)</i>	\$0 (1)	QL (60 EA per 30 days)
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	\$0 (1)	QL (60 EA per 30 days)
<i>ivabradine oral tablet 5 mg, 7.5 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>	\$0 (1)	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	\$0 (1)	QL (30 EA per 30 days)
VYNDAQEL ORAL CAPSULE 20 MG	\$0 (1)	PA
NITRATES		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	\$0 (1)	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	\$0 (1)	
<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 (1)	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	\$0 (1)	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	\$0 (1)	
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	\$0 (1)	
<i>calcipotriene scalp solution 0.005 %</i>	\$0 (1)	QL (120 ML per 30 days)
<i>calcipotriene topical ointment 0.005 %</i>	\$0 (1)	QL (120 GM per 30 days)
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	\$0 (1)	PA; QL (10 ML per 28 days); ^
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	\$0 (1)	PA; QL (10 ML per 28 days); ^

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	\$0 (1)	PA; QL (10 ML per 28 days); ^
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	\$0 (1)	PA; QL (10 ML per 28 days); ^
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	\$0 (1)	PA; QL (2.5 ML per 28 days); ^
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	\$0 (1)	PA; QL (10 ML per 28 days); ^
<i>selenium sulfide topical lotion 2.5 %</i>	\$0 (1)	
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	\$0 (1)	PA; QL (6 ML per 365 days); ^
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	\$0 (1)	PA; QL (6 ML per 365 days); ^
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	\$0 (1)	PA; QL (0.5 ML per 28 days); ^
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	\$0 (1)	PA; QL (0.5 ML per 28 days); ^
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	\$0 (1)	PA; QL (1 ML per 28 days); ^
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	\$0 (1)	PA; QL (2 ML per 28 days); ^
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	\$0 (1)	PA; QL (2 ML per 28 days); ^
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML	\$0 (1)	PA; QL (2 ML per 28 days); ^
MISCELLANEOUS DERMATOLOGICALS		
<i>ammonium lactate topical cream 12 %</i>	\$0 (1)	
<i>ammonium lactate topical lotion 12 %</i>	\$0 (1)	
<i>dermacinrx lidocan topical adhesive patch,medicated 5 %</i>	\$0 (1)	PA; QL (90 EA per 30 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	\$0 (1)	PA; QL (4.56 ML per 28 days); ^
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	\$0 (1)	PA; QL (8 ML per 28 days); ^
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	\$0 (1)	PA; QL (1.5 ML per 30 days); ^
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	\$0 (1)	PA; QL (4.56 ML per 28 days); ^
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	\$0 (1)	PA; QL (8 ML per 28 days); ^
<i>fluorouracil topical cream 5 %</i>	\$0 (1)	QL (40 GM per 30 days)
<i>fluorouracil topical solution 2 %, 5 %</i>	\$0 (1)	QL (10 ML per 30 days)
<i>glydo mucous membrane jelly in applicator 2 %</i>	\$0 (1)	QL (60 ML per 30 days)
<i>imiquimod topical cream in packet 5 %</i>	\$0 (1)	QL (24 EA per 28 days)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>lidocaine (pf) injection solution 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %), 40 mg/ml (4 %), 5 mg/ml (0.5 %)</i>	\$0 (1)	
<i>lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)</i>	\$0 (1)	
<i>lidocaine hcl laryngotracheal solution 4 %</i>	\$0 (1)	QL (50 ML per 30 days)
<i>lidocaine hcl mucous membrane jelly 2 %</i>	\$0 (1)	QL (60 ML per 30 days)
<i>lidocaine hcl mucous membrane solution 2 %</i>	\$0 (1)	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	\$0 (1)	QL (50 ML per 30 days)
<i>lidocaine topical adhesive patch,medicated 5 %</i>	\$0 (1)	PA; QL (90 EA per 30 days)
<i>lidocaine topical ointment 5 %</i>	\$0 (1)	QL (50 GM per 30 days)
<i>lidocaine viscous mucous membrane solution 2 %</i>	\$0 (1)	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	\$0 (1)	QL (30 GM per 30 days)
<i>lidocan iii topical adhesive patch,medicated 5 %</i>	\$0 (1)	PA; QL (90 EA per 30 days)
<i>lidocan iv topical adhesive patch,medicated 5 %</i>	\$0 (1)	PA; QL (90 EA per 30 days)
<i>lidocan v topical adhesive patch,medicated 5 %</i>	\$0 (1)	PA; QL (90 EA per 30 days)
PANRETIN TOPICAL GEL 0.1 %	\$0 (1)	PA-NS; QL (60 GM per 30 days); ^
<i>pimecrolimus topical cream 1 %</i>	\$0 (1)	QL (100 GM per 30 days)
<i>podofilox topical solution 0.5 %</i>	\$0 (1)	QL (7 ML per 28 days)
REGRANEX TOPICAL GEL 0.01 %	\$0 (1)	QL (15 GM per 30 days); ^
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	\$0 (1)	QL (180 GM per 30 days)
<i>silver sulfadiazine topical cream 1 %</i>	\$0 (1)	
<i>ssd topical cream 1 %</i>	\$0 (1)	
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	\$0 (1)	QL (100 GM per 30 days)
<i>tridacaine ii topical adhesive patch,medicated 5 %</i>	\$0 (1)	PA; QL (90 EA per 30 days)
<i>tridacaine topical adhesive patch,medicated 5 %</i>	\$0 (1)	PA; QL (90 EA per 30 days)
VALCHLOR TOPICAL GEL 0.016 %	\$0 (1)	PA-NS; LA; QL (60 GM per 30 days); ^
THERAPY FOR ACNE		
<i>acutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	\$0 (1)	
<i>adapalene topical cream 0.1 %</i>	\$0 (1)	QL (45 GM per 30 days)
<i>adapalene topical gel 0.3 %</i>	\$0 (1)	QL (45 GM per 30 days)
<i>adapalene topical gel with pump 0.3 %</i>	\$0 (1)	QL (45 GM per 30 days)
<i>amnestem oral capsule 10 mg, 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.
05/01/2025

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 (1)	QL (50 GM per 30 days)
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	\$0 (1)	
<i>clindamycin phosphate topical gel 1 %</i>	\$0 (1)	QL (75 GM per 30 days)
<i>clindamycin phosphate topical gel, once daily 1 %</i>	\$0 (1)	QL (75 ML per 30 days)
<i>clindamycin phosphate topical lotion 1 %</i>	\$0 (1)	QL (60 ML per 30 days)
<i>clindamycin phosphate topical solution 1 %</i>	\$0 (1)	QL (60 ML per 30 days)
<i>clindamycin phosphate topical swab 1 %</i>	\$0 (1)	QL (60 EA per 30 days)
<i>clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %</i>	\$0 (1)	QL (45 GM per 30 days)
<i>clindamycin-benzoyl peroxide topical gel 1-5 %</i>	\$0 (1)	QL (50 GM per 30 days)
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i>	\$0 (1)	QL (50 GM per 30 days)
<i>ery pads topical swab 2 %</i>	\$0 (1)	QL (60 EA per 30 days)
<i>erythromycin with ethanol topical solution 2 %</i>	\$0 (1)	QL (60 ML per 30 days)
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	\$0 (1)	
<i>isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg</i>	\$0 (1)	
<i>metronidazole topical cream 0.75 %</i>	\$0 (1)	QL (45 GM per 30 days)
<i>metronidazole topical gel 0.75 %</i>	\$0 (1)	QL (45 GM per 30 days)
<i>metronidazole topical lotion 0.75 %</i>	\$0 (1)	QL (59 ML per 30 days)
<i>myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	\$0 (1)	
<i>neuac topical gel 1.2 %(1 % base) -5 %</i>	\$0 (1)	QL (45 GM per 30 days)
<i>tazarotene topical cream 0.1 %</i>	\$0 (1)	PA; QL (60 GM per 30 days)
<i>tazarotene topical gel 0.05 %, 0.1 %</i>	\$0 (1)	PA
<i>tretinoin microspheres topical gel 0.04 %, 0.1 %</i>	\$0 (1)	PA; QL (50 GM per 30 days)
<i>tretinoin microspheres topical gel with pump 0.04 %, 0.1 %</i>	\$0 (1)	PA; QL (50 GM per 30 days)
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	\$0 (1)	PA; QL (45 GM per 30 days)
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	\$0 (1)	PA; QL (45 GM per 30 days)
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	\$0 (1)	
TOPICAL ANTIBACTERIALS		
<i>gentamicin topical cream 0.1 %</i>	\$0 (1)	QL (30 GM per 30 days)
<i>gentamicin topical ointment 0.1 %</i>	\$0 (1)	QL (30 GM per 30 days)
<i>mupirocin topical ointment 2 %</i>	\$0 (1)	QL (44 GM per 30 days)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	\$0 (1)	
TOPICAL ANTIFUNGALS		
<i>ciclopirox topical cream 0.77 %</i>	\$0 (1)	QL (90 GM per 28 days)
<i>ciclopirox topical gel 0.77 %</i>	\$0 (1)	QL (100 GM per 28 days)
<i>ciclopirox topical suspension 0.77 %</i>	\$0 (1)	QL (60 ML per 28 days)
<i>clotrimazole topical cream 1 %</i>	\$0 (1)	QL (45 GM per 28 days)
<i>clotrimazole topical solution 1 %</i>	\$0 (1)	QL (30 ML per 28 days)
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	\$0 (1)	QL (45 GM per 28 days)
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	\$0 (1)	QL (60 ML per 28 days)
<i>ketconazole topical cream 2 %</i>	\$0 (1)	QL (60 GM per 28 days)
<i>ketconazole topical shampoo 2 %</i>	\$0 (1)	QL (120 ML per 28 days)
<i>klayesta topical powder 100,000 unit/gram</i>	\$0 (1)	QL (60 GM per 30 days)
<i>naftifine topical cream 1 %</i>	\$0 (1)	QL (90 GM per 28 days)
<i>naftifine topical cream 2 %</i>	\$0 (1)	QL (60 GM per 28 days)
<i>naftifine topical gel 2 %</i>	\$0 (1)	QL (60 GM per 28 days)
<i>nyamyc topical powder 100,000 unit/gram</i>	\$0 (1)	QL (120 GM per 30 days)
<i>nystatin topical cream 100,000 unit/gram</i>	\$0 (1)	QL (30 GM per 28 days)
<i>nystatin topical ointment 100,000 unit/gram</i>	\$0 (1)	QL (30 GM per 28 days)
<i>nystatin topical powder 100,000 unit/gram</i>	\$0 (1)	QL (120 GM per 30 days)
<i>nystop topical powder 100,000 unit/gram</i>	\$0 (1)	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 (1)	QL (120 GM per 30 days)
<i>alclometasone topical ointment 0.05 %</i>	\$0 (1)	QL (120 GM per 30 days)
<i>betamethasone dipropionate topical cream 0.05 %</i>	\$0 (1)	QL (135 GM per 30 days)
<i>betamethasone dipropionate topical lotion 0.05 %</i>	\$0 (1)	QL (120 ML per 30 days)
<i>betamethasone dipropionate topical ointment 0.05 %</i>	\$0 (1)	QL (135 GM per 30 days)
<i>betamethasone valerate topical cream 0.1 %</i>	\$0 (1)	QL (135 GM per 30 days)
<i>betamethasone valerate topical lotion 0.1 %</i>	\$0 (1)	QL (120 ML per 30 days)
<i>betamethasone valerate topical ointment 0.1 %</i>	\$0 (1)	QL (135 GM per 30 days)
<i>betamethasone, augmented topical cream 0.05 %</i>	\$0 (1)	QL (150 GM per 30 days)
<i>betamethasone, augmented topical gel 0.05 %</i>	\$0 (1)	QL (150 GM per 30 days)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>betamethasone, augmented topical lotion 0.05 %</i>	\$0 (1)	QL (120 ML per 30 days)
<i>betamethasone, augmented topical ointment 0.05 %</i>	\$0 (1)	QL (150 GM per 30 days)
<i>clobetasol scalp solution 0.05 %</i>	\$0 (1)	QL (100 ML per 28 days)
<i>clobetasol topical cream 0.05 %</i>	\$0 (1)	QL (120 GM per 28 days)
<i>clobetasol topical gel 0.05 %</i>	\$0 (1)	QL (60 GM per 28 days)
<i>clobetasol topical ointment 0.05 %</i>	\$0 (1)	QL (120 GM per 28 days)
<i>clobetasol topical shampoo 0.05 %</i>	\$0 (1)	QL (118 ML per 28 days)
<i>clobetasol-emollient topical cream 0.05 %</i>	\$0 (1)	QL (120 GM per 28 days)
<i>clodan topical shampoo 0.05 %</i>	\$0 (1)	QL (118 ML per 28 days)
<i>desonide topical lotion 0.05 %</i>	\$0 (1)	QL (118 ML per 30 days)
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	\$0 (1)	QL (118.28 ML per 30 days)
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	\$0 (1)	QL (120 GM per 30 days)
<i>fluocinolone topical oil 0.01 %</i>	\$0 (1)	QL (118.28 ML per 30 days)
<i>fluocinolone topical ointment 0.025 %</i>	\$0 (1)	QL (120 GM per 30 days)
<i>fluocinolone topical solution 0.01 %</i>	\$0 (1)	QL (120 ML per 30 days)
<i>fluocinonide topical cream 0.05 %</i>	\$0 (1)	QL (120 GM per 30 days)
<i>fluocinonide topical gel 0.05 %</i>	\$0 (1)	QL (120 GM per 30 days)
<i>fluocinonide topical ointment 0.05 %</i>	\$0 (1)	QL (120 GM per 30 days)
<i>fluocinonide topical solution 0.05 %</i>	\$0 (1)	QL (120 ML per 30 days)
<i>fluocinonide-e topical cream 0.05 %</i>	\$0 (1)	QL (120 GM per 30 days)
<i>fluocinonide-emollient topical cream 0.05 %</i>	\$0 (1)	QL (120 GM per 30 days)
<i>fluticasone propionate topical cream 0.05 %</i>	\$0 (1)	
<i>halobetasol propionate topical cream 0.05 %</i>	\$0 (1)	QL (100 GM per 30 days)
<i>halobetasol propionate topical ointment 0.05 %</i>	\$0 (1)	QL (100 GM per 30 days)
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	\$0 (1)	
<i>hydrocortisone topical lotion 2 %, 2.5 %</i>	\$0 (1)	
<i>hydrocortisone topical ointment 2.5 %</i>	\$0 (1)	
<i>mometasone topical cream 0.1 %</i>	\$0 (1)	
<i>mometasone topical ointment 0.1 %</i>	\$0 (1)	
<i>mometasone topical solution 0.1 %</i>	\$0 (1)	
<i>triamcinolone acetanide topical cream 0.025 %, 0.1 %, 0.5 %</i>	\$0 (1)	
<i>triamcinolone acetanide topical lotion 0.025 %, 0.1 %</i>	\$0 (1)	

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05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	\$0 (1)	
<i>triderm topical cream 0.5 %</i>	\$0 (1)	
TOPICAL SCABICIDES / PEDICULICIDES		
<i>malathion topical lotion 0.5 %</i>	\$0 (1)	
<i>permethrin topical cream 5 %</i>	\$0 (1)	QL (60 GM per 30 days)
DIAGNOSTICS / MISCELLANEOUS AGENTS		
MISCELLANEOUS AGENTS		
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	\$0 (1)	
<i>acetic acid irrigation solution 0.25 %</i>	\$0 (1)	
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	\$0 (1)	
<i>carglumic acid oral tablet, dispersible 200 mg</i>	\$0 (1)	PA; LA; ^
<i>cevimeline oral capsule 30 mg</i>	\$0 (1)	
CHEMET ORAL CAPSULE 100 MG	\$0 (1)	
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	\$0 (1)	B/D
<i>d10 %-0.45 % sodium chloride intravenous parenteral solution</i>	\$0 (1)	
<i>d2.5 %-0.45 % sodium chloride intravenous parenteral solution</i>	\$0 (1)	
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	\$0 (1)	
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	\$0 (1)	
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i>	\$0 (1)	PA; ^
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	\$0 (1)	PA
<i>deferasirox oral tablet, dispersible 125 mg</i>	\$0 (1)	PA
<i>deferasirox oral tablet, dispersible 250 mg, 500 mg</i>	\$0 (1)	PA; ^
<i>dextrose 10 % and 0.2 % nacl intravenous parenteral solution</i>	\$0 (1)	
<i>dextrose 10 % in water (d10w) intravenous parenteral solution 10 %</i>	\$0 (1)	
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	\$0 (1)	

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05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>dextrose 5 % in water (d5w) intravenous piggyback 5 %</i>	\$0 (1)	
<i>dextrose 5 %-lactated ringers intravenous parenteral solution</i>	\$0 (1)	
<i>dextrose 5%-0.2 % sod chloride intravenous parenteral solution</i>	\$0 (1)	
<i>dextrose 5%-0.3 % sod.chloride intravenous parenteral solution</i>	\$0 (1)	
<i>dextrose 50 % in water (d50w) intravenous parenteral solution</i>	\$0 (1)	
<i>dextrose 50 % in water (d50w) intravenous syringe</i>	\$0 (1)	
<i>dextrose 70 % in water (d70w) intravenous parenteral solution</i>	\$0 (1)	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	\$0 (1)	
<i>droxidopa oral capsule 100 mg</i>	\$0 (1)	PA; QL (90 EA per 30 days)
<i>droxidopa oral capsule 200 mg, 300 mg</i>	\$0 (1)	PA; QL (180 EA per 30 days)
ENDARI ORAL POWDER IN PACKET 5 GRAM	\$0 (1)	PA; LA; ^
<i>glutamine (sickle cell) oral powder in packet 5 gram</i>	\$0 (1)	PA; ^
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	\$0 (1)	PA; LA; ^
<i>kionex (with sorbitol) oral suspension 15-20 gram/60 ml</i>	\$0 (1)	
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	\$0 (1)	
<i>levocarnitine oral solution 100 mg/ml</i>	\$0 (1)	
<i>levocarnitine oral tablet 330 mg</i>	\$0 (1)	
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	\$0 (1)	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (1)	
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	\$0 (1)	PA; ^
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	\$0 (1)	
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML	\$0 (1)	PA; LA; ^
<i>riluzole oral tablet 50 mg</i>	\$0 (1)	
<i>risedronate oral tablet 30 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	\$0 (1)	
<i>sodium chloride 0.9 % intravenous piggyback</i>	\$0 (1)	
<i>sodium chloride irrigation solution 0.9 %</i>	\$0 (1)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>	\$0 (1)	PA; ^
<i>sodium phenylbutyrate oral tablet 500 mg</i>	\$0 (1)	PA; ^
<i>sodium polystyrene sulfonate oral powder</i>	\$0 (1)	
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	\$0 (1)	
<i>sps (with sorbitol) rectal enema 30-40 gram/120 ml</i>	\$0 (1)	
<i>trientine oral capsule 250 mg</i>	\$0 (1)	PA; ^
<i>water for irrigation, sterile irrigation solution</i>	\$0 (1)	
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	\$0 (1)	
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	\$0 (1)	
NICOTROL INHALATION CARTRIDGE 10 MG	\$0 (1)	
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	\$0 (1)	
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg, 1 mg (56 pack)</i>	\$0 (1)	
<i>varenicline tartrate oral tablets, dose pack 0.5 mg (11)- 1 mg (42)</i>	\$0 (1)	
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
<i>azelastine nasal spray, non-aerosol 137 mcg (0.1 %), 205.5 mcg (0.15 %)</i>	\$0 (1)	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 (1)	QL (30 ML per 30 days)
<i>ipratropium bromide nasal spray, non-aerosol 42 mcg (0.06 %)</i>	\$0 (1)	QL (45 ML per 30 days)
<i>kourzeq dental paste 0.1 %</i>	\$0 (1)	
<i>olopatadine nasal spray, non-aerosol 0.6 %</i>	\$0 (1)	
<i>perio gard mucous membrane mouthwash 0.12 %</i>	\$0 (1)	
<i>triamcinolone acetonide dental paste 0.1 %</i>	\$0 (1)	
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear) solution 2 %</i>	\$0 (1)	
<i>flac otic oil otic (ear) drops 0.01 %</i>	\$0 (1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>	\$0 (1)	
<i>ofloxacin otic (ear) drops 0.3 %</i>	\$0 (1)	
OTIC STEROID / ANTIBIOTIC		
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	\$0 (1)	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 (1)	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	\$0 (1)	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
<i>dexamethasone intensol oral drops 1 mg/ml</i>	\$0 (1)	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	\$0 (1)	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	\$0 (1)	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	\$0 (1)	
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	\$0 (1)	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i>	\$0 (1)	
<i>dexamethasone sodium phosphate injection syringe 4 mg/ml</i>	\$0 (1)	
<i>fludrocortisone oral tablet 0.1 mg</i>	\$0 (1)	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	\$0 (1)	
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	\$0 (1)	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	\$0 (1)	B/D
<i>methylprednisolone oral tablets,dose pack 4 mg</i>	\$0 (1)	
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	\$0 (1)	
<i>methylprednisolone sodium succ intravenous recon soln 1,000 mg, 500 mg</i>	\$0 (1)	
<i>prednisolone oral solution 15 mg/5 ml</i>	\$0 (1)	

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05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	\$0 (1)	
<i>prednisone intensol oral concentrate 5 mg/ml</i>	\$0 (1)	
<i>prednisone oral solution 5 mg/5 ml</i>	\$0 (1)	
<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 (1)	
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML	\$0 (1)	
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	\$0 (1)	
<i>propylthiouracil oral tablet 50 mg</i>	\$0 (1)	
DIABETES THERAPY		
<i>acarbose oral tablet 100 mg</i>	\$0 (1)	QL (90 EA per 30 days)
<i>acarbose oral tablet 25 mg</i>	\$0 (1)	QL (360 EA per 30 days)
<i>acarbose oral tablet 50 mg</i>	\$0 (1)	QL (180 EA per 30 days)
<i>alcohol pads topical pads, medicated</i>	\$0 (1)	
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	\$0 (1)	PA; QL (3.4 ML per 28 days)
<i>diazoxide oral suspension 50 mg/ml</i>	\$0 (1)	^
FARXIGA ORAL TABLET 10 MG, 5 MG	\$0 (1)	QL (30 EA per 30 days)
<i>glimepiride oral tablet 1 mg</i>	\$0 (1)	QL (240 EA per 30 days)
<i>glimepiride oral tablet 2 mg</i>	\$0 (1)	QL (120 EA per 30 days)
<i>glimepiride oral tablet 4 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>glipizide oral tablet 10 mg</i>	\$0 (1)	QL (120 EA per 30 days)
<i>glipizide oral tablet 5 mg</i>	\$0 (1)	QL (240 EA per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	\$0 (1)	QL (240 EA per 30 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	\$0 (1)	QL (120 EA per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	\$0 (1)	QL (240 EA per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	\$0 (1)	QL (120 EA per 30 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	\$0 (1)	QL (30 EA per 30 days)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	\$0 (1)	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	\$0 (1)	
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	\$0 (1)	
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	\$0 (1)	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	\$0 (1)	
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	\$0 (1)	
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	\$0 (1)	
INSULIN ASP PRT-INSULIN ASPART SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	\$0 (1)	
INSULIN ASP PRT-INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	\$0 (1)	
INSULIN ASPART U-100 SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	\$0 (1)	
INSULIN ASPART U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	\$0 (1)	
INSULIN ASPART U-100 SUBCUTANEOUS SOLUTION 100 UNIT/ML	\$0 (1)	
INSULIN DEGLUDEC SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML), 200 UNIT/ML (3 ML)	\$0 (1)	
INSULIN DEGLUDEC SUBCUTANEOUS SOLUTION 100 UNIT/ML	\$0 (1)	
INSULIN GLARGINE U-300 CONC SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML), 300 UNIT/ML (3 ML)	\$0 (1)	
INSULIN GLARGINE-YFGN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	\$0 (1)	
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	\$0 (1)	QL (60 EA per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	\$0 (1)	QL (30 EA per 30 days)

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05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	\$0 (1)	QL (60 EA per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	\$0 (1)	QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	\$0 (1)	QL (30 EA per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	\$0 (1)	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	\$0 (1)	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	\$0 (1)	QL (30 EA per 30 days)
<i>metformin oral tablet 1,000 mg</i>	\$0 (1)	QL (75 EA per 30 days)
<i>metformin oral tablet 500 mg</i>	\$0 (1)	QL (150 EA per 30 days)
<i>metformin oral tablet 850 mg</i>	\$0 (1)	QL (90 EA per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	\$0 (1)	Generic for Glucophage XR; QL (120 EA per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	\$0 (1)	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 (1)	PA; QL (2 ML per 28 days)
<i>nateglinide oral tablet 120 mg</i>	\$0 (1)	QL (90 EA per 30 days)
<i>nateglinide oral tablet 60 mg</i>	\$0 (1)	QL (180 EA per 30 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	\$0 (1)	(brand RELION not covered)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	\$0 (1)	(brand RELION not covered)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	\$0 (1)	(brand RELION not covered)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	\$0 (1)	(brand RELION not covered)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	\$0 (1)	(brand RELION not covered)
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML	\$0 (1)	(brand RELION not covered)

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05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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 (1)	PA; QL (3 ML per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	\$0 (1)	PA; QL (1.8 ML per 30 days)
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i>	\$0 (1)	QL (90 EA per 30 days)
<i>repaglinide oral tablet 0.5 mg</i>	\$0 (1)	QL (960 EA per 30 days)
<i>repaglinide oral tablet 1 mg</i>	\$0 (1)	QL (480 EA per 30 days)
<i>repaglinide oral tablet 2 mg</i>	\$0 (1)	QL (240 EA per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	\$0 (1)	PA; QL (30 EA per 30 days)
<i>saxagliptin oral tablet 2.5 mg, 5 mg</i>	\$0 (1)	
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	\$0 (1)	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 (1)	QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	\$0 (1)	QL (30 EA per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	\$0 (1)	QL (60 EA per 30 days)
TRADJENTA ORAL TABLET 5 MG	\$0 (1)	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 (1)	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 (1)	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 (1)	PA; QL (2 ML per 28 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	\$0 (1)	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 (1)	QL (60 EA per 30 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	\$0 (1)	QL (15 ML per 30 days)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
MISCELLANEOUS HORMONES		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML	\$0 (1)	PA; ^
cabergoline oral tablet 0.5 mg	\$0 (1)	
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation	\$0 (1)	
calcitriol intravenous solution 1 mcg/ml	\$0 (1)	
calcitriol oral capsule 0.25 mcg, 0.5 mcg	\$0 (1)	
calcitriol oral solution 1 mcg/ml	\$0 (1)	
cinacalcet oral tablet 30 mg, 60 mg	\$0 (1)	QL (60 EA per 30 days)
cinacalcet oral tablet 90 mg	\$0 (1)	QL (120 EA per 30 days); ^
danazol oral capsule 100 mg, 200 mg, 50 mg	\$0 (1)	
desmopressin injection solution 4 mcg/ml	\$0 (1)	^
desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)	\$0 (1)	
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)	\$0 (1)	
desmopressin oral tablet 0.1 mg, 0.2 mg	\$0 (1)	
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	\$0 (1)	
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG	\$0 (1)	PA; ^
KORLYM ORAL TABLET 300 MG	\$0 (1)	PA; LA; ^
LUMIZYME INTRAVENOUS RECON SOLN 50 MG	\$0 (1)	PA; ^
mifepristone oral tablet 300 mg	\$0 (1)	PA; ^
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	\$0 (1)	PA; LA; ^
pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml)	\$0 (1)	
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	\$0 (1)	
sapropterin oral powder in packet 100 mg, 500 mg	\$0 (1)	PA; ^
sapropterin oral tablet,soluble 100 mg	\$0 (1)	PA; ^
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	\$0 (1)	PA; LA
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)	\$0 (1)	
testosterone enanthate intramuscular oil 200 mg/ml	\$0 (1)	
testosterone transdermal gel 50 mg/5 gram (1 %)	\$0 (1)	PA; QL (300 GM per 30 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	\$0 (1)	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 (1)	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 (1)	PA; QL (300 GM per 30 days)
<i>tolvaptan oral tablet 15 mg, 30 mg</i>	\$0 (1)	PA; ^
<i>zoledronic acid intravenous solution 4 mg/5 ml</i>	\$0 (1)	B/D
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>levo-t 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>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 (1)	
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 (1)	
<i>unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	\$0 (1)	
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
<i>dicyclomine oral capsule 10 mg</i>	\$0 (1)	
<i>dicyclomine oral solution 10 mg/5 ml</i>	\$0 (1)	
<i>dicyclomine oral tablet 20 mg</i>	\$0 (1)	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	\$0 (1)	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	\$0 (1)	

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05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	\$0 (1)	
<i>loperamide oral capsule 2 mg</i>	\$0 (1)	
MISCELLANEOUS GASTROINTESTINAL AGENTS		
<i>alosetron oral tablet 0.5 mg</i>	\$0 (1)	PA; QL (60 EA per 30 days)
<i>alosetron oral tablet 1 mg</i>	\$0 (1)	PA; QL (60 EA per 30 days); ^
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	\$0 (1)	B/D
<i>aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)</i>	\$0 (1)	B/D
<i>balsalazide oral capsule 750 mg</i>	\$0 (1)	
<i>betaine oral powder 1 gram/scoop</i>	\$0 (1)	LA; ^
<i>budesonide oral capsule,delayed,extend.release 3 mg</i>	\$0 (1)	
<i>budesonide oral tablet,delayed and ext.release 9 mg</i>	\$0 (1)	PA; QL (30 EA per 30 days); ^
<i>compro rectal suppository 25 mg</i>	\$0 (1)	
<i>constulose oral solution 10 gram/15 ml</i>	\$0 (1)	
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 (1)	
<i>cromolyn oral concentrate 100 mg/5 ml</i>	\$0 (1)	
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	\$0 (1)	B/D; QL (60 EA per 30 days)
<i>enulose oral solution 10 gram/15 ml</i>	\$0 (1)	
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	\$0 (1)	PA; LA; ^
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG	\$0 (1)	PA; ^
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>	\$0 (1)	
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>	\$0 (1)	
<i>generlac oral solution 10 gram/15 ml</i>	\$0 (1)	
<i>granisetron (pf) intravenous solution 1 mg/ml (1 ml)</i>	\$0 (1)	
<i>granisetron hcl intravenous solution 1 mg/ml, 1 mg/ml (1 ml)</i>	\$0 (1)	
<i>granisetron hcl oral tablet 1 mg</i>	\$0 (1)	B/D
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	\$0 (1)	
<i>hydrocortisone topical cream with perineal applicator 1 %, 2.5 %</i>	\$0 (1)	
INFLECTRA INTRAVENOUS RECON SOLN 100 MG	\$0 (1)	PA; QL (20 EA per 30 days); ^

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
05/01/2025

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 (1)	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	\$0 (1)	QL (30 EA per 30 days)
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	\$0 (1)	
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	\$0 (1)	
<i>mesalamine oral capsule,extended release 24hr 0.375 gram</i>	\$0 (1)	
<i>mesalamine oral tablet,delayed release (dr/ec) 1.2 gram, 800 mg</i>	\$0 (1)	
<i>mesalamine rectal enema 4 gram/60 ml</i>	\$0 (1)	
<i>mesalamine rectal suppository 1,000 mg</i>	\$0 (1)	
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i>	\$0 (1)	
<i>metoclopramide hcl injection solution 5 mg/ml</i>	\$0 (1)	
<i>metoclopramide hcl injection syringe 5 mg/ml</i>	\$0 (1)	
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	\$0 (1)	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	\$0 (1)	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	\$0 (1)	QL (30 EA per 30 days)
<i>nitroglycerin rectal ointment 0.4 % (w/w)</i>	\$0 (1)	QL (30 GM per 30 days)
OICALIVA ORAL TABLET 10 MG, 5 MG	\$0 (1)	PA; LA; QL (30 EA per 30 days); ^
<i>ondansetron hcl (pf) injection solution 4 mg/2 ml</i>	\$0 (1)	
<i>ondansetron hcl (pf) injection syringe 4 mg/2 ml</i>	\$0 (1)	
<i>ondansetron hcl intravenous solution 2 mg/ml</i>	\$0 (1)	
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	\$0 (1)	
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	\$0 (1)	
<i>ondansetron oral tablet,disintegrating 4 mg, 8 mg</i>	\$0 (1)	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	\$0 (1)	
<i>peg-electrolyte soln oral recon soln 420 gram</i>	\$0 (1)	
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	\$0 (1)	
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	\$0 (1)	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	\$0 (1)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>prochlorperazine rectal suppository 25 mg</i>	\$0 (1)	
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>	\$0 (1)	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i>	\$0 (1)	
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i>	\$0 (1)	
RECTIV RECTAL OINTMENT 0.4 % (W/W)	\$0 (1)	QL (30 GM per 30 days)
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	\$0 (1)	PA; QL (10 EA per 30 days)
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML	\$0 (1)	PA; QL (30 ML per 180 days); ^
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	\$0 (1)	PA; QL (1.2 ML per 56 days); ^
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	\$0 (1)	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 (1)	
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	\$0 (1)	PA; ^
<i>sulfasalazine oral tablet 500 mg</i>	\$0 (1)	
<i>sulfasalazine oral tablet,delayed release (dr/ec) 500 mg</i>	\$0 (1)	
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	\$0 (1)	
TRULANCE ORAL TABLET 3 MG	\$0 (1)	QL (30 EA per 30 days)
<i>ursodiol oral capsule 300 mg</i>	\$0 (1)	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	\$0 (1)	
VOWST ORAL CAPSULE	\$0 (1)	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 (1)	
ULCER THERAPY		
<i>dexlansoprazole oral capsule,biphase delayed releas 30 mg, 60 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg, 40 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>famotidine (pf) intravenous solution 20 mg/2 ml</i>	\$0 (1)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml</i>	\$0 (1)	
<i>famotidine intravenous solution 10 mg/ml</i>	\$0 (1)	
<i>famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)</i>	\$0 (1)	
<i>famotidine oral tablet 20 mg, 40 mg</i>	\$0 (1)	
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg, 30 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	\$0 (1)	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	\$0 (1)	
<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 intravenous recon soln 40 mg</i>	\$0 (1)	
<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 (1)	QL (60 EA per 30 days)
<i>sucralfate oral suspension 100 mg/ml</i>	\$0 (1)	
<i>sucralfate oral tablet 1 gram</i>	\$0 (1)	
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	\$0 (1)	PA; LA; ^
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	\$0 (1)	PA; LA; ^
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	\$0 (1)	PA-NS; LA; ^
BETASERON SUBCUTANEOUS KIT 0.3 MG	\$0 (1)	PA; QL (14 EA per 28 days); ^
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	\$0 (1)	PA; ^
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	\$0 (1)	PA; ^
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	\$0 (1)	PA; ^
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	\$0 (1)	PA; ^
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	\$0 (1)	PA; ^
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	\$0 (1)	PA; QL (4 ML per 28 days); ^
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	\$0 (1)	PA; QL (2 ML per 28 days); ^

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05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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 (1)	PA
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	\$0 (1)	PA; ^
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	\$0 (1)	NM
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	\$0 (1)	NM
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	\$0 (1)	NM
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	\$0 (1)	NM
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	\$0 (1)	NM
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	\$0 (1)	NM
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	\$0 (1)	NM
BIVIGAM INTRAVENOUS SOLUTION 10 %	\$0 (1)	PA; NM; LA; ^
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	\$0 (1)	NM
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	\$0 (1)	NM
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	\$0 (1)	NM
DENG VAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	\$0 (1)	NM
ENGRIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	\$0 (1)	B/D; NM
ENGRIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	\$0 (1)	B/D; NM
ENGRIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	\$0 (1)	B/D; NM
GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE	\$0 (1)	NM
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	\$0 (1)	PA; NM; ^
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	\$0 (1)	PA; NM; ^

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)	\$0 (1)	PA; NM; ^
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	\$0 (1)	PA; NM; LA; ^
GAMMAPLEX INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML)	\$0 (1)	PA; NM; LA; ^
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	\$0 (1)	PA; NM; ^
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	\$0 (1)	NM
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	\$0 (1)	NM
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	\$0 (1)	NM
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	\$0 (1)	B/D; NM
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	\$0 (1)	NM
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	\$0 (1)	NM
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	\$0 (1)	NM
IPOLE INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	\$0 (1)	NM
IXCHIQ (PF) INTRAMUSCULAR RECON SOLN 1,000 TCID50/0.5 ML	\$0 (1)	NM
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	\$0 (1)	NM
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	\$0 (1)	NM
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	\$0 (1)	NM
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	\$0 (1)	NM
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	\$0 (1)	NM
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	\$0 (1)	NM

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML	\$0 (1)	NM
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	\$0 (1)	NM
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	\$0 (1)	NM
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	\$0 (1)	PA; NM; ^
PANZYGA INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML), 10 % (25 ML), 10 % (300 ML), 10 % (50 ML)	\$0 (1)	PA; NM; ^
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	\$0 (1)	NM
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	\$0 (1)	NM
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	\$0 (1)	NM
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG-5LF- 62 DU/0.5 ML	\$0 (1)	NM
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML	\$0 (1)	B/D; NM
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	\$0 (1)	NM
PRIVIGEN INTRAVENOUS SOLUTION 10 %	\$0 (1)	PA; NM; ^
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	\$0 (1)	NM
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	\$0 (1)	NM
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	\$0 (1)	NM
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	\$0 (1)	NM
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	\$0 (1)	B/D; NM
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	\$0 (1)	B/D; NM
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	\$0 (1)	NM
ROTATEQ VACCINE ORAL SOLUTION 2 ML	\$0 (1)	NM

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	\$0 (1)	NM; A third dose may be considered in post-transplant members (PA required).; QL (2 EA per 999 days)
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,000 UNIT/0.5 ML	\$0 (1)	NM
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	\$0 (1)	NM
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	\$0 (1)	NM
TETANUS,DIPHThERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	\$0 (1)	B/D; NM
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML	\$0 (1)	NM
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	\$0 (1)	NM
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	\$0 (1)	NM
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	\$0 (1)	NM
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	\$0 (1)	NM
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	\$0 (1)	NM
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	\$0 (1)	NM
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	\$0 (1)	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 (1)	NM
MISCELLANEOUS SUPPLIES		
MISCELLANEOUS SUPPLIES		
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	\$0 (1)	
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	\$0 (1)	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE	\$0 (1)	BD Preferred
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	\$0 (1)	PA; QL (1 EA per 365 days)

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05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	\$0 (1)	PA; QL (15 EA per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	\$0 (1)	PA; QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	\$0 (1)	PA; QL (15 EA per 30 days)
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	\$0 (1)	BD 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 (1)	QL (120 EA per 30 days)
<i>colchicine oral tablet 0.6 mg</i>	\$0 (1)	QL (120 EA per 30 days)
<i>febuxostat oral tablet 40 mg, 80 mg</i>	\$0 (1)	
<i>probenecid oral tablet 500 mg</i>	\$0 (1)	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	\$0 (1)	
OSTEOPOROSIS THERAPY		
<i>alendronate oral solution 70 mg/75 ml</i>	\$0 (1)	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)
<i>ibandronate intravenous solution 3 mg/3 ml</i>	\$0 (1)	QL (3 ML per 90 days)
<i>ibandronate intravenous syringe 3 mg/3 ml</i>	\$0 (1)	QL (3 ML per 90 days)
<i>ibandronate oral tablet 150 mg</i>	\$0 (1)	QL (1 EA per 30 days)
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	\$0 (1)	QL (1 ML per 180 days)
<i>raloxifene oral tablet 60 mg</i>	\$0 (1)	
<i>risedronate oral tablet 150 mg</i>	\$0 (1)	QL (1 EA per 30 days)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	\$0 (1)	QL (4 EA per 28 days)
<i>risedronate oral tablet 5 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i>	\$0 (1)	QL (4 EA per 28 days)
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	\$0 (1)	PA; Only Teriparatide NDC 47781065289 is covered; QL (2.48 ML per 28 days); ^

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05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	\$0 (1)	PA; QL (3.6 ML per 28 days); ^
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	\$0 (1)	PA; QL (3.6 ML per 28 days); ^
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	\$0 (1)	PA; ^
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	\$0 (1)	PA; LA; QL (8 ML per 28 days); ^
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	\$0 (1)	PA; LA; QL (8 ML per 28 days); ^
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	\$0 (1)	PA; QL (6 EA per 180 days); ^
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	\$0 (1)	PA; QL (4 EA per 180 days); ^
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	\$0 (1)	PA; QL (4 EA per 28 days); ^
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	\$0 (1)	PA; QL (2 EA per 28 days); ^
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	\$0 (1)	PA; QL (4 EA per 28 days); ^
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	\$0 (1)	PA; QL (8 ML per 28 days); ^
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	\$0 (1)	PA; QL (8 ML per 28 days); ^
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	\$0 (1)	PA; QL (8 ML per 28 days); ^
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	\$0 (1)	PA; QL (8 ML per 28 days); ^
HUMIRA PEN PSOR-UEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	\$0 (1)	PA; Only Humira NDCs starting 00074 are covered; QL (6 EA per 180 days); ^
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	\$0 (1)	PA; Only Humira NDCs starting 00074 are covered; QL (6 EA per 28 days); ^
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	\$0 (1)	PA; Only Humira NDCs starting 00074 are covered; QL (6 EA per 28 days); ^
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	\$0 (1)	PA; Only Humira NDCs starting 00074 are covered; QL (3 EA per 180 days); ^
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	\$0 (1)	PA; Only Humira NDCs starting 00074 are covered; QL (4 EA per 180 days); ^
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	\$0 (1)	PA; Only Humira NDCs starting 00074 are covered; QL (3 EA per 180 days); ^

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	\$0 (1)	PA; Only Humira NDCs starting 00074 are covered; QL (6 EA per 28 days); ^
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	\$0 (1)	PA; Only Humira NDCs starting 00074 are covered; QL (4 EA per 28 days); ^
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	\$0 (1)	PA; Only Humira NDCs starting 00074 are covered; QL (2 EA per 28 days); ^
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	\$0 (1)	PA; Only Humira NDCs starting 00074 are covered; QL (6 EA per 28 days); ^
<i>leflunomide oral tablet 10 mg, 20 mg</i>	\$0 (1)	QL (30 EA per 30 days)
OTEZLA ORAL TABLET 20 MG, 30 MG	\$0 (1)	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 (1)	PA; QL (55 EA per 180 days); ^
<i>penicillamine oral tablet 250 mg</i>	\$0 (1)	^
RINVOQ LQ ORAL SOLUTION 1 MG/ML	\$0 (1)	PA; QL (360 ML per 30 days); ^
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	\$0 (1)	PA; QL (30 EA per 30 days); ^
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	\$0 (1)	PA; QL (84 EA per 180 days); ^
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	\$0 (1)	QL (60 EA per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	\$0 (1)	QL (55 EA per 180 days)
YUFLYMA(CF) AI CROHN'S-UC-HS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	\$0 (1)	PA; QL (3 EA per 180 days); ^
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	\$0 (1)	PA; QL (4 EA per 28 days); ^
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	\$0 (1)	PA; QL (2 EA per 28 days); ^
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML	\$0 (1)	PA; QL (2 EA per 28 days); ^
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	\$0 (1)	PA; QL (4 EA per 28 days); ^
OBSTETRICS / GYNECOLOGY		
ESTROGENS / PROGESTINS		
<i>camila oral tablet 0.35 mg</i>	\$0 (1)	
<i>deblitane oral tablet 0.35 mg</i>	\$0 (1)	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	\$0 (1)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
05/01/2025

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<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 (1)
<i>emzahh oral tablet 0.35 mg</i>	\$0 (1)
<i>errin oral tablet 0.35 mg</i>	\$0 (1)
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (1)
<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 (1)
<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 (1)
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	\$0 (1)
<i>estradiol vaginal tablet 10 mcg</i>	\$0 (1)
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	\$0 (1)
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	\$0 (1)
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	\$0 (1)
<i>gallifrey oral tablet 5 mg</i>	\$0 (1)
<i>heather oral tablet 0.35 mg</i>	\$0 (1)
<i>incassia oral tablet 0.35 mg</i>	\$0 (1)
<i>jinteli oral tablet 1-5 mg-mcg</i>	\$0 (1)
<i>lyleq oral tablet 0.35 mg</i>	\$0 (1)
<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 (1)
<i>lyza oral tablet 0.35 mg</i>	\$0 (1)
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	\$0 (1)
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	\$0 (1)
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (1)
<i>mimvey oral tablet 1-0.5 mg</i>	\$0 (1)
<i>nora-be oral tablet 0.35 mg</i>	\$0 (1)
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	\$0 (1)
<i>norethindrone acetate oral tablet 5 mg</i>	\$0 (1)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
05/01/2025

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	\$0 (1)
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	\$0 (1)
<i>progesterone intramuscular oil 50 mg/ml</i>	\$0 (1)
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	\$0 (1)
<i>sharobel oral tablet 0.35 mg</i>	\$0 (1)
<i>yuvaferm vaginal tablet 10 mcg</i>	\$0 (1)
MISCELLANEOUS OB/GYN	
<i>clindamycin phosphate vaginal cream 2 %</i>	\$0 (1)
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	\$0 (1)
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	\$0 (1)
<i>haloette vaginal ring 0.12-0.015 mg/24 hr</i>	\$0 (1)
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG	\$0 (1)
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	\$0 (1)
NEXPLANON SUBDERMAL IMPLANT 68 MG	\$0 (1)
<i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i>	\$0 (1)
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	\$0 (1)
<i>terconazole vaginal suppository 80 mg</i>	\$0 (1)
<i>tranexamic acid oral tablet 650 mg</i>	\$0 (1)
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	\$0 (1)
<i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i>	\$0 (1)
ORAL CONTRACEPTIVES / RELATED AGENTS	
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	\$0 (1)
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	\$0 (1)
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	\$0 (1)
<i>amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	\$0 (1)
<i>apri oral tablet 0.15-0.03 mg</i>	\$0 (1)
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>	\$0 (1)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
05/01/2025

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	\$0 (1)
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	\$0 (1)
<i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	\$0 (1)
<i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	\$0 (1)
<i>aviane oral tablet 0.1-20 mg-mcg</i>	\$0 (1)
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	\$0 (1)
<i>balziva (28) oral tablet 0.4-35 mg-mcg</i>	\$0 (1)
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	\$0 (1)
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	\$0 (1)
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	\$0 (1)
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	\$0 (1)
<i>camrese lo oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	\$0 (1)
<i>camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	\$0 (1)
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	\$0 (1)
<i>cyred eq oral tablet 0.15-0.03 mg</i>	\$0 (1)
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	\$0 (1)
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	\$0 (1)
<i>daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	\$0 (1)
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	\$0 (1)
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	\$0 (1)
<i>dolishale oral tablet 90-20 mcg (28)</i>	\$0 (1)
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)</i>	\$0 (1)
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	\$0 (1)
<i>elinest oral tablet 0.3-30 mg-mcg</i>	\$0 (1)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
05/01/2025

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	\$0 (1)
<i>enskyce oral tablet 0.15-0.03 mg</i>	\$0 (1)
<i>estarylla oral tablet 0.25-0.035 mg</i>	\$0 (1)
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	\$0 (1)
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	\$0 (1)
<i>finzala oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	\$0 (1)
<i>gemmily oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	\$0 (1)
<i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	\$0 (1)
<i>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	\$0 (1)
<i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	\$0 (1)
<i>iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	\$0 (1)
<i>introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	\$0 (1)
<i>isibloom oral tablet 0.15-0.03 mg</i>	\$0 (1)
<i>jasmiel (28) oral tablet 3-0.02 mg</i>	\$0 (1)
<i>jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	\$0 (1)
<i>juleber oral tablet 0.15-0.03 mg</i>	\$0 (1)
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	\$0 (1)
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	\$0 (1)
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	\$0 (1)
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	\$0 (1)
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	\$0 (1)
<i>kaitlib fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	\$0 (1)
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	\$0 (1)
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	\$0 (1)
<i>kelnor 1/50 (28) oral tablet 1-50 mg-mcg</i>	\$0 (1)
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	\$0 (1)
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-20 mcg/ 0.15 mg-25 mcg, 0.15 mg-30 mcg (84)/10 mcg (7)</i>	\$0 (1)

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 05/01/2025

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	\$0 (1)
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	\$0 (1)
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	\$0 (1)
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	\$0 (1)
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	\$0 (1)
<i>layolis fe oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	\$0 (1)
<i>lessina oral tablet 0.1-20 mg-mcg</i>	\$0 (1)
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	\$0 (1)
<i>levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>	\$0 (1)
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)</i>	\$0 (1)
<i>levonorgestrel-ethinyl estrad oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i>	\$0 (1)
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	\$0 (1)
<i>levora-28 oral tablet 0.15-0.03 mg</i>	\$0 (1)
<i>loryna (28) oral tablet 3-0.02 mg</i>	\$0 (1)
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	\$0 (1)
<i>luteru (28) oral tablet 0.1-20 mg-mcg</i>	\$0 (1)
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	\$0 (1)
<i>mibelas 24 fe oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i>	\$0 (1)
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	\$0 (1)
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	\$0 (1)
<i>microgestin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	\$0 (1)
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	\$0 (1)
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	\$0 (1)
<i>mili oral tablet 0.25-0.035 mg</i>	\$0 (1)
<i>mono-lynyah oral tablet 0.25-0.035 mg</i>	\$0 (1)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
05/01/2025

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	\$0 (1)
<i>nikki (28) oral tablet 3-0.02 mg</i>	\$0 (1)
<i>noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7), 0.8mg-25mcg(24) and 75 mg (4)</i>	\$0 (1)
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	\$0 (1)
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1-20(5)/1-30(7) /1mg-35mcg (9), 1.5 mg-30 mcg (21)/75 mg (7)</i>	\$0 (1)
<i>norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	\$0 (1)
<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 (1)
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	\$0 (1)
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>	\$0 (1)
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	\$0 (1)
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	\$0 (1)
<i>nylia 1/35 (28) oral tablet 1-35 mg-mcg</i>	\$0 (1)
<i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	\$0 (1)
<i>nymyo oral tablet 0.25-35 mg-mcg</i>	\$0 (1)
<i>ocella oral tablet 3-0.03 mg</i>	\$0 (1)
<i>philith oral tablet 0.4-35 mg-mcg</i>	\$0 (1)
<i>pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	\$0 (1)
<i>portia 28 oral tablet 0.15-0.03 mg</i>	\$0 (1)
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	\$0 (1)
<i>rivelsa oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	\$0 (1)
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	\$0 (1)
<i>sprintec (28) oral tablet 0.25-0.035 mg</i>	\$0 (1)
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	\$0 (1)
<i>syeda oral tablet 3-0.03 mg</i>	\$0 (1)
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	\$0 (1)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
05/01/2025

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	\$0 (1)
<i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	\$0 (1)
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	\$0 (1)
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	\$0 (1)
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	\$0 (1)
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	\$0 (1)
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	\$0 (1)
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	\$0 (1)
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	\$0 (1)
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	\$0 (1)
<i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	\$0 (1)
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	\$0 (1)
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	\$0 (1)
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	\$0 (1)
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	\$0 (1)
<i>turqoz (28) oral tablet 0.3-30 mg-mcg</i>	\$0 (1)
<i>velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	\$0 (1)
<i>vestura (28) oral tablet 3-0.02 mg</i>	\$0 (1)
<i>vienva oral tablet 0.1-20 mg-mcg</i>	\$0 (1)
<i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	\$0 (1)
<i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>	\$0 (1)
<i>vylibra oral tablet 0.25-0.035 mg</i>	\$0 (1)
<i>wera (28) oral tablet 0.5-35 mg-mcg</i>	\$0 (1)
<i>wymzya fe oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	\$0 (1)
<i>xarah fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	\$0 (1)
<i>zovia 1-35 (28) oral tablet 1-35 mg-mcg</i>	\$0 (1)
<i>zumandimine (28) oral tablet 3-0.03 mg</i>	\$0 (1)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
OPHTHALMOLOGY		
ANTIBIOTICS		
<i>ak-poly-bac ophthalmic (eye) ointment 500-10,000 unit/gram</i>	\$0 (1)	
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	\$0 (1)	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	\$0 (1)	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	\$0 (1)	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	\$0 (1)	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	\$0 (1)	
<i>gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)</i>	\$0 (1)	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	\$0 (1)	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	\$0 (1)	
<i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i>	\$0 (1)	
NATACYN OPTHALMIC (EYE) DROPS,SUSPENSION 5 %	\$0 (1)	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	\$0 (1)	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	\$0 (1)	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	\$0 (1)	
<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 (1)	
ANTIVIRALS		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	\$0 (1)	
ZIRGAN OPTHALMIC (EYE) GEL 0.15 %	\$0 (1)	
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	\$0 (1)	
<i>carteolol ophthalmic (eye) drops 1 %</i>	\$0 (1)	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	\$0 (1)	
<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 (1)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
MISCELLANEOUS OPHTHALMOLOGICS		
<i>atropine ophthalmic (eye) drops 1 %</i>	\$0 (1)	
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	\$0 (1)	
<i>cromolyn ophthalmic (eye) drops 4 %</i>	\$0 (1)	
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i>	\$0 (1)	QL (60 EA per 30 days)
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	\$0 (1)	PA; LA; ^
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	\$0 (1)	PA; ^
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	\$0 (1)	
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	\$0 (1)	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	\$0 (1)	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	\$0 (1)	
XDEMVI OPHTHALMIC (EYE) DROPS 0.25 %	\$0 (1)	PA; QL (10 ML per 42 days); ^
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>bromfenac ophthalmic (eye) drops 0.075 %, 0.09 %</i>	\$0 (1)	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	\$0 (1)	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	\$0 (1)	
<i>ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %</i>	\$0 (1)	
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	\$0 (1)	
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide oral capsule, extended release 500 mg</i>	\$0 (1)	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	\$0 (1)	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	\$0 (1)	
OTHER GLAUCOMA DRUGS		
<i>brinzolamide ophthalmic (eye) drops,suspension 1 %</i>	\$0 (1)	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	\$0 (1)	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	\$0 (1)	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	\$0 (1)	
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	\$0 (1)	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	\$0 (1)	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	\$0 (1)	
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	\$0 (1)	

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05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	\$0 (1)	
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	\$0 (1)	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	\$0 (1)	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	\$0 (1)	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	\$0 (1)	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	\$0 (1)	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	\$0 (1)	
STEROIDS		
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	\$0 (1)	
<i>difluprednate ophthalmic (eye) drops 0.05 %</i>	\$0 (1)	
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	\$0 (1)	
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %</i>	\$0 (1)	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	\$0 (1)	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	\$0 (1)	
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	\$0 (1)	
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	\$0 (1)	
<i>brimonidine ophthalmic (eye) drops 0.15 %, 0.2 %</i>	\$0 (1)	
OVER THE COUNTER (OTC) AND RX AGENTS		
OVER THE COUNTER (OTC) AND RX AGENTS		
12 hour allergy-d 5-120 mg tab	\$0 (1)	NT
12-hr decongest 120 mg caplet coated cplt, max str	\$0 (1)	NT
12hr nasal decongest er 120 mg	\$0 (1)	NT
24hour allergy 10 mg tablet	\$0 (1)	NT
24hr allergy-congst 180-240 mg	\$0 (1)	NT

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05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
a thru z advanced formula tab gluten-free 18-400 mg-mcg	\$0 (1)	NT
a thru z advanced formula tab new formula (rx)	\$0 (1)	NT
a thru z advanced formula tab w/ lutein & lycopene (rx) 18-500-300-250 mg-mcg-mcg-mcg	\$0 (1)	NT
a thru z men's ultimate tablet 8 mg iron- 200 mcg-600 mcg	\$0 (1)	NT
a thru z select men 50+ tablet 300-60-600-300 mcg	\$0 (1)	NT
a thru z select multivit tab 500-300-250 mcg	\$0 (1)	NT
a thru z select multivit tab iron-free, 50+ form 0.4 mg-300 mcg- 250 mcg	\$0 (1)	NT
a thru z select tablet new formulation (rx)	\$0 (1)	NT
a thru z select women's tablet	\$0 (1)	NT
abc cmplt senior 50 plus cplt 0.4 mg-300 mcg- 250 mcg	\$0 (1)	NT
abc complete adult caplet 8 mg iron- 200 mcg-600 mcg	\$0 (1)	NT
abc complete men's caplet 8 mg iron- 200 mcg-600 mcg	\$0 (1)	NT
abc complete senior men's cplt 300-60-600-300 mcg	\$0 (1)	NT
abc complete senior women cplt 8 mg iron- 400 mcg-50 mcg	\$0 (1)	NT
abc complete women's caplet 18-400 mg-mcg	\$0 (1)	NT
abc plus tablet 0.4 mg-300 mcg- 250 mcg	\$0 (1)	NT
acetaminophen 120 mg suppos inner	\$0 (1)	NT
acetaminophen 160 mg/5 ml cup 160 mg/5 ml (5 ml)	\$0 (1)	NT
acetaminophen 160 mg/5 ml liq	\$0 (1)	NT
acetaminophen 160 mg/5 ml solution cup outer 160 mg/5 ml (5 ml)	\$0 (1)	NT
acetaminophen 160 mg/5 ml susp children's	\$0 (1)	NT
acetaminophen 325 mg tablet	\$0 (1)	NT
acetaminophen 325 mg/10.15 ml cup outer	\$0 (1)	NT
acetaminophen 325 mg/10.15 ml cup outer	\$0 (1)	NT
acetaminophen 500 mg tablet ex-strength	\$0 (1)	NT
acetaminophen 500 mg tablet outer	\$0 (1)	NT
acetaminophen 650 mg suppos inner	\$0 (1)	NT
acetaminophen 650 mg/20.3 ml cup inner	\$0 (1)	NT
acetaminophen 650 mg/20.3 ml cup outer	\$0 (1)	NT

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05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
acetaminophen 80 mg/2.5 ml syr 160 mg/5 ml	\$0 (1)	NT
acetaminophen 80 mg/2.5 ml syr 32 mg/ml	\$0 (1)	NT
acid controller 10 mg tablet	\$0 (1)	NT
acid controller 20 mg tablet maximum strength	\$0 (1)	NT
acid-pep 20 mg tablet	\$0 (1)	NT
acne foaming 10% wash	\$0 (1)	NT
actidom dmx liquid 10-30-200 mg/5 ml	\$0 (1)	NT
actinel dm 20-400-10 mg/5 ml lq 10-20-400 mg/5 ml	\$0 (1)	NT
addaprin 200 mg tablet	\$0 (1)	NT
adlt wal-tussin cough-cold cf cherry,adult 5-10-100 mg/5 ml	\$0 (1)	NT
adt robitussin peak cld m-s lq non-drowsy 5-10-100 mg/5 ml	\$0 (1)	NT
adult aspirin regimen ec 81 mg	\$0 (1)	NT
adult wal-tussin liquid 100 mg/5 ml	\$0 (1)	NT
adults 50 plus daily formula 0.4 mg-300 mcg- 250 mcg	\$0 (1)	NT
adults' daily formula tablet 18 mg iron-25 mcg	\$0 (1)	NT
adults multivitamin tablet 18 mg iron-400 mcg-25 mcg	\$0 (1)	NT
advil 200 mg tablet	\$0 (1)	NT
advil jr str 100 mg tab chew	\$0 (1)	NT
advil liqui-gel 200 mg capsule	\$0 (1)	NT
advil liqui-gel 200 mg mini capsule	\$0 (1)	NT
advil migraine 200 mg capsule	\$0 (1)	NT
af topical aerosol powder 1 %	\$0 (1)	NT
after pill 1.5 mg tablet	\$0 (1)	NT
aimsco latex condom	\$0 (1)	NT
alavert 10 mg odt	\$0 (1)	NT
alavert d-12 allergy-sinus tab 5-120 mg	\$0 (1)	NT
alaway 0.025% eye drops 0.025 % (0.035 %)	\$0 (1)	NT
alcalak tablet chewable u-d, 250's 168 mg calcium (420 mg)	\$0 (1)	NT
aler-caps 25 mg capsule	\$0 (1)	NT
aleve arthritis pain 1% gel	\$0 (1)	NT
algae based calcium tablet 333.33 mg-6.67 mcg-32 mg	\$0 (1)	NT

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05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
alive diabetic multivitamin tb 120-100 mcg	\$0 (1)	NT
alive energy 50 plus tablet 240-45-900-250 mcg	\$0 (1)	NT
alive men 50 plus multivit tb 240-120-300 mcg	\$0 (1)	NT
alive men's energy multivit tb 240-120-100 mcg	\$0 (1)	NT
alive women's 50 plus tablet 240-120-300 mcg	\$0 (1)	NT
alive women's 50 plus ultra tb 800 mcg dfe- 150 mcg	\$0 (1)	NT
alive women's energy mv tablet 18 mg iron- 240 mcg-120 mcg	\$0 (1)	NT
alive women's ultra potency tb 18 mg-800 mcg dfe-150 mcg	\$0 (1)	NT
alka-seltzer heartburn chew 300 mg (750 mg)	\$0 (1)	NT
alka-seltzer plus allergy tab 25 mg	\$0 (1)	NT
allegra hives 180 mg tablet	\$0 (1)	NT
allegra-d 12 hour tablet allergy/congest (otc) 60-120 mg	\$0 (1)	NT
aller-chlor 4 mg tablet	\$0 (1)	NT
allerclear 10 mg tablet non-drowsy, 24hr	\$0 (1)	NT
allerclear d-12hr tablet 5-120 mg	\$0 (1)	NT
allerclear d-24hr er tablet 10-240 mg	\$0 (1)	NT
aller-fex 180 mg tablet	\$0 (1)	NT
aller-flo 50 mcg spray inner 50 mcg/actuation	\$0 (1)	NT
aller-g-time 25 mg caplet	\$0 (1)	NT
allergy 4 mg tablet	\$0 (1)	NT
allergy 50 mg/20 ml solution 12.5 mg/5 ml	\$0 (1)	NT
allergy eye drops 0.025-0.3 %	\$0 (1)	NT
allergy relief 10 mg tablet	\$0 (1)	NT
allergy relief 10 mg tablet	\$0 (1)	NT
allergy relief 180 mg tablet non-drowsy, 24 hour	\$0 (1)	NT
allergy relief 25 mg capsule	\$0 (1)	NT
allergy relief 25 mg/10 ml 12.5 mg/5 ml	\$0 (1)	NT
allergy relief 5 mg/5 ml soln	\$0 (1)	NT
allergy relief 50 mcg spray 50 mcg/actuation	\$0 (1)	NT
allergy relief d 12-hour tab non-drowsy 5-120 mg	\$0 (1)	NT
allergy relief d24 180-240 mg	\$0 (1)	NT

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05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
allergy relief d-24hr tablet 10-240 mg	\$0 (1)	NT
allergy relief-d12 5-120 mg tb	\$0 (1)	NT
allergy relief-nasal decong tb non-drowsy, 24 hr 10-240 mg	\$0 (1)	NT
allergy rlf (cetzn) 5 mg tab	\$0 (1)	NT
allergy-congest rlf-d 24hr tab 10-240 mg	\$0 (1)	NT
allergy-congestion rlf 12h tab 5-120 mg	\$0 (1)	NT
allergy-time 4 mg tablet	\$0 (1)	NT
aller-tec 10 mg tablet	\$0 (1)	NT
aller-tec d 5-120 mg tablet	\$0 (1)	NT
almacone-2 liquid 400-400-40 mg/5 ml	\$0 (1)	NT
alophen pills 5 mg	\$0 (1)	NT
alpha betic multivitamin tab 240 mcg- 100 mg	\$0 (1)	NT
altachlore 5% eye drop	\$0 (1)	NT
altamist 0.65% nose spray	\$0 (1)	NT
alum-mag hydroxide-simeth 2,400-2,400-240 mg/30 ml cup inner 400-400-40 mg/5 ml	\$0 (1)	NT
alum-mag hydroxide-simeth cup inner 200-200-20 mg/5 ml	\$0 (1)	NT
aminofen 325 mg tablet	\$0 (1)	NT
ammonium lactate 12% cream (rx)	\$0 (1)	NT
ammonium lactate 12% lotion fragrance free (rx)	\$0 (1)	NT
antacid 420 mg tablet chewable 2x250 168 mg calcium (420 mg)	\$0 (1)	NT
antacid 500 mg chew tablet assorted fruit 200 mg calcium (500 mg)	\$0 (1)	NT
antacid anti-gas liquid 400-400-40 mg/5 ml	\$0 (1)	NT
antacid calcium 500 mg chw tab 215 mg calcium (500 mg)	\$0 (1)	NT
antacid ex str 750 mg chew tab assorted berries 300 mg (750 mg)	\$0 (1)	NT
antacid liquid reg str,mint 200-200-20 mg/5 ml	\$0 (1)	NT
antacid liquid regular str, mint 200-200-20 mg/5 ml	\$0 (1)	NT
antacid m liquid n 200-200-20 mg/5 ml	\$0 (1)	NT
antacid plus anti-gas liquid 400-400-40 mg/5 ml	\$0 (1)	NT

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05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
antacid ultra str 1,000 mg chw assorted berries 400 mg calcium (1,000 mg)	\$0 (1)	NT
antacid ultra strength softchw 470 mg calcium (1,177 mg)	\$0 (1)	NT
antacid ultra tablet chew 400 mg calcium (1,000 mg)	\$0 (1)	NT
antacid xtra strength chew tab 300 mg (750 mg)	\$0 (1)	NT
antacid-antigas liquid 200-200-20 mg/5 ml	\$0 (1)	NT
anti-diarrheal 2 mg softgel softgel	\$0 (1)	NT
antifungal 1% powder spray	\$0 (1)	NT
antifungal 2% topical cream	\$0 (1)	NT
antioxidant formula tablet 8,333-167-133 unit-mg-unit	\$0 (1)	NT
antioxidant softgel p/f,softgels	\$0 (1)	NT
aphen 325 mg tablet	\$0 (1)	NT
aqua care 10% cream	\$0 (1)	NT
aquaphor baby diaper rash 40%	\$0 (1)	NT
aquoral spray	\$0 (1)	NT
artificial tears 0.1-0.2-0.3% 0.1-0.3-0.2 %	\$0 (1)	NT
artificial tears 1.4% drops	\$0 (1)	NT
artificial tears 10 mg/ml drop 1 %	\$0 (1)	NT
artificial tears drops 0.5-0.6 %	\$0 (1)	NT
artificial tears drops u-d, 32x.6ml 0.1-0.3 %	\$0 (1)	NT
artificial tears eye drops	\$0 (1)	NT
aspercreme arthritis 1% gel	\$0 (1)	NT
aspercreme lidocaine 4% cream	\$0 (1)	NT
aspirin 300 mg suppository	\$0 (1)	NT
aspirin ec 325 mg tablet	\$0 (1)	NT
aspirin ec 81 mg tablet	\$0 (1)	NT
aspirin ec 81 mg tablet low strength	\$0 (1)	NT
athlete's foot 1% cream	\$0 (1)	NT
athlete's foot 1% cream	\$0 (1)	NT
ayr saline 0.65% nose drops	\$0 (1)	NT
ayr saline 0.65% nose spray	\$0 (1)	NT

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05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
azo hormonal health cycle care 100 mg-50 mg- 50 mg-15 mg	\$0 (1)	NT
azo hormonal hlth happy cycle 100 mg-50 mg- 50 mg-50 mg	\$0 (1)	NT
baby ayr saline 0.65% drops	\$0 (1)	NT
bacitracin 500 unit/gm ointmnt 500 unit/gram	\$0 (1)	NT
bacitracin 500 unit/gm ointmnt 500 unit/gram	\$0 (1)	NT
bacitracin zn 500 unit/gm oint 500 unit/gram	\$0 (1)	NT
bacitracin zn 500 unit/gm oint 500 unit/gram	\$0 (1)	NT
bacitraycin plus 500 unit/gm 500 unit/gram	\$0 (1)	NT
bacmin caplet 27 mg iron- 1 mg	\$0 (1)	NT
banophen 25 mg capsule	\$0 (1)	NT
banophen 25 mg tablet	\$0 (1)	NT
banophen 50 mg capsule	\$0 (1)	NT
bayer aspirin 325 mg tablet	\$0 (1)	NT
bayer aspirin 81 mg chew tab	\$0 (1)	NT
bayer aspirin ec 325 mg tablet	\$0 (1)	NT
bayer low dose ec 81 mg tab	\$0 (1)	NT
baza antifungal 2% cream	\$0 (1)	NT
bd 3 ml syringe 18gx1-1/2" 3 ml 18 x 1 1/2"	\$0 (1)	NT
bd 3 ml syringe 25gx1" 3 ml 25 gauge x 1"	\$0 (1)	NT
bd 3 ml syringe 25gx1-1/2" 3 ml 25 x 1 1/2 "	\$0 (1)	NT
bd 3 ml syringe with needle 3 ml 20 gauge x 1", 3 ml 21 gauge x 1 1/2", 3 ml 22 gauge x 1", 3 ml 22 x 1 1/2", 3 ml 23 gauge x 1 1/2"	\$0 (1)	NT
bd 3 ml syringe with needle luer-lok tip 3 ml 23 x 1"	\$0 (1)	NT
bd eclipse luer-lok syr 3 ml 3 ml 23 x 1", 3 ml 25 x 5/8"	\$0 (1)	NT
bd eclipse needle 18g 40mm 18 gauge x 1 1/2"	\$0 (1)	NT
bd eclipse needle 18gx1 1/2" 18 gauge x 1 1/2"	\$0 (1)	NT
bd eclipse needle 23gx1" 23 gauge x 1"	\$0 (1)	NT
bd eclipse needle 25g 16mm 25 gauge x 5/8"	\$0 (1)	NT
bd eclipse needle 25gx1" 25 gauge x 1"	\$0 (1)	NT
bd eclipse syr 3 ml 22gx1-1/2" 3 ml 22 gauge x 1 1/2"	\$0 (1)	NT
bd eclipse syringe 3 ml 22gx1" 3 ml 22 gauge x 1"	\$0 (1)	NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
bd eclipse syringe 3 ml 25gx1" 3 ml 25 gauge x 1"	\$0 (1)	NT
bd eclipse syrng 3 ml 23g 40mm 3 ml 23 gauge x 1 1/2"	\$0 (1)	NT
bd integra needle 25g x 5/8" 25 gauge x 5/8"	\$0 (1)	NT
bd integra syr 3 ml 21gx1 1/2" 3 ml 21 gauge x 1 1/2"	\$0 (1)	NT
bd integra syr 3 ml 22gx1 1/2" 3 ml 22 gauge x 1 1/2"	\$0 (1)	NT
bd integra syr 3 ml 25gx5/8" 3 ml 25 gauge x 5/8"	\$0 (1)	NT
bd integra syringe 3 ml 23gx1" 3 ml 23 gauge x 1"	\$0 (1)	NT
bd integra syringe 3 ml 25gx1" 3 ml 25 gauge x 1"	\$0 (1)	NT
bd luer-lok syr 3 ml 25gx5/8" 3 ml 25 x 5/8"	\$0 (1)	NT
bd safetyglide 3 ml syringe 3 ml 21 gauge x 1 1/2"	\$0 (1)	NT
bd safetyglide 3 ml syringe 3 ml 22 x 1 1/2", 3 ml 23 x 1"	\$0 (1)	NT
bd safetyglide needle 18gx1.5" 18 gauge x 1 1/2"	\$0 (1)	NT
bd safetyglide needle 23 gauge x 1", 25 gauge x 5/8"	\$0 (1)	NT
bd safetyglide needle 25gx1" 25 gauge x 1"	\$0 (1)	NT
bd safetyglide syr 3 ml 25gx1" 3 ml 25 gauge x 1"	\$0 (1)	NT
bd syringe-safety glide 3 ml 25 x 5/8"	\$0 (1)	NT
benadryl allergy 25 mg ultratb	\$0 (1)	NT
benadryl allergy 50 mg tablet	\$0 (1)	NT
benadryl itch stopping 2% gel	\$0 (1)	NT
benzefoam topical foam 5.3 %	\$0 (1)	NT
benzebro 5.3% emollient foam	\$0 (1)	NT
benzebro 7% creamy wash	\$0 (1)	NT
benzebro 9.8% foam	\$0 (1)	NT
benzoyl peroxide 10% wash (otc)	\$0 (1)	NT
benzoyl peroxide 9.8% foam (rx)	\$0 (1)	NT
betatemp 160 mg/5 ml susp	\$0 (1)	NT
biocel tablet 800-250-750 mcg	\$0 (1)	NT
biodesp dm liquid 5-15-100 mg/5 ml	\$0 (1)	NT
bion tears eye drop 0.1-0.3 %	\$0 (1)	NT
bio-rytuss liquid 2-5-10 mg/5 ml	\$0 (1)	NT
biotene moisturizing mouth spr	\$0 (1)	NT
bisacodyl 10 mg suppository	\$0 (1)	NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
bisacodyl ec 5 mg tablet usp	\$0 (1)	NT
bonine 25 mg chewable tablet	\$0 (1)	NT
boudreauxs butt paste 40 %	\$0 (1)	NT
bp wash 10% liquid	\$0 (1)	NT
bp wash 2.5% liquid	\$0 (1)	NT
bp wash 7% liquid (otc)	\$0 (1)	NT
broncotron ped liquid 10-15-350 mg/5 ml	\$0 (1)	NT
brontuss sf liquid 10-15-300 mg/5 ml	\$0 (1)	NT
butenafine hcl 1% cream	\$0 (1)	NT
calcium 500 mg chewable tablet (rx) 500 mg calcium (1,250 mg)	\$0 (1)	NT
calcium 500 mg chewable tablet inner (rx) 500 mg calcium (1,250 mg)	\$0 (1)	NT
calcium 500 mg tablet oyster shell,p/f (rx) 500 mg calcium (1,250 mg)	\$0 (1)	NT
calcium 500 mg-vit d3 5 mcg tb (rx) 500 mg-5 mcg (200 unit)	\$0 (1)	NT
calcium 500-vit d3 200 tablet p/f,n (rx) 500 mg-5 mcg (200 unit)	\$0 (1)	NT
calcium 500-vit d3 400 tablet (rx) 500 mg-10 mcg (400 unit)	\$0 (1)	NT
calcium 500-vit d3 400 tablet p/f,gluten-free (rx) 500 mg-10 mcg (400 unit)	\$0 (1)	NT
calcium 500-vit d3 400 tablet p/f,n,no lactose (rx) 500 mg-10 mcg (400 unit)	\$0 (1)	NT
calcium 600 mg tablet gluten-free,p/f (rx) 600 mg calcium (1,500 mg)	\$0 (1)	NT
calcium 600+d plus minerals tb p/f, n (rx) 600 mg-10 mcg (400 unit)	\$0 (1)	NT
calcium 600-vit d3 400 tablet (rx) 600 mg-10 mcg (400 unit)	\$0 (1)	NT
calcium acetate 667 mg tablet	\$0 (1)	NT
calcium acetate 668 mg tablet 668 mg (169 mg calcium)	\$0 (1)	NT
calcium antacid 500 mg chw tab gluten-f, peppermint 200 mg calcium (500 mg)	\$0 (1)	NT
calcium antacid 750 mg chew tab 300 mg (750 mg)	\$0 (1)	NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
calcium carb 260 mg tab chew 260 mg calcium (650 mg)	\$0 (1)	NT
calcium carb 500 mg tab chew 200 mg calcium (500 mg)	\$0 (1)	NT
calcium carbonate 648 mg tab 260 mg calcium (648 mg)	\$0 (1)	NT
calcium lactate 100 mg tablet 100 mg calcium	\$0 (1)	NT
cal-gest 500 mg tablet chew 200 mg calcium (500 mg)	\$0 (1)	NT
cal-mint 260 mg tablet chew 260 mg calcium (650 mg)	\$0 (1)	NT
calphron 667 mg tablet	\$0 (1)	NT
caltrate 600 plus d3 tablet 600 mg-20 mcg (800 unit)	\$0 (1)	NT
caphosol solution	\$0 (1)	NT
carboxymethylcell 0.5% eye drp outer	\$0 (1)	NT
carboxymethylcell 1% eye drop	\$0 (1)	NT
carepoint ll syr 3 ml 21g 1.5" 3 ml 21 gauge x 1 1/2"	\$0 (1)	NT
carepoint ll syr 3 ml 22g 1" (rx) 3 ml 22 gauge x 1"	\$0 (1)	NT
carepoint ll syr 3 ml 22g 38mm 3 ml 22 x 1 1/2"	\$0 (1)	NT
carepoint ll syr 3 ml 23g 1" 3 ml 23 x 1"	\$0 (1)	NT
carepoint ll syr 3 ml 23g 1.5" 3 ml 23 gauge x 1 1/2"	\$0 (1)	NT
carepoint ll syr 3 ml 25g 1" 3 ml 25 gauge x 1"	\$0 (1)	NT
carepoint ll syr 3 ml 25g 5/8" 3 ml 25 x 5/8"	\$0 (1)	NT
caretouch ll syr 3 ml 22g 1" 3 ml 22 gauge x 1"	\$0 (1)	NT
caretouch ll syr 3 ml 22g 1.5" 3 ml 22 x 1 1/2"	\$0 (1)	NT
caretouch ll syr 3 ml 23g 1" 3 ml 23 x 1"	\$0 (1)	NT
caretouch ll syr 3 ml 23g 1.5" 3 ml 23 gauge x 1 1/2"	\$0 (1)	NT
caretouch ll syr 3 ml 25g 1" 3 ml 25 gauge x 1"	\$0 (1)	NT
caretouch ll syr 3 ml 25g 1.5" 3 ml 25 x 1 1/2 "	\$0 (1)	NT
caretouch ll syr 3 ml 25g 5/8" 3 ml 25 x 5/8"	\$0 (1)	NT
centravites 50 plus tablet	\$0 (1)	NT
centravites 50 plus tablet outer 0.4 mg-300 mcg- 250 mcg	\$0 (1)	NT
centravites adults tablet outer 18 mg iron-400 mcg-25 mcg	\$0 (1)	NT
centravites tablet 0.4-162-18 mg	\$0 (1)	NT
centrum adults 50 plus minis 200-15-150-125 mcg	\$0 (1)	NT
centrum adults tablet 18-400 mg-mcg	\$0 (1)	NT
centrum complete multivit tab (rx) 18-400 mg-mcg	\$0 (1)	NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
centrum men 50 plus minis tab 150-30-300-150 mcg	\$0 (1)	NT
centrum men's tablet 8 mg iron- 200 mcg-600 mcg	\$0 (1)	NT
centrum silver women tablet 8 mg iron-400 mcg-50 mcg	\$0 (1)	NT
centrum specialist heart tab (rx) 3-200-400 mg-mcg-mg	\$0 (1)	NT
centrum ultra men's tablet (rx) 8 mg iron- 200 mcg-600 mcg	\$0 (1)	NT
centrum women 50 plus minis tb 4 mg iron-200 mcg-25 mcg	\$0 (1)	NT
centrum women tablet 18-400 mg-mcg	\$0 (1)	NT
century men's oral tablet 8 mg iron- 200 mcg-60 mcg	\$0 (1)	NT
cerave acne 4% cream cleanser	\$0 (1)	NT
cerovite senior tablet 0.4 mg-300 mcg- 250 mcg	\$0 (1)	NT
certa plus tablet 18-0.4-250 mg-mg-mcg	\$0 (1)	NT
certavite senior tablet 0.4 mg-300 mcg- 250 mcg	\$0 (1)	NT
certavite-antioxidant tablet (rx) 18-400 mg-mcg	\$0 (1)	NT
cetirizine hcl 1 mg/ml soln (rx)	\$0 (1)	NT
cetirizine hcl 10 mg chew tab outer	\$0 (1)	NT
cetirizine hcl 10 mg tablet	\$0 (1)	NT
cetirizine hcl 5 mg chew tab children's,outer,u-d	\$0 (1)	NT
cetirizine hcl 5 mg tablet indoor/outdoor, 24hr	\$0 (1)	NT
cetirizine-pse er 5-120 mg tab	\$0 (1)	NT
chest cong rlf pe 400-10 mg tb 10-400 mg	\$0 (1)	NT
chest congest rlf 400 mg tab	\$0 (1)	NT
chest congestion relief soln 100 mg/5 ml	\$0 (1)	NT
chest-sinus congest rlf tablet 10-400 mg	\$0 (1)	NT
child acetaminophen 80 mg chew fruit	\$0 (1)	NT
child all day allergy 1 mg/ml	\$0 (1)	NT
child allegra allergy 30 mg/5 ml suspension	\$0 (1)	NT
child allergy (fexo) 30 mg/5 ml	\$0 (1)	NT
child allergy relief 1 mg/ml	\$0 (1)	NT
child aspirin 81 mg tab chew	\$0 (1)	NT
child benadryl 12.5 mg tb chew	\$0 (1)	NT
child cetirizine 10 mg chew tb chewable, allergy	\$0 (1)	NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
child cetirizine 5 mg chew tab	\$0 (1)	NT
child cetirizine hcl 1 mg/ml	\$0 (1)	NT
child claritin 5 mg/5 ml soln d/f,grape	\$0 (1)	NT
child diphenhydramin 12.5 mg/5 ml cup inner	\$0 (1)	NT
child flonase aller rlf 50 mcg 50 mcg/actuation	\$0 (1)	NT
child giltuss allergy plus liq 2-5-10 mg/5 ml	\$0 (1)	NT
child giltuss cough-cold liq 10-15-300 mg/5 ml	\$0 (1)	NT
child giltuss ex 200 mg/5 ml	\$0 (1)	NT
child loratadine 5 mg tab chew	\$0 (1)	NT
child loratadine 5 mg/5 ml sol	\$0 (1)	NT
child motrin 100 mg chew tab	\$0 (1)	NT
child mucinex cough-congest lq 2.5-5-100 mg/5 ml	\$0 (1)	NT
child mucinex multi-symptom lq 2.5-5-100 mg/5 ml	\$0 (1)	NT
child mucinex stuffy nose-chst 2.5-100 mg/5 ml	\$0 (1)	NT
child pain rel-fever 120 mg sup	\$0 (1)	NT
child pain rlf 160 mg/5 ml sus gluten/f	\$0 (1)	NT
child pain rlf 325 mg/10.15 ml cup 160 mg/5 ml	\$0 (1)	NT
child pain-fever 160 mg/5 ml	\$0 (1)	NT
child saline 0.65% nasal spray	\$0 (1)	NT
child soothe 400 mg tab chew 160 mg calcium (400 mg)	\$0 (1)	NT
child triaminic cold-allergy 1-2.5 mg/5 ml	\$0 (1)	NT
child wal-itin 5 mg/5 ml syrup 24 hr,d/f,grape	\$0 (1)	NT
child wal-tap cold-allergy elx 1-2.5 mg/5 ml	\$0 (1)	NT
child wal-zyr 1 mg/ml solution grape	\$0 (1)	NT
children pepto 400 mg tab chew bubble gum, n 160 mg calcium (400 mg)	\$0 (1)	NT
children's advil 100 mg/5 ml (otc)	\$0 (1)	NT
children's aurodryl allergy oral liquid 12.5 mg/5 ml	\$0 (1)	NT
children's aurophen pain-fever oral suspension 160 mg/5 ml	\$0 (1)	NT
children's chest congest liq 100 mg/5 ml	\$0 (1)	NT
children's cold-allergy elixir grape,child 1-2.5 mg/5 ml	\$0 (1)	NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
children's iron 15 mg/ml drops 15 mg iron (75 mg)/ml	\$0 (1)	NT
children's mapap 80 mg tab chw	\$0 (1)	NT
children's mucus relief liq grape,child 100 mg/5 ml	\$0 (1)	NT
children's wal-fex 30 mg/5 ml	\$0 (1)	NT
child's alaway 0.025% eye drop 0.025 % (0.035 %)	\$0 (1)	NT
child's aller-tec 1 mg/ml soln	\$0 (1)	NT
child's benadryl 12.5 mg/5 ml	\$0 (1)	NT
child's claritin 5 mg tab chew	\$0 (1)	NT
child's multi-symptom cold liq very berry 2.5-5-100 mg/5 ml	\$0 (1)	NT
child's pain reliever susp children's 160 mg/5 ml	\$0 (1)	NT
childs sudafed 15 mg/5 ml liq non-drowsy	\$0 (1)	NT
child's wal-dryl 12.5 mg/5 ml	\$0 (1)	NT
child's wal-dryl 12.5 mg/5 ml single dose	\$0 (1)	NT
child's wal-zyr 10 mg chew tab	\$0 (1)	NT
chld acetaminophen 160 mg/5 ml	\$0 (1)	NT
chld acetaminophen 160 mg/5 ml	\$0 (1)	NT
chld acetaminophen 160 mg/5 ml cup outer 160 mg/5 ml (5 ml)	\$0 (1)	NT
chld allegra allergy 30 mg odt	\$0 (1)	NT
chld allrgy rlf 12.5 mg chew tb	\$0 (1)	NT
chlorhist 4 mg tablet	\$0 (1)	NT
chlorpheniramine 4 mg tablet	\$0 (1)	NT
clarispray 50 mcg nasal spray 50 mcg/actuation	\$0 (1)	NT
claritin 10 mg tablet (otc)	\$0 (1)	NT
claritin 5 mg/5 ml syrup d/f	\$0 (1)	NT
classic prenatal tablet 28 mg iron- 800 mcg	\$0 (1)	NT
clear eyes natural tears drop 0.5-0.6 %	\$0 (1)	NT
clearasil daily clear 10% crm	\$0 (1)	NT
clearasil ultra 10% cream	\$0 (1)	NT
clearlax powder packet 17 gram	\$0 (1)	NT
clotrimazole 1% topical cream (otc)	\$0 (1)	NT
clotrimazole-3 2% cream	\$0 (1)	NT

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05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
clotrimazole-3 2% cream	\$0 (1)	NT
clotrimazole-7 vaginal cream 1 %	\$0 (1)	NT
colace 100 mg capsule	\$0 (1)	NT
colace 2-in-1 tablet 8.6-50 mg	\$0 (1)	NT
colace clear 50 mg softgel	\$0 (1)	NT
comfort gel max str susp max-str 400-400-40 mg/5 ml	\$0 (1)	NT
comfort gel suspension regular str, cherry 200-200-20 mg/5 ml	\$0 (1)	NT
companion tablet 0.4 mg	\$0 (1)	NT
complete allergy 25 mg caplet	\$0 (1)	NT
completenate tablet chew 29 mg iron- 1 mg	\$0 (1)	NT
condoms lubricated	\$0 (1)	NT
correctol 5 mg tablet	\$0 (1)	NT
cortizone-10 1% creme	\$0 (1)	NT
cortizone-10 cooling 1% gel	\$0 (1)	NT
cortizone-10 fem itch 1% creme	\$0 (1)	NT
cortizone-10 plus 1% creme	\$0 (1)	NT
cortizone-10 with aloe 1% crm	\$0 (1)	NT
corvita tablet 1.25-2.5-7 mg	\$0 (1)	NT
curae 1.5 mg tablet	\$0 (1)	NT
cvs acne 10% cream	\$0 (1)	NT
cvs acne cleansing bar 10%	\$0 (1)	NT
cvs acne control 10 % cleanser	\$0 (1)	NT
cvs acne spot trtment 2.5% crm	\$0 (1)	NT
cvs acne treatment 10% cream	\$0 (1)	NT
cvs allergy (lorat) 10 mg odt	\$0 (1)	NT
cvs allergy (lorat) 5 mg odt	\$0 (1)	NT
cvs allergy 0.025% eye drops 0.025 % (0.035 %)	\$0 (1)	NT
cvs allergy relief-d12 tablet 5-120 mg	\$0 (1)	NT
cvs allergy rlf-d 60-120 mg tb	\$0 (1)	NT
cvs allergy(cetrzn) 10 mg sfgl	\$0 (1)	NT
cvs astringent eye drops 0.05-0.25 %	\$0 (1)	NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
cvs athlete's foot 1% pwd spry	\$0 (1)	NT
cvs child fever red 120 mg sup	\$0 (1)	NT
cvs child stuffy nose-cold liq 2.5-100 mg/5 ml	\$0 (1)	NT
cvs cortisone 1% cream	\$0 (1)	NT
cvs cortisone 1% gel	\$0 (1)	NT
cvs cortisone with aloe 1% crm	\$0 (1)	NT
cvs creamy acne 4% face wash	\$0 (1)	NT
cvs daily fiber 0.52 gram cap	\$0 (1)	NT
cvs daily multiple tablet 18 mg iron-400 mcg-500 mg ca	\$0 (1)	NT
cvs dry mouth spray	\$0 (1)	NT
cvs fiber 0.52 g capsule 0.52 gram	\$0 (1)	NT
cvs fish oil 1,000 mg softgel	\$0 (1)	NT
cvs flavor chew antacid 750 mg 300 mg (750 mg)	\$0 (1)	NT
cvs foaming acne face 10% wash	\$0 (1)	NT
cvs foot & sneaker spray pwd 1 %	\$0 (1)	NT
cvs hair, skin and nails cplt (rx)	\$0 (1)	NT
cvs itch relief 1% top cream	\$0 (1)	NT
cvs itch relief 2% gel	\$0 (1)	NT
cvs ivermectin 0.5% lotion (otc)	\$0 (1)	NT
cvs jock itch 1% cream	\$0 (1)	NT
cvs lubricant eye drop 0.25%	\$0 (1)	NT
cvs magnesium 200 mg chew tab 200 mg magnesium	\$0 (1)	NT
cvs mens 50 plus advanced tab 400-20-370 mcg	\$0 (1)	NT
cvs motion sickness 25 mg tab	\$0 (1)	NT
cvs natural daily fiber powder 3.4 gram/5.8 gram	\$0 (1)	NT
cvs natural daily fiber powder 3.4 gram/7 gram	\$0 (1)	NT
cvs natural fiber supp powder 6 gram/6 gram	\$0 (1)	NT
cvs natural tears drop 0.1-0.3 %	\$0 (1)	NT
cvs one daily men's health tab 240 mcg-30 mcg- 300 mcg	\$0 (1)	NT
cvs one daily women's 50 plus 400 mcg-500 mg calcium-20 mcg	\$0 (1)	NT
cvs purelax powder 17 gram/dose	\$0 (1)	NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
cvs purelax powder packet 10 daily doses 17 gram	\$0 (1)	NT
cvs ringworm 1% cream	\$0 (1)	NT
cvs severe cough-congestion lq 2.5-5-100 mg/5 ml	\$0 (1)	NT
cvs skin treatment body lotion 12 %	\$0 (1)	NT
cvs smooth antacid 750 mg chew 300 mg (750 mg)	\$0 (1)	NT
cvs spectravite adult 50 plus (rx) 0.4 mg-300 mcg- 250 mcg	\$0 (1)	NT
cvs spectravite adult tablet 18-400 mg-mcg	\$0 (1)	NT
cvs spectravite advanced tab 18-400 mg-mcg	\$0 (1)	NT
cvs spectravite men 50plus tab 300-60-600-300 mcg	\$0 (1)	NT
cvs spectravite men's tablet 8 mg iron- 200 mcg-600 mcg	\$0 (1)	NT
cvs spectravite women 50 plus 8 mg iron-400 mcg-50 mcg	\$0 (1)	NT
cvs spectravite women tablet 18-400 mg-mcg	\$0 (1)	NT
cvs stool softener 50 mg softgel	\$0 (1)	NT
daily fiber capsule 0.4 gram	\$0 (1)	NT
daily fiber powder 3 gram/7 gram	\$0 (1)	NT
daily multiple for men oral tablet 0.4 mg	\$0 (1)	NT
daily multiple oral tablet 400-120 mcg-mg	\$0 (1)	NT
daily multivitamin with d3 tab 0.4 mg	\$0 (1)	NT
daily multivit-minerals tab (rx)	\$0 (1)	NT
daily value multivitamin tab	\$0 (1)	NT
daily vitamin formula tablet	\$0 (1)	NT
daily vitamin formula tablet	\$0 (1)	NT
daily vitamin formula-iron tab 18-400 mg-mcg	\$0 (1)	NT
daily vite tablet (rx)	\$0 (1)	NT
daily-vite tablet 400 mcg	\$0 (1)	NT
dayavite tablet 1-75-10 mg	\$0 (1)	NT
daylogic acne foaming 10% wash	\$0 (1)	NT
deep sea 0.65% nose spray	\$0 (1)	NT
dermacinrx foliflex caplet 9 mg iron- 500 mcg	\$0 (1)	NT
dermacinrx folitin-z caplet 9 mg iron- 500 mcg	\$0 (1)	NT
dermacinrx multitam caplet 1,000 mcg	\$0 (1)	NT
dermacinrx ribotin-e caplet 9 mg iron- 500 mcg	\$0 (1)	NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
dermacinrx venexa caplet 1,000 mcg	\$0 (1)	NT
dermacinrx venexa fe caplet 27 mg iron- 1 mg	\$0 (1)	NT
dermacinrx ventrixyl caplet 1,000 mcg	\$0 (1)	NT
dermacinrx ventrixyl fe caplet 27 mg iron- 1 mg	\$0 (1)	NT
dermacinrx vitramyn caplet 1,000 mcg	\$0 (1)	NT
dermacinrx vitranol caplet 1,000 mcg	\$0 (1)	NT
dermacinrx vitranol fe caplet 27 mg iron- 1 mg	\$0 (1)	NT
dermacinrx vitrexate caplet 1,000 mcg	\$0 (1)	NT
dermacinrx vitrexate fe caplet 27 mg iron- 1 mg	\$0 (1)	NT
dermacinrx zintrexyl-c caplet 9 mg iron- 500 mcg	\$0 (1)	NT
desgen dm liquid 5-10-100 mg/5 ml	\$0 (1)	NT
desgen pediatric drops 2.5-5-50 mg/ml	\$0 (1)	NT
desitin daily defense 13% crm	\$0 (1)	NT
despec dm syrup 5-10-100 mg/5 ml	\$0 (1)	NT
despec dm-g syrup 5-10-100 mg/5 ml	\$0 (1)	NT
despec eda cough & cold drops 2.5-5-50 mg/ml	\$0 (1)	NT
diabetes health formula caplet 500-250 mcg	\$0 (1)	NT
diabetic tussin ex liquid d/f,n 100 mg/5 ml	\$0 (1)	NT
dialyvite 800-ultra d tablet 0.8-2,000 mg-unit	\$0 (1)	NT
dialyvite supreme d tablet 3-2,000 mg-unit	\$0 (1)	NT
diamode 2 mg caplet inner	\$0 (1)	NT
diaper rash 13% cream	\$0 (1)	NT
diaper rash 40% ointment	\$0 (1)	NT
diatrol caplet 1,700 mcg dfe- 90 mcg	\$0 (1)	NT
diclofenac sodium 1% gel (otc)	\$0 (1)	NT
diphen 25 mg caplet inner	\$0 (1)	NT
diphenhist 25 mg capsule	\$0 (1)	NT
diphenhydramine 12.5 mg tab chw	\$0 (1)	NT
diphenhydramine 12.5 mg/5 ml cup outer	\$0 (1)	NT
diphenhydramine 25 mg capsule (otc)	\$0 (1)	NT
diphenhydramine 25 mg tablet	\$0 (1)	NT
diphenhydramine 50 mg capsule u-d, 10x10 (otc)	\$0 (1)	NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
docusate cal 240 mg softgel	\$0 (1)	NT
docusate sodium 100 mg softgel	\$0 (1)	NT
docusate sodium 250 mg softgel	\$0 (1)	NT
docuzen 8.6-50 mg tablet	\$0 (1)	NT
dok oral capsule 100 mg	\$0 (1)	NT
dometuss-dmx liquid 10-30-200 mg/5 ml	\$0 (1)	NT
dramamine 25 mg tablet	\$0 (1)	NT
dramamine 25 mg tablet chew	\$0 (1)	NT
dramamine less drowsy 25 mg tb	\$0 (1)	NT
dropsafe sicura ndl 25g 25mm 25 gauge x 1"	\$0 (1)	NT
dss 250 mg softgel	\$0 (1)	NT
dulcolax ss 100 mg liquid gel	\$0 (1)	NT
durex extra sensitive condom	\$0 (1)	NT
durex tropical condom	\$0 (1)	NT
e-200 unit softgel 90 mg (200 unit)	\$0 (1)	NT
easy touch fliplock 3 ml 20gx1 3 ml 20 gauge x 1"	\$0 (1)	NT
easy touch fliplock 3 ml 22gx1 3 ml 22 gauge x 1"	\$0 (1)	NT
easy touch fliplock 3 ml 23gx1 3 ml 23 gauge x 1"	\$0 (1)	NT
easy touch fliplock 3 ml 25gx1 3 ml 25 gauge x 1"	\$0 (1)	NT
easy touch fliplock ndl 23gx1" 23 gauge x 1"	\$0 (1)	NT
easy touch fliplock ndl 25gx1" 25 gauge x 1"	\$0 (1)	NT
easy touch fliplok 3 ml 18gx1.5 3 ml 18 gauge x 1 1/2"	\$0 (1)	NT
easy touch fliplok 3 ml 21gx1.5 3 ml 21 gauge x 1 1/2"	\$0 (1)	NT
easy touch fliplok 3 ml 22gx1.5 3 ml 22 gauge x 1 1/2"	\$0 (1)	NT
easy touch fliplok 3 ml 23gx1.5 3 ml 23 gauge x 1 1/2"	\$0 (1)	NT
easy touch fliplok 3 ml 25gx5/8 3 ml 25 gauge x 5/8"	\$0 (1)	NT
easy touch fliplok ndl 18gx1.5 18 gauge x 1 1/2"	\$0 (1)	NT
easy touch fliplok ndl 25gx5/8 25 gauge x 5/8"	\$0 (1)	NT
easy touch sheath 3 ml 21gx1.5 3 ml 21 gauge x 1 1/2"	\$0 (1)	NT
easy touch sheath 3 ml 22gx1" 3 ml 22 gauge x 1"	\$0 (1)	NT
easy touch sheath 3 ml 22gx1.5 3 ml 22 gauge x 1 1/2"	\$0 (1)	NT
easy touch sheath 3 ml 23gx1" 3 ml 23 gauge x 1"	\$0 (1)	NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
easy touch sheath 3 ml 25gx1" 3 ml 25 gauge x 1"	\$0 (1)	NT
easy touch sheath 3 ml 25gx5/8 3 ml 25 gauge x 5/8"	\$0 (1)	NT
easy touch syr 3 ml 22gx1-1/2" 3 ml 22 x 1 1/2"	\$0 (1)	NT
easy touch syr 3 ml 25gx5/8" 3 ml 25 x 5/8"	\$0 (1)	NT
easy touch syringe 3 ml 20gx1" 3 ml 20 gauge x 1"	\$0 (1)	NT
easy touch syringe 3 ml 22gx1" 3 ml 22 gauge x 1"	\$0 (1)	NT
easy touch syringe 3 ml 23gx1" 3 ml 23 x 1"	\$0 (1)	NT
easy touch syringe 3 ml 25gx1" 3 ml 25 gauge x 1"	\$0 (1)	NT
easypoint needle 18g x 1-1/2" inner 18 gauge x 1 1/2"	\$0 (1)	NT
easypoint needle 23g x 1" inner 23 gauge x 1"	\$0 (1)	NT
easypoint needle 25g x 1" inner 25 gauge x 1"	\$0 (1)	NT
easypoint needle 25g x 5/8" inner 25 gauge x 5/8"	\$0 (1)	NT
econtra ez 1.5 mg tablet inner	\$0 (1)	NT
econtra one-step 1.5 mg tablet inner	\$0 (1)	NT
ecotrin ec 325 mg tablet safety coated	\$0 (1)	NT
ecotrin ec 81 mg tablet sfty coated,low str	\$0 (1)	NT
ed bron gp liquid 5-100 mg/5 ml	\$0 (1)	NT
ed chlorped jr syrup 2 mg/5 ml	\$0 (1)	NT
ed-a-hist dm liquid banana flavor (otc) 4-10-15 mg/5 ml	\$0 (1)	NT
ed-apap 160 mg/5 ml liquid	\$0 (1)	NT
endur-acin er 250 mg tablet	\$0 (1)	NT
endur-acin er 750 mg tablet	\$0 (1)	NT
enema disposable 19-7 gram/118 ml	\$0 (1)	NT
enema ready-to-use 19-7 gram/118 ml	\$0 (1)	NT
enzoclear 9.8% foam	\$0 (1)	NT
eq allergy relief 1 mg/ml soln	\$0 (1)	NT
eq athlete's foot 1% cream	\$0 (1)	NT
eq chlortabs 4 mg tablet	\$0 (1)	NT
eq complete multivitamin tab gluten-free 18-400 mg-mcg	\$0 (1)	NT
eq complete mv adlt 50 plus tb 0.4 mg-300 mcg- 250 mcg	\$0 (1)	NT
eq daily fiber laxative powder 3.4 gram/12 gram	\$0 (1)	NT
eq famotidine 10 mg tablet	\$0 (1)	NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
eq liquid antacid susp maximum strength 400-400-40 mg/5 ml	\$0 (1)	NT
eq nasal 0.65% spray	\$0 (1)	NT
eq natural laxative 8.6 mg tab	\$0 (1)	NT
eq one daily women's health tb 18 mg iron-400 mcg-500 mg ca	\$0 (1)	NT
eq tussin cf max m-s cold liq 12+ years 5-10-200 mg/5 ml	\$0 (1)	NT
eq vegetable laxative 8.6 mg tb	\$0 (1)	NT
eq eye drops a.c. 0.05%-0.25% 0.05-0.25 %	\$0 (1)	NT
eq eye health plus lutein tab 300 mcg-200 mg-27 mg-2 mg	\$0 (1)	NT
eq fiber therapy powder 3.4 gram/7 gram	\$0 (1)	NT
eq motion sickness 25 mg tab	\$0 (1)	NT
eq omega-3 fish oil 1,200 mg	\$0 (1)	NT
eq one daily men's tablet (rx)	\$0 (1)	NT
eq sleep aid 50 mg softgel	\$0 (1)	NT
eq sleep aid 50 mg softgel softgel	\$0 (1)	NT
eq sleep aid 50 mg/30 ml liq	\$0 (1)	NT
essentia tablet 18-400 mg-mcg	\$0 (1)	NT
essential daily oral tablet 18-0.4 mg	\$0 (1)	NT
essential man 50+ tablet 0.4-2-250 mg-mg-mcg	\$0 (1)	NT
essential man tablet 0.4-2-250 mg-mg-mcg	\$0 (1)	NT
essential woman 50+ tablet 0.4-250 mg-mcg	\$0 (1)	NT
estroven menopause caplet 400 mcg-40 mg- 40 mg-100 mg	\$0 (1)	NT
evac-u-gen 8.6 mg tablet	\$0 (1)	NT
exel syringe 20gx1" 3 ml 3 ml 20 gauge x 1"	\$0 (1)	NT
exel syringe 21gx1-1/2" 3 ml 3 ml 21 gauge x 1 1/2"	\$0 (1)	NT
exel syringe 22gx1" 3 ml 3 ml 22 gauge x 1"	\$0 (1)	NT
exel syringe 22gx1-1/2" 3 ml 3 ml 22 x 1 1/2"	\$0 (1)	NT
exel syringe 23gx1" 3 ml 3 ml 23 x 1"	\$0 (1)	NT
exel syringe 25gx1" 3 ml 3 ml 25 gauge x 1"	\$0 (1)	NT
ex-lax (sennosides) oral tablet 15 mg	\$0 (1)	NT
expectorant 100 mg/5 ml syrup	\$0 (1)	NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
extreme omega-3 microgel sftgl 120-180-600 mg	\$0 (1)	NT
eye allergy relief drops 0.025-0.3 %	\$0 (1)	NT
eye drops irritation relief 0.05-0.25 %	\$0 (1)	NT
eye itch relief 0.025% drops 12 hours 0.025 % (0.035 %)	\$0 (1)	NT
eye multivitamin tablet 2,148 mcg-113 mg-45 mg-17.4mg	\$0 (1)	NT
eyeprotect tablet 7,160-113-100 unit-mg-unit	\$0 (1)	NT
famotidine 20 mg tablet f/c (rx)	\$0 (1)	NT
famotidine 40 mg tablet f/c	\$0 (1)	NT
fantasy condom	\$0 (1)	NT
father john's medicine plus lq 4-10-10 mg/30 ml	\$0 (1)	NT
fc2 female condom	\$0 (1)	NT
fenesin ir 400 mg tablet	\$0 (1)	NT
fenesin pe ir tablet 10-400 mg	\$0 (1)	NT
feosol 65 mg tablet (rx) 325 mg (65 mg iron)	\$0 (1)	NT
ferate 27 mg tablet 240 mg (27 mg iron)	\$0 (1)	NT
fergon 27 mg tablet 225 mg (27 mg iron)	\$0 (1)	NT
ferosul 325 mg tablet (rx) 325 mg (65 mg iron)	\$0 (1)	NT
ferretts 325 mg tablet 325 mg (106 mg iron)	\$0 (1)	NT
ferrimin 150 tab 456 mg (150 mg iron)	\$0 (1)	NT
ferrocite tablet 324 mg (106 mg iron)	\$0 (1)	NT
ferro-time 325 mg tablet f/c, green 325 mg (65 mg iron)	\$0 (1)	NT
ferrous fumarate 29 mg tab 89 mg (29 mg iron)	\$0 (1)	NT
ferrous fumarate 324 mg tablet 324 mg (106 mg iron)	\$0 (1)	NT
ferrous gluconate 240 mg tab 240mg=27mg elemental (rx) 240 mg (27 mg iron)	\$0 (1)	NT
ferrous gluconate 324 mg tab (rx) 324 mg (37.5 mg iron), 324 mg (38 mg iron)	\$0 (1)	NT
ferrous sulf 220 mg/5 ml cup (rx) 220 mg (44 mg iron)/5 ml	\$0 (1)	NT
ferrous sulf ec 325 mg tablet u-d, outer (rx) 325 mg (65 mg iron)	\$0 (1)	NT
ferrous sulfate 325 mg tablet (rx) 325 mg (65 mg iron)	\$0 (1)	NT
feverall 120 mg suppository children's, inner	\$0 (1)	NT
feverall 325 mg suppository junior str, inner	\$0 (1)	NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
feverall 650 mg suppository adult, inner	\$0 (1)	NT
fexofenadine hcl 180 mg tablet non-drowsy, 24-hour (otc)	\$0 (1)	NT
fexofenadine hcl 60 mg tablet (otc)	\$0 (1)	NT
fexofenadine-pse er 180-240 tb (otc) 180-240 mg	\$0 (1)	NT
fexofenadine-pse er 60-120 tab (otc) 60-120 mg	\$0 (1)	NT
fiber powder 3 gram/12 gram	\$0 (1)	NT
fiber therapy powder 3.4 gram/5.8 gram	\$0 (1)	NT
fish oil 1,000 mg capsule	\$0 (1)	NT
fish oil 1,000 mg softgel	\$0 (1)	NT
fish oil 1,000 mg softgel	\$0 (1)	NT
fish oil 1,000 mg softgel inner	\$0 (1)	NT
fish oil 1,200 mg fish oil	\$0 (1)	NT
fish oil 1,200 mg softgel (rx)	\$0 (1)	NT
fish oil 1,200 mg softgel	\$0 (1)	NT
fish oil 1,200 mg softgel	\$0 (1)	NT
fish oil 1,200 mg softgel	\$0 (1)	NT
fish oil 1,200 mg softgel	\$0 (1)	NT
fish oil 1,400 mg softgel (rx)	\$0 (1)	NT
fish oil 1,400 mg softgel	\$0 (1)	NT
fish oil 500 mg softgel 120-180-500 mg	\$0 (1)	NT
fish oil 500 mg softgel 60-90-500 mg	\$0 (1)	NT
fish oil 500 mg softgel softgel 60-90-500 mg	\$0 (1)	NT
fish oil conc 1,000 mg softgel softgel (rx)	\$0 (1)	NT
fish oil conc 1,000 mg softgel softgel (rx)	\$0 (1)	NT
fish oil concentrate softgel softgel, ex-strength (rx) 435-880 mg	\$0 (1)	NT
fish oil dr 1,000 mg softgel gluten free	\$0 (1)	NT
fish oil dr 500 mg softgel 60-90-500 mg	\$0 (1)	NT
fish oil ec 1,000 mg softgel softgel	\$0 (1)	NT
fish oil ec 1,200 mg softgel	\$0 (1)	NT
fish oil ec 1,200 mg softgel burp-less, omega-3	\$0 (1)	NT
fish oil omega-3 softgel 980-253-647 mg	\$0 (1)	NT
fish oil pearls softgel 150-400 mg, 180-400 mg, 300-400 mg	\$0 (1)	NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
fleet bisacodyl ec 5 mg tab	\$0 (1)	NT
fleet enema 19-7 gram/118 ml	\$0 (1)	NT
fleet glycerin 2 gm adult supp	\$0 (1)	NT
flonase allergy rlf 50 mcg spr 60 metered sprays 50 mcg/actuation	\$0 (1)	NT
fluticasone prop 50 mcg spray (rx) 50 mcg/actuation	\$0 (1)	NT
folamax tablet 20 mg iron- 1,670 mcg dfe	\$0 (1)	NT
folic acid 1,000 mcg tablet (rx) 1 mg	\$0 (1)	NT
folic acid 400 mcg tablet (rx)	\$0 (1)	NT
folic acid 800 mcg tablet (rx)	\$0 (1)	NT
folika-mg tablet 20 mg iron- 1,670 mcg dfe	\$0 (1)	NT
freedavite tablet 1.8 mg iron-400 mcg	\$0 (1)	NT
ft acid reducer dr 15 mg cap	\$0 (1)	NT
ft adult tussin cf liquid 5-10-100 mg/5 ml	\$0 (1)	NT
ft fish oil 1,200 mg softgel (rx)	\$0 (1)	NT
ft itch rlf with aloe 1% cream	\$0 (1)	NT
ft pain relief 200 mg tablet	\$0 (1)	NT
gas relief (simethicone) oral drops,suspension 40 mg/0.6 ml	\$0 (1)	NT
gas relief drops 20 mg/0.3 ml infants,dye free 40 mg/0.6 ml	\$0 (1)	NT
gavilax powder 14 day 17 gram/dose	\$0 (1)	NT
gavilax powder packet 17 gram	\$0 (1)	NT
gencontuss liquid 2-5-10 mg/5 ml	\$0 (1)	NT
genteal tears 0.1%-0.2%-0.3% 0.1-0.3-0.2 %	\$0 (1)	NT
genteal tears 0.1%-0.3% drop 0.1-0.3 %	\$0 (1)	NT
gentle laxative 10 mg supposit	\$0 (1)	NT
gentle laxative 5 mg tablet	\$0 (1)	NT
gentle laxative ec 5 mg tablet easy to swallow,n	\$0 (1)	NT
geri-dryl 12.5 mg/5 ml liquid	\$0 (1)	NT
geri-dryl 25 mg tablet	\$0 (1)	NT
geri-kot 8.6 mg tablet	\$0 (1)	NT
geri-lanta liquid 30 ml cup 200-200-20 mg/5 ml	\$0 (1)	NT
geri-lanta liquid 400-400-40 mg/5 ml	\$0 (1)	NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
geri-mox antacid-antigas susp 200-200-20 mg/5 ml	\$0 (1)	NT
geri-mucil powder 3.4 gram/12 gram	\$0 (1)	NT
geri-mucil powder 3.4 gram/5.8 gram	\$0 (1)	NT
geri-tussin 200 mg/10 ml liq 100 mg/5 ml	\$0 (1)	NT
giltuss allergy plus liquid 2-5-10 mg/5 ml	\$0 (1)	NT
giltuss cough-cold liquid 10-15-300 mg/5 ml	\$0 (1)	NT
giltuss ex 400 mg/10 ml liquid 200 mg/5 ml	\$0 (1)	NT
glenmax peb dm liquid 2-5-10 mg/5 ml	\$0 (1)	NT
gnp century mature tablet gluten-free (rx) 0.4 mg-300 mcg-250 mcg	\$0 (1)	NT
gnp century tablet gluten-free 18-400 mg-mcg	\$0 (1)	NT
gnp lidocaine hcl 4% cream	\$0 (1)	NT
gnp natural fiber powder regular 3.4 gram/7 gram	\$0 (1)	NT
gnp nighttime sleep aid 50 mg	\$0 (1)	NT
gold bond med pain-itch 4% crm	\$0 (1)	NT
gormel creme (rx) 20 %	\$0 (1)	NT
gs 24 hour allergy 50 mcg spry 50 mcg/actuation	\$0 (1)	NT
gs acid reducer 10 mg tablet	\$0 (1)	NT
gs acid reducer 20 mg tablet	\$0 (1)	NT
gs all day allergy 10 mg tab	\$0 (1)	NT
gs all day allergy-d tablet 5-120 mg	\$0 (1)	NT
gs aller-ease 180 mg tablet	\$0 (1)	NT
gs aller-ease 60 mg tablet	\$0 (1)	NT
gs allergy relief 25 mg tablet	\$0 (1)	NT
gs antacid-simethicone liquid 400-400-40 mg/5 ml	\$0 (1)	NT
gs anti-diarrheal 1 mg/7.5 ml	\$0 (1)	NT
gs anti-diarrheal 2 mg caplet	\$0 (1)	NT
gs anti-itch 1% cream	\$0 (1)	NT
gs arthritis pain 1% gel	\$0 (1)	NT
gs aspirin 325 mg tablet	\$0 (1)	NT
gs aspirin 81 mg chewable tab	\$0 (1)	NT
gs child all day aller 1 mg/ml	\$0 (1)	NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
gs child allergy 12.5 mg/5 ml	\$0 (1)	NT
gs child allergy rlf 5 mg/5 ml	\$0 (1)	NT
gs child ibuprofen 100 mg/5 ml	\$0 (1)	NT
gs child mucus relief m-s cold 2.5-5-100 mg/5 ml	\$0 (1)	NT
gs child pain-fever 160 mg/5 ml	\$0 (1)	NT
gs clearlax powder 17 gram/dose	\$0 (1)	NT
gs ibuprofen 100 mg chew tab	\$0 (1)	NT
gs ibuprofen 200 mg liquid gel	\$0 (1)	NT
gs ibuprofen 200 mg tablet	\$0 (1)	NT
gs inf ibuprofen 50 mg/1.25 ml	\$0 (1)	NT
gs infant pain-fever 160 mg/5 160 mg/5 ml	\$0 (1)	NT
gs lice killing shampoo w/nit comb 0.33-4 %	\$0 (1)	NT
gs miconazole 3 combo pack 200 mg- 2 % (9 gram)	\$0 (1)	NT
gs mucus er 600 mg caplet	\$0 (1)	NT
gs nasal decongest 30 mg tab	\$0 (1)	NT
gs nicotine 2 mg chewing gum	\$0 (1)	NT
gs nicotine 2 mg lozenge	\$0 (1)	NT
gs nicotine 2 mg mini lozenge	\$0 (1)	NT
gs nicotine 4 mg chewing gum	\$0 (1)	NT
gs nicotine 4 mg lozenge	\$0 (1)	NT
gs nicotine 4 mg mini lozenge	\$0 (1)	NT
gs nighttime sleep aid 25 mg	\$0 (1)	NT
gs pain relief 325 mg tablet	\$0 (1)	NT
gs pain relief 500 mg caplet	\$0 (1)	NT
gs simethicone 20 mg/0.3 ml 40 mg/0.6 ml	\$0 (1)	NT
gs sleep aid 25 mg tablet	\$0 (1)	NT
gs sleep time 25 mg softgel	\$0 (1)	NT
gs sleep time 50 mg/30 ml liq	\$0 (1)	NT
gs suphedrine 12hr 120 mg cplt	\$0 (1)	NT
gs tussin cf liquid 5-10-100 mg/5 ml	\$0 (1)	NT
gs tussin mucus-cong 200 mg/10 100 mg/5 ml	\$0 (1)	NT
gs ultra lubricant eye drops 0.4-0.3 %	\$0 (1)	NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
g-supress dx drops 2.5-5-50 mg/ml	\$0 (1)	NT
g-tron ped liquid 10-15-350 mg/5 ml	\$0 (1)	NT
g-tron pediatric drops 2.5-5-100 mg/ml	\$0 (1)	NT
g-tusicof liquid 10-20-400 mg/5 ml	\$0 (1)	NT
guaifenesin 200 mg tablet (otc)	\$0 (1)	NT
guaifenesin 200 mg/10 ml solution cup outer 100 mg/5 ml	\$0 (1)	NT
guaifenesin 400 mg caplet	\$0 (1)	NT
guaifenesin er 1,200 mg tablet	\$0 (1)	NT
guaifenesin er 600 mg tablet	\$0 (1)	NT
guaifenesin-pse er 600-60 mg (otc) 60-600 mg	\$0 (1)	NT
gynol ii vaginal gel 3 %	\$0 (1)	NT
hair, skin and nails caplet 100-1,500 mcg, 66.7-1,000 mcg, 66.7-1,666.7 mcg	\$0 (1)	NT
hair, skin and nails softgel 66.7-1,666.7 mcg	\$0 (1)	NT
hair, skin and nails tablet 3.3 mg iron-25 mcg	\$0 (1)	NT
healthy eyes tablet (rx) 300 mcg-200 mg-27 mg-2 mg	\$0 (1)	NT
healthylax powder packet outer 17 gram	\$0 (1)	NT
heartburn relief 10 mg tablet	\$0 (1)	NT
heartburn relief 20 mg tablet	\$0 (1)	NT
heparin 12,500 unit/250 ml (50 unit/ml)-0.45% nacl bag inner, single use	\$0 (1)	NT
heparin sodium 10,000 unit/10 ml (1,000 unit/ml) vial muv, outer	\$0 (1)	NT
heparin sodium 50,000 unit/10 ml (5,000 unit/ml) vial muv, outer	\$0 (1)	NT
her style 1.5 mg tablet	\$0 (1)	NT
high potency multivitamin tab 18-400 mg-mcg, 9 mg iron-400 mcg	\$0 (1)	NT
hydrocortisone 0.5% cream	\$0 (1)	NT
hydrocortisone 0.5% cream regular strength (otc)	\$0 (1)	NT
hydrocortisone 0.5% ointment	\$0 (1)	NT
hydrocortisone 1% cream (rx)	\$0 (1)	NT
hydrocortisone 1% cream maximum strength	\$0 (1)	NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
hydrocortisone plus 1% cream max-str,w/aloe	\$0 (1)	NT
hydrocortisone-aloe 1% cream	\$0 (1)	NT
hylazinc tablet 1 mg-1.5 mg- 1.7 mg-50 mg	\$0 (1)	NT
ibu 400 mg tablet	\$0 (1)	NT
ibu 600 mg tablet	\$0 (1)	NT
ibu 800 mg tablet	\$0 (1)	NT
ibu-200 200 mg tablet	\$0 (1)	NT
ibuprofen 100 mg/5 ml susp children's (otc)	\$0 (1)	NT
ibuprofen 400 mg tablet	\$0 (1)	NT
ibuprofen 600 mg tablet	\$0 (1)	NT
ibuprofen 800 mg tablet	\$0 (1)	NT
ibuprofen jr str 100 mg tb chw jr str,grape,tb chew	\$0 (1)	NT
icaps areds2 tablet 250 mg-200 unit -12.5 mg-1 mg	\$0 (1)	NT
icaps mv tablet (rx) 100-1.66-0.83 mcg-mg-mg	\$0 (1)	NT
imodium a-d 1 mg/7.5 ml liquid	\$0 (1)	NT
inf acetaminophen 160 mg/5 ml	\$0 (1)	NT
infant ibuprofen 50 mg/1.25 ml d/f	\$0 (1)	NT
infant iron 15 mg/ml drop (rx) 15 mg iron (75 mg)/ml	\$0 (1)	NT
infant pain-fever 160 mg/5 ml w/syringe, grape	\$0 (1)	NT
infants' advil 50 mg/1.25 ml	\$0 (1)	NT
infants' motrin 50 mg/1.25 ml d/f, berry flavor	\$0 (1)	NT
infants' mylicon 20 mg/0.3 ml 40 mg/0.6 ml	\$0 (1)	NT
infant's pain relief oral suspension 160 mg/5 ml	\$0 (1)	NT
infants pain-fever 160 mg/5 ml grape,w/syringe	\$0 (1)	NT
infants' simethicone drops 40 mg/0.6 ml	\$0 (1)	NT
infant-toddler multivit drop 250 mcg-50 mg- 10 mcg/ml	\$0 (1)	NT
inzo antifungal 2% cream	\$0 (1)	NT
i-prin 200 mg tablet u-d, 250's	\$0 (1)	NT
iron 27 mg tablet (rx) 236 mg (27 mg iron)	\$0 (1)	NT
iron 65 mg tablet p/f, gluten-free (rx) 325 mg (65 mg iron)	\$0 (1)	NT
i-vite tablet 300 mcg-200 mg-27 mg-2 mg	\$0 (1)	NT
jock itch 1% powder spray maximum strength	\$0 (1)	NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
jock itch relief 1% cream	\$0 (1)	NT
kaopectate 240 mg softgel n,softgel	\$0 (1)	NT
ketotifen fum 0.025% eye drops (otc) 0.025 % (0.035 %)	\$0 (1)	NT
keyfolic tablet 20 mg iron- 1,670 mcg dfe	\$0 (1)	NT
kimono condoms(non-lubricated) device	\$0 (1)	NT
kimono maxx condom	\$0 (1)	NT
kimono maxx condoms device	\$0 (1)	NT
kimono microthin aqua lube	\$0 (1)	NT
kimono microthin condom	\$0 (1)	NT
kimono microthin large condom	\$0 (1)	NT
kimono textured condom	\$0 (1)	NT
kimono thin lubricated condoms	\$0 (1)	NT
kindermed infant pain 160 mg/5 ml	\$0 (1)	NT
kindermed kids pain 160 mg/5 ml	\$0 (1)	NT
konsyl daily psyllium powder 3 gram/12 gram	\$0 (1)	NT
konsyl original fiber powder gluten free 6 gram/6 gram	\$0 (1)	NT
k-pax immune support tablet 30 packets of 4 tabs 2.25 mg iron- 100 mcg	\$0 (1)	NT
kro adv antacid-antigas liquid 200-200-20 mg/5 ml	\$0 (1)	NT
kro allergy (fexo) 60 mg tab 12 hour, non-drowsy	\$0 (1)	NT
kro allergy 25 mg capsule	\$0 (1)	NT
kro allergy-congest rlf er tab 24 hour 10-240 mg	\$0 (1)	NT
kro gentlelax 17 gram powder 17 gram/dose	\$0 (1)	NT
kro heartburn preven 20 mg tab	\$0 (1)	NT
kro heartburn prevention tab 10 mg	\$0 (1)	NT
kro nighttime sleep 25 mg tab	\$0 (1)	NT
kro prenatal vitamins tablet 28-800 mg-mcg	\$0 (1)	NT
lamisil af defends 1% spray pwd	\$0 (1)	NT
lamisil at 1% cream	\$0 (1)	NT
lansoprazole dr 15 mg capsule (rx)	\$0 (1)	NT
lansoprazole dr 30 mg capsule	\$0 (1)	NT
laxa basic 100 mg softgel	\$0 (1)	NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
laxacin tablet 8.6-50 mg	\$0 (1)	NT
laxaclear powder 17 gram/dose	\$0 (1)	NT
laxative 15 mg pills	\$0 (1)	NT
laxative 15 mg tablet	\$0 (1)	NT
laxative 25 mg pills	\$0 (1)	NT
levonorgestrel 1.5 mg tablet (otc)	\$0 (1)	NT
lice treatment shampoo 1 nit comb included 0.33-4 %	\$0 (1)	NT
lidocaine plus 4% cream	\$0 (1)	NT
liquituss gg 200 mg/5 ml liq	\$0 (1)	NT
little remedies 0.65% spray for noses	\$0 (1)	NT
little remedies fever 160 mg/5 berry, gluten-f 160 mg/5 ml	\$0 (1)	NT
little remedies gas relief drp 40 mg/0.6 ml	\$0 (1)	NT
little remedies gas relief drp 40 mg/0.6 ml	\$0 (1)	NT
little remedies saline spray 0.65 %	\$0 (1)	NT
lohist-d liquid 2-30 mg/5 ml	\$0 (1)	NT
lohist-dm syrup 2-5-10 mg/5 ml	\$0 (1)	NT
loperamide 1 mg/7.5 ml susp gluten-free	\$0 (1)	NT
loperamide 2 mg caplet caplet	\$0 (1)	NT
loperamide 2 mg capsule (rx)	\$0 (1)	NT
loradamed 10 mg tablet outer	\$0 (1)	NT
loratadine 10 mg odt	\$0 (1)	NT
loratadine 10 mg tablet non-drowsy	\$0 (1)	NT
loratadine-d 24hr tablet 10-240 mg	\$0 (1)	NT
lotrimin ultra 1% cream	\$0 (1)	NT
lubricant 0.5% eye drop strl	\$0 (1)	NT
lubricant eye 0.4%-0.3% drop p/f, ultra 0.4-0.3 %	\$0 (1)	NT
lubricant eye drops sterile 0.4-0.3 %	\$0 (1)	NT
lysiplex plus tablet	\$0 (1)	NT
macuvite eye care tablet 7,160 unit- 113 mg-1 mg	\$0 (1)	NT
macuvite with lutein tablet 5,000-60-30-2 unit-mg-unit-mg	\$0 (1)	NT
mag-al plus suspens 30 ml cup 100's,u-d,10x10 200-200-20 mg/5 ml	\$0 (1)	NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
mag-al plus xs susp 30 ml cup 400-400-40 mg/5 ml	\$0 (1)	NT
magic bullet 10 mg suppos	\$0 (1)	NT
magnesium 400 mg capsule 400 mg magnesium	\$0 (1)	NT
magnesium oxide 250 mg caplet p/f, gluten/f (rx) 250 mg magnesium	\$0 (1)	NT
magnesium oxide 400 mg tablet (otc) 400 mg (241.3 mg magnesium)	\$0 (1)	NT
magnesium oxide 400 mg tablet 400 mg magnesium	\$0 (1)	NT
magnesium oxide 500 mg tablet p/f,lactose-free (rx) 500 mg magnesium	\$0 (1)	NT
mag-oxide magnesium 200 mg tab 200 mg magnesium	\$0 (1)	NT
mapap 325 mg tablet	\$0 (1)	NT
mapap 500 mg capsule	\$0 (1)	NT
maxallergy kids 12.5 mg/5 ml	\$0 (1)	NT
maxi-tuss pe liquid 2-5 mg/5 ml	\$0 (1)	NT
maxi-tuss pe max liquid 5-100 mg/5 ml	\$0 (1)	NT
maxrelief jr 160 mg/5 ml liq	\$0 (1)	NT
maxrelief jr 160 mg/5 ml susp	\$0 (1)	NT
maxtussin 200 mg/10 ml liquid 100 mg/5 ml	\$0 (1)	NT
mb non-aspirin 500 mg tablet	\$0 (1)	NT
m-dryl 12.5 mg/5 ml solution	\$0 (1)	NT
meclizine 12.5 mg caplet (otc)	\$0 (1)	NT
meclizine 25 mg tablet (rx)	\$0 (1)	NT
meclizine 25 mg tablet chew	\$0 (1)	NT
medi-meclizine 25 mg tablet outer, f/c	\$0 (1)	NT
mega multi for men tablet high potency (rx) 200-175-250 mcg	\$0 (1)	NT
mega multi for women tab 13.5-200-250 mg-mcg-mcg	\$0 (1)	NT
mega multivit-chelated min tab	\$0 (1)	NT
megavite caplet 18 mg iron-800 mcg-150 mg	\$0 (1)	NT
megavite golden years caplet 800-150-25 mcg-mg-mg	\$0 (1)	NT
melatin oral tablet 3 mg	\$0 (1)	NT
melatonin 1 mg tablet (rx)	\$0 (1)	NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
melatonin 3 mg tablet (rx)	\$0 (1)	NT
melatonin 5 mg tablet (rx)	\$0 (1)	NT
melatonin tr 1 mg tablet	\$0 (1)	NT
melatonin-lemon balm tablet 10-1 mg	\$0 (1)	NT
melatonin-vit b6 3-10 mg tab	\$0 (1)	NT
men 50 plus multivitamin tab 300-60-600-300 mcg	\$0 (1)	NT
men's 50 plus daily formula tb 400-20-370 mcg	\$0 (1)	NT
men's 50 plus multivitamin tab 400-20-370 mcg	\$0 (1)	NT
men's daily formula tablet (rx) 400-20-300 mcg	\$0 (1)	NT
men's daily multivit-mineral oral tablet 0.4-600 mg-mcg	\$0 (1)	NT
metamucil capsule 0.4 gram	\$0 (1)	NT
metamucil free powder 3 gram/7 gram	\$0 (1)	NT
metamucil multihealth powder berry smooth 3.4 gram/5.8 gram	\$0 (1)	NT
metamucil powder 3 gram/7 gram, 3.4 gram/7 gram	\$0 (1)	NT
metamucil powder gluten-free, orange 3.4 gram/12 gram	\$0 (1)	NT
metamucil sugar-free powder orange flavor 3.4 gram/5.8 gram	\$0 (1)	NT
mgo-400 tablet 400 mg (241.3 mg magnesium)	\$0 (1)	NT
micatin 2% antifungal cream	\$0 (1)	NT
miconazole 1 combination pack sftgl insert/9gm crm	\$0 (1)	NT
miconazole 2% topical cream	\$0 (1)	NT
miconazole 3 combo pack 4 % (200 mg)- 2 % (9 gram)	\$0 (1)	NT
miconazole 7 100 mg vag supp	\$0 (1)	NT
micotrin ac 1% topical cream	\$0 (1)	NT
milltrium senior multivit tab	\$0 (1)	NT
mineral oil enema	\$0 (1)	NT
mintox maximum strength susp max str, lemon creme 400-400-40 mg/5 ml	\$0 (1)	NT
mintox suspension 30 ml cup ud, 50x30ml cups 200-200-20 mg/5 ml	\$0 (1)	NT
miralax powder packet (otc) 17 gram	\$0 (1)	NT
mix-in laxative powder packet 17 gram	\$0 (1)	NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
moist lubricant 0.25% eye drop	\$0 (1)	NT
moi-stir spray	\$0 (1)	NT
monistat 1 combination pack ovule insert/9gm crm	\$0 (1)	NT
monistat 7 cream 2 %	\$0 (1)	NT
monistat care 1% cream	\$0 (1)	NT
monocaps tablet (rx) 14 mg iron- 400 mcg	\$0 (1)	NT
monoject 3 ml syringe 23gx1" luer-lock, softpack 3 ml 23 x 1"	\$0 (1)	NT
monoject 3 ml syringe 25gx1" 3 ml 25 gauge x 1"	\$0 (1)	NT
monoject 3 ml syrn 21gx1-1/2" luer-lock, softpack 3 ml 21 gauge x 1 1/2"	\$0 (1)	NT
monoject 3 ml syrn 22gx1-1/2" luer-lock, softpack 3 ml 22 x 1 1/2"	\$0 (1)	NT
monoject 3 ml syrn 25gx1" 3 ml 25 gauge x 1"	\$0 (1)	NT
monoject 3 ml syrn 25gx5/8" luer-lock, softpack 3 ml 25 x 5/8"	\$0 (1)	NT
monoject magellan syringe 3 ml 3 ml 20 gauge x 1"	\$0 (1)	NT
monoject syringe 3 ml 20gx1 3 ml 20 gauge x 1"	\$0 (1)	NT
monoject syringe 3 ml 22gx1" (otc) 3 ml 22 gauge x 1"	\$0 (1)	NT
motion sickness 25 mg chew tab chewable tablet	\$0 (1)	NT
motion sickness ii oral tablet 25 mg	\$0 (1)	NT
motion-time 25 mg tablet chew	\$0 (1)	NT
motrin arthritis pain 1% gel	\$0 (1)	NT
motrin ib 200 mg caplet	\$0 (1)	NT
motrin ib 200 mg liquid gel	\$0 (1)	NT
mouthkote spray	\$0 (1)	NT
m-pap 160 mg/5 ml liquid	\$0 (1)	NT
mucinex d er 600-60 mg tablet 60-600 mg	\$0 (1)	NT
mucinex er 1,200 mg tablet	\$0 (1)	NT
mucinex er 600 mg tablet	\$0 (1)	NT
mucinex fast-max chest-congest 100 mg/5 ml	\$0 (1)	NT
mucinex fast-max congest-cough 2.5-5-100 mg/5 ml	\$0 (1)	NT
mucinex freefrom sev cong-coug 2.5-5-100 mg/5 ml	\$0 (1)	NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
mucosa 400 mg tablet	\$0 (1)	NT
mucus d er 600-60 mg tablet 60-600 mg	\$0 (1)	NT
mucus relief 400 mg tablet chest congestion	\$0 (1)	NT
mucus relief congest-cough liq 2.5-5-100 mg/5 ml	\$0 (1)	NT
mucus relief d er 600-60 mg tb 60-600 mg	\$0 (1)	NT
mucus relief er 1,200 mg tab	\$0 (1)	NT
mucus relief pe tablet 10-400 mg	\$0 (1)	NT
mucus-chest cong 200 mg/10 ml 100 mg/5 ml	\$0 (1)	NT
multi complete-iron tablet 18-400 mg-mcg	\$0 (1)	NT
multi for her tablet 18 mg iron-600 mcg-80 mcg	\$0 (1)	NT
multi-day plus iron tablet 18-400 mg-mcg	\$0 (1)	NT
multi-day plus minerals tablet 18 mg iron-400 mcg-25 mcg	\$0 (1)	NT
multiple vitamin tablet 400 mcg	\$0 (1)	NT
multiple vitamin w-minerals tb	\$0 (1)	NT
multiple vitamins tablet	\$0 (1)	NT
multitol-m caplet 2,040 mcg dfe	\$0 (1)	NT
multi-vitamin daily tablet (rx)	\$0 (1)	NT
multivitamin with iron tablet (rx) 18-400 mg-mcg	\$0 (1)	NT
multivitamin with minerals tab 15 mg iron	\$0 (1)	NT
multivitamin women 50 plus tab 8 mg iron-400 mcg-50 mcg	\$0 (1)	NT
multivitamin-minerals tablet p/f 7.5 mg iron-400 mcg	\$0 (1)	NT
multivitamins tablet (rx)	\$0 (1)	NT
multivitamin-zinc-stress tab 500 mg-400 mcg- 23.9 mg-3 mg	\$0 (1)	NT
my choice 1.5 mg tablet	\$0 (1)	NT
my way 1.5 mg tablet (otc)	\$0 (1)	NT
mycozyl ac 1% topical cream	\$0 (1)	NT
mylanta maximum strength liq 400-400-40 mg/5 ml	\$0 (1)	NT
naphcon-a eye drops 0.025-0.3 %	\$0 (1)	NT
naramin 12.5 mg oral solution 12.5 mg/5 ml	\$0 (1)	NT
nasal moisturizing 0.65% spray	\$0 (1)	NT
natural fiber laxative capsule 0.52 gram	\$0 (1)	NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
natural fiber laxative powder orange flavor 3.4 gram/12 gram	\$0 (1)	NT
natural fiber powder smooth texture	\$0 (1)	NT
natural fiber powder smooth texture	\$0 (1)	NT
natural vegetable (psyllium) oral powder	\$0 (1)	NT
natural vegetable powder oral powder 3.4 gram/12 gram	\$0 (1)	NT
neonatal plus vitamin tablet 27 mg iron- 1 mg	\$0 (1)	NT
neovite tablet 1-100-1 mg	\$0 (1)	NT
new day 1.5 mg tablet	\$0 (1)	NT
niacin 750 mg tablet sa	\$0 (1)	NT
niacin er 250 mg tablet p/f (rx)	\$0 (1)	NT
niacin tr 250 mg capsule (rx)	\$0 (1)	NT
niavasc sr 750 mg tablet	\$0 (1)	NT
nicadan tablet 800 mg-10 mg- 100 mg-500 mcg	\$0 (1)	NT
nicadan zx tablet 400 mg-5 mg- 250 mcg-10 mg	\$0 (1)	NT
nicazel forte tablet 700-500-8-12 mg-mcg-mg-mg	\$0 (1)	NT
nicazel tablet 600-5-10-5-1.5 mg	\$0 (1)	NT
nicorette 2 mg lozenge	\$0 (1)	NT
nicorette 2 mg mini lozenge mint	\$0 (1)	NT
nicorette 4 mg chewing gum original	\$0 (1)	NT
nicorette 4 mg lozenge	\$0 (1)	NT
nicorette 4 mg mini lozenge	\$0 (1)	NT
nicotine 14 mg/24hr patch (otc)	\$0 (1)	NT
nicotine 21 mg/24hr patch (otc)	\$0 (1)	NT
nicotine 7 mg/24hr patch 2 week kit (otc)	\$0 (1)	NT
nicotine transdermal system step 1,2,3 21-14-7 mg/24 hr	\$0 (1)	NT
night allergy rlf 25 mg caplet	\$0 (1)	NT
nighttime sleep aid 25 mg cplt mini caplet	\$0 (1)	NT
nighttime sleep aid 25 mg sfgl	\$0 (1)	NT
niva-plus tablet 27 mg iron- 1 mg	\$0 (1)	NT
noble formula hc 1% cream	\$0 (1)	NT
nohist-dm liquid 4-10-15 mg/5 ml	\$0 (1)	NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
non-aspirin 160 mg/5 ml susp children's	\$0 (1)	NT
non-aspirin 325 mg tablet 250's, u-d	\$0 (1)	NT
non-aspirin 80 mg tab chew children's	\$0 (1)	NT
numoisyn liquid	\$0 (1)	NT
nytol 25 mg quickcaps caplet	\$0 (1)	NT
ocean nasal nasal aerosol,spray 0.65 %	\$0 (1)	NT
ocular vitamins tablet 7,160 unit- 113 mg-0.5 mg	\$0 (1)	NT
ocutabs tablet (rx)	\$0 (1)	NT
ocuvite eye plus multi tablet 200-15-150 mcg	\$0 (1)	NT
ocuvite with lutein tablet 300 mcg-200 mg-27 mg-2 mg	\$0 (1)	NT
odor ctrl foot-sneaker 1% powd	\$0 (1)	NT
omega 3 fish oil softgel 684-1,200 mg	\$0 (1)	NT
omega-3 1,000 mg softgel softgel (rx)	\$0 (1)	NT
omega-3 fish oil 1,000 mg sfgl	\$0 (1)	NT
omega-3 fish oil 1,000 mg sfgl	\$0 (1)	NT
omega-3 fish oil 1,000 mg sfgl softgel (rx)	\$0 (1)	NT
omega-3 fish oil 1,200 mg sfgl	\$0 (1)	NT
omega-3 fish oil 1,400 mg sfgl	\$0 (1)	NT
omega-3 fish oil 1,400 mg sfgl p/f, gluten-free	\$0 (1)	NT
omega-3 fish oil 1,760 mg stgl 440-880 mg	\$0 (1)	NT
omega-3 fish oil ec 1,000 mg softgel,gluten-f	\$0 (1)	NT
omegapure-820 softgel 937.5 mg-320 mg -500 mg-1,250mg	\$0 (1)	NT
omeprazole dr 10 mg capsule	\$0 (1)	NT
omeprazole dr 20 mg capsule	\$0 (1)	NT
omnicap tablet 0.4 mg	\$0 (1)	NT
oncovite tablet	\$0 (1)	NT
one daily complete tablet	\$0 (1)	NT
one daily essential tablet (rx)	\$0 (1)	NT
one daily essential tablet 400 mcg	\$0 (1)	NT
one daily for men 50+ adv tab 400-600-120 mcg-mcg-mg	\$0 (1)	NT
one daily for men tablet 0.4-600 mg-mcg	\$0 (1)	NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
one daily for women 50+ adv tb w/ginkgo,50+advanced 400-120 mcg-mg	\$0 (1)	NT
one daily for women tablet 18-0.4 mg	\$0 (1)	NT
one daily healthy weight tab 200-18-0.4 mg	\$0 (1)	NT
one daily men's 50+ tablet 400-600-120 mcg-mcg-mg	\$0 (1)	NT
one daily men's multivitamin 240 mcg-30 mcg- 300 mcg	\$0 (1)	NT
one daily multivitamin tablet 400 mcg	\$0 (1)	NT
one daily multivitamin-iron tb 18-400 mg-mcg	\$0 (1)	NT
one daily multivit-mineral tab 4.5 mg iron	\$0 (1)	NT
one daily plus iron tablet (rx) 18-400 mg-mcg	\$0 (1)	NT
one daily tablet 0.4-600 mg-mcg	\$0 (1)	NT
one daily tablet 300-18-400-50 mg-mg-mcg-mg	\$0 (1)	NT
one daily with iron-calcium tb	\$0 (1)	NT
one daily with minerals tablet (rx)	\$0 (1)	NT
one daily womens 50 plus tab (rx) 0.4 mg	\$0 (1)	NT
one daily women's multivitamin 18 mg iron-400 mcg-25 mcg	\$0 (1)	NT
one-a-day energy tablet 9 mg iron-400 mcg-200 mg	\$0 (1)	NT
one-a-day essential tablet (rx)	\$0 (1)	NT
one-a-day max formula tab	\$0 (1)	NT
one-a-day menopause formula tb 400-60 mcg-mg	\$0 (1)	NT
one-a-day men's 50 plus tablet (rx) 400-20-370 mcg	\$0 (1)	NT
one-a-day men's 50 plus tablet 400-300-120 mcg-mcg-mg	\$0 (1)	NT
one-a-day men's 50 plus tablet 400-370 mcg	\$0 (1)	NT
one-a-day men's complete tab 240 mcg-30 mcg- 300 mcg	\$0 (1)	NT
one-a-day men's complete tab 240-25-300 mcg	\$0 (1)	NT
one-a-day men's pro edge tabl 0.4 mg	\$0 (1)	NT
one-a-day men's tablet 400-20-300 mcg	\$0 (1)	NT
one-a-day proactive 65 plus tb 200 mcg	\$0 (1)	NT
one-a-day teen advantage tab 18-400 mg-mcg, 9 mg iron-400 mcg	\$0 (1)	NT
one-a-day triple immune tablet 400-370 mcg	\$0 (1)	NT
one-a-day weightsmart tablet 200-18-0.4 mg	\$0 (1)	NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
one-a-day women's 50 plus tab 0.4 mg, 400-20 mcg	\$0 (1)	NT
one-a-day women's complete tab 18 mg iron- 400 mcg	\$0 (1)	NT
one-a-day women's complete tab 18 mg-400 mcg- 25 mcg	\$0 (1)	NT
one-a-day women's tablet 18 mg iron- 400 mcg-180 mg	\$0 (1)	NT
one-a-day women's tablet 18 mg iron-400 mcg-500 mg, 18 mg iron-400 mcg-500 mg ca	\$0 (1)	NT
one-daily multi-vitamin tab (rx)	\$0 (1)	NT
onelax 10 mg suppository	\$0 (1)	NT
onevite tablet 1-100-1 mg	\$0 (1)	NT
opcicon one-step 1.5 mg tablet	\$0 (1)	NT
option 2 1.5 mg tablet	\$0 (1)	NT
oral relief dry mouth spray	\$0 (1)	NT
os-cal 500-vit d3 200 caplet caplet (rx) 500 mg-5 mcg (200 unit)	\$0 (1)	NT
osteoprime plus cal-mag tablet 200 mg-5 mcg-75 mg-200 mcg dfe	\$0 (1)	NT
ovega-3 softgel 500-270-135 mg, 500-320-130 mg	\$0 (1)	NT
oysco 500-vit d3 200 tablet 500 mg-5 mcg (200 unit)	\$0 (1)	NT
oyster shell 500-vit d3 200 tb (rx) 500 mg-5 mcg (200 unit)	\$0 (1)	NT
oyster shell calcium 500 mg tb 500mg elemental (rx) 500 mg calcium (1,250 mg)	\$0 (1)	NT
oyster shell calcium 500 mg tb oyster shell (rx) 500 mg calcium (1,250 mg)	\$0 (1)	NT
oyster shell calcium-vit d tab p/f (rx) 500 mg-10 mcg (400 unit)	\$0 (1)	NT
oystercal-d 500 mg-400 unit tb 500 mg-10 mcg (400 unit)	\$0 (1)	NT
pain relief 160 mg/5 ml liquid	\$0 (1)	NT
pain relief 500 mg caplet	\$0 (1)	NT
pain reliever 325 mg tablet reg-str	\$0 (1)	NT
pain reliever 500 mg caplet caplet,ex-str	\$0 (1)	NT
panoxyl 10% acne foaming wash	\$0 (1)	NT
panoxyl 4% acne creamy wash	\$0 (1)	NT
parvlex tablet 29 mg iron- 400 mcg	\$0 (1)	NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
pedia iron 15 mg/ml drop 15 mg iron (75 mg)/ml	\$0 (1)	NT
pedia poly-vite drops 250 mcg-50 mg- 10 mcg-5 mg/ml	\$0 (1)	NT
pedia poly-vite with iron drop 11 mg iron/ml	\$0 (1)	NT
pediacare fever reducer oral suspension 160 mg/5 ml	\$0 (1)	NT
pediatric enema 9.5-3.5 gram/59 ml	\$0 (1)	NT
pediatric fe-vite 15 mg/ml drp 15 mg iron (75 mg)/ml	\$0 (1)	NT
pediatric poly-vite drops 250 mcg-50 mg- 10-mcg-5 mg/ml	\$0 (1)	NT
pepcid ac 20 mg tablet	\$0 (1)	NT
perdiem overnight relief tb 15 mg	\$0 (1)	NT
perry prenatal capsule 13.5-0.4 mg	\$0 (1)	NT
pharbechlor 4 mg tablet	\$0 (1)	NT
pharbedryl 25 mg capsule	\$0 (1)	NT
pharbedryl 50 mg capsule	\$0 (1)	NT
pharbetol 325 mg tablet regular strength	\$0 (1)	NT
pharbetol 500 mg caplet extra-str, caplet	\$0 (1)	NT
pharm choice poly-vit-iron drp 10 mg iron/ml	\$0 (1)	NT
pharmacist choice ped poly-vit 750 unit-35 mg- 400 unit/ml	\$0 (1)	NT
phenylephrine 10% eye drop	\$0 (1)	NT
phenylephrine 2.5% eye drop	\$0 (1)	NT
phillips 500 mg caplet 500 mg magnesium	\$0 (1)	NT
phillips' lax liqui-gels 100 mg	\$0 (1)	NT
phytomulti tablet 3-3-200 mg	\$0 (1)	NT
pnv prenatal plus multivit tab gluten-free (rx) 27 mg iron- 1 mg	\$0 (1)	NT
polyethylene glycol 3350 powd (otc) 17 gram/dose	\$0 (1)	NT
polyethylene glycol 3350 powd outer (otc) 17 gram	\$0 (1)	NT
polyvinyl alcohol 1.4% eyedrop	\$0 (1)	NT
poly-vi-sol 250 mcg-50 mg/ml drp 250 mcg-50 mg- 10 mcg/ml	\$0 (1)	NT
poly-vita drops 750 unit-35 mg- 400 unit/ml	\$0 (1)	NT
poly-vita with iron drops 10 mg/ml	\$0 (1)	NT
potassium chloride granules usp (rx)	\$0 (1)	NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
powderlax 17 g powder packet 17 gram	\$0 (1)	NT
powderlax powder 17 gram/dose	\$0 (1)	NT
pr benzoyl peroxide 7% wash (rx)	\$0 (1)	NT
pr benzoyl peroxide 7% wash	\$0 (1)	NT
prenatabs fa tablet 29-1 mg	\$0 (1)	NT
prenatal 19 chewable tablet 29 mg iron- 1 mg	\$0 (1)	NT
prenatal multi tablet 27-800 mg-mcg	\$0 (1)	NT
prenatal multivitamin tablet (rx) 28 mg iron- 800 mcg	\$0 (1)	NT
prenatal one daily tablet 27 mg iron- 800 mcg	\$0 (1)	NT
prenatal tablet 28 mg iron- 800 mcg	\$0 (1)	NT
prenatal tablet 28 mg iron- 800 mcg	\$0 (1)	NT
prenatal tablet 28 mg iron- 800 mcg	\$0 (1)	NT
prenatal tablet no lactose,p/f,n (rx) 28 mg iron- 800 mcg	\$0 (1)	NT
prenatal vitamin plus low iron 27 mg iron- 1 mg	\$0 (1)	NT
prenatal vitamin tablet (rx) 27 mg iron- 0.8 mg	\$0 (1)	NT
prenatal vitamin tablet 27 mg iron- 800 mcg	\$0 (1)	NT
prenatal vitamins tablet phosphorus free (rx) 28 mg iron- 800 mcg	\$0 (1)	NT
preplus ca-fe 27 mg-fa 1 mg tb (rx) 27 mg iron- 1 mg	\$0 (1)	NT
pres gen liquid 5-10-200 mg/5 ml	\$0 (1)	NT
pres gen pediatric liquid 2.5-5-75 mg/5 ml	\$0 (1)	NT
preservision areds tablet 2,148 mcg-113 mg-45 mg-17.4mg	\$0 (1)	NT
pretab oral tablet 29-1 mg	\$0 (1)	NT
pro-cal tablet 187.5-40-7.5 mg	\$0 (1)	NT
procerv hp tablet 9 mg iron- 300 mcg-50 mcg	\$0 (1)	NT
profola tablet 20 mg iron- 1,670 mcg dfe	\$0 (1)	NT
prorenal multivitamin tablet 8 mg iron-800 mcg-1,000 unit	\$0 (1)	NT
prosight tablet 5,000-60-30 unit-mg-unit	\$0 (1)	NT
proxivol 2% gel	\$0 (1)	NT
pseudoephedrine 30 mg tablet non drowsy	\$0 (1)	NT
pseudoephedrine 60 mg tablet ex-str, non drowsy (otc)	\$0 (1)	NT
pseudoephedrine er 120 mg tab	\$0 (1)	NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
psyllium fiber 0.52 g capsule 0.52 gram	\$0 (1)	NT
psyllium fiber capsule 0.4 gram	\$0 (1)	NT
psyllium seed powder 2.6 gram/4.1 gram	\$0 (1)	NT
pub allergy 12.5 mg/5 ml liq cherry flavor	\$0 (1)	NT
pub athletic foot 1% cream	\$0 (1)	NT
pub calcium carb 1,000 mg tab 400 mg calcium (1,000 mg)	\$0 (1)	NT
pub children's allergy 1 mg/ml	\$0 (1)	NT
pub children's profen ib susp berry flavor 100 mg/5 ml	\$0 (1)	NT
pub child's dibromm cold-allgy 1-2.5 mg/5 ml	\$0 (1)	NT
pub hydrocream 1%	\$0 (1)	NT
pub inf profenib 50 mg/1.25 ml	\$0 (1)	NT
pub multivitamin 50 plus tab	\$0 (1)	NT
pub stop smoking aid 2 mg lozg	\$0 (1)	NT
pub stop smoking aid 4 mg lozg	\$0 (1)	NT
pub tussin 100 mg/5 ml syrup expectorant	\$0 (1)	NT
pure and gentle saline enema 19-7 gram/118 ml	\$0 (1)	NT
pyridoxine 25 mg tablet coated (rx)	\$0 (1)	NT
qc antacid suspension regular strength 200-200-20 mg/5 ml	\$0 (1)	NT
qc antacid-antigas max str 400-400-40 mg/5 ml	\$0 (1)	NT
qc anti-itch with aloe 1% crm	\$0 (1)	NT
qc calcium antacid 1,000 mg tb chewable, ultra str 400 mg calcium (1,000 mg)	\$0 (1)	NT
qc complete allergy 25 mg cap	\$0 (1)	NT
qc complete allergy 25 mg cap	\$0 (1)	NT
qc fiber capsule 0.52 gram	\$0 (1)	NT
qc itch stopping 2% gel	\$0 (1)	NT
qc natural vegetable powder 48 doses, reg flavor	\$0 (1)	NT
qc natura-lax 17 gm powder 17 gram/dose	\$0 (1)	NT
qc non-aspirin 500 mg gelcap gelcap, ex-str	\$0 (1)	NT
qc psyllium fiber powder 3 gram/7 gram	\$0 (1)	NT
qc rest simply 25 mg caplet	\$0 (1)	NT
quin b strong with c & zinc tb 500-400-15 mg-mcg-mg	\$0 (1)	NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
quintabs-m iron free tablet 0.4 mg	\$0 (1)	NT
quintabs-m tablet (rx) 10 mg iron-400 mcg	\$0 (1)	NT
quit 2 mg chewing gum	\$0 (1)	NT
quit 2 mg lozenge inner	\$0 (1)	NT
quit 4 mg chewing gum	\$0 (1)	NT
quit 4 mg lozenge inner	\$0 (1)	NT
ra 2-in-1 laxative 8.6-50 mg tb	\$0 (1)	NT
ra acetaminophen 500 mg gelcap gelcap, pain relief	\$0 (1)	NT
ra all day allergy 10 mg sftgl	\$0 (1)	NT
ra allergy 25 mg tablet	\$0 (1)	NT
ra allergy med 25 mg tablet	\$0 (1)	NT
ra allergy med capsule 25 mg	\$0 (1)	NT
ra allergy relief 4 mg tablet	\$0 (1)	NT
ra allergy-congest er 60-120 mg	\$0 (1)	NT
ra antacid 1,000 mg chew tab 430 mg calcium (1,000 mg)	\$0 (1)	NT
ra antacid 500 mg chewable tab 215 mg calcium (500 mg)	\$0 (1)	NT
ra antacid-antigas liquid 200-200-20 mg/5 ml	\$0 (1)	NT
ra antifungal 1% cream	\$0 (1)	NT
ra anti-itch gel extra strength 2 %	\$0 (1)	NT
ra athenol 325 mg tablet	\$0 (1)	NT
ra calcium 600 mg tablet p/f (rx) 600 mg calcium (1,500 mg)	\$0 (1)	NT
ra calcium 600-vit d3 400 tab (rx) 600 mg-10 mcg (400 unit)	\$0 (1)	NT
ra central-vite tablet 18 mg iron-400 mcg-25 mcg	\$0 (1)	NT
ra central-vite women's tablet 8 mg iron-400 mcg-50 mcg	\$0 (1)	NT
ra cetiri-d er tablet 5-120 mg	\$0 (1)	NT
ra child allergy rlf 5 mg chew	\$0 (1)	NT
ra child fever-pain 160 mg/5 ml	\$0 (1)	NT
ra clotrimazole 1% top cream	\$0 (1)	NT
ra col-rite 100 mg softgel	\$0 (1)	NT
ra col-rite 250 mg softgel	\$0 (1)	NT
ra complete allergy 25 mg cplt coated caplet	\$0 (1)	NT
ra cough-cold mucus rlf cf liq maximum 5-10-200 mg/5 ml	\$0 (1)	NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ra diphedryl 12.5 mg/5 ml elix	\$0 (1)	NT
ra diphedryl 12.5 mg/5 ml liq	\$0 (1)	NT
ra expectorant cough syrup 100 mg/5 ml	\$0 (1)	NT
ra eye allergy relief drops 0.02675-0.315 %	\$0 (1)	NT
ra fast relief lax 10 mg supp	\$0 (1)	NT
ra fiber capsule 0.52 gram	\$0 (1)	NT
ra fiber therapy capsule 0.52 gram	\$0 (1)	NT
ra fish oil 1,000 mg softgel	\$0 (1)	NT
ra fish oil 120-180 softgel softgel,natural,p/f (rx) 120-180 mg	\$0 (1)	NT
ra fish oil 500 mg softgel softgel,p/f (rx) 300-500 mg	\$0 (1)	NT
ra glycerin adult suppository	\$0 (1)	NT
ra glycerin pediatric supp	\$0 (1)	NT
ra hi-cal plus vitamin d tab (rx) 500 mg-5 mcg (200 unit)	\$0 (1)	NT
ra high potency iron 27 mg tab 134 mg (27 mg iron), 27 mg iron	\$0 (1)	NT
ra infant fever-pain 160 mg/5 160 mg/5 ml	\$0 (1)	NT
ra iron 65 mg tablet p/f, d/f (rx) 325 mg (65 mg iron)	\$0 (1)	NT
ra laxative 17.2 mg tablet	\$0 (1)	NT
ra laxative 25 mg pill	\$0 (1)	NT
ra laxative ec 5 mg tablet	\$0 (1)	NT
ra laxative peg 3350 powder 17 gram/dose	\$0 (1)	NT
ra lice pyrinyl shampoo 0.33-4 %	\$0 (1)	NT
ra lorata-d 24-hour tablet 10-240 mg	\$0 (1)	NT
ra magnesium 250 mg tablet (rx)	\$0 (1)	NT
ra magnesium 500 mg capsule (rx)	\$0 (1)	NT
ra melatonin 10 mg tablet	\$0 (1)	NT
ra miconazole 3 kit 3pref app w/crm+6wip 4 % (200 mg)- 2 % (9 gram)	\$0 (1)	NT
ra multihealth fiber powder 3.4 gram/5.8 gram	\$0 (1)	NT
ra multihealth fiber powder 3.4 gram/7 gram	\$0 (1)	NT
ra nighttime sleep gel softgel, max str 50 mg	\$0 (1)	NT
ra non-aspirin 160 mg/5 ml children's,cherry	\$0 (1)	NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ra one daily energy tablet	\$0 (1)	NT
ra one daily essential tablet (rx) 0.4 mg	\$0 (1)	NT
ra one daily maximum tablet (rx) 18-0.4 mg	\$0 (1)	NT
ra one daily men's 50 plus d3 400-20-370 mcg	\$0 (1)	NT
ra pain relief 4% cream	\$0 (1)	NT
ra p-col rite tablet 8.6-50 mg	\$0 (1)	NT
ra prenatal tablet (rx) 28 mg iron- 800 mcg	\$0 (1)	NT
ra saline 0.65% nose spray	\$0 (1)	NT
ra senna plus tablet 8.6-50 mg	\$0 (1)	NT
ra sleep tablet 25 mg	\$0 (1)	NT
ra sleep-aid 25 mg softgel	\$0 (1)	NT
ra suphedrine 30 mg tablet	\$0 (1)	NT
ra tussin chest congestion syr 100 mg/5 ml	\$0 (1)	NT
ra vitamin b-1 100 mg tablet p/f (rx)	\$0 (1)	NT
ra vitamin b-6 100 mg tablet p/f (rx)	\$0 (1)	NT
ra vitamin b-6 50 mg tablet p/f (rx)	\$0 (1)	NT
ra vitamin e 268 mg softgel (rx) 268 mg (400 unit)	\$0 (1)	NT
ra women's laxative tablet 5 mg	\$0 (1)	NT
ra zinc oxide ointment	\$0 (1)	NT
refenesen 400 mg tablet	\$0 (1)	NT
refenesen pe caplet 10-400 mg	\$0 (1)	NT
refresh liquigel 1% eye drop	\$0 (1)	NT
refresh tears 0.5% eye drop	\$0 (1)	NT
regenecare ha 2% gel	\$0 (1)	NT
reguloid capsule 0.4 gram	\$0 (1)	NT
reguloid powder 3 gram/12 gram, 3 gram/7 gram	\$0 (1)	NT
renaplex tablet 800 mcg- 12.5 mg	\$0 (1)	NT
renaplex-d tablet 800 mcg-12.5 mg -2,000 unit	\$0 (1)	NT
rescon-gg liquid 5-100 mg/5 ml	\$0 (1)	NT
rid lice killing shampoo 0.33-4 %	\$0 (1)	NT
robafen 200 mg/10 ml syrup 100 mg/5 ml	\$0 (1)	NT
robafen cf liquid multi-cld symptm 5-10-100 mg/5 ml	\$0 (1)	NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
robitussin cough-cold cf liq 2.5-5-50 mg/5 ml	\$0 (1)	NT
rycontuss liquid 2-5-10 mg/5 ml	\$0 (1)	NT
rynex pe liquid 1-2.5 mg/5 ml	\$0 (1)	NT
safety syringe w-shield 3 ml 3 ml 21 gauge x 1 1/2", 3 ml 22 gauge x 1 1/2", 3 ml 22 gauge x 1", 3 ml 23 gauge x 1", 3 ml 25 gauge x 5/8"	\$0 (1)	NT
safety-lok 3 ml syringe 3 ml 21 gauge x 1 1/2", 3 ml 22 gauge x 1 1/2", 3 ml 22 gauge x 1", 3 ml 23 gauge x 1", 3 ml 25 gauge x 5/8"	\$0 (1)	NT
saline 0.65% nasal spray infant,child	\$0 (1)	NT
saline 0.65% nose spray	\$0 (1)	NT
saline mist 0.65% nose spry	\$0 (1)	NT
scot-tussin 100 mg/5 ml liq d/f,n,ksh	\$0 (1)	NT
senexon-s 50-8.6 mg tablet 8.6-50 mg	\$0 (1)	NT
senior tabs 0.4 mg-300 mcg- 250 mcg	\$0 (1)	NT
senna 8.6 mg tablet	\$0 (1)	NT
senna laxative 8.6 mg tablet	\$0 (1)	NT
senna-docusate sodium tablet 8.6-50 mg	\$0 (1)	NT
senna-lax 8.6 mg tablet	\$0 (1)	NT
senna-s tablet 8.6-50 mg	\$0 (1)	NT
senna-time s tablet 8.6-50 mg	\$0 (1)	NT
sennosides 8.6 mg tablet	\$0 (1)	NT
sennosides-docusate sodium tab 8.6-50 mg	\$0 (1)	NT
senokot extra str 17.2 mg tab	\$0 (1)	NT
senokot-s tablet 8.6-50 mg	\$0 (1)	NT
sentry senior multivitamin tab sodium/f,yeast/f (rx) 500-300-250 mcg	\$0 (1)	NT
sentry senior tablet 0.4 mg-300 mcg- 250 mcg	\$0 (1)	NT
sentry tablet 18-400 mg-mcg	\$0 (1)	NT
shake that ache 500 mg caplet	\$0 (1)	NT
siderol tablet	\$0 (1)	NT
siladryl 12.5 mg/5 ml liquid	\$0 (1)	NT
silapap oral liquid 160 mg/5 ml	\$0 (1)	NT

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05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
siltussin sa 300 mg/15 ml liquid cup 100 mg/5 ml	\$0 (1)	NT
simply sleep 25 mg caplet	\$0 (1)	NT
sinus 12 hour 120 mg caplet	\$0 (1)	NT
sleep ii 25 mg tablet	\$0 (1)	NT
sleep tabs 25 mg tablet	\$0 (1)	NT
sm 3-day vaginal cream 2 %	\$0 (1)	NT
sm adv antacid-antigas susp max strength, cherry 400-400-40 mg/5 ml	\$0 (1)	NT
sm antacid max strength susp original 400-400-40 mg/5 ml	\$0 (1)	NT
sm antibiotic 500 unit/gm oint 500 unit/gram	\$0 (1)	NT
sm antifungal 1% cream	\$0 (1)	NT
sm antifungal 1% topical cream	\$0 (1)	NT
sm calcium 600 mg-d3 20 mcg tab (rx) 600 mg-20 mcg (800 unit)	\$0 (1)	NT
sm child aspirin 81 mg chw tab children's	\$0 (1)	NT
sm clotrimazole 1% vag cream	\$0 (1)	NT
sm enema ready to use 19-7 gram/118 ml	\$0 (1)	NT
sm fiber capsule 0.4 gram	\$0 (1)	NT
sm fiber powder (rx) 3.4 gram/12 gram	\$0 (1)	NT
sm fiber powder 3 gram/7 gram	\$0 (1)	NT
sm fish oil 1,000 mg softgel (rx)	\$0 (1)	NT
sm fish oil 1,000 mg softgel (rx)	\$0 (1)	NT
sm fish oil 1,200 mg softgel (rx)	\$0 (1)	NT
sm ibuprofen ib 100 mg chew tb	\$0 (1)	NT
sm ibuprofen ib 200 mg tablet	\$0 (1)	NT
sm lorata-dine d 24hr tablet 10-240 mg	\$0 (1)	NT
sm loratadine-d 12 hour tablet 5-120 mg	\$0 (1)	NT
sm men's one daily tablet 400-20-300 mcg	\$0 (1)	NT
sm miconazole 3 combo pack 4 % (200 mg)- 2 % (9 gram)	\$0 (1)	NT
sm miconazole 7 100 mg vag sup	\$0 (1)	NT
sm mucus-er max 1,200 mg tab	\$0 (1)	NT
sm nasal decongest er 120 mg	\$0 (1)	NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
sm pain reliever 500 mg caplet caplet, extra str	\$0 (1)	NT
sm ready to use min oil enema	\$0 (1)	NT
smart heart omega-3 1,000 mg	\$0 (1)	NT
smoothlax powder 14 once-daily doses 17 gram/dose	\$0 (1)	NT
smoothlax powder packet 10 once-daily doses 17 gram	\$0 (1)	NT
sochlor ophthalmic (eye) drops 5 %	\$0 (1)	NT
sodium bicarb 325 mg tablet	\$0 (1)	NT
sodium bicarb 650 mg tablet	\$0 (1)	NT
sodium chloride 5% eye drop	\$0 (1)	NT
sodium fluoride 0.5 mg/ml drop d/f,gluten-free (rx) 0.5 mg (1.1 mg sod.fluorid)/ml	\$0 (1)	NT
sof-lax 100 mg gelcap	\$0 (1)	NT
solo tablet 400-80 mcg	\$0 (1)	NT
soluvita 0.5 mg/ml drop 0.5 mg (1.1 mg sod.fluorid)/ml	\$0 (1)	NT
sominex 25 mg tablet	\$0 (1)	NT
sominex max str 50 mg caplet	\$0 (1)	NT
soothe hydration 1.25% eye drp	\$0 (1)	NT
soothe xp 1%-4.5% eye drops 1-4.5 %	\$0 (1)	NT
soothe xp eye drops 1-4.5 %	\$0 (1)	NT
spectravite senior oral tablet 500-300-250 mcg	\$0 (1)	NT
spectravite ultra men 50 plus oral tablet 300-60-600-300 mcg	\$0 (1)	NT
spectravite ultra men's sr oral tablet 300-60-600-300 mcg	\$0 (1)	NT
spectravite ultra women oral tablet 18-400 mg-mcg	\$0 (1)	NT
spectravite ultra women's sr oral tablet 8 mg iron-400 mcg-50 mcg	\$0 (1)	NT
st. joseph aspirin 81 mg chew	\$0 (1)	NT
st. joseph aspirin ec 81 mg tb	\$0 (1)	NT
stimulant laxative plus tablet 8.6-50 mg	\$0 (1)	NT
stool softener 100 mg softgel softgel	\$0 (1)	NT
stool softener 240 mg softgel softgel	\$0 (1)	NT
stool softener 250 mg softgel	\$0 (1)	NT
stool softener-laxative tablet plus laxative 8.6-50 mg	\$0 (1)	NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
stool softener-stim lax tablet 8.6-50 mg	\$0 (1)	NT
stress b with zinc tablet	\$0 (1)	NT
stress-c with zinc tablet 600mg (rx)	\$0 (1)	NT
strovite one caplet 1-1,000-15-5 mg-unit-mg-mg	\$0 (1)	NT
stye 0.5%-0.6% eye drops 0.5-0.6 %	\$0 (1)	NT
sudafed 12hr 120 mg caplet	\$0 (1)	NT
sudafed 24 hour er 240 mg tab	\$0 (1)	NT
sudogest 12 hour 120 mg caplet	\$0 (1)	NT
sudogest 30 mg tablet boxed	\$0 (1)	NT
sudogest 60 mg tablet	\$0 (1)	NT
sudogest cold and allergy tab 4-60 mg	\$0 (1)	NT
super antioxidant capsule p/f (rx)	\$0 (1)	NT
super calcium 600 mg tablet 600 mg calcium (1,500 mg)	\$0 (1)	NT
super calcium 600-vit d3 400 p/f (rx) 600 mg-10 mcg (400 unit)	\$0 (1)	NT
super dha gems softgel 500-100-1,000 mg	\$0 (1)	NT
super multiple-low iron tablet 400 mcg	\$0 (1)	NT
super multivitamin tablet	\$0 (1)	NT
super omega-3 softgel 1,000 mg	\$0 (1)	NT
super thera vite m tablet (rx)	\$0 (1)	NT
superior men's multi tablet 400 mcg dfe-30 mcg-30 mg	\$0 (1)	NT
superior women's multi tablet 2.5 mg iron-400 mcg dfe-30 mcg	\$0 (1)	NT
suphedrin 30 mg tablet	\$0 (1)	NT
supress-dx pediatric drops 2.5-5-50 mg/ml	\$0 (1)	NT
supress-pe drops 2.5-50 mg/ml	\$0 (1)	NT
surfak 240 mg softgel softgel	\$0 (1)	NT
sv salmon oil 1,000 mg softgel	\$0 (1)	NT
sw antacid plus gas relief liq 200-200-20 mg/5 ml	\$0 (1)	NT
systane 0.3-0.4% eye drop p/f 0.4-0.3 %	\$0 (1)	NT
systane 0.4-0.3% eye drop	\$0 (1)	NT
systane contacts drops	\$0 (1)	NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
systane hydration pf 0.4-0.3%	\$0 (1)	NT
systane ultra 0.4-0.3% eye drp	\$0 (1)	NT
systane ultra 0.4-0.3% eye drp	\$0 (1)	NT
tab-a-vite multivit with iron 18-400 mg-mcg	\$0 (1)	NT
tab-a-vite tablet 400 mcg	\$0 (1)	NT
tactinal 325 mg tablet	\$0 (1)	NT
tame the flame 500 mg chew tab 195 mg calcium (500 mg)	\$0 (1)	NT
tecnu rash relief 2% spray	\$0 (1)	NT
teeny tummy inf gas 20 mg/0.3 ml 40 mg/0.6 ml	\$0 (1)	NT
terbinafine 1% cream	\$0 (1)	NT
terumo surguard2 needle 18x1.5 18 gauge x 1 1/2"	\$0 (1)	NT
terumo surguard2 needle 23gx1" (rx) 23 gauge x 1"	\$0 (1)	NT
terumo surguard2 needle 25gx1" 25 gauge x 1"	\$0 (1)	NT
terumo surguard2 needle 25x5/8 25 gauge x 5/8"	\$0 (1)	NT
terumo surguard2 syr 20g-3 ml 3 ml 20 gauge x 1"	\$0 (1)	NT
terumo surguard2 syr 21g 3 ml 3 ml 21 gauge x 1 1/2"	\$0 (1)	NT
terumo surguard2 syr 22g 3 ml 3 ml 22 gauge x 1 1/2", 3 ml 22 gauge x 1"	\$0 (1)	NT
terumo surguard2 syr 23g 3 ml 3 ml 23 gauge x 1"	\$0 (1)	NT
terumo surguard2 syr 25g 3 ml 3 ml 25 gauge x 1", 3 ml 25 gauge x 5/8"	\$0 (1)	NT
terumo syringe 3 ml 3 ml 23 gauge x 1 1/2", 3 ml 23 x 1", 3 ml 25 gauge x 1", 3 ml 25 x 5/8"	\$0 (1)	NT
thera m plus tablet 9 mg iron-400 mcg	\$0 (1)	NT
thera tablet 400 mcg	\$0 (1)	NT
thera tears 0.25% eye drops	\$0 (1)	NT
theragran-m premier 50+ caplet 400-250-375 mcg	\$0 (1)	NT
thera-m caplet 19 mg iron- 400 mcg	\$0 (1)	NT
thera-m caplet caplet (rx) 27-0.4 mg	\$0 (1)	NT
thera-m tablet w/beta carotene 9 mg iron-400 mcg	\$0 (1)	NT
theranatal core nutrition tab 27 mg iron- 1 mg	\$0 (1)	NT
therapeutic-m caplet 19 mg iron- 400 mcg	\$0 (1)	NT
therapeutic-m tablet 9 mg iron-400 mcg	\$0 (1)	NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
thera-tabs caplet	\$0 (1)	NT
theratrum complete 50 plus tab	\$0 (1)	NT
theratrum complete 50 plus tab 0.4 mg-300 mcg- 250 mcg	\$0 (1)	NT
theratrum complete tablet w/lutein, p/f (rx)	\$0 (1)	NT
thera-vite max-m tablet outer 9 mg iron-400 mcg	\$0 (1)	NT
therems multivitamin tablet 400 mcg	\$0 (1)	NT
therems-m tablet 9 mg iron-400 mcg	\$0 (1)	NT
theromega softgel 250-350-1,000 mg	\$0 (1)	NT
theromega sport softgel 250-350-1,000 mg	\$0 (1)	NT
thiamine 250 mg tablet (rx)	\$0 (1)	NT
thrivite-19 oral tablet 29 mg iron-1 mg -25 mg	\$0 (1)	NT
tinactin 1% aerosol powder	\$0 (1)	NT
ting 1% cream	\$0 (1)	NT
tolnaftate 1% cream	\$0 (1)	NT
tolnaftate 1% powder	\$0 (1)	NT
tolnaftate 1% spray powder	\$0 (1)	NT
total allergy 25 mg tablet	\$0 (1)	NT
travel-ease 25 mg tablet	\$0 (1)	NT
tricare prenatal tablet (rx) 27 mg iron- 1 mg	\$0 (1)	NT
trinate tablet 28 mg iron- 1 mg	\$0 (1)	NT
triple paste 40% ointment	\$0 (1)	NT
true cover condom inner	\$0 (1)	NT
true magnesium oxide 500 mg tb 300 mg magnesium	\$0 (1)	NT
trustex condom	\$0 (1)	NT
trustex condom 12's,w/nonoxynol-9	\$0 (1)	NT
trustex latex condom 48's	\$0 (1)	NT
trustex-ria condom 48's	\$0 (1)	NT
trustex-ria condom 48's,non-lubricated	\$0 (1)	NT
trustex-ria condom 48's,w/spermicide	\$0 (1)	NT
tums e-x tablet chewable e-x 300 mg (750 mg)	\$0 (1)	NT
tums smoothies 750 mg chew tab peppermint, ex-str 300 mg (750 mg)	\$0 (1)	NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
tums ultra 1,000 mg chew tab assorted fruit 400 mg calcium (1,000 mg)	\$0 (1)	NT
tums ultra str chewy delights 470 mg calcium (1,177 mg)	\$0 (1)	NT
tums x-str 750 tablet chewable asst'd fruit flavor 300 mg (750 mg)	\$0 (1)	NT
tuscof caplet 10-20-400 mg	\$0 (1)	NT
tuscof liquid 10-20-400 mg/5 ml	\$0 (1)	NT
tusnel dm liquid 10-20-400 mg/5 ml	\$0 (1)	NT
tusnel dm pediatric liquid 2.5-5-75 mg/5 ml	\$0 (1)	NT
tusnel-ex 100 mg/5 ml liquid	\$0 (1)	NT
tussin 400 mg tablet	\$0 (1)	NT
tussin cf cough-cold liquid non-drowsy 5-10-100 mg/5 ml	\$0 (1)	NT
tussin mucus-cong 200 mg/10 ml 100 mg/5 ml	\$0 (1)	NT
tussi-pres liquid 5-10-200 mg/5 ml	\$0 (1)	NT
tussi-pres liquid packet 5-10-200 mg/5 ml (10 ml)	\$0 (1)	NT
tussi-pres pediatric liquid d/f (otc) 2.5-5-75 mg/5 ml	\$0 (1)	NT
tusslin liquid 10-28-388 mg/5 ml	\$0 (1)	NT
tusslin pediatric drops 2.5-7.5-88 mg/ml	\$0 (1)	NT
udamin sp caplet (rx) 1,000 mcg- 320 mg	\$0 (1)	NT
ulticare lds syr 3 ml 22gx1.5" 3 ml 22 x 1 1/2"	\$0 (1)	NT
ulticare safety 3 ml 21gx1-1/2 3 ml 21 gauge x 1 1/2"	\$0 (1)	NT
ulticare safety 3 ml 22gx1" 3 ml 22 gauge x 1"	\$0 (1)	NT
ulticare safety 3 ml 22gx1-1/2 3 ml 22 gauge x 1 1/2"	\$0 (1)	NT
ulticare safety 3 ml 23gx1" 3 ml 23 gauge x 1"	\$0 (1)	NT
ulticare safety 3 ml 25gx1" 3 ml 25 gauge x 1"	\$0 (1)	NT
ulticare safety 3 ml 25gx5/8" 3 ml 25 gauge x 5/8"	\$0 (1)	NT
ultra boneup tablet 200 mg-8.3 mcg- 83.3 mg-8.3 mg	\$0 (1)	NT
ultra freedda tablet 267 mcg	\$0 (1)	NT
ultra freedda with iron tablet 6 mg iron-267 mcg	\$0 (1)	NT
ultra fresh 0.5% eye drop	\$0 (1)	NT
ultra omega-3 softgel 200-300-1,000 mg	\$0 (1)	NT
unicomplex-m oral tablet	\$0 (1)	NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
unisom 50 mg sleepgels softgel	\$0 (1)	NT
unisom sleepmelts 25 mg tablet	\$0 (1)	NT
unisom sleepminis 25 mg cap	\$0 (1)	NT
urea 10% cream	\$0 (1)	NT
urea 20% cream (rx)	\$0 (1)	NT
urea 40% cream	\$0 (1)	NT
ureacin-20 cream 20 %	\$0 (1)	NT
vanicream hc 1% cream	\$0 (1)	NT
vanishpoint 20gx1" 3 ml syringe 3 ml 20 gauge x 1"	\$0 (1)	NT
vanishpoint 21gx1.5" 3 ml syr 3 ml 21 gauge x 1 1/2"	\$0 (1)	NT
vanishpoint 22gx1" 3 ml syringe 3 ml 22 gauge x 1"	\$0 (1)	NT
vanishpoint 23gx1" 3 ml syringe 3 ml 23 x 1"	\$0 (1)	NT
vanishpoint 23gx1-1/2 3 ml syr 3 ml 23 gauge x 1 1/2"	\$0 (1)	NT
vanishpoint 25gx1" 3 ml syringe 3 ml 25 gauge x 1"	\$0 (1)	NT
vanishpoint 25gx5/8" 3 ml syr 3 ml 25 x 5/8"	\$0 (1)	NT
vanishpoint 3 ml 22gx1.5" syrg 3 ml 22 x 1 1/2"	\$0 (1)	NT
vanishpoint syr 3 ml 25g 38mm inner 3 ml 25 gauge x 1 1/2"	\$0 (1)	NT
vcf contraceptive gel 4 %	\$0 (1)	NT
vegetable lax-stool softnr tab 8.6-50 mg	\$0 (1)	NT
vegetarian boneup tablet 166.6 mg-4.15 mcg-83.3 mg	\$0 (1)	NT
ventiva tears 0.5% eye drop	\$0 (1)	NT
visine allergy relief drop 0.05-0.25 %	\$0 (1)	NT
vision formula tablet 1,000 unit-60 mg-30 unit	\$0 (1)	NT
vision formula with lutein tab 300 mcg-200 mg-27 mg-2 mg	\$0 (1)	NT
vision plus lutein vitamin tab	\$0 (1)	NT
vista tears 0.4-0.3% eye drop	\$0 (1)	NT
vitacel tablet 800-250-750 mcg	\$0 (1)	NT
vitalee tablet 0.4 mg	\$0 (1)	NT
vitamin b-1 100 mg tablet (rx)	\$0 (1)	NT
vitamin b-1 250 mg tablet (rx)	\$0 (1)	NT
vitamin b-1 50 mg tablet (rx)	\$0 (1)	NT
vitamin b-1 50 mg tablet gluten free (rx)	\$0 (1)	NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
vitamin b-6 100 mg tablet (rx)	\$0 (1)	NT
vitamin b-6 25 mg tablet (rx)	\$0 (1)	NT
vitamin b-6 50 mg tablet (rx)	\$0 (1)	NT
vitamin d3 complete caplet 18 mg iron-800 mcg-150 mg	\$0 (1)	NT
vitamin e 1,000 unit softgel p/f, gluten-f,sftgel (rx) 670 mg (1,000 unit)	\$0 (1)	NT
vitamin e 1,000 unit softgel softgel, finest (rx)	\$0 (1)	NT
vitamin e 100 unit softgel softgel (rx) 45 mg (100 unit)	\$0 (1)	NT
vitamin e 100 unit tablet	\$0 (1)	NT
vitamin e 100 unit tablet y/f,gluten/f (rx) 67 mg (100 unit)	\$0 (1)	NT
vitamin e 180 mg(400 unit) sfgl (rx)	\$0 (1)	NT
vitamin e 200 unit softgel p/f, gluten-f,sftgel (rx) 134 mg (200 unit)	\$0 (1)	NT
vitamin e 400 unit softgel p/f,softgel (rx)	\$0 (1)	NT
vitamin e 450 mg softgel (rx) 450 mg (1,000 unit)	\$0 (1)	NT
vitamin e 90 mg softgel 90 mg (200 unit)	\$0 (1)	NT
vitamins a-d-e tablet 10,000-400 unit-unit	\$0 (1)	NT
vitamins and minerals oral tablet	\$0 (1)	NT
vitatrum tablet 18-500-300-250 mg-mcg-mcg-mcg	\$0 (1)	NT
vitrexyl caplet 1,000 mcg	\$0 (1)	NT
vitrexyl plus iron caplet 27 mg iron- 1 mg	\$0 (1)	NT
vitrum 50 plus senior tablet 500-300-250 mcg	\$0 (1)	NT
vitrum senior tablet f/f,p/f (rx)	\$0 (1)	NT
wal-dram-2 25 mg tablet	\$0 (1)	NT
wal-dryl allergy 12.5 mg/5 ml children,d/f	\$0 (1)	NT
wal-dryl allergy 25 mg capsule	\$0 (1)	NT
wal-dryl allergy 25 mg minitab coated,gluten-free	\$0 (1)	NT
wal-dryl anti-itch spray 2 %	\$0 (1)	NT
wal-fex allergy 180 mg tablet	\$0 (1)	NT
wal-fex allergy 60 mg tablet	\$0 (1)	NT
wal-fex d 12 hour 60-120 tab 60-120 mg	\$0 (1)	NT
wal-fex d 24 hour 180-240 tab allergy/congest,24hr 180-240 mg	\$0 (1)	NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
wal-finate 4 mg tablet	\$0 (1)	NT
wal-finate-d tablet 4-60 mg	\$0 (1)	NT
wal-itin 10 mg tablet non-drowsy	\$0 (1)	NT
wal-itin d 12 hour tablet 5-120 mg	\$0 (1)	NT
wal-itin d 24 hour tablet 10-240 mg	\$0 (1)	NT
wal-mucil 0.52 g capsule 0.52 gram	\$0 (1)	NT
wal-mucil 100% natural fiber 114 doses,orange 3.4 gram/5.8 gram	\$0 (1)	NT
wal-mucil 100% natural fiber 3.4 gram/7 gram	\$0 (1)	NT
wal-mucil ntrl fiber lax powd 3.4 gram/12 gram	\$0 (1)	NT
wal-phed 12 hour 120 mg caplet caplet, non-drowsy	\$0 (1)	NT
wal-phed 30 mg tablet non-drowsy	\$0 (1)	NT
wal-phed d er 120 mg caplet	\$0 (1)	NT
wal-phed sinus and allergy tab 4-60 mg	\$0 (1)	NT
wal-profen 200 mg softgel softgel	\$0 (1)	NT
wal-profen 200 mg tablet f/c	\$0 (1)	NT
wal-sleep z 25 mg odt	\$0 (1)	NT
wal-sleep z 25 mg softgel	\$0 (1)	NT
wal-sleep z 50 mg/30 ml liquid berry, d/f	\$0 (1)	NT
wal-som 25 mg tablet	\$0 (1)	NT
wal-som 50 mg softgel softgel	\$0 (1)	NT
wal-zyr 0.025% eye drops 0.025 % (0.035 %)	\$0 (1)	NT
wal-zyr 10 mg softgel	\$0 (1)	NT
wal-zyr 10 mg tablet	\$0 (1)	NT
wal-zyr d tablet 12 hr 5-120 mg	\$0 (1)	NT
wal-zyr solution 1 mg/ml	\$0 (1)	NT
wellfolia tablet 20 mg iron- 1,670 mcg dfe	\$0 (1)	NT
womans laxative tablet 5 mg	\$0 (1)	NT
women's 50 plus advanced mv tb 400-20 mcg	\$0 (1)	NT
women's 50 plus daily formula (rx) 400 mcg-500 mg calcium-20 mcg	\$0 (1)	NT
women's 50 plus multivit tab 400 mcg-500 mg calcium-20 mcg	\$0 (1)	NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
women's daily formula caplet (rx) 18 mg iron-400 mcg-500 mg ca	\$0 (1)	NT
women's daily formula caplet 27-0.4 mg	\$0 (1)	NT
women's daily formula tablet 18 mg iron-400 mcg-500 mg	\$0 (1)	NT
women's gentle lax ec 5 mg tab	\$0 (1)	NT
women's laxative (bisacodyl) oral tablet,delayed release (dr/ec) 5 mg	\$0 (1)	NT
women's multivitamin tablet 18 mg-400 mcg- 500 mg-50 mcg	\$0 (1)	NT
xeroburn 2% burn gel inner	\$0 (1)	NT
xolido 2% cream	\$0 (1)	NT
yelets tablet 18-400 mg-mcg	\$0 (1)	NT
zantac-360(famotidine) 10 mg tb	\$0 (1)	NT
zantac-360(famotidine) 20 mg tb	\$0 (1)	NT
zinc oxide 20% ointment (otc)	\$0 (1)	NT
zinc oxide 40% ointment	\$0 (1)	NT
z-sleep oral liquid 50 mg/30 ml	\$0 (1)	NT
zzzquil 25 mg liquicap	\$0 (1)	NT
zzzquil 50 mg/30 ml liquid	\$0 (1)	NT
RESPIRATORY AND ALLERGY		
ANTIHISTAMINE / ANTIALLERGENIC AGENTS		
adrenalin injection solution 1 mg/ml (1 ml)	\$0 (1)	
cetirizine oral solution 1 mg/ml	\$0 (1)	
cyproheptadine oral tablet 4 mg	\$0 (1)	PA
desloratadine oral tablet 5 mg	\$0 (1)	
diphenhydramine hcl injection solution 50 mg/ml	\$0 (1)	
diphenhydramine hcl injection syringe 50 mg/ml	\$0 (1)	
epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml	\$0 (1)	QL (4 EA per 30 days)
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	\$0 (1)	PA
hydroxyzine pamoate oral capsule 25 mg, 50 mg	\$0 (1)	PA
levocetirizine oral solution 2.5 mg/5 ml	\$0 (1)	
levocetirizine oral tablet 5 mg	\$0 (1)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i>	\$0 (1)	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	\$0 (1)	PA
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	\$0 (1)	PA
PULMONARY AGENTS		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	\$0 (1)	B/D
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	\$0 (1)	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 (1)	QL (12 GM per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	\$0 (1)	8.5 gm inhaler; QL (17 GM per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)</i>	\$0 (1)	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, 5 mg/ml</i>	\$0 (1)	B/D
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	\$0 (1)	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	\$0 (1)	
<i>alyq oral tablet 20 mg</i>	\$0 (1)	PA; QL (60 EA per 30 days); ^
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	\$0 (1)	PA; LA; QL (30 EA per 30 days); ^
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	\$0 (1)	QL (60 EA per 30 days)
<i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i>	\$0 (1)	B/D; QL (120 ML per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	\$0 (1)	QL (30 EA per 30 days)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	\$0 (1)	QL (25.8 GM per 30 days)
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	\$0 (1)	QL (10.7 GM per 30 days)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	\$0 (1)	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 (1)	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. 05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>breyina inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	\$0 (1)	Breyina is generic for Symbicort; QL (30.9 GM per 30 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	\$0 (1)	Retail Inhalation Canister (10.7g inhaler containing 120 inhalations); 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 (1)	B/D
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	\$0 (1)	QL (8 GM per 30 days)
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	\$0 (1)	B/D
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	\$0 (1)	PA; LA; QL (1 ML per 28 days); ^
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	\$0 (1)	PA; QL (0.5 ML per 28 days); ^
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	\$0 (1)	PA; LA; QL (1 ML per 28 days); ^
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	\$0 (1)	QL (50 ML per 30 days)
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i>	\$0 (1)	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 (1)	QL (60 EA per 30 days)
<i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i>	\$0 (1)	B/D; QL (120 ML per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT	\$0 (1)	PA; LA; QL (30 EA per 30 days); ^
HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT	\$0 (1)	PA; LA; QL (20 EA per 30 days); ^
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	\$0 (1)	PA; QL (27 ML per 30 days); ^
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	\$0 (1)	QL (30 EA per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	\$0 (1)	B/D
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	\$0 (1)	B/D
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 5.8 MG	\$0 (1)	PA; QL (56 EA per 28 days); ^
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG	\$0 (1)	PA; LA; QL (56 EA per 28 days); ^
KALYDECO ORAL TABLET 150 MG	\$0 (1)	PA; LA; QL (56 EA per 28 days); ^
<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 (1)	B/D
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i>	\$0 (1)	QL (34 GM per 30 days)

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>montelukast oral granules in packet 4 mg</i>	\$0 (1)	
<i>montelukast oral tablet 10 mg</i>	\$0 (1)	
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i>	\$0 (1)	
OFEV ORAL CAPSULE 100 MG, 150 MG	\$0 (1)	PA; LA; QL (60 EA per 30 days); ^
OPSUMIT ORAL TABLET 10 MG	\$0 (1)	PA; LA; QL (30 EA per 30 days); ^
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	\$0 (1)	PA; LA; QL (56 EA per 28 days); ^
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	\$0 (1)	PA; LA; QL (112 EA per 28 days); ^
<i>pirfenidone oral capsule 267 mg</i>	\$0 (1)	PA; QL (270 EA per 30 days); ^
<i>pirfenidone oral tablet 267 mg</i>	\$0 (1)	PA; QL (270 EA per 30 days); ^
<i>pirfenidone oral tablet 801 mg</i>	\$0 (1)	PA; QL (90 EA per 30 days); ^
PULMOZYME INHALATION SOLUTION 1 MG/ML	\$0 (1)	B/D; ^
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>sajazir subcutaneous syringe 30 mg/3 ml</i>	\$0 (1)	PA; LA; QL (27 ML per 30 days); ^
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	\$0 (1)	QL (60 EA per 30 days)
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	\$0 (1)	PA; generic for Revatio; QL (90 EA per 30 days)
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	\$0 (1)	PA; LA; QL (56 EA per 28 days); ^
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>	\$0 (1)	PA; generic for Adcirca; QL (60 EA per 30 days); ^
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	\$0 (1)	
THEO-24 ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	\$0 (1)	
<i>theophylline oral elixir 80 mg/15 ml</i>	\$0 (1)	
<i>theophylline oral solution 80 mg/15 ml</i>	\$0 (1)	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	\$0 (1)	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	\$0 (1)	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	\$0 (1)	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.
05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	\$0 (1)	PA; QL (56 EA per 28 days); ^
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	\$0 (1)	PA; LA; QL (84 EA per 28 days); ^
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	\$0 (1)	18 gm inhaler; QL (36 GM per 30 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML	\$0 (1)	PA; QL (8 ML per 28 days); ^
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	\$0 (1)	PA; QL (1 ML per 28 days); ^
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	\$0 (1)	PA; LA; QL (8 EA per 28 days); ^
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	\$0 (1)	PA; LA; QL (8 ML per 28 days); ^
XOLAIR SUBCUTANEOUS SYRINGE 300 MG/2 ML	\$0 (1)	PA; QL (8 ML per 28 days); ^
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	\$0 (1)	PA; LA; QL (1 ML per 28 days); ^
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	\$0 (1)	
UROLOGICALS		
ANTICHOLINERGICS / ANTISPASMODICS		
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON 8 MG/ML	\$0 (1)	QL (300 ML per 28 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	\$0 (1)	QL (30 EA per 30 days)
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	\$0 (1)	
<i>oxybutynin chloride oral tablet 5 mg</i>	\$0 (1)	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>oxybutynin chloride oral tablet extended release 24hr 5 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>solifenacin oral tablet 10 mg, 5 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>tolterodine oral capsule,extended release 24hr 2 mg, 4 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>tolterodine oral tablet 1 mg, 2 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>trospium oral tablet 20 mg</i>	\$0 (1)	QL (60 EA per 30 days)
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	\$0 (1)	
<i>dutasteride oral capsule 0.5 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i>	\$0 (1)	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. 05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>finasteride oral tablet 5 mg</i>	\$0 (1)	
<i>tamsulosin oral capsule 0.4 mg</i>	\$0 (1)	
MISCELLANEOUS UROLOGICALS		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	\$0 (1)	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	\$0 (1)	PA; LA
ELMIRON ORAL CAPSULE 100 MG	\$0 (1)	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	\$0 (1)	
<i>tadalafil oral tablet 2.5 mg</i>	\$0 (1)	PA; QL (60 EA per 30 days)
<i>tadalafil oral tablet 5 mg</i>	\$0 (1)	PA; QL (30 EA per 30 days)
VITAMINS, HEMATINICS / ELECTROLYTES		
ELECTROLYTES		
<i>klor-con 10 oral tablet extended release 10 meq</i>	\$0 (1)	
<i>klor-con 8 oral tablet extended release 8 meq</i>	\$0 (1)	
<i>klor-con m10 oral tablet,er particles/crystals 10 meq</i>	\$0 (1)	
<i>klor-con m15 oral tablet,er particles/crystals 15 meq</i>	\$0 (1)	
<i>klor-con m20 oral tablet,er particles/crystals 20 meq</i>	\$0 (1)	
<i>klor-con oral packet 20 meq</i>	\$0 (1)	
<i>lactated ringers intravenous parenteral solution</i>	\$0 (1)	
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	\$0 (1)	
<i>magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %)</i>	\$0 (1)	
<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %)</i>	\$0 (1)	
<i>magnesium sulfate injection solution 500 mg/ml (50 %)</i>	\$0 (1)	
<i>magnesium sulfate injection syringe 500 mg/ml (50 %)</i>	\$0 (1)	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l</i>	\$0 (1)	
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	\$0 (1)	
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l</i>	\$0 (1)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>potassium chloride in water intravenous piggyback 10 meq/50 ml, 20 meq/50 ml</i>	\$0 (1)	
<i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)</i>	\$0 (1)	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	\$0 (1)	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	\$0 (1)	
<i>potassium chloride oral packet 20 meq</i>	\$0 (1)	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	\$0 (1)	
<i>potassium chloride oral tablet, er particles/crystals 10 meq, 15 meq, 20 meq</i>	\$0 (1)	
<i>potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l</i>	\$0 (1)	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	\$0 (1)	
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	\$0 (1)	
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	\$0 (1)	
<i>sodium chloride 3 % hypertonic intravenous parenteral solution 3 %</i>	\$0 (1)	
<i>sodium chloride 5 % hypertonic intravenous parenteral solution 5 %</i>	\$0 (1)	
<i>sodium chloride intravenous solution 2.5 meq/ml, 4 meq/ml</i>	\$0 (1)	
MISCELLANEOUS NUTRITION PRODUCTS		
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	\$0 (1)	B/D
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	\$0 (1)	B/D
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	\$0 (1)	B/D
CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 6-5 %	\$0 (1)	B/D
CLINIMIX 8%-D10W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-10 %	\$0 (1)	B/D

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
05/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-14 %	\$0 (1)	B/D
<i>electrolyte-148 intravenous parenteral solution</i>	\$0 (1)	
<i>electrolyte-48 in d5w intravenous parenteral solution</i>	\$0 (1)	
<i>electrolyte-a intravenous parenteral solution</i>	\$0 (1)	
<i>intralipid intravenous emulsion 20 %</i>	\$0 (1)	B/D
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	\$0 (1)	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	\$0 (1)	
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	\$0 (1)	
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	\$0 (1)	
PLENAMINE INTRAVENOUS PARENTERAL SOLUTION 15 %	\$0 (1)	B/D
<i>premasol 10 % intravenous parenteral solution 10 %</i>	\$0 (1)	B/D
<i>travasol 10 % intravenous parenteral solution 10 %</i>	\$0 (1)	B/D
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	\$0 (1)	B/D
VITAMINS / HEMATINICS		
<i>fluoride (sodium) oral tablet 1 mg (2.2 mg sod. fluoride)</i>	\$0 (1)	
<i>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	\$0 (1)	
<i>prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg</i>	\$0 (1)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
05/01/2025

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.

12 hour decongestant.....	104	acne cleansing bar.....	117	alavert d-12 allergy-sinus.....	106
12 hour nasal decongest (pse) ..	104	acne control(benzoyl peroxide)	117	alaway.....	106
24 hour allergy relief.....	127	acne foaming wash.....	106	<i>albendazole</i>	27
24hour allergy.....	104	acne treatment (benzoyl perox)	117	<i>albuterol sulfate</i>	158
24hr allergy-congestion relief...	104	.....	117	alcalak.....	106
2-in-1 laxative.....	144	acne vanishing.....	117	<i>alclometasone</i>	72
3-day vaginal.....	148	ACTEMRA.....	93	<i>alcohol pads</i>	78
a thru z.....	105	ACTEMRA ACTPEN.....	93	ALDURAZYME.....	82
a thru z advanced formula.....	105	ACTHIB (PF).....	88	ALECENSA.....	32
a thru z high potency.....	105	actidom dmx.....	106	<i>alendronate</i>	92
a thru z men's ultimate.....	105	ACTIMMUNE.....	87	aler-cap.....	106
a thru z select.....	105	actinel dm.....	106	aleve (diclofenac).....	106
a thru z select 50plus formula..	105	<i>acyclovir</i>	21, 22	<i>alfuzosin</i>	161
a thru z select women's.....	105	<i>acyclovir sodium</i>	22	algae based calcium.....	106
<i>abacavir</i>	21	ADACEL(TDAP		<i>aliskiren</i>	60
<i>abacavir-lamivudine</i>	21	ADOLESN/ADULT)(PF).....	88	alive diabetic multivitamin.....	107
abc complete adult.....	105	<i>adapalene</i>	70	alive energy 50 plus.....	107
abc complete men's.....	105	addaprin.....	106	alive men's 50 plus mv (vit k)....	107
abc complete senior 50 plus.....	105	<i>adefovir</i>	22	alive men's energy.....	107
abc complete senior men's.....	105	ADEMPAS.....	158	alive women 50 pls ult potency	107
abc complete senior women's..	105	<i>adrenalin</i>	157	alive women's 50 plus (blend)..	107
abc complete women's.....	105	adult aspirin regimen.....	106	alive women's energy.....	107
abc plus.....	105	adult robitussin peak cold m-s..	106	alive women's ultra potency....	107
ABELCET.....	21	adult tussin cf.....	126	alka-seltzer heartburn chew.....	107
ABILIFY ASIMTUFII.....	52	adult tussin chest congestion...	128	alka-seltzer plus allergy.....	107
ABILIFY MAINTENA.....	52, 53	adult wal-tussin.....	106	all day allergy (cetirizine)	
<i>abiraterone</i>	32	adults 50 plus.....	106	.....	114, 127, 144
ABRYSVO (PF).....	88	adults' daily formula.....	106	all day allergy-d.....	127
<i>acamprosate</i>	74	adults multivitamin.....	106	allegra hives.....	107
<i>acarbose</i>	78	ADVAIR HFA.....	158	allegra-d 12 hour.....	107
<i>accutane</i>	70	advanced antacid-antigas. 131,	148	aller-chlor.....	107
<i>acebutolol</i>	60	advil.....	106	allerclear.....	107
acetaminophen.....	105, 106	advil junior strength.....	106	allerclear d-12hr.....	107
acetaminophen extra strength.	105	advil liqui-gel.....	106	allerclear d-24hr.....	107
acetaminophen pain relief.....	144	advil liqui-gels minis.....	106	aller-ease.....	127
<i>acetaminophen-codeine</i>	50	advil migraine.....	106	aller-fex.....	107
<i>acetazolamide</i>	103	af.....	106	aller-flo.....	107
<i>acetic acid</i>	74, 76	after pill.....	106	aller-g-time.....	107
<i>acetylcysteine</i>	158	AIMOVIG AUTOINJECTOR.....	47	allergy.....	107
acid controller.....	106	aimsco latex condom.....	106	allergy (chlorpheniramine).....	107
acid reducer (famotidine).....	127	AKEEGA.....	32	allergy (diphenhydramine)	
acid reducer (lansoprazole).....	126	<i>ak-poly-bac</i>	102	.....	131, 143, 144
acid-pep.....	106	<i>ala-cort</i>	72		
<i>acitretin</i>	68	alavert.....	106		

allergy and congestion relief	108, 131	<i>amiloride-hydrochlorothiazide</i> ...	60	anti-itch(hydrocortisone)-aloe .	143
allergy d-12	104	aminofen	108	antioxidant a/c/e/selenium	109
allergy eye (ketotifen)	117	<i>amiodarone</i>	60	antioxidant formula (selenium)	109
allergy eye (naphazoline-phen)	107	<i>amitriptyline</i>	53	aphen	109
allergy medication	144	<i>amlodipine</i>	60	<i>apraclonidine</i>	104
allergy medicine	144	<i>amlodipine-atorvastatin</i>	67	<i>aprepitant</i>	84
allergy relief (cetirizine)	107, 108, 117, 122	<i>amlodipine-benazepril</i>	60	<i>apri</i>	96
allergy relief (fexofenadine)	107, 131	<i>amlodipine-olmesartan</i>	61	APTIOM	42
allergy relief (fluticasone)	107	<i>amlodipine-valsartan</i>	61	APTIVUS	22
allergy relief (loratadine) ..	107, 117	<i>amlodipine-valsartan-hcthiacid</i> ..	61	aqua care	109
allergy relief d12	117	<i>ammonium lactate</i>	69	aquaphor baby diaper rash	109
allergy relief d-24hr	108	ammonium lactate	108	aquoral	109
allergy relief(chlorpheniramin) ..	144	<i>amnestem</i>	70	<i>aranelle (28)</i>	96
allergy relief(diphenhydramin)	107, 127	<i>amoxapine</i>	53	ARCALYST	87
allergy relief,nasal decongest ...	108	<i>amoxicillin</i>	29	AREXVY (PF)	88
allergy relief-d (cetirizine)	108	<i>amoxicillin-pot clavulanate</i>	29	<i>arformoterol</i>	158
allergy relief-d (loratadine)	107	<i>amphotericin b</i>	21	ARIKAYCE	27
allergy relief-d(fexofenadine)	107, 117	<i>ampicillin</i>	29	<i>aripiprazole</i>	53
allergy-congest relief-d(fexo) ...	144	<i>ampicillin sodium</i>	30	ARISTADA	53
allergy-congestion relief-d	108	<i>ampicillin-sulbactam</i>	30	ARISTADA INITIO	53
allergy-time	108	<i>anagrelide</i>	74	<i>armodafinil</i>	53
aller-tec	108	<i>anastrozole</i>	32	ARNUITY ELLIPTA	158
aller-tec d	108	ANORO ELLIPTA	158	arthritis pain (diclofenac)	127
<i>allopurinol</i>	92	antacid	143	artificial tear(dxtrn-hpm-gly)	109
almacone-2	108	antacid (calcium carbonate)	108, 144	artificial tears (cmc)	109
alopen (bisacodyl)	108	antacid anti-gas	108, 144	artificial tears (pf)	109
<i>alosetron</i>	84	antacid calcium	108	artificial tears (polyvin alc)	109
alpha betic	108	antacid ext str (calcium carb) ...	108	artificial tears(dext70-hydro)	109
ALPHAGAN P	104	antacid extra-strength	108, 109	artificial tears(pvalch-povid)	109
<i>alprazolam</i>	53	antacid liquid	108	<i>asenapine maleate</i>	53
altachlore	108	antacid m	108	<i>ashlyna</i>	97
altamist	108	antacid maximum strength	148	aspercreme (lidocaine hcl)	109
<i>altavera (28)</i>	96	antacid plus anti-gas	108, 150	aspercreme arthritis pain	109
alum-mag hydroxide-simeth	108	antacid regular strength	108	aspirin	109, 127
ALUNBRIG	32	antacid ultra strength	109, 144	aspirin childrens	114
<i>alyacen 1/35 (28)</i>	96	antacid-antigas	109, 143	<i>aspirin-dipyridamole</i>	65
<i>alyacen 7/7/7 (28)</i>	96	antacid-simethicone	127	ASSURE ID INSULIN SAFETY	91
<i>alyq</i>	158	antibiotic (bacitracin zinc)	148	<i>atazanavir</i>	22
<i>amantadine hcl</i>	22	anti-diarrheal (loperamide)	109, 127	<i>atenolol</i>	61
<i>ambrisentan</i>	158	antifungal (clotrimazole)	148	<i>atenolol-chlorthalidone</i>	61
<i>amethia</i>	96	antifungal (miconazole)	109	athenol	144
<i>amikacin</i>	27	antifungal (terbinafine)	144	athlete's foot (clotrimazole)	109
<i>amiloride</i>	60	antifungal (tolnaftate)	148	athlete's foot (terbinafine)	109
		antifungal spray	109	athlete's foot (tolnaftate) .	118, 122
		anti-itch (diphenhydramine)	144	athletic foot cream	143
		anti-itch (hc)	127	<i>atomoxetine</i>	53

<i>atovaquone-proguanil</i>	27	bd safetyglide syringe	111	bp wash.....	112
<i>atropine</i>	103	bd safety-lok detachable needl	147	BRAFTOVI.....	32
ATROVENT HFA.....	158	BELSOMRA.....	53	BREO ELLIPTA.....	158
<i>aubra eq</i>	97	benadryl.....	111	<i>breyana</i>	159
AUGTYRO.....	32	benadryl allergy.....	111, 116	BREZTRI AEROSPHERE.....	159
<i>aurovela fe 1.5/30 (28)</i>	97	<i>benazepril</i>	61	<i>briellyn</i>	97
<i>aurovela fe 1-20 (28)</i>	97	<i>benazepril-hydrochlorothiazide</i> ..	61	BRILINTA.....	65
AUSTEDO.....	48	BENDEKA.....	32	<i>brimonidine</i>	104
AUSTEDO XR.....	48	BENLYSTA.....	93	<i>brinzolamide</i>	103
AUSTEDO XR TITRATION		benzefoam.....	111	BRIVIACT.....	42
KT(WK1-4).....	48	benzepro.....	111	<i>bromfenac</i>	103
AUVELITY.....	53	benzepro (microspheres).....	111	<i>bromocriptine</i>	46
<i>aviane</i>	97	benzoyl peroxide.....	111, 142	broncotron ped.....	112
ayr saline.....	109	<i>benztropine</i>	46	brontuss sf.....	112
AYVAKIT.....	32	BESREMI.....	87	BRUKINSA.....	32
<i>azacitidine</i>	32	<i>betaine</i>	84	<i>budesonide</i>	84, 159
<i>azathioprine</i>	32	<i>betamethasone dipropionate</i>	72	<i>bumetanide</i>	61
<i>azelaic acid</i>	71	<i>betamethasone valerate</i>	72	<i>buprenorphine hcl</i>	50
<i>azelastine</i>	76, 103	<i>betamethasone, augmented</i>	72, 73	<i>buprenorphine-naloxone</i>	51
<i>azithromycin</i>	26	BETASERON.....	87	<i>bupropion hcl</i>	53
azo hormonal health cycle care	110	betatemp.....	111	<i>bupropion hcl (smoking deter)</i>	76
azo hormonal hlth happy cycle.	110	<i>betaxolol</i>	61, 102	<i>buspirone</i>	53
<i>aztreonam</i>	27	<i>bethanechol chloride</i>	162	butenafine.....	112
<i>azurette (28)</i>	97	BEVESPI AEROSPHERE.....	158	<i>butorphanol</i>	51
baby ayr saline.....	110	<i>bexarotene</i>	32	BYDUREON BCISE.....	78
<i>bacitracin</i>	102	BEXSERO.....	88	<i>cabergoline</i>	82
bacitracin.....	110	<i>bicalutamide</i>	32	CABOMETYX.....	32
bacitracin zinc.....	110	BICILLIN L-A.....	30	<i>calcipotriene</i>	68
<i>bacitracin-polymyxin b</i>	102	BIKTARVY.....	22	<i>calcitonin (salmon)</i>	82
bacitraycin plus.....	110	biocel (with lutein).....	111	<i>calcitriol</i>	82
<i>baclofen</i>	49	biodesp dm.....	111	calcium 500.....	112
bacmin.....	110	bion tears (pf).....	111	calcium 500 + d.....	112
<i>balsalazide</i>	84	bio-rytuss.....	111	calcium 500 with d.....	112
BALVERSA.....	32	biotene moisturizing mouth.....	111	calcium 600.....	144
<i>balziva (28)</i>	97	bisacodyl.....	111, 112	calcium 600 + d(3).....	144
banophen.....	110	<i>bisoprolol fumarate</i>	61	calcium acetate.....	112
BARACLUDE.....	22	<i>bisoprolol-hydrochlorothiazide</i> ..	61	calcium antacid.....	112, 143
bayer aspirin.....	110	BIVIGAM.....	88	calcium carbonate....	112, 113, 143
bayer chewable aspirin.....	110	<i>blisovi 24 fe</i>	97	calcium carbonate-vit d3-min...	112
bayer low dose aspirin.....	110	<i>blisovi fe 1.5/30 (28)</i>	97	calcium carbonate-vitamin d3	
baza antifungal.....	110	<i>blisovi fe 1/20 (28)</i>	97	.....	112, 148, 150
BCG VACCINE, LIVE (PF).....	88	bonine.....	112	calcium lactate.....	113
bd eclipse.....	110	BOOSTRIX TDAP.....	88	calcium with vitamin d.....	112
bd eclipse luer-lok.....	110, 111	BORTEZOMIB.....	32	cal-gest antacid.....	113
bd integra syringe.....	111	<i>bortezomib</i>	32	cal-mint.....	113
bd luer-lok syringe.....	110, 111	<i>bosentan</i>	158	calphron.....	113
bd safetyglide needle.....	111	BOSULIF.....	32	CALQUENCE.....	33
bd safetyglide shielding reg.....	111	boudreauxs butt paste.....	112		

CALQUENCE (ACALABRUTINIB MAL).....	33	central-vite women's mature ...	144	children's allergy relief(lor)	
caltrate with vitamin d3.....	113	centravites.....	113	.....	128, 144
camila.....	94	centravites 50 plus.....	113	children's allergy(cetirizine).....	143
camrese.....	97	centravites adults.....	113	children's aller-tec.....	116
camrese lo.....	97	centrum.....	113	children's aspirin.....	148
candesartan.....	61	centrum complete.....	113	children's aurodryl allergy.....	115
candesartan-hydrochlorothiazid.	61	centrum men.....	114	children's aurophen pain-fever	115
caphosol.....	113	centrum minis adults 50 plus...	113	children's benadryl allergy.....	114
CAPLYTA.....	53	centrum minis men 50 plus.....	114	children's cetirizine.....	114, 115
CAPRELSA.....	33	centrum minis women 50 plus.	114	children's chest congestion.....	115
captopril.....	61	centrum silver women.....	114	children's claritin.....	115, 116
captopril-hydrochlorothiazide....	61	centrum specialist heart.....	114	children's cold-allergy (pe).....	115
carbamazepine.....	42	centrum ultra men's.....	114	children's dibromm cold-allerg.	143
carbidopa.....	46	centrum women.....	114	children's diphenhydramine.....	115
carbidopa-levodopa.....	46	century.....	127	children's fever reducing.....	118
carbidopa-levodopa-		century mature.....	127	children's flonase allergy rlf.....	115
entacapone.....	46	century men's.....	114	childrens giltuss cough-cold.....	115
carboplatin.....	33	cephalexin.....	26	childrens giltuss ex.....	115
carboxymethylcellulose sodium		cerave acne.....	114	children's ibuprofen.....	128
.....	113	cervite senior.....	114	children's iron.....	116
carepoint luer lock syr-needle..	113	certa plus.....	114	children's loratadine.....	115
caretouch luer lock syr-needle.	113	certavite senior.....	114	children's mapap.....	116
carglumic acid.....	74	certavite-antioxidant.....	114	children's motrin jr strength.....	115
carteolol.....	102	cetiri-d.....	144	children's mucinex multi-symp.	115
cartia xt.....	61	cetirizine.....	114	children's multi-symptom cold.	116
carvedilol.....	61	cetirizine.....	157	children's non-aspirin.....	138
caspofungin.....	21	cetirizine-pseudoephedrine.....	114	children's pain relief.....	115
CAYSTON.....	27	cevimeline.....	74	children's pain reliever.....	116
cefaclor.....	25	CHEMET.....	74	children's pain-fever relief	115, 128
cefadroxil.....	25	chest congestion relief.....	114	children's pepto.....	115
cefazolin.....	25	chest congestion relief pe.....	114	children's profen ib.....	143
cefazolin in dextrose (iso-os).....	25	chest-sinus congestion relief....	114	children's saline nasal spray.....	115
cefdinir.....	25	child allergy relf(cetirizine).....	114	children's soothe.....	115
cefepime.....	25	child fever reducer-pain relvr...	144	children's stuffy nose-cold.....	118
cefepime in dextrose,iso-osm.....	25	child giltuss allergy plus(dm)....	115	children's sudafed.....	116
cefixime.....	25	child mucinex cough-congest...	115	children's wal-dryl allergy.....	116
cefoxitin.....	25	child mucinex stuffy nose-chst.	115	children's wal-fex.....	116
cefoxitin in dextrose, iso-osm.....	25	child mucus relief expectorant.	116	children's wal-zyr.....	115, 116
cefpodoxime.....	25	child pain rel-fever reducer.....	115	child's all day allergy(cetir).....	127
cefprozil.....	26	child triaminic cold-allergy.....	115	child's mucus relief m-s cold.....	128
ceftazidime.....	26	child wal-tap cold-allergy.....	115	chlorhexidine gluconate.....	76
ceftriaxone.....	26	children's acetaminophen	114, 116	chlorhist.....	116
ceftriaxone in dextrose,iso-os.....	26	children's advil.....	115	chloroquine phosphate.....	27
cefuroxime axetil.....	26	children's alaway.....	116	chlorpheniramine maleate.....	116
cefuroxime sodium.....	26	children's allegra allergy... 114,	116	chlorpromazine.....	54
celecoxib.....	51	children's allergy (diphenhyd)		chlortabs.....	122
central-vite.....	144	.....	116, 128	chlorthalidone.....	61
		children's allergy relief(fex).....	114	cholestyramine (with sugar).....	67

<i>cholestyramine light</i>	67	<i>clotrimazole</i>	21, 72	COSENTYX PEN (2 PENS).....	68
<i>ciclopirox</i>	72	<i>clotrimazole</i>	116, 148	COSENTYX UNOREADY PEN.....	69
<i>cilostazol</i>	65	<i>clotrimazole 3 day</i>	116	COTELLIC.....	33
CIMDUO.....	22	<i>clotrimazole af</i>	144	cough and cold mucus relief cf.	144
<i>cinacalcet</i>	82	<i>clotrimazole-3</i>	117	creamy acne face.....	118
<i>ciprofloxacin</i>	30	<i>clotrimazole-7</i>	117	CREON.....	84
<i>ciprofloxacin hcl</i>	30, 102	<i>clotrimazole-betamethasone</i>	72	CRESEMBA.....	21
<i>ciprofloxacin in 5 % dextrose</i>	30	<i>clozapine</i>	54	<i>cromolyn</i>	84, 103, 159
<i>ciprofloxacin-dexamethasone</i>	77	COARTEM.....	27	<i>cryselle (28)</i>	97
<i>cisplatin</i>	33	COBENFY.....	54	<i>curae</i>	117
<i>citalopram</i>	54	COBENFY STARTER PACK.....	54	<i>cyclobenzaprine</i>	49
<i>claravis</i>	71	<i>colace</i>	117	<i>cyclophosphamide</i>	33
<i>clarispray</i>	116	<i>colace 2-in-1</i>	117	CYCLOPHOSPHAMIDE.....	33
<i>clarithromycin</i>	26	<i>colace clear</i>	117	<i>cyclosporine</i>	33, 103
<i>claritin</i>	116	<i>colchicine</i>	92	<i>cyclosporine modified</i>	33
classic prenatal.....	116	<i>colesevelam</i>	67	CYLTEZO(CF).....	93
clear eyes natural tears.....	116	<i>colestipol</i>	67	CYLTEZO(CF) PEN.....	93
clearasil daily clear(benzoyl).....	116	<i>colistin (colistimethate na)</i>	27	CYLTEZO(CF) PEN CROHN'S-UC-	
clearasil ultra.....	116	<i>col-rite</i>	144	HS.....	93
clearlax.....	116, 128	COLUMVI.....	33	CYLTEZO(CF) PEN PSORIASIS-UV.	93
<i>clindamycin hcl</i>	27	COMBIGAN.....	103	<i>cyproheptadine</i>	157
<i>clindamycin in 5 % dextrose</i>	27	COMBIVENT RESPIMAT.....	159	<i>cyred eq</i>	97
<i>clindamycin phosphate</i> ... 27, 71, 96		COMETRIQ.....	33	CYSTAGON.....	162
<i>clindamycin-benzoyl peroxide</i>	71	<i>comfort gel</i>	117	CYSTARAN.....	103
CLINIMIX 5%/D15W SULFITE		<i>comfort gel extra strength</i>	117	<i>cytarabine</i>	33
FREE.....	163	COMPLERA.....	22	<i>d10 %-0.45 % sodium chloride</i> ...	74
CLINIMIX 4.25%/D10W SULF		<i>complete allergy</i>	117, 143	<i>d2.5 %-0.45 % sodium chloride</i> ...	74
FREE.....	163	<i>complete allergy medicine</i>	143, 144	<i>d5 % and 0.9 % sodium chloride</i> .	74
CLINIMIX 4.25%/D5W SULFIT		<i>complete multivitamin-mineral</i>	122	<i>d5 %-0.45 % sodium chloride</i>	74
FREE.....	74	<i>complete mv adult 50 plus</i>	122	<i>dabigatran etexilate</i>	65
CLINIMIX 5%-D20W(SULFITE-		<i>completenate</i>	117	<i>daily fiber</i>	118, 119
FREE).....	163	<i>compro</i>	84	<i>daily fiber (psyllium-sucrose)</i>	
CLINIMIX 6%-D5W (SULFITE-		<i>condoms-prem lubricated</i>	117	.....	118, 119, 122
FREE).....	163	<i>constulose</i>	84	<i>daily multiple</i>	119
CLINIMIX 8%-D10W(SULFITE-		COPIKTRA.....	33	<i>daily multiple for men</i>	119
FREE).....	163	CORLANOR.....	68	<i>daily multiple for women</i>	118
CLINIMIX 8%-D14W(SULFITE-		<i>correctol</i>	117	<i>daily multi-vitamin</i>	136
FREE).....	164	<i>cortisone (hydrocortisone)</i>	118	<i>daily multivitamin with iron</i>	136
<i>clobazam</i>	42, 43	<i>cortisone cooling</i>	118	<i>daily multivitamin-minerals</i>	119
<i>clobetasol</i>	73	<i>cortisone with aloe</i>	118	<i>daily value</i>	119
<i>clobetasol-emollient</i>	73	<i>cortizone-10</i>	117	<i>daily vitamin formula</i>	119
<i>clodan</i>	73	<i>cortizone-10 feminine itch</i>	117	<i>daily vitamin formula-iron</i>	119
<i>clomipramine</i>	54	<i>cortizone-10 plus</i>	117	<i>daily vitamin formula-minerals</i> .	119
<i>clonazepam</i>	43	<i>cortizone-10 with aloe</i>	117	<i>daily-vite</i>	119
<i>clonidine</i>	61	<i>corvita</i>	117	<i>daily-vite (with folic acid)</i>	119
<i>clonidine hcl</i>	61	COSENTYX.....	69	<i>dalfampridine</i>	48
<i>clopidogrel</i>	65	COSENTYX (2 SYRINGES).....	68	<i>danazol</i>	82
<i>clorazepate dipotassium</i>	54	COSENTYX PEN.....	69	<i>dantrolene</i>	49

DANZITEN.....	33	despec-dm (phenyleph-dm-guaif).....	120	diltiazem hcl.....	61, 62
dapsone.....	27	desvenlafaxine succinate.....	54	dilt-xr.....	62
DAPTACEL (DTAP PEDIATRIC) (PF).....	88	dexamethasone.....	77	dimethyl fumarate.....	48
daptomycin.....	27	dexamethasone intensol.....	77	diphedryl.....	145
darunavir.....	22	dexamethasone sodium phos (pf).....	77	diphedryl allergy.....	145
dasatinib.....	33	dexamethasone sodium phosphate.....	77, 104	diphen.....	120
dasetta 1/35 (28).....	97	dexlansoprazole.....	86	diphenhist.....	120
dasetta 7/7/7 (28).....	97	dexmethylphenidate.....	54	diphenhydramine hcl.....	120
DAURISMO.....	33	dextroamphetamine sulfate.....	54	diphenhydramine hcl.....	157
dayavite.....	119	dextroamphetamine-amphetamine.....	54, 55	diphenoxylate-atropine.....	83
daylogic acne foaming wash.....	119	dextrose 10 % and 0.2 % nacl.....	74	dipyridamole.....	65
daysee.....	97	dextrose 10 % in water (d10w)...	74	disopyramide phosphate.....	60
deblitane.....	94	dextrose 5 % in water (d5w) .	74, 75	disulfiram.....	75
deep sea nasal.....	119	dextrose 5 %-lactated ringers.....	75	divalproex.....	43
deferasirox.....	74	dextrose 5%-0.2 % sod chloride..	75	docetaxel.....	33
DELSTRIGO.....	22	dextrose 5%-0.3 % sod.chloride..	75	docusate calcium.....	121
demeclocycline.....	31	dextrose 50 % in water (d50w)...	75	docusate sodium.....	121
DENGVAZIA (PF).....	88	dextrose 70 % in water (d70w)...	75	docuzen.....	121
DEPO-SUBQ PROVERA 104.....	94	diabetes health formula.....	120	dofetilide.....	60
dermacinrx foliflex.....	119	diabetic tussin ex.....	120	dok.....	121
dermacinrx folitin-z.....	119	DIACOMIT.....	43	dolishale.....	97
dermacinrx lidocan.....	69	dialyvite 800-ultra d.....	120	dometuss-dmx.....	121
dermacinrx multitam.....	119	dialyvite supreme d.....	120	donepezil.....	48
dermacinrx ribotin-e.....	119	diamode.....	120	DOPTelet (10 TAB PACK).....	65
dermacinrx venexa.....	120	diaper rash.....	120	DOPTelet (15 TAB PACK).....	65
dermacinrx venexa fe.....	120	diatrol.....	120	DOPTelet (30 TAB PACK).....	65
dermacinrx ventrixyl.....	120	diazepam.....	43, 55	dorzolamide.....	103
dermacinrx ventrixyl fe.....	120	diazepam intensol.....	55	dorzolamide-timolol.....	103
dermacinrx vitramyn.....	120	diazoxide.....	78	dotti.....	95
dermacinrx vitranol.....	120	diclofenac potassium.....	51	DOVATO.....	22
dermacinrx vitranol fe.....	120	diclofenac sodium.....	51, 103	doxazosin.....	62
dermacinrx vitrexate.....	120	diclofenac sodium.....	120	doxepin.....	55
dermacinrx vitrexate fe.....	120	diclofenac-misoprostol.....	51	doxercalciferol.....	82
dermacinrx zintrexyl-c.....	120	dicloxacillin.....	30	doxorubicin.....	33
DESCOVY.....	22	dicyclomine.....	83	doxorubicin, peg-liposomal.....	33
desgen.....	120	DIFICID.....	26	doxy-100.....	31
desgen dm.....	120	diflunisal.....	51	doxycycline hyclate.....	31
desipramine.....	54	difluprednate.....	104	doxycycline monohydrate.....	31
desitin daily defense.....	120	digoxin.....	68	dramamine (meclizine).....	121
desloratadine.....	157	dihydroergotamine.....	47	dramamine less drowsy.....	121
desmopressin.....	82	DILANTIN.....	43	DRIZALMA SPRINKLE.....	55
desog-e.estradiol/e.estradiol.....	97	DILANTIN EXTENDED.....	43	dronabinol.....	84
desogestrel-ethinyl estradiol.....	97	DILANTIN INFATABS.....	43	dropsafe sicura safety needle...	121
desonide.....	73	DILANTIN-125.....	43	drospirenone-e.estradiol-lm.fa...	97
despec dm-g.....	120			drospirenone-ethinyl estradiol...	97
despec eda cough-cold drops...	120			DROXIA.....	34
				droxidopa.....	75
				dry mouth.....	118

dss	121	EMGALITY SYRINGE	47	<i>escitalopram oxalate</i>	55
dulcolax stool softener (dss)	121	EMSAM	55	<i>esomeprazole magnesium</i>	86
<i>duloxetine</i>	55	<i>emtricitabine</i>	22	essentia	123
DUPIXENT PEN	69	<i>emtricitabine-tenofovir (tdf)</i>	22	essential daily	123
DUPIXENT SYRINGE	69	EMTRIVA	22	essential man	123
durex extra sensitive condom ..	121	EMVERM	27	essential man 50 plus	123
durex tropical condom	121	<i>emzahh</i>	95	essential woman 50 plus	123
<i>dutasteride</i>	161	<i>enalapril maleate</i>	62	<i>estarylla</i>	98
<i>dutasteride-tamsulosin</i>	161	<i>enalapril-hydrochlorothiazide</i>	62	<i>estradiol</i>	95
e-200	121	ENBREL	93	<i>estradiol valerate</i>	95
easy touch	122	ENBREL MINI	93	<i>estradiol-norethindrone acet</i>	95
easy touch fliplock needle	121	ENBREL SURECLICK	93	estroven menopause	123
easy touch fliplock syringe	121	ENDARI	75	<i>ethambutol</i>	27
easy touch sheathlock syrg-ndl	121, 122	<i>endocet</i>	50	<i>ethosuximide</i>	43
easypoint needle	122	endur-acin	122	<i>ethynodiol diac-eth estradiol</i>	98
eclipse needle	110	enema	122	<i>etodolac</i>	52
eclipse syringe	111	enema disposable	122	<i>etonogestrel-ethinyl estradiol</i>	96
econtra ez	122	ENERGIX-B (PF)	88	<i>etoposide</i>	34
econtra one-step	122	ENERGIX-B PEDIATRIC (PF)	88	<i>etravirine</i>	22
ecotrin	122	<i>enoxaparin</i>	66	EULEXIN	34
ecotrin low strength	122	<i>enpresse</i>	98	<i>euthyrox</i>	83
ed a-hist dm	122	<i>enskyce</i>	98	evac-u-gen (sennosides)	123
ed bron gp	122	<i>entacapone</i>	47	<i>everolimus (antineoplastic)</i>	34
ed chlorped jr	122	<i>entecavir</i>	22	<i>everolimus</i>	
ed-apap	122	enteric coated aspirin	109	<i>(immunosuppressive)</i>	34
EDARBI	62	ENTRESTO	68	EVOTAZ	22
EDARBYCLOR	62	<i>enulose</i>	84	excel syringe	123
EDURANT	22	ENVARUS XR	34	<i>exemestane</i>	34
<i>efavirenz</i>	22	enzoclear	122	EXKIVITY	34
<i>efavirenz-emtricitabin-tenofov</i> ..	22	EPIDIOLEX	43	ex-lax (sennosides)	123
<i>efavirenz-lamivu-tenofov disop</i> ..	22	<i>epinephrine</i>	157	expectorant	123
<i>electrolyte-148</i>	164	<i>epitol</i>	43	expectorant cough syrup	145
<i>electrolyte-48 in d5w</i>	164	EPKINLY	34	extreme omega-3	124
<i>electrolyte-a</i>	164	<i>eplerenone</i>	62	eye allergy relief	124, 145
ELIGARD	34	EPRONTIA	43	eye drops a.c.	123
ELIGARD (3 MONTH)	34	<i>ergotamine-caffeine</i>	47	eye drops irritation relief	124
ELIGARD (4 MONTH)	34	ERIVEDGE	34	eye drops(tetrahydroz-zn sulf) .	117
ELIGARD (6 MONTH)	34	ERLEADA	34	eye health plus lutein	123
<i>elinest</i>	97	<i>erlotinib</i>	34	eye itch relief	124
ELIQUIS	65	<i>errin</i>	95	eye multivitamin	124
ELIQUIS DVT-PE TREAT 30D		<i>ertapenem</i>	27	eyeprotect	124
START	65	<i>ery pads</i>	71	<i>ezetimibe</i>	67
ELLECE	34	<i>ery-tab</i>	26	<i>ezetimibe-simvastatin</i>	67
ELMIRON	162	ERYTHROCIN	26	FABRAZYME	82
ELREXFIO	34	<i>erythrocin (as stearate)</i>	26	<i>falmina (28)</i>	98
<i>eluryng</i>	96	<i>erythromycin</i>	26, 27, 102	<i>famciclovir</i>	22
EMGALITY PEN	47	<i>erythromycin with ethanol</i>	71	<i>famotidine</i>	87
		<i>erythromycin-benzoyl peroxide</i> ..	71	famotidine	122, 124

<i>famotidine (pf)</i>	86	<i>finzala</i>	98	<i>fosinopril-hydrochlorothiazide</i>	62
<i>famotidine (pf)-nacl (iso-os)</i>	87	FIRMAGON KIT W DILUENT		FOTIVDA.....	35
FANAPT.....	55	SYRINGE.....	34	freedavite.....	126
fantasy condom.....	124	fish oil.....	118, 125, 145, 148	FRUZAQLA.....	35
FARXIGA.....	78	fish oil extra strength.....	125	<i>fulvestrant</i>	35
FASENRA.....	159	fish oil pearls.....	125	<i>furosemide</i>	62
FASENRA PEN.....	159	fish oil-dha-epa.....	125	FUZEON.....	23
father john's medicine plus.....	124	<i>flac otic oil</i>	76	<i>fyavolv</i>	95
fc2 female condom.....	124	flavor chews antacid.....	118	FYCOMPA.....	43
<i>febuxostat</i>	92	<i>flecainide</i>	60	<i>gabapentin</i>	43, 44
<i>felbamate</i>	43	fleet enema.....	126	<i>galantamine</i>	48, 49
<i>felodipine</i>	62	fleet glycerin (adult).....	126	<i>gallifrey</i>	95
fenestin ir.....	124	fleet laxative (bisacodyl).....	126	GAMASTAN.....	88
fenestin pe ir.....	124	flonase allergy relief.....	126	GAMMAGARD LIQUID.....	88
<i>fenofibrate</i>	67	<i>fluconazole</i>	21	GAMMAGARD S-D (IGA < 1	
<i>fenofibrate micronized</i>	67	<i>fluconazole in nacl (iso-osm)</i>	21	MCG/ML).....	88
<i>fenofibrate nanocrystallized</i>	67	<i>flucytosine</i>	21	GAMMAKED.....	89
<i>fenofibric acid (choline)</i>	67	<i>fludrocortisone</i>	77	GAMMAPLEX.....	89
<i>fentanyl</i>	50	<i>flunisolide</i>	159	GAMMAPLEX (WITH SORBITOL) .	89
<i>fentanyl citrate</i>	50	<i>fluocinolone</i>	73	GAMUNEX-C.....	89
feosol.....	124	<i>fluocinolone acetonide oil</i>	77	<i>ganciclovir sodium</i>	23
ferate.....	124	<i>fluocinolone and shower cap</i>	73	GARDASIL 9 (PF).....	89
fergon.....	124	<i>fluocinonide</i>	73	gas relief (simethicone).....	126
ferosul.....	124	<i>fluocinonide-e</i>	73	<i>gatifloxacin</i>	102
ferretts.....	124	<i>fluocinonide-emollient</i>	73	GATTEX 30-VIAL.....	84
ferrimin 150.....	124	fluoride (sodium).....	149	GATTEX ONE-VIAL.....	84
ferrocite.....	124	<i>fluoride (sodium)</i>	164	GAUZE PAD.....	91
ferro-time.....	124	<i>fluorometholone</i>	104	gavilax.....	126
ferrous fumarate.....	124	<i>fluorouracil</i>	35, 69	<i>gavilyte-c</i>	84
ferrous gluconate.....	124, 130	<i>fluoxetine</i>	55	<i>gavilyte-g</i>	84
ferrous sulfate.....	124, 130	<i>fluphenazine decanoate</i>	55	GAVRETO.....	35
FETZIMA.....	55	<i>fluphenazine hcl</i>	55, 56	<i>gefitinib</i>	35
feverall.....	124, 125	<i>flurbiprofen</i>	52	<i>gemcitabine</i>	35
fe-vite.....	141	<i>flurbiprofen sodium</i>	103	GEMCITABINE.....	35
fexofenadine.....	125	<i>fluticasone propionate</i>	73, 159	<i>gemfibrozil</i>	67
fexofenadine-pseudoephedrine		fluticasone propionate.....	126	<i>gemmily</i>	98
.....	125	<i>fluticasone propion-salmeterol</i>	159	gencontuss.....	126
fiber (psyllium husk).....	145, 148	<i>fluvastatin</i>	67	<i>generlac</i>	84
fiber (psyllium husk-sugar).....	123, 148	<i>fluvoxamine</i>	56	<i>gengraf</i>	35
fiber (with aspartame).....	125	foaming acne face wash.....	118	<i>gentak</i>	102
fiber laxative (psyllium husk)....	118	folamax.....	126	<i>gentamicin</i>	27, 71, 102
fiber therapy (psyllium-sucro)		folic acid.....	126	<i>gentamicin in nacl (iso-osm)</i>	27
.....	125, 148	folika-mg.....	126	<i>gentamicin sulfate (ped) (pf)</i>	27
fiber therapy laxative (husk).....	145	<i>fondaparinux</i>	66	genteal tears moderate.....	126
fiber-caps (psyllium husk).....	143	foot and sneaker.....	118	genteal tears moderate (pf).....	126
<i>finasteride</i>	162	<i>formoterol fumarate</i>	159	gentle laxative (bisacodyl).....	126
<i>fingolimod</i>	48	<i>fosamprenavir</i>	23	gentlelax.....	131
FINTEPLA.....	43	<i>fosinopril</i>	62	GENVOYA.....	23

geri-dryl.....	126	hair,skin and nails(fa-biotin).....	129	hydrocortisone-aloe vera.....	130
geri-kot.....	126	halobetasol propionate.....	73	hydrocream.....	143
geri-lanta.....	126	haloette.....	96	hydromorphone.....	50
geri-mox antacid-antigas.....	127	haloperidol.....	56	hydroxychloroquine.....	27
geri-mucil (aspartame).....	127	haloperidol decanoate.....	56	hydroxyurea.....	35
geri-mucil (sugar).....	127	haloperidol lactate.....	56	hydroxyzine hcl.....	157
geri-tussin.....	127	HAVRIX (PF).....	89	hydroxyzine pamoate.....	157
GILOTRIF.....	35	healthy eyes.....	129	hylazinc.....	130
giltuss allergy plus (dm).....	127	healthylax.....	129	ibandronate.....	92
giltuss cough-cold.....	127	heartburn prevention.....	131	IBRANCE.....	35
giltuss ex.....	127	heartburn relief (famotidine) ...	129	ibu.....	52
glatiramer.....	49	heather.....	95	ibu.....	130
glatopa.....	49	heparin (porcine).....	66	ibu-200.....	130
glenmax peb dm.....	127	heparin (porcine).....	129	ibuprofen.....	52
GLEOSTINE.....	35	heparin (porcine) in 5 % dex.....	66	ibuprofen.....	128, 130
glimepiride.....	78	HEPARIN(PORCINE) IN 0.45%		ibuprofen ib.....	148
glipizide.....	78	NACL.....	66	ibuprofen jr strength.....	130
glipizide-metformin.....	78	heparin(porcine) in 0.45% nacl...	66	icaps areds2 (copper citrate)....	130
glutamine (sickle cell).....	75	heparin(porcine) in 0.45% nacl.....	129	icaps mv.....	130
glycerin (adult).....	145	HEPLISAV-B (PF).....	89	icatibant.....	159
glycerin (child).....	145	her style.....	129	iclevia.....	98
glycopyrrolate.....	84	HIBERIX (PF).....	89	ICLUSIG.....	35
glydo.....	69	hi-cal plus vit d.....	145	IDHIFA.....	35
GLYXAMBI.....	79	high potency iron.....	145	imatinib.....	35
gold bond medicated pain-itch.....	127	high potency multivit (w-iron) ..	129	IMBRUVICA.....	35
gormel.....	127	HUMIRA.....	93	imipenem-cilastatin.....	27
granisetron (pf).....	84	HUMIRA PEN.....	93	imipramine hcl.....	56
granisetron hcl.....	84	HUMIRA PEN PSOR-UEITS-		imiquimod.....	69
griseofulvin microsize.....	21	ADOL HS.....	93	IMKELDI.....	35
griseofulvin ultramicrosize.....	21	HUMIRA(CF).....	94	imodium a-d.....	130
g-supress dx.....	129	HUMIRA(CF) PEN.....	94	IMOVAX RABIES VACCINE (PF)....	89
g-tron ped.....	129	HUMIRA(CF) PEN CROHNS-UC-		INBRIJA.....	47
g-tusicof.....	129	HS.....	93	incassia.....	95
guaifenesin.....	129	HUMIRA(CF) PEN PEDIATRIC UC.....	93	INCRELEX.....	75
guanfacine.....	56, 62	HUMIRA(CF) PEN PSOR-UV-		INCRUSE ELLIPTA.....	159
GVOKE.....	79	ADOL HS.....	93	indapamide.....	62
GVOKE HYOPEN 1-PACK.....	79	HUMULIN R U-500 (CONC)		INFANRIX (DTAP) (PF).....	89
GVOKE HYOPEN 2-PACK.....	79	INSULIN.....	79	infant fever reducer-pain relf...	145
GVOKE PFS 1-PACK SYRINGE.....	79	HUMULIN R U-500 (CONC)		infant pain reliever.....	130
GVOKE PFS 2-PACK SYRINGE.....	79	KWIKPEN.....	79	infant's acetaminophen.....	130
gynol ii.....	129	hydalazine.....	62	infant's advil.....	130
HAEGARDA.....	159	hydrochlorothiazide.....	62	infants gas relief.....	126
hailey 24 fe.....	98	hydrocodone-acetaminophen.....	50	infant's ibuprofen.....	128
hailey fe 1.5/30 (28).....	98	hydrocodone-ibuprofen.....	50	infant's motrin.....	130
hailey fe 1/20 (28).....	98	hydrocortisone.....	73, 77, 84	infants' mylicon.....	130
hair, skin and nails advanced....	129	hydrocortisone.....	129	infants' pain and fever.....	128
hair, skin and nails-argan oil....	129	hydrocortisone acetate.....	129	infants' pain relief.....	130
hair,skin and nails.....	118	hydrocortisone plus.....	130	infant's pain relief.....	130

infants profenib.....	143	itch relief (hc) with aloe.....	126	KEYTRUDA.....	36
infants simethicone.....	130	itch		kimono condoms(non-	
infant-toddler multivit.....	130	stopping(diphenhydramine).....	143	lubricated).....	131
INFLECTRA.....	84	ITOVEBI.....	36	kimono lubricated condoms.....	131
INGREZZA.....	49	<i>itraconazole</i>	21	kimono maxx condoms.....	131
INGREZZA INITIATION		<i>ivabradine</i>	68	kimono microthin aqua lube	
PK(TARDIV).....	49	<i>ivermectin</i>	28	con.....	131
INLYTA.....	35	ivermectin.....	118	kimono microthin condoms.....	131
INQOVI.....	35	i-vite.....	130	kimono microthin large	
INREBIC.....	36	IWILFIN.....	36	condoms.....	131
INSULIN ASP PRT-INSULIN		IXCHIQ (PF).....	89	kimono textured condoms.....	131
ASPART.....	79	IXIARO (PF).....	89	kimono thin lubricated	
INSULIN ASPART U-100.....	79	JAKAFI.....	36	condoms.....	131
INSULIN DEGLUDEC.....	79	<i>jantoven</i>	66	kindermid infants pain-fever...	131
INSULIN GLARGINE U-300 CONC	79	JANUMET.....	79	kindermid kids pain-fever.....	131
INSULIN GLARGINE-YFGN.....	79	JANUMET XR.....	79, 80	KINRIX (PF).....	89
INSULIN SYRINGE-NEEDLE U-		JANUVIA.....	80	<i>kionex (with sorbitol)</i>	75
100.....	91	JARDIANCE.....	80	KISQALI.....	36
integra precisionglide needle...	111	<i>jasmiel (28)</i>	98	KISQALI FEMARA CO-PACK.....	36
INTELENCE.....	23	JAYPIRCA.....	36	<i>klayesta</i>	72
<i>intralipid</i>	164	JENTADUETO.....	80	<i>klor-con</i>	162
<i>introvale</i>	98	JENTADUETO XR.....	80	<i>klor-con 10</i>	162
INVEGA HAFYERA.....	56	<i>jinteli</i>	95	<i>klor-con 8</i>	162
INVEGA SUSTENNA.....	56	jock itch.....	130	<i>klor-con m10</i>	162
INVEGA TRINZA.....	56	jock itch (clotrimazole).....	131	<i>klor-con m15</i>	162
inzo antifungal.....	130	jock itch (terbinafine).....	118	<i>klor-con m20</i>	162
IPOL.....	89	<i>jolessa</i>	98	konsyl (sugar).....	131
<i>ipratropium bromide</i>	76, 159	<i>juleber</i>	98	konsyl sugar-free.....	131
<i>ipratropium-albuterol</i>	159	JULUCA.....	23	KORLYM.....	82
i-prin.....	130	<i>junel 1.5/30 (21)</i>	98	KOSELUGO.....	36
<i>irbesartan</i>	62	<i>junel 1/20 (21)</i>	98	<i>kourzeq</i>	76
<i>irbesartan-hydrochlorothiazide</i> ..	63	<i>junel fe 1.5/30 (28)</i>	98	k-pax immune support.....	131
<i>irinotecan</i>	36	<i>junel fe 1/20 (28)</i>	98	KRAZATI.....	36
iron.....	145	<i>junel fe 24</i>	98	<i>kurvelo (28)</i>	98
iron (ferrous sulfate).....	130	JYLAMVO.....	36	<i>l norgest/e.estradiol-e.estrad</i>	98
ISENTRESS.....	23	JYNNEOS (PF).....	89	<i>labetalol</i>	63
ISENTRESS HD.....	23	KADCYLA.....	36	<i>lacosamide</i>	44
<i>isibloom</i>	98	<i>kaitlib fe</i>	98	<i>lactated ringers</i>	162
ISOLYTE S PH 7.4.....	164	KALYDECO.....	159	<i>lactulose</i>	85
ISOLYTE-P IN 5 % DEXTROSE.....	164	kapectate (docusate calcium).131		lamisil af.....	131
ISOLYTE-S.....	164	<i>kariva (28)</i>	98	lamisil at.....	131
<i>isoniazid</i>	27	<i>kelnor 1/35 (28)</i>	98	<i>lamivudine</i>	23
<i>isosorbide dinitrate</i>	68	<i>kelnor 1/50 (28)</i>	98	<i>lamivudine-zidovudine</i>	23
<i>isosorbide mononitrate</i>	68	KERENDIA.....	63	<i>lamotrigine</i>	44
<i>isotretinoin</i>	71	<i>ketoconazole</i>	21, 72	<i>lanreotide</i>	36
<i>isradipine</i>	63	<i>ketorolac</i>	103	<i>lansoprazole</i>	87
itch relief (clotrimazole).....	118	ketotifen fumarate.....	131	lansoprazole.....	131
itch relief (diphenhydramine)...	118	keyfolic.....	131	<i>lapatinib</i>	36

<i>larin 1.5/30 (21)</i>	99	<i>lidocaine</i>	70	<i>lotrimin ultra</i>	132
<i>larin 1/20 (21)</i>	99	<i>lidocaine (pf)</i>	70	<i>lovastatin</i>	67
<i>larin 24 fe</i>	99	<i>lidocaine hcl</i>	70	<i>low-ogestrel (28)</i>	99
<i>larin fe 1.5/30 (28)</i>	99	<i>lidocaine hcl</i>	127	<i>loxapine succinate</i>	57
<i>larin fe 1/20 (28)</i>	99	<i>lidocaine plus</i>	132	<i>lubiprostone</i>	85
<i>latanoprost</i>	103	<i>lidocaine viscous</i>	70	<i>lubricant eye (pg-peg 400)</i>	132
<i>laxa basic</i>	131	<i>lidocaine-prilocaine</i>	70	<i>lubricant eye (pg-peg 400)(pf)</i> ..	132
<i>laxacin</i>	132	<i>lidocan iii</i>	70	<i>lubricant eye drops</i>	118, 132
<i>laxaclear</i>	132	<i>lidocan iv</i>	70	<i>LUMAKRAS</i>	37
<i>laxative (bisacodyl)</i>	126, 145	<i>lidocan v</i>	70	<i>LUMIGAN</i>	103
<i>laxative (sennosides)</i>	132, 145	<i>LILETTA</i>	96	<i>LUMIZYME</i>	82
<i>laxative peg 3350</i>	145	<i>linezolid</i>	28	<i>LUPRON DEPOT</i>	37
<i>laxative pills</i>	132	<i>linezolid in dextrose 5%</i>	28	<i>lurasidone</i>	57
<i>laxative pills regular</i>	132	<i>linezolid-0.9% sodium chloride</i> ...	28	<i>luter a (28)</i>	99
<i>layolis fe</i>	99	<i>LINZESS</i>	85	<i>lyleq</i>	95
<i>LAZCLUZE</i>	36	<i>liothyronine</i>	83	<i>lyllana</i>	95
<i>LEDIPASVIR-SOFOSBUVIR</i>	23	<i>liquid antacid</i>	123	<i>LYNPARZA</i>	37
<i>leflunomide</i>	94	<i>liquituss gg</i>	132	<i>lysiplex plus</i>	132
<i>lenalidomide</i>	36	<i>lisdexamfetamine</i>	57	<i>LYSODREN</i>	37
<i>LENVIMA</i>	36, 37	<i>lisinopril</i>	63	<i>LYTGOBI</i>	37
<i>lessina</i>	99	<i>lisinopril-hydrochlorothiazide</i>	63	<i>lyza</i>	95
<i>letrozole</i>	37	<i>lithium carbonate</i>	57	<i>macuvite eye care</i>	132
<i>leucovorin calcium</i>	31	<i>lithium citrate</i>	57	<i>macuvite with lutein</i>	132
<i>LEUKERAN</i>	37	<i>little remedies</i>	132	<i>mag-al plus</i>	132
<i>leuprolide</i>	37	<i>little remedies fever and pain</i> ...	132	<i>mag-al plus extra strength</i>	133
<i>levabuterol hcl</i>	159	<i>little remedies gas relief</i>	132	<i>magnesium</i>	145
<i>levetiracetam</i>	44	<i>little remedies saline</i>	132	<i>magnesium oxide</i>	118, 133, 145, 152
<i>levetiracetam in nacl (iso-os)</i>	44	<i>little tummys gas relief</i>	132	<i>magnesium sulfate</i>	162
<i>levobunolol</i>	102	<i>LIVTENCITY</i>	23	<i>MAGNESIUM SULFATE IN D5W</i>	162
<i>levocarnitine</i>	75	<i>lohist - d</i>	132	<i>magnesium sulfate in water</i>	162
<i>levocarnitine (with sugar)</i>	75	<i>lohist-dm</i>	132	<i>malathion</i>	74
<i>levocetirizine</i>	157	<i>LOKELMA</i>	75	<i>mapap (acetaminophen)</i>	133
<i>levofloxacin</i>	31	<i>LONSURF</i>	37	<i>maraviroc</i>	23
<i>levofloxacin in d5w</i>	30	<i>loperamide</i>	84	<i>marlissa (28)</i>	99
<i>levonest (28)</i>	99	<i>loperamide</i>	132	<i>MARPLAN</i>	57
<i>levonorgest-eth.estradiol-iron</i>	99	<i>lopinavir-ritonavir</i>	23	<i>MATULANE</i>	37
<i>levonorgestrel</i>	132	<i>loradamed</i>	132	<i>matzim la</i>	63
<i>levonorgestrel-ethinyl estrad</i>	99	<i>lorata-d</i>	145	<i>maxallergy kids</i>	133
<i>levonorg-eth estrad triphasic</i>	99	<i>loratadine</i>	115, 132	<i>maxi-tuss pe</i>	133
<i>levora-28</i>	99	<i>lorata-dine d</i>	148	<i>maxi-tuss pe max</i>	133
<i>levo-t</i>	83	<i>loratadine-d</i>	132, 148	<i>maxrelief junior</i>	133
<i>levothyroxine</i>	83	<i>lorazepam</i>	57	<i>maxtussin</i>	133
<i>levoxyl</i>	83	<i>lorazepam intensol</i>	57	<i>m-dryl</i>	133
<i>LEXIVA</i>	23	<i>LORBRENA</i>	37	<i>meclizine</i>	85
<i>LIBERVANT</i>	44	<i>loryna (28)</i>	99	<i>meclizine</i>	133
<i>lice killing</i>	128	<i>losartan</i>	63	<i>medi-meclizine</i>	133
<i>lice pyrinyl shampoo</i>	145	<i>losartan-hydrochlorothiazide</i>	63	<i>medroxyprogesterone</i>	95
<i>lice treatment</i>	132	<i>loteprednol etabonate</i>	104		

<i>mefloquine</i>	28	<i>methotrexate sodium (pf)</i>	37	<i>moexipril</i>	63
mega multi for women.....	133	<i>methsuximide</i>	44	moi-stir.....	135
mega multiple/chelated		<i>methylphenidate hcl</i>	57	moisturizing lubricant.....	135
mineral.....	133	<i>methylprednisolone</i>	77	<i>molindone</i>	58
mega multivitamin for men.....	133	<i>methylprednisolone acetate</i>	77	<i>mometasone</i>	73, 159
megavite.....	133	<i>methylprednisolone sodium</i>		monistat 1 combo pack.....	135
megavite golden years 55 plus.	133	<i>succ</i>	77	monistat 7.....	135
<i>megestrol</i>	37	<i>metoclopramide hcl</i>	85	monistat care (hydrocortisone)	135
MEKINIST.....	37	<i>metolazone</i>	63	MONJUVI.....	37
MEKTOVI.....	37	<i>metoprolol succinate</i>	63	monocaps.....	135
melatin.....	133	<i>metoprolol ta-hydrochlorothiaz</i> ..	63	monoject 3cc syr 25gx1".....	135
melatonin.....	133, 134, 145	<i>metoprolol tartrate</i>	63	monoject magellan syringe.....	135
melatonin-lemon balm leaf extr		<i>metro i.v.</i>	28	monoject safety syringes.....	147
.....	134	<i>metronidazole</i>	28, 71, 96	monoject syringe.....	135
melatonin-pyridoxine hcl (b6)..<	134	<i>metronidazole in nacl (iso-os)</i>	28	<i>mono-lynyah</i>	99
<i>meloxicam</i>	52	<i>metyrosine</i>	63	<i>montelukast</i>	160
<i>memantine</i>	49	<i>mexiletine</i>	60	<i>morphine</i>	50, 51
men 50 plus advanced one daily		mgo.....	134	MORPHINE.....	51
.....	118	<i>mibelas 24 fe</i>	99	<i>morphine (pf)</i>	50
men 50 plus multivitamin.....	134	<i>micafungin</i>	21	<i>morphine concentrate</i>	50
MENACTRA (PF).....	89	micatin.....	134	motion sickness (meclizine).....	118
MENQUADFI (PF).....	89	miconazole nitrate.....	134	motion sickness ii.....	135
men's 50 plus daily formula.....	134	miconazole-3.....	128, 148	motion sickness relief(mecliz)	
men's 50 plus multivitamin.....	134	miconazole-3 prefil,cream,wipe		.....	123, 135
men's daily formula.....	134	.....	145	motion-time.....	135
men's daily multivit-mineral.....	134	miconazole-7.....	148	motrin arthritis pain.....	135
men's one daily.....	123, 148	micotrin ac.....	134	motrin ib.....	135
MENVEO A-C-Y-W-135-DIP (PF)		<i>microgestin 1.5/30 (21)</i>	99	MOUNJARO.....	80
.....	89, 90	<i>microgestin 1/20 (21)</i>	99	mouthkote.....	135
<i>mercaptopurine</i>	37	<i>microgestin 24 fe</i>	99	MOVANTIK.....	85
<i>meropenem</i>	28	<i>microgestin fe 1.5/30 (28)</i>	99	<i>moxifloxacin</i>	31, 102
<i>mesalamine</i>	85	<i>microgestin fe 1/20 (28)</i>	99	<i>moxifloxacin-sod.chloride(iso)</i>	31
<i>mesalamine with cleansing</i>		<i>midodrine</i>	75	m-pap.....	135
<i>wipe</i>	85	<i>mifepristone</i>	82	MRESVIA (PF).....	90
<i>mesna</i>	32	<i>mili</i>	99	mucinex.....	135
MESNEX.....	32	milltrium senior.....	134	mucinex d.....	135
metamucil.....	134	<i>mimvey</i>	95	mucinex fast-max chest-	
metamucil (with sugar).....	134	mineral oil.....	134	congest.....	135
metamucil free.....	134	<i>minocycline</i>	31	mucinex fast-max congest-	
metamucil multihealth fiber.....	134	<i>minoxidil</i>	63	cough.....	135
metamucil sugar-free (aspart)..<	134	mintox.....	134	mucinex freefrom sev cong-	
<i>metformin</i>	80	mintox maximum strength.....	134	coug.....	135
<i>methadone</i>	50	miralax.....	134	mucosa.....	136
<i>methadone intensol</i>	50	<i>mirtazapine</i>	57	mucus d.....	136
<i>methazolamide</i>	103	<i>misoprostol</i>	87	mucus relief.....	136
<i>methenamine hippurate</i>	31	mix-in laxative.....	134	mucus relief congestion-cough	136
<i>methimazole</i>	78	M-M-R II (PF).....	90	mucus relief d (pseudoephed)..<	136
<i>methotrexate sodium</i>	37	<i>modafinil</i>	57	mucus relief er.....	128, 136

mucus relief pe	136	nasal moisturizing	136	NICOTROL NS	76
mucus-chest congestion	136	nasal spray (sodium chloride) ...	123	<i>nifedipine</i>	63
mucus-er max	148	NATACYN	102	nighttime sleep	145
MULTAQ	60	<i>nateglinide</i>	80	nighttime allergy relief	137
multi complete with iron	136	natural daily fiber	118	nighttime sleep aid (diphen)	127, 137
multi for her	136	natural fiber laxative	136	nighttime sleep-aid (doxylamn) 131	
multi-day plus minerals	136	natural fiber laxative (sugar)	127, 137	<i>nikki (28)</i>	100
multi-day with iron	136	natural fiber laxative(aspart) ...	137	<i>nilutamide</i>	38
multihealth fiber	145	natural fiber supplement	118	<i>nimodipine</i>	64
multihealth fiber (sugar)	145	natural tears (pf)	118	NINLARO	38
multiple vitamin-minerals	136	natural veg laxative(sennosid) ..	123	<i>nitazoxanide</i>	28
multiple vitamins	136	natural vegetable	143	<i>nitisinone</i>	75
multitol-m	136	natural vegetable (psyllium)	137	<i>nitro-bid</i>	68
multivit with min-folic acid	119	natural vegetable powder	137	<i>nitrofurantoin macrocrystal</i>	31
multivit,calc,min-fa-k1-lycop....	139	natura-lax	143	<i>nitrofurantoin monohyd/m-</i> <i>cryst</i>	31
multivitamin	136	NAYZILAM	44	<i>nitroglycerin</i>	68, 85
multivitamin 50 plus	143	<i>nebivolol</i>	63	niva-plus	137
multivitamin with folic acid	136	<i>necon 0.5/35 (28)</i>	100	NIVESTYM	87
multivitamin women 50 plus	136	<i>nefazodone</i>	58	<i>nizatidine</i>	87
multivitamin-zinc-stress	136	<i>neomycin</i>	28	noble formula hc	137
multivit-min-ferrous fumarate. 136		<i>neomycin-bacitracin-poly-hc</i>	104	nohist-dm	137
multivit-min-iron fum-folic ac ...	136	<i>neomycin-bacitracin-polymyxin</i> 102		non-aspirin	138, 145
<i>mupirocin</i>	71	<i>neomycin-polymyxin b-</i> <i>dexameth</i>	104	non-aspirin extra strength	133
my choice	136	<i>neomycin-polymyxin-gramicidin</i>	102	non-aspirin pain relief	143
my way	136	<i>neomycin-polymyxin-hc</i>	77, 104	<i>nora-be</i>	95
<i>mycophenolate mofetil</i>	37, 38	neonatal plus vitamin	137	<i>norelgestromin-ethin.estradiol</i> ...	96
<i>mycophenolate sodium</i>	38	neovite	137	<i>noreth-ethinyl estradiol-iron</i>	100
mycozyl ac	136	NERLYNX	38	<i>norethindrone (contraceptive)</i>	95
mylanta maximum strength	136	<i>neuac</i>	71	<i>norethindrone acetate</i>	95
<i>myorisan</i>	71	NEUPRO	47	<i>norethindrone ac-eth estradiol</i>	96, 100
MYRBETRIQ	161	<i>nevirapine</i>	23	<i>norethindrone-e.estradiol-iron</i> .	100
<i>nabumetone</i>	52	new day	137	<i>norgestimate-ethinyl estradiol</i> .	100
<i>nadolol</i>	63	NEXPLANON	96	<i>nortrel 0.5/35 (28)</i>	100
<i>nafcillin</i>	30	<i>niacin</i>	67	<i>nortrel 1/35 (21)</i>	100
<i>nafcillin in dextrose iso-osm</i>	30	niacin	137	<i>nortrel 1/35 (28)</i>	100
<i>naftifine</i>	72	niavasc 750	137	<i>nortrel 7/7/7 (28)</i>	100
NAGLAZYME	82	nicadan	137	<i>nortriptyline</i>	58
<i>nalbuphine</i>	52	nicadan zx	137	NORVIR	23
<i>naloxone</i>	52	<i>nicardipine</i>	63	NOVOLIN 70/30 U-100 INSULIN .	80
<i>naltrexone</i>	52	nicazel	137	NOVOLIN 70-30 FLEXPEN U-100.	80
NAMZARIC	49	nicazel forte	137	NOVOLIN N FLEXPEN	80
naphcon-a	136	nicorette	137	NOVOLIN N NPH U-100 INSULIN	80
<i>naproxen</i>	52	nicotine	137	NOVOLIN R FLEXPEN	80
<i>naproxen sodium</i>	52	nicotine (polacrilex)	128	NOVOLIN R REGULAR U100 INSULIN	80
naramin	136	NICOTROL	76		
<i>naratriptan</i>	47				
nasal decongestant (pseudoeph)	128, 148				

NUBEQA.....	38	OMNIPOD 5 G6-G7 INTRO		one-a-day proactive 65 plus.....	139
NUDEXTA.....	49	KT(GEN5).....	91	one-a-day teen advantage.....	139
NULOJIX.....	38	OMNIPOD 5 G6-G7 PODS (GEN		one-a-day triple immune supprt	
numoisyn.....	138	5).....	92	.....	139
NUPLAZID.....	58	OMNIPOD DASH INTRO KIT		one-a-day weightsmart.....	139
NURTEC ODT.....	47	(GEN 4).....	92	one-a-day women's 50 plus.....	140
<i>nyamyc</i>	72	OMNIPOD DASH PODS (GEN 4)..	92	one-a-day women's active.....	140
<i>nylia 1/35 (28)</i>	100	OMNITROPE.....	87	one-a-day women's complete..	140
<i>nylia 7/7/7 (28)</i>	100	oncovite.....	138	one-a-day women's	
<i>nymyo</i>	100	<i>ondansetron</i>	85	complete(vk).....	140
<i>nystatin</i>	21, 72	<i>ondansetron hcl</i>	85	one-a-day womens formula.....	140
<i>nystop</i>	72	<i>ondansetron hcl (pf)</i>	85	onelax bisacodyl.....	140
nytol.....	138	one a day men complete.....	139	one-per-day omega-3.....	138
NYVEPRIA.....	87	one daily.....	139	onevite(with lutein).....	140
OALIVA.....	85	one daily calcium/iron.....	139	ONUREG.....	38
ocean nasal.....	138	one daily complete.....	138	opcicon one-step.....	140
<i>ocella</i>	100	one daily energy.....	146	OPSUMIT.....	160
OCREVUS.....	49	one daily essential.....	138, 146	option-2.....	140
OCTAGAM.....	90	one daily for men.....	138	oral relief dry mouth.....	140
<i>octreotide acetate</i>	38	one daily for men 50 plus adv..	138	ORGOVYX.....	38
ocular vitamins.....	138	one daily for women.....	139	ORKAMBI.....	160
ocutabs.....	138	one daily healthy weight.....	139	ORSERDU.....	38
ocuvite eye plus multi.....	138	one daily maximum.....	146	os-cal 500 + d3.....	140
ocuvite with lutein.....	138	one daily men's 50 plus		<i>oseltamivir</i>	23
ODEFSEY.....	23	memory.....	139	osteoprime plus calc-	
ODOMZO.....	38	one daily men's 50 plus w-d3..	146	magnesium.....	140
odor control foot-sneaker.....	138	one daily men's health.....	118	OTEZLA.....	94
OFEV.....	160	one daily multi-vit w-mineral...	139	OTEZLA STARTER.....	94
<i>ofloxacin</i>	77, 102	one daily multivitamin.....	139, 140	ovega-3.....	140
OGSIVEO.....	38	one daily multivit-iron(folic)....	139	<i>oxacillin</i>	30
OJEMDA.....	38	one daily plus iron.....	139	<i>oxaliplatin</i>	38, 39
OJJAARA.....	38	one daily plus minerals.....	139	<i>oxaprozin</i>	52
<i>olanzapine</i>	58	one daily women 50 plus.....	139	<i>oxcarbazepine</i>	44
<i>olmesartan</i>	64	one daily women 50 plus(vit k).118		OXERVATE.....	103
<i>olmesartan-amlodipin-hcthiazyd</i> .64		one daily women's.....	139	<i>oxybutynin chloride</i>	161
<i>olmesartan-hydrochlorothiazide</i> 64		one daily womens 50 plus.....	139	<i>oxycodone</i>	51
<i>olopatadine</i>	76	one daily women's metabolism	139	<i>oxycodone-acetaminophen</i>	51
omega 3-dha-epa-fish oil		one-a-day energy.....	139	oysco 500/d.....	140
.....	123, 125, 138, 148	one-a-day essential.....	139	oyster shell calcium.....	140
omega-3 fatty acids.....	138	one-a-day maximum formula... 139		oyster shell calcium 500.....	140
omega-3 fatty acids-fish oil		one-a-day menopause formula 139		oyster shell calcium-vit d3.....	140
.....	125, 126, 138	one-a-day men's 50 plus.....	139	oystercal-d.....	140
omega-3 fish oil.....	138	one-a-day men's 50 plus(vit k). 139		OZEMPIC.....	81
omega-3s-dha-epa-fish oil 125, 138		one-a-day men's 50plus(ginkgo)		<i>pacerone</i>	60
omegapure-820.....	138	.....	139	<i>paclitaxel</i>	39
<i>omeprazole</i>	87	one-a-day men's complete.....	139	pain relief (acetaminophen)	
omeprazole.....	138	one-a-day men's multivitamin..139		.....	128, 140
omnicap.....	138	one-a-day men's pro edge.....	139	pain relief (ibuprofen).....	126

pain relief (lidocaine).....	146	<i>perphenazine</i>	58	<i>potassium chlorid-d5-0.45%nacl</i>	162
pain relief es (acetaminophen) .	140	perry prenatal.....	141	<i>potassium chloride</i>	163
pain reliever (acetaminophen)	140, 149	<i>pfizerpen-g</i>	30	potassium chloride (bulk).....	141
pain reliever es(acetaminophn)	140	pharbechlor.....	141	<i>potassium chloride in 0.9%nacl</i>	162
<i>paliperidone</i>	58	pharbedryl.....	141	<i>potassium chloride in 5 % dex..</i>	162
<i>pamidronate</i>	82	pharbetol.....	141	<i>potassium chloride in water.....</i>	163
panoxyl.....	140	<i>phenelzine</i>	58	<i>potassium chloride-0.45 % nacl</i>	163
PANRETIN.....	70	<i>phenobarbital</i>	44, 45	<i>potassium chloride-d5-0.2%nacl</i>	163
<i>pantoprazole</i>	87	<i>phenobarbital sodium</i>	45	<i>potassium chloride-d5-0.9%nacl</i>	163
PANZYGA.....	90	phenylephrine hcl.....	141	<i>potassium citrate</i>	162
<i>paraplatin</i>	39	<i>phenytoin</i>	45	powderlax.....	142
<i>paricalcitol</i>	82	<i>phenytoin sodium</i>	45	pr benzoyl peroxide.....	142
<i>paroxetine hcl</i>	58	<i>phenytoin sodium extended</i>	45	PRALUENT PEN.....	67
parvlex.....	140	<i>philith</i>	100	<i>pramipexole</i>	47
PAXLOVID.....	23	phillips.....	141	<i>prasugrel hcl</i>	66
<i>pazopanib</i>	39	phillips' liqui-gels.....	141	<i>pravastatin</i>	67
p-col rite.....	146	phytomulti.....	141	<i>praziquantel</i>	28
pedi multivit no.194-iron sulf...	141	PIFELTRO.....	23	<i>prazosin</i>	64
pedia iron.....	141	<i>pilocarpine hcl</i>	75, 103	<i>prednisolone</i>	77
pedia poly-vite.....	141	<i>pimecrolimus</i>	70	<i>prednisolone acetate</i>	104
pedia poly-vite with iron.....	141	<i>pimozide</i>	58	<i>prednisolone sodium phosphate</i>	78, 104
pediacare fever reducer.....	141	<i>pimtrea (28)</i>	100	<i>prednisone</i>	78
PEDIARIX (PF).....	90	<i>pindolol</i>	64	<i>prednisone intensol</i>	78
pediatric enema.....	141	<i>pioglitazone</i>	81	<i>pregabalin</i>	45
pediatric multivitamin no.171..	141	<i>pioglitazone-glimepiride</i>	81	PREHEVBRIO (PF).....	90
pediatric poly-vite.....	141	<i>pioglitazone-metformin</i>	81	PREMARIN.....	96
PEDVAX HIB (PF).....	90	<i>piperacillin-tazobactam</i>	30	<i>premasol 10 %</i>	164
<i>peg 3350-electrolytes</i>	85	PIQRAY.....	39	prenatabs fa.....	142
PEGASYS.....	87	<i>pirfenidone</i>	160	prenatal.....	131, 142
<i>peg-electrolyte soln</i>	85	<i>piroxicam</i>	52	prenatal 19.....	142
PEMAZYRE.....	39	<i>pitavastatin calcium</i>	67	prenatal multi.....	142
<i>pemetrexed disodium</i>	39	PLASMA-LYTE A.....	164	prenatal multivitamins.....	142
PEN NEEDLE, DIABETIC.....	92	PLENAMINE.....	164	prenatal one daily.....	142
PENBRAYA (PF).....	90	PLENVU.....	85	prenatal plus (calcium carb).....	141
<i>penicillamine</i>	94	pnv cmb#95-ferrous fumarate- fa.....	142	prenatal tablet.....	146
PENICILLIN G POT IN DEXTROSE.	30	<i>podofilox</i>	70	prenatal vit no.179-iron-folic....	142
<i>penicillin g potassium</i>	30	polyethylene glycol 3350.....	141	prenatal vitamin.....	142
<i>penicillin g sodium</i>	30	<i>polymyxin b sulf-trimethoprim</i> .	102	prenatal vitamin plus low iron..	142
<i>penicillin v potassium</i>	30	polyvinyl alcohol.....	141	<i>prenatal vitamin plus low iron..</i>	164
PENTACEL (PF).....	90	poly-vi-sol.....	141	prenatal vitamin with minerals	142
<i>pentamidine</i>	28	poly-vita drops.....	141	prenatal vit-iron fum-folic ac....	142
<i>pentoxifylline</i>	66	poly-vita with iron.....	141	preplus.....	142
pepcid ac.....	141	POMALYST.....	39	pres gen.....	142
perdiem overnight relief.....	141	<i>portia 28</i>	100	pres gen pediatric.....	142
<i>perindopril erbumine</i>	64	<i>posaconazole</i>	21		
<i>periogard</i>	76				
<i>permethrin</i>	74				

preservision areds.....	142	<i>pyridostigmine bromide</i>	49	REXULTI.....	58
pretab.....	142	pyridoxine (vitamin b6).....	143, 155	REYATAZ.....	24
<i>prevalite</i>	67	<i>pyrimethamine</i>	28	REZLIDHIA.....	39
PREVYMIS.....	24	QINLOCK.....	39	REZUROCK.....	39
PREZCOBIX.....	24	QUADRACEL (PF).....	90	RHOPRESSA.....	103
PREZISTA.....	24	<i>quetiapine</i>	58	<i>ribavirin</i>	24
PRIFTIN.....	28	QUETIAPINE.....	58	rid lice killing.....	146
PRIMAQUINE.....	28	quin b strong.....	143	<i>rifabutin</i>	28
PRIMIDONE.....	45	<i>quinapril</i>	64	<i>rifampin</i>	28
<i>primidone</i>	45	<i>quinapril-hydrochlorothiazide</i>	64	<i>riluzole</i>	75
PRIORIX (PF).....	90	<i>quinidine sulfate</i>	60	<i>rimantadine</i>	24
PRIVIGEN.....	90	<i>quinine sulfate</i>	28	ringworm.....	119
<i>probenecid</i>	92	quintabs-m.....	144	RINVOQ.....	94
<i>probenecid-colchicine</i>	92	quintabs-m iron free.....	144	RINVOQ LQ.....	94
pro-cal.....	142	quit 2.....	144	<i>risedronate</i>	75, 92
procerv hp.....	142	quit 4.....	144	RISPERDAL CONSTA.....	59
<i>prochlorperazine</i>	86	RABAVERT (PF).....	90	<i>risperidone</i>	59
<i>prochlorperazine edisylate</i>	85	<i>rabeprazole</i>	87	<i>ritonavir</i>	24
<i>prochlorperazine maleate</i>	85	RADICAVA ORS.....	49	<i>rivastigmine</i>	49
<i>procto-med hc</i>	86	RADICAVA ORS STARTER KIT		<i>rivastigmine tartrate</i>	49
<i>proctosol hc</i>	86	SUSP.....	49	<i>rivelsa</i>	100
<i>proctozone-hc</i>	86	<i>raloxifene</i>	92	<i>rizatriptan</i>	47
profola.....	142	<i>ramipril</i>	64	robafen.....	146
<i>progesterone</i>	96	<i>ranolazine</i>	68	robafen cf (phenylephrine).....	146
<i>progesterone micronized</i>	96	<i>rasagiline</i>	47	robitussin cough and cold cf.....	147
PROGRAF.....	39	ready-to-use enema.....	148	ROCKLATAN.....	103
PROLASTIN-C.....	75	ready-to-use enema (min oil)...	149	<i>roflumilast</i>	160
PROLENSA.....	103	<i>reclipsen (28)</i>	100	<i>ropinirole</i>	47
PROLIA.....	92	RECOMBIVAX HB (PF).....	90	<i>rosuvastatin</i>	68
PROMACTA.....	66	RECTIV.....	86	ROTARIX.....	90
<i>promethazine</i>	158	refenesen.....	146	ROTATEQ VACCINE.....	90
<i>propafenone</i>	60	refenesen pe.....	146	<i>roweepra</i>	45
<i>propranolol</i>	64	refresh liquigel.....	146	ROZLYTREK.....	39
<i>propylthiouracil</i>	78	refresh tears.....	146	RUBRACA.....	39
PROQUAD (PF).....	90	regenecare ha.....	146	<i>rufinamide</i>	45
prorenal.....	142	REGRANEX.....	70	RUKOBIA.....	24
prosight.....	142	reguloid (psyllium husk).....	146	RUXIENCE.....	39
<i>protriptyline</i>	58	reguloid (psyllium husk-sucro).	146	RYBELSUS.....	81
proxivol.....	142	RELENZA DISKHALER.....	24	rycontuss.....	147
pseudoephedrine hcl.....	142	renaplex.....	146	RYDAPT.....	39
pseudoephedrine-guaifenesin..	129	renaplex-d.....	146	rynex pe.....	147
psyllium husk.....	143	<i>repaglinide</i>	81	safety needles.....	110
psyllium husk (with sugar).....	143	rescon-gg.....	146	<i>sajazir</i>	160
PULMOZYME.....	160	rest simply nighttime sleep.....	143	saline mist.....	147
pure and gentle (saline).....	143	RETACRIT.....	88	saline nasal.....	147
purelax.....	118, 119	RETEVMO.....	39	saline nasal mist.....	147
PURIXAN.....	39	REVLIMID.....	39	saline nose.....	146
<i>pyrazinamide</i>	28	REVUFORJ.....	39	salmon oil-omega-3 fatty acids	150

SANDIMMUNE.....	39	SKYRIZI.....	69, 86	spectravite senior.....	149
SANTYL.....	70	sleep aid (diphenhydramine)		spectravite ultra men 50 plus...	149
<i>sapropterin</i>	82	.....	123, 128, 146	spectravite ultra men's sr.....	149
SAVELLA.....	94	sleep aid (doxylamine).....	128	spectravite ultra women.....	149
<i>saxagliptin</i>	81	sleep aid max str (diphenhydr) .	123	spectravite ultra women's sr....	149
SCSEMBLIX.....	39, 40	sleep ii.....	148	spectravite women.....	119
<i>scopolamine base</i>	86	sleep tablet (diphenhydramine)		spectravite women 50 plus.....	119
scot-tussin expectorant.....	147	.....	146	<i>spironolactone</i>	64
SECUADO.....	59	sleep time.....	128	<i>spironolacton-hydrochlorothiaz</i> ..	64
<i>selegiline hcl</i>	47	sleep-tabs.....	148	<i>sprintec (28)</i>	100
<i>selenium sulfide</i>	69	smart heart omega-3.....	149	SPRITAM.....	45
SELZENTRY.....	24	smooth antacid.....	119	SPRYCEL.....	40
senexon-s.....	147	smoothlax.....	149	<i>sps (with sorbitol)</i>	76
senior tabs.....	147	sochlor.....	149	<i>sronyx</i>	100
senna.....	147	sodium bicarbonate.....	149	<i>ssd</i>	70
senna lax.....	147	<i>sodium chloride</i>	75, 163	st joseph aspirin.....	149
senna laxative.....	147	sodium chloride.....	149	st. joseph aspirin.....	149
senna plus.....	146	<i>sodium chloride 0.45 %</i>	163	STAMARIL (PF).....	91
senna with docusate sodium....	147	<i>sodium chloride 0.9 %</i>	75	STELARA.....	69
senna-s.....	147	<i>sodium chloride 3 % hypertonic</i>	163	stimulant laxative plus.....	149
senna-time s.....	147	<i>sodium chloride 5 % hypertonic</i>	163	STIVARGA.....	40
sennosides.....	147	SODIUM OXYBATE.....	59	stool softener.....	119, 149
sennosides-docusate sodium...	147	<i>sodium phenylbutyrate</i>	76	stool softener (docusate cal)....	149
senokot extra strength.....	147	<i>sodium polystyrene sulfonate</i>	76	stool softener-laxative.....	149
senokot-s.....	147	<i>sodium,potassium,mag sulfates</i> ..	86	stool softener-stimulant laxat..	150
sentry.....	147	sof-lax.....	149	stop smoking aid.....	143
sentry senior.....	147	SOFOSBUVIR-VELPATASVIR.....	24	STREPTOMYCIN.....	28
SEREVENT DISKUS.....	160	<i>solifenacin</i>	161	stress b with zinc.....	150
<i>sertraline</i>	59	SOLQUA 100/33.....	81	stress formula with zinc.....	150
<i>setlakin</i>	100	solo.....	149	STRIBILD.....	24
severe cough-congestion.....	119	SOLTAMOX.....	40	strovite one.....	150
shake that ache.....	147	SOLU-CORTEF ACT-O-VIAL (PF)...	78	stye (pva-povidone).....	150
<i>sharobel</i>	96	soluvita.....	149	SUCRAID.....	86
SHINGRIX (PF).....	91	SOMATULINE DEPOT.....	40	<i>sucralfate</i>	87
siderol.....	147	SOMAVERT.....	82	sudafed 12 hour.....	150
SIGNIFOR.....	40	sominex.....	149	sudafed 24 hour.....	150
siladryl sa.....	147	sominex maximum strength....	149	sudogest.....	150
silapap.....	147	soothe hydration.....	149	sudogest 12-hour.....	150
<i>sildenafil (pulm.hypertension)</i> ..	160	soothe xp.....	149	sudogest cold and allergy.....	150
siltussin sa.....	148	soothe xp (pf).....	149	<i>sulfacetamide sodium</i>	103
<i>silver sulfadiazine</i>	70	<i>sorafenib</i>	40	<i>sulfacetamide sodium (acne)</i>	72
simethicone.....	128	<i>sotalol</i>	60	<i>sulfacetamide-prednisolone</i>	103
simply sleep.....	148	<i>sotalol af</i>	60	<i>sulfadiazine</i>	31
<i>simvastatin</i>	68	spectravite adult.....	119	<i>sulfamethoxazole-trimethoprim</i> ..	31
sinus 12 hour.....	148	spectravite adult 50 plus.....	119	<i>sulfasalazine</i>	86
<i>sirolimus</i>	40	spectravite advanced formula..	119	<i>sulindac</i>	52
SIRTURO.....	28	spectravite men 50 plus.....	119	<i>sumatriptan</i>	47
skin treatment.....	119	spectravite men's.....	119	<i>sumatriptan succinate</i>	47, 48

<i>sunitinib malate</i>	40	TALVEY.....	40	theranatal.....	151
SUNLENCA.....	24	TALZENNA.....	40	therapeutic-m.....	151
super antioxidant.....	150	tame the flame.....	151	thera-tabs.....	152
super calcium.....	150	<i>tamoxifen</i>	40	theratears.....	151
super dha gems.....	150	<i>tamsulosin</i>	162	theratrum complete 50 plus/lut	152
super multiple - low iron.....	150	targeted acne spot treatment..	117	theratrum complete 50 plus-lyc	152
super multivitamin.....	150	<i>tarina 24 fe</i>	100	theratrum complete with lutein	152
super omega-3.....	150	<i>tarina fe 1-20 eq (28)</i>	101	thera-vite max-m.....	152
super thera vite m.....	150	TASIGNA.....	40	therems multivitamin.....	152
superior men's multi.....	150	<i>tazarotene</i>	71	therems-m.....	152
superior women's multi.....	150	<i>tazicef</i>	26	theromega.....	152
suphedrin.....	150	<i>taztia xt</i>	64	theromega sport.....	152
suphedrine.....	146	TAZVERIK.....	40	thiamine hcl (vitamin b1)..	152, 154
suphedrine 12 hour.....	128	TECENTRIQ.....	40	<i>thioridazine</i>	59
SUPREP BOWEL PREP KIT.....	86	tecnu rash relief.....	151	<i>thiothixene</i>	59
supress dx.....	150	TEFLARO.....	26	thrivite-19.....	152
supress-pe.....	150	<i>telmisartan</i>	64	<i>tiadylt er</i>	64
surfak.....	150	<i>telmisartan-amlodipine</i>	64	<i>tiagabine</i>	45
surguard2 safety.....	151	<i>telmisartan-hydrochlorothiazid</i> ..	64	TIBSOVO.....	41
<i>syeda</i>	100	<i>temazepam</i>	59	TICOVAC.....	91
SYMDEKO.....	160	TENIVAC (PF).....	91	<i>tigecycline</i>	28
SYMPAZAN.....	45	<i>tenofovir disoproxil fumarate</i>	24	<i>tilia fe</i>	101
SYMTUZA.....	24	TEPMETKO.....	40	<i>timolol maleate</i>	64, 102
SYNJARDY.....	81	<i>terazosin</i>	64	tinactin.....	152
SYNJARDY XR.....	81	<i>terbinafine hcl</i>	21	ting.....	152
SYNTHROID.....	83	terbinafine hcl.....	151	<i>tinidazole</i>	28
syringe 3cc/20gx1".....	123	<i>terbutaline</i>	160	TIVICAY.....	24
syringe 3cc/21gx1-1/2".....	123	<i>terconazole</i>	96	TIVICAY PD.....	24
syringe 3cc/22gx1".....	123	<i>teriflunomide</i>	49	<i>tizanidine</i>	49
syringe 3cc/25gx1".....	123	TERIPARATIDE.....	92	TOBRADEX.....	104
syringe with needle.....	123	terumo syringe.....	151	<i>tobramycin</i>	102
syringe with needle, safety.....	110	<i>testosterone</i>	82, 83	<i>tobramycin in 0.225 % nacl</i>	28
systane (pf).....	150	<i>testosterone cypionate</i>	82	<i>tobramycin sulfate</i>	29
systane (propylene glycol).....	150	<i>testosterone enanthate</i>	82	<i>tobramycin-dexamethasone</i>	104
systane contacts.....	150	TETANUS,DIPHThERIA TOX PED(PF).....	91	tolnaftate.....	152
systane hydration (pf).....	151	<i>tetrabenazine</i>	49	<i>tolterodine</i>	161
systane ultra.....	151	<i>tetracycline</i>	31	<i>tolvaptan</i>	83
systane ultra (pf).....	151	THALOMID.....	40, 41	<i>topiramate</i>	45
tab-a-vite.....	151	the magic bullet.....	133	<i>toremifene</i>	41
tab-a-vite multivitamin w-iron.	151	THEO-24.....	160	<i>torsemide</i>	64
TABLOID.....	40	<i>theophylline</i>	160	total allergy medicine.....	152
TABRECTA.....	40	thera.....	151	TRADJENTA.....	81
<i>tacrolimus</i>	40, 70	thera m plus (ferrous fumarat).	151	<i>tramadol</i>	52
tactinal.....	151	theragran-m premier 50 plus...	151	<i>tramadol-acetaminophen</i>	52
<i>tadalafil</i>	162	theralogix companion.....	117	<i>trandolapril</i>	65
<i>tadalafil (pulm. hypertension)</i> ..	160	thera-m.....	151		
TAFINLAR.....	40				
TAGRISSO.....	40				

<i>tranexamic acid</i>	96	TROGARZO.....	24	unisom sleepminis.....	154
<i>tranylcypromine</i>	59	TROPHAMINE 10 %.....	164	<i>unithroid</i>	83
<i>travasol 10 %</i>	164	<i>trospium</i>	161	urea.....	154
travel-ease (meclizine).....	152	true cover condom.....	152	ureacin-20.....	154
<i>travoprost</i>	104	TRULANCE.....	86	<i>ursodiol</i>	86
TRAZIMERA.....	41	TRULICITY.....	81	<i>valacyclovir</i>	24
<i>trazodone</i>	59	TRUMENBA.....	91	VALCHLOR.....	70
TRECTOR.....	29	TRUQAP.....	41	<i>valganciclovir</i>	24
TRELEGY ELLIPTA.....	160	trustex latex condom.....	152	<i>valproate sodium</i>	45
TREMFYA.....	69	trustex lubricated condoms.....	152	<i>valproic acid</i>	45
TREMFYA PEN.....	69	trustex non-lub condoms.....	152	<i>valproic acid (as sodium salt)</i>	45
<i>treprostinil sodium</i>	65	trustex-ria lub/spermicide.....	152	<i>valsartan</i>	65
<i>tretinoin</i>	71	trustex-ria lubricated condoms.....	152	<i>valsartan-hydrochlorothiazide</i>	65
<i>tretinoin (antineoplastic)</i>	41	trustex-ria non-lub condoms.....	152	VALTOCO.....	46
<i>tretinoin microspheres</i>	71	TUKYSA.....	41	<i>vancomycin</i>	29
<i>triamcinolone acetonide</i> . 73, 74, 76		tums.....	152	VANCOMYCIN IN 0.9 % SODIUM	
<i>triamterene-hydrochlorothiazid</i> . 65		tums e-x.....	153	CHL.....	29
tricare.....	152	tums extra strength smoothies.....	152	VANFLYTA.....	41
<i>tridacaine</i>	70	tums ultra.....	153	vanicream hc.....	154
<i>tridacaine ii</i>	70	TURALIO.....	41	vanishpoint syringe.....	154
<i>triderm</i>	74	<i>turqoz (28)</i>	101	VAQTA (PF).....	91
<i>trientine</i>	76	tusicof.....	153	<i>varenicline tartrate</i>	76
<i>tri-estarylla</i>	101	tusnel dm.....	153	VARIVAX (PF).....	91
<i>trifluoperazine</i>	59	tusnel dm pediatric(phenyleph).....	153	VASCEPA.....	68
<i>trifluridine</i>	102	tusnel-ex.....	153	vcf contraceptive gel.....	154
<i>trihexyphenidyl</i>	47	tussin.....	143, 153	vegetable laxative.....	123
TRIJARDY XR.....	81	tussin cf (pe-dm-guaif).....	128	vegetable lax-stool softener.....	154
TRIKAFTA.....	161	tussin cf cough-cold.....	153	vegetarian boneup.....	154
<i>tri-legest fe</i>	101	tussin cf max.....	123	<i>velivet triphasic regimen (28)</i>	101
<i>tri-linyah</i>	101	tussin chest congestion.....	146	VEMLIDY.....	25
<i>tri-lo-estarylla</i>	101	tussin mucus-chest congestion.....	153	VENCLEXTA.....	41
<i>tri-lo-marzia</i>	101	tussi-pres.....	153	VENCLEXTA STARTING PACK.....	41
<i>tri-lo-mili</i>	101	tussi-pres pediatric.....	153	<i>venlafaxine</i>	59
<i>tri-lo-sprintec</i>	101	tusslin.....	153	ventiva tears.....	154
<i>trimethoprim</i>	31	TWINRIX (PF).....	91	VENTOLIN HFA.....	161
<i>tri-mili</i>	101	TYPHIM VI.....	91	<i>verapamil</i>	65
<i>trimipramine</i>	59	udamin sp.....	153	VERQUVO.....	68
trinate.....	152	ulticare low dead space syringe.....	153	VERSACLOZ.....	59
TRINTELLIX.....	59	ulticare safety syringe.....	153	VERZENIO.....	41
<i>tri-nymyo</i>	101	ultra boneup.....	153	<i>vestura (28)</i>	101
triple paste.....	152	ultra freedra.....	153	<i>vienna</i>	101
<i>tri-sprintec (28)</i>	101	ultra fresh.....	153	<i>vigabatrin</i>	46
TRIUMEQ.....	24	ultra lubricant eye.....	128	<i>vigadrone</i>	46
TRIUMEQ PD.....	24	ultra omega-3.....	153	<i>vigpoder</i>	46
<i>trivora (28)</i>	101	ultra strength antacid.....	109	<i>vilazodone</i>	59
<i>tri-vylibra</i>	101	unicomplex-m.....	153	<i>vincristine</i>	41
<i>tri-vylibra lo</i>	101	unisom sleepgels.....	154	<i>vinorelbine</i>	41
TRIZIVIR.....	24	unisom sleepmelts.....	154	<i>violele (28)</i>	101

VIRACEPT	25	wal-mucil natural fiber lax.....	156	<i>xulane</i>	96
VIREAD	25	wal-phed	156	XULTOPHY 100/3.6	81
visine-ac.....	154	wal-phed 12 hour.....	156	yelets.....	157
vision formula (with lutein).....	154	wal-phed d.....	156	YF-VAX (PF)	91
vision formula(a-c-e-zn-se-cu)..	154	wal-profen	156	YUFLYMA(CF)	94
vision plus lutein	154	wal-sleep z.....	156	YUFLYMA(CF) AI CROHN'S-UC-	
vista tears.....	154	wal-som (diphenhydramine)....	156	HS	94
vitacel (with lutein)	154	wal-som (doxylamine).....	156	YUFLYMA(CF) AUTOINJECTOR....	94
vitalee	154	wal-tussin cough and cold cf....	106	<i>yuvaferm</i>	96
vitamin b-1.....	146, 154	wal-zyr (cetirizine).....	156	<i>zafemy</i>	96
vitamin b-6.....	146, 155	wal-zyr (ketotifen).....	156	<i>zafirlukast</i>	161
vitamin d3 complete	155	wal-zyr d	156	zantac-360 (famotidine).....	157
vitamin e	146, 155	<i>warfarin</i>	66	ZEJULA	42
vitamin e (dl, acetate).....	155	<i>water for irrigation, sterile</i>	76	ZELBORAF.....	42
vitamin e acetate.....	155	WELIREG	41	<i>zenatane</i>	71
vitamin e mixed	155	wellfola	156	ZENPEP	86
vitamin e succinate	155	<i>wera (28)</i>	101	<i>zidovudine</i>	25
vitamins a-d-e selenium	155	woman's laxative (bisacodyl)....	156	zinc oxide.....	146, 157
vitamins and minerals.....	155	women's 50 plus advanced.....	156	<i>ziprasidone hcl</i>	59
vitatrum	155	women's 50 plus daily formula .	156	<i>ziprasidone mesylate</i>	59
VITRAKVI.....	41	women's 50 plus multivitamin. .	156	ZIRABEV.....	42
vitrexyl.....	155	women's daily formula	157	ZIRGAN	102
vitrexyl plus iron	155	women's gentle laxative(bisac)	157	<i>zoledronic acid</i>	83
vitrum senior	155	women's laxative (bisacodyl)		<i>zoledronic acid-mannitol-water</i> ..	76
VIVITROL	52	.....	146, 157	ZOLINZA.....	42
VIZIMPRO	41	women's multivitamin.....	157	<i>zolmitriptan</i>	48
VONJO	41	women's one daily	123	<i>zolpidem</i>	59
VORANIGO	41	<i>wymzya fe</i>	101	ZONISADE	46
<i>voriconazole</i>	21	XALKORI	41	<i>zonisamide</i>	46
VOWST	86	<i>xarah fe</i>	101	<i>zovia 1-35 (28)</i>	101
VRAYLAR	59	XARELTO	66	z-sleep	157
<i>vyfemla (28)</i>	101	XARELTO DVT-PE TREAT 30D		ZTALMY	46
<i>vylibra</i>	101	START	66	<i>zumandimine (28)</i>	101
VYNDAQEL.....	68	XATMEP	41	ZURZUVAE.....	60
wal-dram 2.....	155	XCOPRI.....	46	ZYDELIG	42
wal-dryl (diphenhydramine).....	155	XCOPRI MAINTENANCE PACK.....	46	ZYKADIA.....	42
wal-dryl allergy	155	XCOPRI TITRATION PACK.....	46	ZYPREXA RELPREVV	60
wal-fex allergy	155	XDEMVY.....	103	zzzquil	157
wal-fex d 12 hour.....	155	XERMELO.....	41		
wal-fex d 24 hour	155	xeroburn	157		
wal-finate	156	XGEVA	32		
wal-finate-d	156	XIFAXAN	29		
wal-itin	115, 156	XIGDUO XR.....	81		
wal-itin d	156	XOLAIR.....	161		
wal-itin d 12 hour	156	xolido	157		
wal-mucil fiber.....	156	XOSPATA.....	41		
wal-mucil fiber (aspartame).....	156	XPOVIO	42		
wal-mucil fiber (sugar).....	156	XTANDI.....	42		

Discrimination Is Against the Law

Wellcare By Allwell complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). Wellcare By Allwell does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity).

Wellcare By Allwell:

- Provides aids and services, at no cost, to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides language services, at no cost, to people whose primary language is not English, such as:
 - Qualified interpreters and
 - Information written in other languages.

If you need these services, contact Member Services at:

Wellcare By Allwell: **1-844-451-1768** (TTY/TDD: **711**). Between October 1 and March 31, representatives are available seven days a week, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m.

If you believe that Wellcare By Allwell failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity), you can file a grievance with:

1557 Coordinator

PO Box 31384, Tampa, FL 33631

1-855-577-8234

TTY/TDD: 711

Fax: 1-866-388-1769

Email: SM_Section1557Coord@centene.com

You can file a grievance in person, by mail, fax, or email. Your grievance must be in writing and must be submitted within 180 days of the date that the person filing the grievance becomes aware of what is believed to be discrimination. If you need help filing a grievance, our 1557 Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail at U.S. Department of Health and Human Services; 200 Independence Avenue SW; Room 509F, HHH Building; Washington, D.C. 20201; or by phone: **1-800-368-1019, 1-800-537-7697** (TTY/TDD).

Complaint forms are available at <https://www.hhs.gov/ocr/complaints/index.html>.

La discriminación es un delito

Wellcare By Allwell cumple con las leyes Federales de derechos civiles aplicables y no discrimina por motivos de raza, color de piel, nacionalidad de origen, edad, discapacidad o sexo (incluido el embarazo, la orientación sexual y la identidad de género). Wellcare By Allwell no excluye a las personas ni las trata de manera diferente por su raza, color de piel, nacionalidad de origen, edad, discapacidad o sexo (incluido el embarazo, la orientación sexual y la identidad de género).

Wellcare By Allwell proporciona:

- Brinda asistencia y servicios, sin costo alguno, a las personas con discapacidades para comunicarse de manera eficaz con nosotros, como los siguientes:
 - Intérpretes de lengua de señas calificados
 - Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles u otros formatos)
- Brinda servicios de idiomas sin costo para las personas cuyo idioma principal no es el inglés, como los siguientes:
 - Intérpretes calificados e
 - Información escrita en otros idiomas.

Si necesita estos servicios, llame a Servicios para Miembros al:

Wellcare By Allwell: **1-844-451-1768** (TTY/TDD: **711**). Entre el 1 de octubre y el 31 de marzo, los representantes están disponibles los siete días de la semana, de 8 a.m. a 8 p.m. Entre el 1 de abril y el 30 de septiembre, los representantes están disponibles de lunes a viernes de 8 a.m. a 8 p.m.

Si considera que Wellcare By Allwell no le proporcionó estos servicios o lo discriminó de otra manera por motivos de raza, color de piel, nacionalidad de origen, edad, discapacidad o sexo (incluido el embarazo, la orientación sexual y la identidad de género), puede presentar una queja ante la siguiente entidad:

1557 Coordinator

PO Box 31384, Tampa, FL 33631

1-855-577-8234

TTY/TDD: 711

Fax: 1-866-388-1769

Email: SM_Section1557Coord@centene.com

Puede presentar una queja en persona, o por correo, fax o correo electrónico. La queja debe presentarse por escrito en un plazo de 180 días a partir de la fecha en que la persona que presenta la queja advierta lo que considera discriminación. Si necesita ayuda para presentar una queja, nuestro Coordinador 1557 está disponible para ayudarlo.

También puede presentar un reclamo de derechos civiles ante la Office for Civil Rights del U.S. Department of Health and Human Services de manera electrónica a través del Portal de Reclamos de la Office for Civil Rights, disponible en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, o por correo postal a U.S. Department of Health and Human Services; 200 Independence Avenue SW; Room 509F, HHH Building; Washington, D.C. 20201; o por teléfono: **1-800-368-1019, 1-800-537-7697** (TTY/TDD).

Los formularios de reclamo están disponibles en <https://www.hhs.gov/ocr/complaints/index.html>.

If you, or someone you are helping, have questions about Wellcare By Allwell, and are not proficient in English, you have the right to get help and information in your language at no cost and in a timely manner. If you, or someone you are helping, have an auditory and/or visual condition that impedes communication, you have the right to receive auxiliary aids and services at no cost and in a timely manner. To receive oral interpretation, ASL, written translation, or auxiliary services, please contact Member Services at **1-844-451-1768 (TTY 711)**.

Spanish: Si usted, o alguien a quien está ayudando, tiene preguntas acerca de Wellcare By Allwell y no domina el inglés, tiene derecho a obtener ayuda e información en su idioma sin costo alguno y de manera oportuna. Si usted, o alguien a quien está ayudando, tiene un impedimento auditivo o visual que le dificulta la comunicación, tiene derecho a recibir ayuda y servicios auxiliares sin costo alguno y de manera oportuna. Para recibir interpretación oral, lengua de signos americana (ASL), traducción escrita o servicios auxiliares, comuníquese con Servicios para Miembros al **1-844-451-1768 (TTY 711)**.

Navajo: Daa ni, doodaii la'da ni'bineesh'a dzaadi, be'esdzááh na'idíkid 'aa Wellcare By Allwell, dóó bineesh'a góó t'oo 'adee naash'ne di Bilagaana bizaad, ni be'esdzááh la' t'áá 'áko góó bil hánish'áásh dzaadi dóó bíka'ashkíd di nihí saad gi 'ádin t'áadoo bááhilinigoo dóó di léi na'alkid lahgo 'át'éego. Dáą ni, doodaii la'da ni'bineesh'a dzaadi, be'esdzááh la nish'j dóó/doodaii na'ach'aah 'ahoosoli eii biniish'laah bil'alnaa'alwo, ni be'esdzááh la' t'aa 'áko góó baa yíłtsóós 'ooljee'lahgo 'anaa'niil bika'iishyeed dóó tse'esgizii gi 'adin t'áadoo baahilinigoo dóó di léi na'alkid lahgo 'át'éego. Góó yíłtsóós saad náánálahdée' doodaii 'ooljee'lahgo 'anaa'niil tse'esgizii, Bilagáana 'atiingii 'i'ii'ahigii dine bizaad (ASL), t'aa shoodi deistsé' 'Anishtah Tse'esgizii gi **1-844-451-1768 (TTY 711)**.

Chinese (Mandarin): 如果您或您帮助的人对 Wellcare By Allwell 有疑问，并且不精通英语，则您有权免费、及时获得以您的语言提供的帮助和信息。如果您或您帮助的人患有听觉和/或视觉方面的疾病，会阻碍沟通，则您有权免费、及时获得辅助工具和服务。要获得口译、美国手语 (ASL)、笔译或辅助服务，请致电 **1-844-451-1768 (TTY 711)** 联系会员服务部。

Chinese (Cantonese): 如果您，或是您正在協助的對象，有關於 Wellcare By Allwell 方面的問題，且不精通英語，您有權利免費並及時以您的母語獲幫助和訊息。如果您，或您正在協助的對象有聽力和/或視力上的問題，阻礙了溝通，您有權利免費並及時獲得輔助支援與服務。若要取得口譯，美國手語 (ASL)，書面翻譯或輔助服務，請聯絡會員服務部，電話是 **1-844-451-1768 (TTY 711)**。

Vietnamese: Nếu quý vị hoặc người mà quý vị đang giúp đỡ có câu hỏi về Wellcare By Allwell và không thành thạo tiếng Anh, quý vị có quyền được trợ giúp và nhận thông tin bằng ngôn ngữ của mình miễn phí và kịp thời. Nếu quý vị hoặc người mà quý vị đang giúp đỡ mắc bệnh về thính giác và/hoặc thị giác gây cản trở giao tiếp, quý vị có quyền được nhận các hỗ trợ và dịch vụ phụ trợ miễn phí và kịp thời. Để nhận dịch vụ thông dịch Ngôn ngữ ký hiệu Mỹ (ASL) hoặc dịch vụ phụ trợ, vui lòng liên hệ bộ phận Dịch Vụ Thành Viên theo số **1-844-451-1768 (TTY 711)**.

Arabic: إذا كان لديك أو لدى شخص تساعد أسئلة حول Wellcare By Allwell، ولم تكن بارعًا باللغة الإنكليزية، فلديك الحق في الحصول على المساعدة والمعلومات بلغتك من دون أي تكلفة وفي الوقت المناسب. إذا كنت أنت أو أي شخص تساعد تعاني من حالة سمعية و/أو بصرية تعيق التواصل، فلديك الحق في تلقي مساعدات وخدمات إضافية من دون أي تكلفة وفي الوقت المناسب. لتلقي خدمات الترجمة الشفهية أو لغة الإشارة الأمريكية (ASL) أو الترجمة الكتابية أو خدمات إضافية، يرجى الاتصال بخدمات الأعضاء على **1-844-451-1768 (TTY 711)**.

Tagalog: Kung ikaw, o ang iyong tinutulungan, ay may mga katanungan tungkol sa Wellcare By Allwell, at hindi ka mahusay sa Ingles, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika nang walang gastos at sa maagap na paraan. Kung ikaw, o ang iyong tinutulungan, ay may kondisyon sa pandinig at/o paningin na nakakaapekto sa komunikasyon, may karapatan kang makatanggap ng mga karagdagang tulong at serbisyo nang walang gastos at sa maagap na paraan. Para makatanggap ng pasalitang pagsasalin, ASL, pasulat na pagsasalin, o mga karagdagang serbisyo, mangyaring makipag-ugnayan sa Mga Serbisyo para sa Miyembro sa **1-844-451-1768 (TTY 711)**.

Korean: 귀하 또는 귀하의 도움을 받는 분이 Wellcare By Allwell에 대한 질문이 있는 경우 영어에 능숙하지 않으시면 해당 언어로 시의적절하게 무료 지원과 정보를 받을 권리가 있습니다. 귀하 또는 귀하의 도움을 받는 분이 청각 및/또는 시각적으로 의사소통에 장애가 있는 경우 시의적절하게 무료 보조 도구 및 서비스를 받을 권리가 있습니다. 구두 통역, ASL, 서면 번역 또는 보조 서비스를 받으시려면 **1-844-451-1768(TTY 711)**번으로 가입자 서비스부에 연락해주시요.

French: Si vous-même ou une personne que vous aidez avez des questions à propos de Wellcare By Allwell et que vous ne maîtrisez pas l'anglais, vous pouvez bénéficier gratuitement et en temps utile d'aide et d'informations dans votre langue. Si vous-même ou une personne que vous aidez souffrez d'un trouble auditif ou visuel qui entrave la communication, vous pouvez bénéficier gratuitement et en temps utile d'aides et de services auxiliaires. Pour profiter de services d'interprétation, de langue des signes américaine (ASL), de traduction ou de services auxiliaires, veuillez contacter Services aux membres au **1-844-451-1768 (TTY 711)**.

German: Falls Sie oder jemand, dem Sie helfen, Fragen zu Wellcare By Allwell hat und nicht Englisch spricht, haben Sie das Recht, kostenlos und zeitnah Hilfe und Informationen in Ihrer Sprache zu erhalten. Falls Sie oder jemand, dem Sie helfen, eine Hör- und/oder Sehbeeinträchtigung hat, die die Kommunikation beeinflusst, haben Sie das Recht, kostenlos und zeitnah zusätzliche Hilfe und Dienstleistungen zu erhalten. Für mündliche Dolmetschungen in andere Sprachen und in amerikanische Gebärdensprache (ASL), schriftliche Übersetzungen oder weitere Unterstützung wenden Sie sich bitte an unseren Kundendienst unter **1-844-451-1768 (TTY 711)**.

Russian: Если у вас или у лица, которому вы помогаете, возникли какие-либо вопросы о программе страхования Wellcare By Allwell, при этом вы недостаточно хорошо владеете английским языком, вы имеете право на бесплатную и своевременную помощь и информацию на своем родном языке. Если у вас или у лица, которому вы помогаете, наблюдается какое-либо нарушение слуха и/или зрения, которое препятствует коммуникации, вы имеете право на бесплатные и своевременные вспомогательные услуги и помощь. Для получения услуг устного перевода, перевода на американский жестовый язык (ASL), письменного перевода или вспомогательных услуг обратитесь в отдел обслуживания участников программы страхования по номеру **1-844-451-1768 (TTY 711)**.

Japanese: ご自身やあなたが介護している他の人が、Wellcare By Allwellについてご質問をお持ちの場合、英語に自信がなくても無料かつタイムリーにご希望の言語でヘルプや情報を得ることができます。ご自身や、あなたが介護している他の人の聴覚や視覚の状態のためやり取りが難しい場合でも、無料かつタイムリーに補助サービスを受けることができます。通訳やアメリカ手話 (ASL)、翻訳、補助サービスを受けるには、**1-844-451-1768 (TTY 711)**のメンバーサービスにご連絡ください。

(Farsi) Persian: اگر شما یا فردی که دارید به او کمک می‌کنید، سؤالی درباره Wellcare By Allwell دارید، و انگلیسی نمی‌دانید، حق دارید کمک و اطلاعات را به زبان خودتان به رایگان و به موقع دریافت کنید. اگر شما یا فردی که دارید به او کمک می‌کنید مشکلات شنوایی یا بینایی دارد که برقراری ارتباط را سخت می‌کند، حق دارید کمک‌ها و خدمات امدادی را به زبان خودتان به رایگان و به موقع دریافت کنید. برای دریافت خدمات ترجمه شفاهی، زبان اشاره آمریکایی (ASL)، ترجمه کتبی، یا کمک‌های امدادی لطفاً با خدمات اعضا به شماره **1-844-451-1768 (TTY 711)** تماس بگیرید.

Thai: หากคุณหรือคนที่คุณกำลังให้ความช่วยเหลือมีคำถามเกี่ยวกับ Wellcare By Allwell และไม่ชำนาญในการใช้ภาษาอังกฤษ คุณมีสิทธิ์ที่จะขอรับความช่วยเหลือและข้อมูลในภาษาของคุณโดยไม่เสียค่าใช้จ่ายอย่างทันทีทันใด หากคุณหรือคนที่คุณกำลังให้ความช่วยเหลือมีภาวะด้านการฟังและ/หรือการมองเห็นที่เป็นอุปสรรคต่อการสื่อสาร คุณมีสิทธิ์ที่จะขอรับความช่วยเหลือและบริการเสริมโดยไม่เสียค่าใช้จ่ายอย่างทันทีทันใด หากต้องการล่ามโดยการพูด, ASL, คำแปลเป็นตัวอักษร หรือบริการเสริม โปรดติดต่อ บริการสำหรับสมาชิก ที่หมายเลข **1-844-451-1768 (TTY 711)**



This formulary was updated on 05/01/2025.

For more recent information or other questions, please contact us at **1-844-451-1768**, for TTY users, **711**, between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m., between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m., or visit **[wellcare.com/allwellAZ](https://www.wellcare.com/allwellAZ)**.

05/01/2025

MedicareRx
Prescription Drug Coverage