

# MeridianComplete (Medicare-Medicaid Plan) | 2025

## List of Covered Drugs (Drug List or Formulary)

### 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 drugs and items are covered by MeridianComplete (Medicare-Medicaid Plan). The *Drug List* also tells you if there are any special rules or restrictions on any drugs covered by MeridianComplete (Medicare-Medicaid Plan). Key terms and their definitions appear in the last chapter of the *Member Handbook*.



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For more recent information or other questions, contact us at **1-855-323-4578** (TTY users should call **711**), 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. Or visit **[mmp.mimeridian.com](http://mmp.mimeridian.com)**.



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**If you have questions**, please call MeridianComplete (Medicare-Medicaid Plan) at 1-855-323-4578 (TTY users should call 711), 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit [mmp.mimeridian.com](http://mmp.mimeridian.com).

## A. Disclaimers

This is a list of drugs that members can get in MeridianComplete (Medicare-Medicaid Plan).

- ❖ MeridianComplete (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees.
- ❖ We have free interpreter services to answer any questions that you may have about our health or drug plan. To get an interpreter just call us at 1-855-323-4578 (TTY users should call 711), 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. Someone that speaks English/ Language can help you. This is a free service.

Contamos con los servicios gratuitos de un intérprete para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o de medicamentos. Para solicitar un intérprete, llámenos al **1-855-323-4578 (TTY: 711)**. El horario de atención es de 8 a.m. a 8 p.m., los siete días de la semana. Es posible que los fines de semana y los días festivos estatales o federales le pidan que deje un mensaje. Lo llamaremos el siguiente día hábil. Alguien que hable español puede ayudarlo. Este es un servicio gratuito.

我们提供免费的口译服务，为您解答您对我们的健康或药物计划可能存有的疑问。要获得口译员，致电 **1-855-323-4578 (TTY: 711)** 联系我们即可。我们的工作时间：每周7天，早上8点至晚上8点。周末和州/联邦节假日请留言。我们将在下一个工作日内给您回电。会讲中文（普通话）的人员可以为您提供帮助。这项服务免费。

我們提供免費的口譯服務，可解答您對我們的健康或藥物計劃可能有的任何疑問。如需口譯員服務，請致電 **1-855-323-4578 (TTY: 711)**。服務時間為一週七天，上午8點至晚上8點。週末和州或聯邦假日，可能會要求您留言。我們將在下一個工作日內回電給您。會說廣東話的人員可以幫助您。此為免費服務。

May mga libre kaming serbisyo sa pagsasalin para sagutin ang anumang posibleng tanong ninyo tungkol sa aming planong pangkalusugan o plano sa gamot. Para makakuha ng tagasalin, tawagan lang kami sa **1-855-323-4578 (TTY: 711)**. Ang mga oras ay 8 a.m. hanggang 8 p.m., pitong araw sa isang linggo. Kapag Sabado at Linggo at mga pang-estado o pederal na holiday, posibleng hilingin sa inyo na mag-iwan ng mensahe. Tatawagan kayo sa susunod na araw na may pasok. May nagsasalita ng Tagalog na makakatulong sa inyo. Isa itong libreng serbisyo.

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**If you have questions**, please call MeridianComplete (Medicare-Medicaid Plan) at 1-855-323-4578 (TTY users should call 711), 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit [mmp.mimeridian.com](http://mmp.mimeridian.com).

Nous disposons de services d'interprétation gratuits pour répondre à toutes les questions que vous vous posez sur notre régime de santé ou de médicaments. Pour obtenir les services d'un interprète, il vous suffit de nous appeler au **1-855-323-4578 (TTY : 711)**. Les heures d'ouverture sont de 8 heures à 20 heures, 7 jours sur 7. Le week-end et les jours fériés nationaux ou fédéraux, il se peut que l'on vous demande de laisser un message. Vous serez rappelé le jour ouvrable suivant. Une personne parlant français pourra vous aider. Ce service est gratuit.

Chúng tôi có dịch vụ thông dịch miễn phí để trả lời mọi câu hỏi quý vị có thể có về chương trình sức khỏe hoặc thuốc của chúng tôi. Để được hỗ trợ thông dịch, chỉ cần gọi cho chúng tôi theo số **1-855-323-4578 (TTY: 711)**. Giờ làm việc là từ 8 a.m. đến 8 p.m., bảy ngày một tuần. Vào cuối tuần và ngày lễ của tiểu bang hoặc liên bang, quý vị có thể được yêu cầu để lại tin nhắn. Chúng tôi sẽ trả lời cuộc gọi của quý vị vào ngày làm việc tiếp theo. Nhân viên nói tiếng Việt có thể trợ giúp quý vị. Đây là dịch vụ miễn phí.

Wir bieten Ihnen einen kostenlosen Dolmetschservice, wenn Sie Fragen zu unseren Gesundheits- oder Medikamentenplänen haben. Um einen Dolmetscher in Anspruch zu nehmen, rufen Sie uns unter folgender Telefonnummer an: **1-855-323-4578 (TTY: 711)**. Wir sind sieben Tage die Woche von 8 bis 20 Uhr erreichbar. An Wochenenden und an Feiertagen werden Sie möglicherweise aufgefordert, eine Nachricht zu hinterlassen. Wir rufen Sie am nächsten Werktag zurück. Ein deutschsprachiger Mitarbeiter wird Ihnen behilflich sein. Dieser Service ist kostenlos.

당사의 건강 또는 의약품 플랜과 관련해서 물어볼 수 있는 모든 질문에 답변하기 위한 무료 통역 서비스가 있습니다. 통역사가 필요한 경우, **1-855-323-4578(TTY: 711)**번으로 연락해 주십시오. 월요일부터 금요일까지 오전 8시~오후 8시에 문의하십시오. 주말 및 주 또는 연방 공휴일에는 메시지를 남길 것을 요청할 수 있습니다. 그러면 다음 영업일에 전화드리겠습니다. 한국어를 구사하는 통역사가 도움을 드릴 수 있습니다. 통역 서비스는 무료로 제공됩니다.

Если у вас возникли какие-либо вопросы о нашем плане медицинского страхования или плане с покрытием лекарственных препаратов, вам доступны бесплатные услуги переводчика.

Если вам нужен переводчик, просто позвоните нам по номеру **1-855-323-4578 (TTY: 711)**. Часы работы: с 8 а.м. до 8 р.м., без выходных. В выходные дни и государственные праздники вас могут попросить оставить сообщение. Вам перезвонят на следующий рабочий день. Вам окажет помощь сотрудник, говорящий на русском языке. Данная услуга бесплатна.

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**If you have questions**, please call MeridianComplete (Medicare-Medicaid Plan) at 1-855-323-4578 (TTY users should call 711), 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit [mmp.mimeridian.com](http://mmp.mimeridian.com).

نوفر خدمات ترجمة فورية مجانية للإجابة على أي أسئلة قد تكون لديك حول خطة الصحة أو الدواء الخاصة بنا. للحصول على مترجم فوري، ما عليك سوى الاتصال بنا على الرقم **1-855-323-4578 (TTY: 711)**. على مدار الأسبوع، من الساعة 8 صباحًا وحتى الساعة 8 مساءً. قد يُطلب منك ترك رسالة في عطلات نهاية الأسبوع وفي أيام الإجازات الرسمية أو الإجازات الفيدرالية، وسنعاود الاتصال بك خلال يوم العمل التالي. يمكن أن يساعدك شخص يتحدث العربية وهذه الخدمة مجانية.

Sono disponibili servizi di interpretariato gratuiti per rispondere a qualsiasi domanda possa avere in merito al nostro piano farmacologico o sanitario. Per usufruire di un interprete, è sufficiente contattare il numero **1-855-323-4578 (TTY: 711)** dalle 8:00 alle 20:00 tutti i giorni della settimana. Nei fine settimana e nei giorni festivi statali o federali potrebbe essere necessario lasciare un messaggio. La ricontatteremo entro il giorno lavorativo successivo. Qualcuno la assisterà in lingua italiana. È un servizio gratuito.

Temos serviços de intérprete gratuitos para responder a quaisquer dúvidas que possa ter sobre o nosso plano de saúde ou medicação. Para obter um intérprete, contacte-nos através do número **1-855-323-4578 (TTY: 711)**. O serviço está disponível sete dias por semana, das 08:00 às 20:00. Se ligar num fim de semana ou num feriado estadual ou federal, poderá ter de deixar mensagem. A sua chamada será devolvida no próximo dia útil. Um falante de português poderá ajudá-lo. Este serviço é gratuito.

Nou gen sèvis tradiksyon nan bouch gratis pou reponn nenpòt kesyon ou ta renmen poze konsènan sante w oswa plan medikaman w lan. Pou jwenn yon entèprèt k ap tradui pou w, annik rele nou nan **1-855-323-4578 (TTY: 711)**. Orè a se Lendi pou Vandredi, 8 a.m. jiska 8 p.m. Nan wikenn epi pandan jou ferye Eta a oswa federal, yo gendwa mande w pou w kite yon mesaj. Y ap rele w nan landemen si biwo yo louvri. Yon moun ki pale Kreyòl Ayisyen pral ede w. Sèvis sa a gratis.

Oferujemy bezpłatną usługę tłumaczenia ustnego, która pomoże Państwu uzyskać odpowiedzi na ewentualne pytania dotyczące naszego planu leczenia lub planu refundacji leków. Aby skorzystać z usługi tłumaczenia ustnego, wystarczy zadzwonić pod numer **1-855-323-4578 (TTY: 711)** codziennie w godzinach od 8:00 do 20:00. W weekendy i święta konieczne może być pozostawienie wiadomości. Oddzwonimy w następnym dniu roboczym. Zapewni to Państwu pomoc osoby mówiącej po polsku. Usługa ta jest bezpłatna.

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हमारे स्वास्थ्य या ड्रग प्लान के बारे में आपके किसी भी सवाल का जवाब देने के लिए, हम मुफ्त में दुभाषिया सेवाएं देते हैं। दुभाषिया सेवा पाने के लिए, बस हमें 1-855-323-4578 (TTY: 711) पर कॉल करें। कार्य का समय रोज सुबह 8 बजे से लेकर रात 8 बजे तक है। सप्ताहांत और राज्य या संघीय अवकाशों पर, आपसे संदेश छोड़ने के लिए कहा जा सकता है। आपके कॉल का जवाब अगले व्यावसायिक दिन के अंदर दिया जाएगा। हर्दी में बात करने वाला सहायक आपकी मदद करेगा। यह एक नशुल्क सेवा है।

弊社の健康や薬剤計画についてご質問がある場合は、無料の通訳サービスをご利用いただけます。通訳を利用するには、1-855-323-4578 (TTY : 711) にお電話ください。対応時間は毎日午前8時～午後8時です。対応時間後、または週末および祝日はボイスメッセージを残してください。次の対応時間内に折り返しお電話いたします。日本語の通訳担当者が対応します。これは無料のサービスです。

Ne ofrojmë shërbime përkthimi pa pagesë për t'iu përgjigjur çdo pyetjeje që mund të keni në lidhje me planin tonë shëndetësor ose të barnave. Për të përfutuar shërbimin e përkthimit, mjafton të na telefononi në numrin 1-855-323-4578 (TTY: 711). Orari i punës është nga ora 08:00 deri në 20:00, shtatë ditë të javës. Në fundjavë dhe në festat zyrtare ose federale, mund t'ju kërkohet të lini një mesazh. Do t'ju telefonojmë brenda ditës së ardhshme të punës. Dikush që flet shqip mund t'ju ndihmojë. Ky është një shërbim pa pagesë.

هذه الخدمة مجانية وتقدمها منظمة ميريديان كومبليت (برنامج الرعاية الصحية - برنامج الرعاية الصحية) لتقديم المساعدة في فهم خطط الرعاية الصحية أو الأدوية الخاصة بك. يمكنك الاتصال بنا على الرقم 1-855-323-4578 (TTY: 711) من الساعة 8 صباحاً إلى 8 مساءً، سبعة أيام في الأسبوع. في العطلات الرسمية أو الفيدرالية، قد يُطلب منك ترك رسالة صوتية. سنرد عليك خلال اليوم التالي من العمل. يمكن لأي شخص يتحدث اللغة البوسنية أن يساعدك. هذه خدمة مجانية.

আমাদের স্বাস্থ্য বা ড্রাগ প্ল্যান সম্পর্কে আপনার সম্ভাব্য কোনো প্রশ্নের উত্তর দিতে আমাদের নথিরাচায় দো ভাষীর পরষিবো রয়েছে। একজন দো ভাষী পতে খালি আমাদের 1-855-323-4578 (TTY: 711)-এ কল করুন। সময় সকাল ৪টা থেকে রাত্ৰি ৪টা, সপ্তাহরে সাত দিনই। সপ্তাহান্তরে দিনগুলতি এবং প্ৰদশে বা ফডেরোল ছুটরি দিনগুলতি আপনাকে একটি মসেজে দিয়ে রাখতে বলা হতে পারে। আপনাকে পররে কাজরে দিনে কল করা হবো। বাংলা বলতে পারনে এমন কডে আপনাকে সাহায্য করতে পারনে। এই পরষিবোটি বনিামূল্যে।

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**If you have questions**, please call MeridianComplete (Medicare-Medicaid Plan) at 1-855-323-4578 (TTY users should call 711), 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit [mmp.mimeridian.com](http://mmp.mimeridian.com).

Nudimo besplatne usluge tumača koji će odgovoriti na sva vaša pitanja o našem zdravstvenom programu ili lekovima. Da biste dobili usluge tumača, nazovite nas na **1-855-323-4578 (TTY: 711)**. Radno vreme je od ponedeljka do petka od 8.00 do 20.00. Vikendima i državnim ili saveznim praznicima od vas ćemo zatražiti da ostavite poruku. Odgovorićemo na vaš poziv narednog radnog dana. Neko ko govori srpski ili hrvatski može vam pomoći. Ovo je besplatna uluga.

- ❖ **You can also get this document for free in other formats, such as large print, braille, or audio. Call 1-855-323-4578 (TTY users should call 711), 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free.**
- ❖ 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 1-855-323-4578 (TTY users should call 711), 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free.
- ❖ If you want to continue to get materials in another format or language after you have requested one, we will continue to provide them until you ask us to terminate the request. We will document your choice.
- ❖ If you have questions/concerns or would like to update a preferred language and/or format request, call Member Services at 1-855-323-4578 (TTY users should call 711), 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free.



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## 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* in section C1 are the drugs covered by MeridianComplete (Medicare-Medicaid Plan). These 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.”

- MeridianComplete (Medicare-Medicaid Plan) will cover all medically necessary drugs on the *Drug List* if:
  - your doctor or other prescriber says you need them to get better or stay healthy, **and**
  - you fill the prescription at a MeridianComplete (Medicare-Medicaid Plan) network pharmacy.
- MeridianComplete (Medicare-Medicaid Plan) may have additional steps to access certain drugs (refer to question B4 below).

You can also find an up-to-date list of drugs that we cover on our website at [mmp.mimeridian.com/pharmacy/formulary.html](http://mmp.mimeridian.com/pharmacy/formulary.html), ask your Care Coordinator for help, or call Member Services toll-free at 1-855-323-4578 (TTY users should call 711), 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day.



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## **B2. Does the *Drug List* ever change?**

Yes, and MeridianComplete (Medicare-Medicaid Plan) must follow Medicare and Michigan 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 approval (PA) for a drug. (PA is permission from MeridianComplete (Medicare-Medicaid Plan) before you can get a drug.)
- Add or change the amount of a drug you can get (called “quantity limits”).
- Add or change step therapy restrictions on a drug. (Step therapy means you must try one drug before we 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 MeridianComplete (Medicare-Medicaid Plan)’s up to date *Drug List* online at [mmp.mimeridian.com/pharmacy/formulary.html](http://mmp.mimeridian.com/pharmacy/formulary.html). Updates to the *Drug List* are posted on the website monthly.
- You can also call Member Services to check the current *Drug List* at 1-855-323-4578 (TTY users should call 711), 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day.



**If you have questions**, please call MeridianComplete (Medicare-Medicaid Plan) at 1-855-323-4578 (TTY users should call 711), 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit [mmp.mimeridian.com](http://mmp.mimeridian.com).

### **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 version 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 stay the same. 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 question B10 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 effective 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.***



**If you have questions**, please call MeridianComplete (Medicare-Medicaid Plan) at 1-855-323-4578 (TTY users should call 711), 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit [mmp.mimeridian.com](http://mmp.mimeridian.com).

**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 question B10.



**If you have questions,** please call MeridianComplete (Medicare-Medicaid Plan) at 1-855-323-4578 (TTY users should call 711), 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information,** visit [mmp.mimeridian.com](http://mmp.mimeridian.com).

#### **B4. Are there any restrictions or limits on drug coverage? Or are there 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 (PA) or approval:** For some drugs, you or your doctor or other prescriber must get PA from MeridianComplete (Medicare-Medicaid Plan) before you fill your prescription. If you don't get approval, MeridianComplete (Medicare-Medicaid Plan) may not cover the drug.
- **Quantity limits:** Sometimes MeridianComplete (Medicare-Medicaid Plan) limits the amount of a drug you can get.
- **Step therapy:** Sometimes MeridianComplete (Medicare-Medicaid Plan) 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 [mmp.mimeridian.com/pharmacy/prior-authorization-step-therapy-and-quantity-limits.html](http://mmp.mimeridian.com/pharmacy/prior-authorization-step-therapy-and-quantity-limits.html). We have posted online documents that explain our PA and step therapy restrictions. You may also ask us to send you a copy.

You can also 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. Please 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 of drugs in section C1 has a column labeled "Necessary actions, restrictions, or limits on use."

#### **B6. What happens if MeridianComplete (Medicare-Medicaid Plan) changes their rules about some drugs (for example, PA or approval, quantity limits, and/or step therapy restrictions)?**

In some cases, we will tell you in advance if we add or change PA, 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.



**If you have questions**, please call MeridianComplete (Medicare-Medicaid Plan) at 1-855-323-4578 (TTY users should call 711), 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit [mmp.mimeridian.com](http://mmp.mimeridian.com).

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

There are two ways to find a drug:

- You can search alphabetically by the drug’s name, **or**
- You can search by medical condition.

To search **alphabetically**, refer to 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, generic drugs, and over-the-counter (OTC) drugs are listed in the index.

To search **by medical condition**, find the section labeled “Drugs Grouped by Medical Condition” in section C1. 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.

## **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 1-855-323-4578 (TTY users should call 711), and ask about it. Hours are 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. If you learn that MeridianComplete (Medicare-Medicaid Plan) 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 the health plan to make an exception to cover your drug. Please refer to questions B10–B12 for more information about exceptions.



**If you have questions**, please call MeridianComplete (Medicare-Medicaid Plan) at 1-855-323-4578 (TTY users should call 711), 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit [mmp.mimeridian.com](http://mmp.mimeridian.com).

## **B9. What if I am a new MeridianComplete (Medicare-Medicaid Plan) member and can't find my drug on the *Drug List* or have a problem getting my drug?**

We can help. We may cover a temporary 30-day supply of your drug during the first 90 days you are a member of MeridianComplete (Medicare-Medicaid Plan). 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**
- health plan rules do not let you get the amount ordered by your prescriber, **or**
- the drug requires PA by MeridianComplete (Medicare-Medicaid Plan), **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 MeridianComplete (Medicare-Medicaid Plan) member.
- This is in addition to the temporary supply during the first 90 days you are a member of MeridianComplete (Medicare-Medicaid Plan).

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 MeridianComplete (Medicare-Medicaid Plan) at 1-855-323-4578 (TTY users should call 711), 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit [mmp.mimeridian.com](http://mmp.mimeridian.com).

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

Yes. You can ask MeridianComplete (Medicare-Medicaid Plan) 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, MeridianComplete (Medicare-Medicaid Plan) 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 PA 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 of the *Member Handbook* 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 B of the Member Handbook and look for the section called “How to contact MeridianComplete Member Services”.

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.

MeridianComplete (Medicare-Medicaid Plan) covers both brand name drugs and generic drugs.



**If you have questions**, please call MeridianComplete (Medicare-Medicaid Plan) at 1-855-323-4578 (TTY users should call 711), 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit [mmp.mimeridian.com](http://mmp.mimeridian.com).

#### **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 biosimilars 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 *Member Handbook*.

#### **B15. What are OTC drugs?**

OTC stands for “over-the-counter.” MeridianComplete (Medicare-Medicaid Plan) covers some OTC drugs when they are written as prescriptions by your provider.

You can read the MeridianComplete (Medicare-Medicaid Plan) *Drug List* to find out what OTC drugs are covered.

#### **B16. Does MeridianComplete (Medicare-Medicaid Plan) cover non-drug OTC products?**

MeridianComplete (Medicare-Medicaid Plan) covers some non-drug OTC products when they are written as prescriptions by your provider.

Examples of non-drug OTC products include lubricating eye drops solution.

You can read the MeridianComplete (Medicare-Medicaid Plan) *Drug List* to find out what non-drug OTC products are covered.



**If you have questions**, please call MeridianComplete (Medicare-Medicaid Plan) at 1-855-323-4578 (TTY users should call 711), 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit [mmp.mimeridian.com](http://mmp.mimeridian.com).

## **B17. What is my copay?**

As a MeridianComplete (Medicare-Medicaid Plan) member, you have no copays for prescription and OTC drugs as long as you follow MeridianComplete (Medicare-Medicaid Plan)'s rules.

## **B18. What are drug tiers?**

Tiers are groups of drugs.

- Tier 1 (Generic) includes generic drugs.
- Tier 2 (Brand) includes brand drugs and may include some generic drugs.
- Tier 3 (Non-Medicare Rx/OTC Drugs) includes some prescription and over-the-counter (OTC) generic and brand drugs that are covered by Michigan Medicaid.

Copays for Tiers 1, 2 and 3 are all \$0.



**If you have questions**, please call MeridianComplete (Medicare-Medicaid Plan) at 1-855-323-4578 (TTY users should call 711), 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit [mmp.mimeridian.com](http://mmp.mimeridian.com).

## C. Overview of the List of Covered Drugs

The following list of covered drugs gives you information about the drugs covered by MeridianComplete (Medicare-Medicaid Plan). If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins in section D. The index alphabetically lists all drugs covered by MeridianComplete (Medicare-Medicaid Plan).

The first column of the chart lists the name of the drug. Brand name drugs are capitalized (e.g., ELIQUIS) and generic drugs are listed in lower-case italics (e.g., *simvastatin*).

The information in the necessary actions, restrictions, or limits on use column tells you if MeridianComplete (Medicare-Medicaid Plan) has any rules for covering your drug.

- **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 *List of Covered Drugs*.
- **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 information consult your Provider and Pharmacy Directory or call Member Services at 1-855-323-4578 (TTY users should call 711), 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free.
- **ST** stands for Step Therapy. Refer to question B4.
- **^** means that the drug may be available for up to a 30-day supply only.

***This section is continued on the next page.***



**If you have questions**, please call MeridianComplete (Medicare-Medicaid Plan) at 1-855-323-4578 (TTY users should call 711), 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit [mmp.mimeridian.com](http://mmp.mimeridian.com).

**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 coverage decision 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 Michigan Medicaid.
- If you or your prescriber disagrees with our decision, you can appeal. To ask for instructions on how to appeal, call Member Services at 1-855-323-4578 (TTY users should call 711), 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. You can also read Chapter 9 in the *Member Handbook* to learn how to appeal a decision.

## **C1. Drugs Grouped 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 referring to section C.



**If you have questions**, please call MeridianComplete (Medicare-Medicaid Plan) at 1-855-323-4578 (TTY users should call 711), 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit [mmp.mimeridian.com](http://mmp.mimeridian.com).

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<b>ANTI - INFECTIVES</b>	
<b>ANTIFUNGAL AGENTS</b>	
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	\$0 (Tier 2) B/D
<i>amphotericin b injection recon soln 50 mg</i>	\$0 (Tier 1) B/D
<i>caspofungin intravenous recon soln 50 mg, 70 mg</i>	\$0 (Tier 1)
<i>clotrimazole mucous membrane troche 10 mg</i>	\$0 (Tier 1)
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	\$0 (Tier 2) PA; ^
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	\$0 (Tier 1)
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	\$0 (Tier 1)
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	\$0 (Tier 1)
<i>flucytosine oral capsule 250 mg, 500 mg</i>	\$0 (Tier 2) PA; ^
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	\$0 (Tier 1)
<i>griseofulvin microsize oral tablet 500 mg</i>	\$0 (Tier 1)
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	\$0 (Tier 1)
<i>itraconazole oral capsule 100 mg</i>	\$0 (Tier 1) PA; QL (120 EA per 30 days)
<i>ketoconazole oral tablet 200 mg</i>	\$0 (Tier 1) PA
<i>micafungin intravenous recon soln 100 mg, 50 mg</i>	\$0 (Tier 2)
<i>nystatin oral suspension 100,000 unit/ml</i>	\$0 (Tier 1)
<i>nystatin oral tablet 500,000 unit</i>	\$0 (Tier 1)
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i>	\$0 (Tier 2) PA; QL (96 EA per 30 days); ^
<i>terbinafine hcl oral tablet 250 mg</i>	\$0 (Tier 1)
<i>voriconazole intravenous recon soln 200 mg</i>	\$0 (Tier 2) PA; ^
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	\$0 (Tier 2) PA; ^
<i>voriconazole oral tablet 200 mg</i>	\$0 (Tier 1) PA; QL (120 EA per 30 days)
<i>voriconazole oral tablet 50 mg</i>	\$0 (Tier 1) PA; QL (480 EA per 30 days)
<b>ANTIVIRALS</b>	
<i>abacavir oral solution 20 mg/ml</i>	\$0 (Tier 1)
<i>abacavir oral tablet 300 mg</i>	\$0 (Tier 1)
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	\$0 (Tier 1)
<i>acyclovir oral capsule 200 mg</i>	\$0 (Tier 1)

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 07/01/2025

Name of Drug	What the Necessary actions, restrictions, or drug will cost you limits on use (tier level)
<i>acyclovir oral suspension 200 mg/5 ml, 200 mg/5 ml (5 ml)</i>	\$0 (Tier 1)
<i>acyclovir oral tablet 400 mg, 800 mg</i>	\$0 (Tier 1)
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	\$0 (Tier 1) B/D
<i>adefovir oral tablet 10 mg</i>	\$0 (Tier 2)
<i>amantadine hcl oral capsule 100 mg</i>	\$0 (Tier 1)
<i>amantadine hcl oral solution 50 mg/5 ml</i>	\$0 (Tier 1)
<i>amantadine hcl oral tablet 100 mg</i>	\$0 (Tier 1)
APTIVUS ORAL CAPSULE 250 MG	\$0 (Tier 2) ^
<i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i>	\$0 (Tier 1)
BARACLUDGE ORAL SOLUTION 0.05 MG/ML	\$0 (Tier 2) ^
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	\$0 (Tier 2) ^
CIMDUO ORAL TABLET 300-300 MG	\$0 (Tier 2) ^
COMPLERA ORAL TABLET 200-25-300 MG	\$0 (Tier 2) ^
<i>darunavir oral tablet 600 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days); ^
<i>darunavir oral tablet 800 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days); ^
DELSTRIGO ORAL TABLET 100-300-300 MG	\$0 (Tier 2) ^
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	\$0 (Tier 2) QL (30 EA per 30 days); ^
DOVATO ORAL TABLET 50-300 MG	\$0 (Tier 2) ^
EDURANT ORAL TABLET 25 MG	\$0 (Tier 2) ^
<i>efavirenz oral tablet 600 mg</i>	\$0 (Tier 1)
<i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i>	\$0 (Tier 2) ^
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 400-300-300 mg, 600-300-300 mg</i>	\$0 (Tier 2) ^
<i>emtricitabine oral capsule 200 mg</i>	\$0 (Tier 1)
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	\$0 (Tier 2) QL (30 EA per 30 days); ^
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	\$0 (Tier 2) QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML	\$0 (Tier 2)
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	\$0 (Tier 1)
<i>etravirine oral tablet 100 mg, 200 mg</i>	\$0 (Tier 2) ^
EVOTAZ ORAL TABLET 300-150 MG	\$0 (Tier 2) ^
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	\$0 (Tier 1)
<i>fosamprenavir oral tablet 700 mg</i>	\$0 (Tier 2)

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 07/01/2025

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	\$0 (Tier 2) ^
<i>ganciclovir sodium intravenous recon soln 500 mg</i>	\$0 (Tier 1)
GENVOYA ORAL TABLET 150-150-200-10 MG	\$0 (Tier 2) ^
INTELENCE ORAL TABLET 25 MG	\$0 (Tier 2)
ISENTRESS HD ORAL TABLET 600 MG	\$0 (Tier 2) ^
ISENTRESS ORAL POWDER IN PACKET 100 MG	\$0 (Tier 2) ^
ISENTRESS ORAL TABLET 400 MG	\$0 (Tier 2) ^
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	\$0 (Tier 2) ^
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	\$0 (Tier 2)
JULUCA ORAL TABLET 50-25 MG	\$0 (Tier 2) ^
<i>lamivudine oral solution 10 mg/ml</i>	\$0 (Tier 1)
<i>lamivudine oral tablet 100 mg, 150 mg, 300 mg</i>	\$0 (Tier 1)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	\$0 (Tier 1)
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG	\$0 (Tier 2) PA; QL (28 EA per 28 days); ^
LEXIVA ORAL SUSPENSION 50 MG/ML	\$0 (Tier 2)
LIVTENCITY ORAL TABLET 200 MG	\$0 (Tier 2) PA; LA; QL (120 EA per 30 days); ^
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i>	\$0 (Tier 1)
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	\$0 (Tier 1)
<i>maraviroc oral tablet 150 mg, 300 mg</i>	\$0 (Tier 2) ^
<i>nevirapine oral suspension 50 mg/5 ml</i>	\$0 (Tier 1)
<i>nevirapine oral tablet 200 mg</i>	\$0 (Tier 1)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	\$0 (Tier 1)
NORVIR ORAL POWDER IN PACKET 100 MG	\$0 (Tier 2)
ODEFSEY ORAL TABLET 200-25-25 MG	\$0 (Tier 2) ^
<i>oseltamivir oral capsule 30 mg</i>	\$0 (Tier 1) QL (168 EA per 365 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i>	\$0 (Tier 1) QL (84 EA per 365 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	\$0 (Tier 1) QL (1080 ML per 365 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10), 150 MG (6)- 100 MG (5)	\$0 (Tier 2) QL (20 EA per 90 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)- 100 MG	\$0 (Tier 2) QL (30 EA per 90 days)
PIFELTRO ORAL TABLET 100 MG	\$0 (Tier 2) ^
PREVYMIS ORAL TABLET 240 MG, 480 MG	\$0 (Tier 2) PA; 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. 07/01/2025

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
PREZCOBIX ORAL TABLET 800-150 MG-MG	\$0 (Tier 2) ^
PREZISTA ORAL SUSPENSION 100 MG/ML	\$0 (Tier 2) QL (400 ML per 30 days); ^
PREZISTA ORAL TABLET 150 MG	\$0 (Tier 2) QL (240 EA per 30 days)
PREZISTA ORAL TABLET 75 MG	\$0 (Tier 2) QL (480 EA per 30 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	\$0 (Tier 2) QL (120 EA per 365 days)
REYATAZ ORAL POWDER IN PACKET 50 MG	\$0 (Tier 2) ^
<i>ribavirin oral capsule 200 mg</i>	\$0 (Tier 1)
<i>ribavirin oral tablet 200 mg</i>	\$0 (Tier 1)
<i>rimantadine oral tablet 100 mg</i>	\$0 (Tier 1)
<i>ritonavir oral tablet 100 mg</i>	\$0 (Tier 1)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	\$0 (Tier 2) ^
SELZENTRY ORAL SOLUTION 20 MG/ML	\$0 (Tier 2) ^
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	\$0 (Tier 2) PA; QL (28 EA per 28 days); ^
STRIBILD ORAL TABLET 150-150-200-300 MG	\$0 (Tier 2) ^
SUNLENCA ORAL TABLET 300 MG, 300 MG (4-TABLET PACK)	\$0 (Tier 2) ^
SYM TUZA ORAL TABLET 800-150-200-10 MG	\$0 (Tier 2)
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	\$0 (Tier 1)
TIVICAY ORAL TABLET 10 MG	\$0 (Tier 2)
TIVICAY ORAL TABLET 25 MG, 50 MG	\$0 (Tier 2) ^
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	\$0 (Tier 2) ^
TRIUMEQ ORAL TABLET 600-50-300 MG	\$0 (Tier 2) ^
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	\$0 (Tier 2)
TRIZIVIR ORAL TABLET 300-150-300 MG	\$0 (Tier 2) ^
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	\$0 (Tier 2) LA; ^
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	\$0 (Tier 1)
<i>valganciclovir oral recon soln 50 mg/ml</i>	\$0 (Tier 2) ^
<i>valganciclovir oral tablet 450 mg</i>	\$0 (Tier 1)
VEMLIDY ORAL TABLET 25 MG	\$0 (Tier 2) ^
VIRACEPT ORAL TABLET 250 MG, 625 MG	\$0 (Tier 2) ^
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	\$0 (Tier 2) ^
VIREAD ORAL TABLET 150 MG, 250 MG	\$0 (Tier 2) ^

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 07/01/2025

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
VIREAD ORAL TABLET 200 MG	\$0 (Tier 2)
<i>zidovudine oral capsule 100 mg</i>	\$0 (Tier 1)
<i>zidovudine oral syrup 10 mg/ml</i>	\$0 (Tier 1)
<i>zidovudine oral tablet 300 mg</i>	\$0 (Tier 1)
<b>CEPHALOSPORINS</b>	
<i>cefaclor oral capsule 250 mg, 500 mg</i>	\$0 (Tier 1)
<i>cefaclor oral suspension for reconstitution 250 mg/5 ml</i>	\$0 (Tier 1)
<i>cefadroxil oral capsule 500 mg</i>	\$0 (Tier 1)
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	\$0 (Tier 1)
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml</i>	\$0 (Tier 1)
<i>cefazolin injection recon soln 1 gram, 10 gram, 100 gram, 300 gram, 500 mg</i>	\$0 (Tier 1)
<i>cefazolin intravenous recon soln 1 gram</i>	\$0 (Tier 1)
<i>cefdinir oral capsule 300 mg</i>	\$0 (Tier 1)
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	\$0 (Tier 1)
<i>cefepime in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/100 ml</i>	\$0 (Tier 1)
<i>cefepime injection recon soln 1 gram, 2 gram</i>	\$0 (Tier 1)
<i>cefixime oral capsule 400 mg</i>	\$0 (Tier 1)
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	\$0 (Tier 1)
<i>cefoxitin in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	\$0 (Tier 1)
<i>cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram</i>	\$0 (Tier 1)
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	\$0 (Tier 1)
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	\$0 (Tier 1)
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	\$0 (Tier 1)
<i>cefprozil oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)
<i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram</i>	\$0 (Tier 1)

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 07/01/2025

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>ceftriaxone in dextrose,iso-os intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	\$0 (Tier 1)
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	\$0 (Tier 1)
<i>ceftriaxone intravenous recon soln 1 gram, 2 gram</i>	\$0 (Tier 1)
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)
<i>cefuroxime sodium injection recon soln 750 mg</i>	\$0 (Tier 1)
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	\$0 (Tier 1)
<i>cephalexin oral capsule 250 mg, 500 mg</i>	\$0 (Tier 1)
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	\$0 (Tier 1)
<i>tazicef injection recon soln 1 gram, 2 gram, 6 gram</i>	\$0 (Tier 1)
<i>tazicef intravenous recon soln 1 gram, 2 gram</i>	\$0 (Tier 1)
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	\$0 (Tier 2) ^
<b>ERYTHROMYCINS / OTHER MACROLIDES</b>	
<i>azithromycin intravenous recon soln 500 mg</i>	\$0 (Tier 1)
<i>azithromycin oral packet 1 gram</i>	\$0 (Tier 1)
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	\$0 (Tier 1)
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg</i>	\$0 (Tier 1)
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	\$0 (Tier 1)
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	\$0 (Tier 1)
DIFICID ORAL TABLET 200 MG	\$0 (Tier 2) QL (20 EA per 10 days); ^
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	\$0 (Tier 1)
<i>erythrocin (as stearate) oral tablet 250 mg</i>	\$0 (Tier 1)
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	\$0 (Tier 2)
<i>erythromycin oral capsule, delayed release(dr/ec) 250 mg</i>	\$0 (Tier 1)
<i>erythromycin oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i>	\$0 (Tier 1)

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 07/01/2025

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<b>MISCELLANEOUS ANTIINFECTIVES</b>	
<i>albendazole oral tablet 200 mg</i>	\$0 (Tier 2) ^
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	\$0 (Tier 1)
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	\$0 (Tier 2) PA; LA; ^
<i>atovaquone oral suspension 750 mg/5 ml</i>	\$0 (Tier 1)
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	\$0 (Tier 1)
<i>aztreonam injection recon soln 1 gram, 2 gram</i>	\$0 (Tier 1)
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	\$0 (Tier 2) PA; LA; QL (84 ML per 56 days); ^
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	\$0 (Tier 1)
<i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml</i>	\$0 (Tier 1)
<i>clindamycin phosphate injection solution 150 (mg/ml) (4 ml), 150 (mg/ml) (6 ml), 150 mg/ml</i>	\$0 (Tier 1)
COARTEM ORAL TABLET 20-120 MG	\$0 (Tier 2)
<i>colistin (colistimethate na) injection recon soln 150 mg</i>	\$0 (Tier 1) QL (30 EA per 10 days)
<i>dapsone oral tablet 100 mg, 25 mg</i>	\$0 (Tier 1)
<i>daptomycin intravenous recon soln 500 mg</i>	\$0 (Tier 2) ^
EMVERM ORAL TABLET,CHEWABLE 100 MG	\$0 (Tier 2) ^
<i>ertapenem injection recon soln 1 gram</i>	\$0 (Tier 1) QL (14 EA per 14 days)
<i>ethambutol oral tablet 100 mg, 400 mg</i>	\$0 (Tier 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 (Tier 1)
<i>gentamicin injection solution 40 mg/ml</i>	\$0 (Tier 1)
<i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>	\$0 (Tier 1)
<i>hydroxychloroquine oral tablet 200 mg</i>	\$0 (Tier 1)
<i>imipenem-cilastatin intravenous recon soln 250 mg, 500 mg</i>	\$0 (Tier 1)
<i>isoniazid oral solution 50 mg/5 ml</i>	\$0 (Tier 1)
<i>isoniazid oral tablet 100 mg, 300 mg</i>	\$0 (Tier 1)
<i>ivermectin oral tablet 3 mg</i>	\$0 (Tier 1) PA; QL (20 EA per 30 days)
<i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i>	\$0 (Tier 1)

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 07/01/2025

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	\$0 (Tier 2) QL (1800 ML per 30 days); ^
<i>linezolid oral tablet 600 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>linezolid-0.9% sodium chloride intravenous parenteral solution 600 mg/300 ml</i>	\$0 (Tier 1)
<i>mefloquine oral tablet 250 mg</i>	\$0 (Tier 1)
<i>meropenem intravenous recon soln 1 gram</i>	\$0 (Tier 1) QL (30 EA per 10 days)
<i>meropenem intravenous recon soln 500 mg</i>	\$0 (Tier 1) QL (10 EA per 10 days)
<i>metro i.v. intravenous piggyback 500 mg/100 ml</i>	\$0 (Tier 1)
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	\$0 (Tier 1)
<i>metronidazole oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)
<i>neomycin oral tablet 500 mg</i>	\$0 (Tier 1)
<i>nitazoxanide oral tablet 500 mg</i>	\$0 (Tier 2) QL (12 EA per 30 days); ^
<i>pentamidine inhalation recon soln 300 mg</i>	\$0 (Tier 1) B/D; QL (1 EA per 28 days)
<i>pentamidine injection recon soln 300 mg</i>	\$0 (Tier 1)
<i>praziquantel oral tablet 600 mg</i>	\$0 (Tier 1)
PRIFTIN ORAL TABLET 150 MG	\$0 (Tier 2)
PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)	\$0 (Tier 2)
<i>pyrazinamide oral tablet 500 mg</i>	\$0 (Tier 1)
<i>pyrimethamine oral tablet 25 mg</i>	\$0 (Tier 1) PA; ^
<i>quinine sulfate oral capsule 324 mg</i>	\$0 (Tier 1) PA
<i>rifabutin oral capsule 150 mg</i>	\$0 (Tier 1)
<i>rifampin intravenous recon soln 600 mg</i>	\$0 (Tier 1)
<i>rifampin oral capsule 150 mg, 300 mg</i>	\$0 (Tier 1)
SIRTURO ORAL TABLET 100 MG, 20 MG	\$0 (Tier 2) PA; LA; ^
STREPTOMYCIN INTRAMUSCULAR RECON SOLN 1 GRAM	\$0 (Tier 1) QL (60 EA per 30 days)
<i>tigecycline intravenous recon soln 50 mg</i>	\$0 (Tier 2) ^
<i>tinidazole oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	\$0 (Tier 2) PA; QL (280 ML per 28 days); ^
<i>tobramycin sulfate injection recon soln 1.2 gram</i>	\$0 (Tier 1)
<i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	\$0 (Tier 1)
TRECATOR ORAL TABLET 250 MG	\$0 (Tier 2)

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 07/01/2025

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 1 GRAM/200 ML	\$0 (Tier 2) QL (4000 ML per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 500 MG/100 ML	\$0 (Tier 2) QL (1000 ML per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 750 MG/150 ML	\$0 (Tier 2) QL (4050 ML per 10 days)
<i>vancomycin intravenous recon soln 1,000 mg</i>	\$0 (Tier 1) QL (20 EA per 10 days)
<i>vancomycin intravenous recon soln 1.25 gram</i>	\$0 (Tier 1) QL (16 EA per 10 days)
<i>vancomycin intravenous recon soln 1.5 gram</i>	\$0 (Tier 1) QL (14 EA per 10 days)
<i>vancomycin intravenous recon soln 10 gram, 5 gram</i>	\$0 (Tier 1) QL (2 EA per 10 days)
<i>vancomycin intravenous recon soln 500 mg</i>	\$0 (Tier 1) QL (10 EA per 10 days)
<i>vancomycin intravenous recon soln 750 mg</i>	\$0 (Tier 1) QL (27 EA per 10 days)
<i>vancomycin oral capsule 125 mg</i>	\$0 (Tier 1) QL (40 EA per 10 days)
<i>vancomycin oral capsule 250 mg</i>	\$0 (Tier 1) QL (80 EA per 10 days)
XIFAXAN ORAL TABLET 550 MG	\$0 (Tier 2) PA; QL (90 EA per 30 days); ^
<b>PENICILLINS</b>	
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	\$0 (Tier 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 (Tier 1)
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	\$0 (Tier 1)
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	\$0 (Tier 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 (Tier 1)
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	\$0 (Tier 1)
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	\$0 (Tier 1)
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	\$0 (Tier 1)
<i>ampicillin oral capsule 500 mg</i>	\$0 (Tier 1)
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	\$0 (Tier 1)
<i>ampicillin sodium intravenous recon soln 1 gram, 2 gram</i>	\$0 (Tier 1)

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 07/01/2025

Name of Drug	What the Necessary actions, restrictions, or drug will cost you limits on use (tier level)
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i>	\$0 (Tier 1)
<i>ampicillin-sulbactam intravenous recon soln 1.5 gram, 3 gram</i>	\$0 (Tier 1)
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	\$0 (Tier 2)
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	\$0 (Tier 1)
<i>nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml</i>	\$0 (Tier 1)
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	\$0 (Tier 1)
<i>nafcillin injection recon soln 10 gram</i>	\$0 (Tier 2) ^
<i>oxacillin injection recon soln 1 gram, 10 gram, 2 gram</i>	\$0 (Tier 1)
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	\$0 (Tier 2)
<i>penicillin g potassium injection recon soln 20 million unit, 5 million unit</i>	\$0 (Tier 1)
<i>penicillin g sodium injection recon soln 5 million unit</i>	\$0 (Tier 1)
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	\$0 (Tier 1)
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)
<i>pfizerpen-g injection recon soln 20 million unit, 5 million unit</i>	\$0 (Tier 1)
<i>piperacillin-tazobactam intravenous recon soln 13.5 gram, 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	\$0 (Tier 1)
<b>QUINOLONES</b>	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	\$0 (Tier 1)
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	\$0 (Tier 1)
<i>ciprofloxacin oral suspension, microcapsule recon 500 mg/5 ml</i>	\$0 (Tier 1)
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	\$0 (Tier 1)
<i>levofloxacin intravenous solution 25 mg/ml</i>	\$0 (Tier 1)
<i>levofloxacin oral solution 250 mg/10 ml</i>	\$0 (Tier 1)
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	\$0 (Tier 1)

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 07/01/2025

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>moxifloxacin oral tablet 400 mg</i>	\$0 (Tier 1)
<i>moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml</i>	\$0 (Tier 1)
<b>SULFA'S / RELATED AGENTS</b>	
<i>sulfadiazine oral tablet 500 mg</i>	\$0 (Tier 2)
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml</i>	\$0 (Tier 1)
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	\$0 (Tier 1)
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	\$0 (Tier 1)
<b>TETRACYCLINES</b>	
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	\$0 (Tier 1)
<i>doxy-100 intravenous recon soln 100 mg</i>	\$0 (Tier 1)
<i>doxycycline hyclate intravenous recon soln 100 mg</i>	\$0 (Tier 1)
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	\$0 (Tier 1)
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	\$0 (Tier 1)
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	\$0 (Tier 1)
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)
<i>tetracycline oral capsule 250 mg, 500 mg</i>	\$0 (Tier 1)
<b>URINARY TRACT AGENTS</b>	
<i>methenamine hippurate oral tablet 1 gram</i>	\$0 (Tier 1)
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	\$0 (Tier 2)
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	\$0 (Tier 2)
<i>trimethoprim oral tablet 100 mg</i>	\$0 (Tier 1)
<b>ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS</b>	
<b>ADJUNCTIVE AGENTS</b>	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	\$0 (Tier 1)
<i>mesna oral tablet 400 mg</i>	\$0 (Tier 2) ^
MESNEX ORAL TABLET 400 MG	\$0 (Tier 2) ^

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 07/01/2025

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	\$0 (Tier 2) B/D; ^
<b>ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS</b>	
<i>abiraterone oral tablet 250 mg</i>	\$0 (Tier 1) PA-NS; QL (120 EA per 30 days)
<i>abiraterone oral tablet 500 mg</i>	\$0 (Tier 1) PA-NS; QL (60 EA per 30 days)
<i>abirtega oral tablet 250 mg</i>	\$0 (Tier 1) PA-NS; QL (120 EA per 30 days)
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	\$0 (Tier 2) PA-NS; LA; QL (60 EA per 30 days); ^
ALECENSA ORAL CAPSULE 150 MG	\$0 (Tier 2) PA-NS; LA; QL (240 EA per 30 days); ^
ALUNBRIG ORAL TABLET 180 MG, 90 MG	\$0 (Tier 2) PA-NS; LA; QL (30 EA per 30 days); ^
ALUNBRIG ORAL TABLET 30 MG	\$0 (Tier 2) PA-NS; LA; QL (60 EA per 30 days); ^
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	\$0 (Tier 2) PA-NS; LA; QL (30 EA per 180 days); ^
<i>anastrozole oral tablet 1 mg</i>	\$0 (Tier 1)
AUGTYRO ORAL CAPSULE 160 MG, 40 MG	\$0 (Tier 2) PA-NS; QL (240 EA per 30 days); ^
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	\$0 (Tier 2) PA-NS; LA; QL (30 EA per 30 days); ^
<i>azacitidine injection recon soln 100 mg</i>	\$0 (Tier 2) B/D; ^
<i>azathioprine oral tablet 50 mg</i>	\$0 (Tier 1) B/D
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	\$0 (Tier 2) PA-NS; LA; ^
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML	\$0 (Tier 2) B/D; ^
<i>bexarotene oral capsule 75 mg</i>	\$0 (Tier 2) PA-NS; ^
<i>bexarotene topical gel 1 %</i>	\$0 (Tier 2) PA-NS; QL (60 GM per 30 days); ^
<i>bicalutamide oral tablet 50 mg</i>	\$0 (Tier 1)
BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG	\$0 (Tier 2) B/D; ^
<i>bortezomib injection recon soln 3.5 mg</i>	\$0 (Tier 2) B/D; ^
BOSULIF ORAL CAPSULE 100 MG	\$0 (Tier 2) PA-NS; QL (180 EA per 30 days); ^
BOSULIF ORAL CAPSULE 50 MG	\$0 (Tier 2) PA-NS; QL (330 EA per 30 days); ^
BOSULIF ORAL TABLET 100 MG	\$0 (Tier 2) PA-NS; QL (90 EA per 30 days); ^
BOSULIF ORAL TABLET 400 MG, 500 MG	\$0 (Tier 2) PA-NS; QL (30 EA per 30 days); ^
BRAFTOVI ORAL CAPSULE 75 MG	\$0 (Tier 2) PA-NS; LA; QL (180 EA per 30 days); ^
BRUKINSA ORAL CAPSULE 80 MG	\$0 (Tier 2) PA-NS; LA; QL (120 EA per 30 days); ^
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	\$0 (Tier 2) PA-NS; LA; QL (30 EA per 30 days); ^
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	\$0 (Tier 2) PA-NS; LA; QL (60 EA per 30 days); ^

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 07/01/2025

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
CALQUENCE ORAL CAPSULE 100 MG	\$0 (Tier 2) PA-NS; LA; QL (60 EA per 30 days); ^
CAPRELSA ORAL TABLET 100 MG	\$0 (Tier 2) PA-NS; LA; QL (60 EA per 30 days); ^
CAPRELSA ORAL TABLET 300 MG	\$0 (Tier 2) PA-NS; LA; QL (30 EA per 30 days); ^
<i>carboplatin intravenous solution 10 mg/ml</i>	\$0 (Tier 1) B/D
<i>cisplatin intravenous solution 1 mg/ml</i>	\$0 (Tier 1) B/D
COLUMVI INTRAVENOUS SOLUTION 1 MG/ML	\$0 (Tier 2) B/D; ^
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	\$0 (Tier 2) PA-NS; LA; QL (56 EA per 28 days); ^
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	\$0 (Tier 2) PA-NS; LA; QL (112 EA per 28 days); ^
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	\$0 (Tier 2) PA-NS; LA; QL (84 EA per 28 days); ^
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	\$0 (Tier 2) PA-NS; LA; QL (60 EA per 30 days); ^
COTELLIC ORAL TABLET 20 MG	\$0 (Tier 2) PA-NS; LA; QL (63 EA per 28 days); ^
<i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i>	\$0 (Tier 2) B/D
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	\$0 (Tier 1) B/D
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG, 50 MG	\$0 (Tier 2) B/D
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1) B/D
<i>cyclosporine modified oral solution 100 mg/ml</i>	\$0 (Tier 1) B/D
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	\$0 (Tier 1) B/D
<i>cytarabine injection solution 20 mg/ml</i>	\$0 (Tier 1)
DANZITEN ORAL TABLET 71 MG, 95 MG	\$0 (Tier 2) PA-NS; QL (112 EA per 28 days); ^
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 80 mg</i>	\$0 (Tier 1) PA-NS; QL (30 EA per 30 days); ^
<i>dasatinib oral tablet 20 mg, 70 mg</i>	\$0 (Tier 1) PA-NS; QL (60 EA per 30 days); ^
DAURISMO ORAL TABLET 100 MG	\$0 (Tier 2) PA-NS; LA; QL (30 EA per 30 days); ^
DAURISMO ORAL TABLET 25 MG	\$0 (Tier 2) 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 (Tier 2) B/D; ^
<i>doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i>	\$0 (Tier 1) B/D
<i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i>	\$0 (Tier 2) B/D; ^
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	\$0 (Tier 2)
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	\$0 (Tier 2) PA-NS

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 07/01/2025

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	\$0 (Tier 2) PA-NS
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	\$0 (Tier 2) PA-NS
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	\$0 (Tier 2) PA-NS
ELLENCES INTRAVENOUS SOLUTION 200 MG/100 ML, 50 MG/25 ML	\$0 (Tier 2) B/D
ELREXFIO SUBCUTANEOUS SOLUTION 40 MG/ML	\$0 (Tier 2) PA-NS; ^
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	\$0 (Tier 2) B/D
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8 ML, 48 MG/0.8 ML	\$0 (Tier 2) B/D; ^
ERIVEDGE ORAL CAPSULE 150 MG	\$0 (Tier 2) PA-NS; LA; QL (30 EA per 30 days); ^
ERLEADA ORAL TABLET 240 MG	\$0 (Tier 2) PA-NS; QL (30 EA per 30 days); ^
ERLEADA ORAL TABLET 60 MG	\$0 (Tier 2) PA-NS; LA; QL (120 EA per 30 days); ^
<i>erlotinib oral tablet 100 mg, 150 mg</i>	\$0 (Tier 2) PA-NS; QL (30 EA per 30 days); ^
<i>erlotinib oral tablet 25 mg</i>	\$0 (Tier 2) PA-NS; QL (90 EA per 30 days); ^
<i>etoposide intravenous solution 20 mg/ml</i>	\$0 (Tier 1) B/D
EULEXIN ORAL CAPSULE 125 MG	\$0 (Tier 2) ^
<i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	\$0 (Tier 2) PA-NS; QL (30 EA per 30 days); ^
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg</i>	\$0 (Tier 2) PA-NS; QL (150 EA per 30 days); ^
<i>everolimus (antineoplastic) oral tablet for suspension 3 mg</i>	\$0 (Tier 2) PA-NS; QL (90 EA per 30 days); ^
<i>everolimus (antineoplastic) oral tablet for suspension 5 mg</i>	\$0 (Tier 2) PA-NS; QL (60 EA per 30 days); ^
<i>everolimus (immunosuppressive) oral tablet 0.25 mg</i>	\$0 (Tier 2) B/D
<i>everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg</i>	\$0 (Tier 2) B/D; ^
<i>exemestane oral tablet 25 mg</i>	\$0 (Tier 1)
EXKIVITY ORAL CAPSULE 40 MG	\$0 (Tier 2) PA-NS; LA; QL (120 EA per 30 days); ^
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	\$0 (Tier 2) PA-NS; ^
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	\$0 (Tier 2) PA-NS
<i>fluorouracil intravenous solution 1 gram/20 ml, 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml</i>	\$0 (Tier 1)
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	\$0 (Tier 2) PA-NS; LA; QL (21 EA per 28 days); ^

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 07/01/2025

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
FRUZAQLA ORAL CAPSULE 1 MG	\$0 (Tier 2) PA-NS; QL (84 EA per 28 days); ^
FRUZAQLA ORAL CAPSULE 5 MG	\$0 (Tier 2) PA-NS; QL (21 EA per 28 days); ^
<i>fulvestrant intramuscular syringe 250 mg/5 ml</i>	\$0 (Tier 2) B/D; ^
GAVRETO ORAL CAPSULE 100 MG	\$0 (Tier 2) PA-NS; LA; QL (120 EA per 30 days); ^
<i>gefitinib oral tablet 250 mg</i>	\$0 (Tier 1) PA-NS; QL (30 EA per 30 days); ^
<i>gemcitabine intravenous recon soln 1 gram, 2 gram, 200 mg</i>	\$0 (Tier 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 (Tier 1) B/D
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	\$0 (Tier 1) B/D
<i>gengraf oral capsule 100 mg, 25 mg</i>	\$0 (Tier 1) B/D
<i>gengraf oral solution 100 mg/ml</i>	\$0 (Tier 1) B/D
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	\$0 (Tier 2) PA-NS; LA; QL (30 EA per 30 days); ^
GLEOSTINE ORAL CAPSULE 10 MG, 40 MG	\$0 (Tier 2)
GLEOSTINE ORAL CAPSULE 100 MG	\$0 (Tier 2) ^
GOMEKLI ORAL CAPSULE 1 MG	\$0 (Tier 2) PA-NS; QL (126 EA per 28 days); ^
GOMEKLI ORAL CAPSULE 2 MG	\$0 (Tier 2) PA-NS; QL (84 EA per 28 days); ^
GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG	\$0 (Tier 2) PA-NS; QL (168 EA per 28 days); ^
<i>hydroxyurea oral capsule 500 mg</i>	\$0 (Tier 1)
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	\$0 (Tier 2) PA-NS; LA; QL (21 EA per 28 days); ^
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	\$0 (Tier 2) PA-NS; LA; QL (21 EA per 28 days); ^
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	\$0 (Tier 2) PA-NS; LA; QL (30 EA per 30 days); ^
IDHIFA ORAL TABLET 100 MG, 50 MG	\$0 (Tier 2) PA-NS; LA; QL (30 EA per 30 days); ^
<i>imatinib oral tablet 100 mg</i>	\$0 (Tier 2) PA-NS; QL (180 EA per 30 days); ^
<i>imatinib oral tablet 400 mg</i>	\$0 (Tier 2) PA-NS; QL (60 EA per 30 days); ^
IMBRUVICA ORAL CAPSULE 140 MG	\$0 (Tier 2) PA-NS; LA; QL (120 EA per 30 days); ^
IMBRUVICA ORAL CAPSULE 70 MG	\$0 (Tier 2) PA-NS; LA; QL (30 EA per 30 days); ^
IMBRUVICA ORAL SUSPENSION 70 MG/ML	\$0 (Tier 2) PA-NS; LA; QL (324 ML per 30 days); ^
IMBRUVICA ORAL TABLET 420 MG	\$0 (Tier 2) PA-NS; LA; QL (30 EA per 30 days); ^
IMKELDI ORAL SOLUTION 80 MG/ML	\$0 (Tier 2) PA-NS; QL (280 ML per 28 days); ^
INLYTA ORAL TABLET 1 MG	\$0 (Tier 2) PA-NS; LA; QL (180 EA per 30 days); ^
INLYTA ORAL TABLET 5 MG	\$0 (Tier 2) PA-NS; LA; QL (120 EA per 30 days); ^
INQOVI ORAL TABLET 35-100 MG	\$0 (Tier 2) 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. 07/01/2025

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
INREBIC ORAL CAPSULE 100 MG	\$0 (Tier 2) 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 (Tier 1) B/D
ITOVEBI ORAL TABLET 3 MG	\$0 (Tier 2) PA-NS; QL (60 EA per 30 days); ^
ITOVEBI ORAL TABLET 9 MG	\$0 (Tier 2) PA-NS; QL (30 EA per 30 days); ^
IWILFIN ORAL TABLET 192 MG	\$0 (Tier 2) PA-NS; LA; QL (240 EA per 30 days); ^
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	\$0 (Tier 2) PA-NS; LA; QL (60 EA per 30 days); ^
JAYPIRCA ORAL TABLET 100 MG	\$0 (Tier 2) PA-NS; QL (60 EA per 30 days); ^
JAYPIRCA ORAL TABLET 50 MG	\$0 (Tier 2) PA-NS; QL (30 EA per 30 days); ^
JYLAMVO ORAL SOLUTION 2 MG/ML	\$0 (Tier 2)
KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG	\$0 (Tier 2) B/D; ^
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	\$0 (Tier 2) PA-NS; ^
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	\$0 (Tier 2) 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 (Tier 2) 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 (Tier 2) PA-NS; QL (91 EA per 28 days); ^
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	\$0 (Tier 2) PA-NS; QL (21 EA per 28 days); ^
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	\$0 (Tier 2) PA-NS; QL (42 EA per 28 days); ^
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	\$0 (Tier 2) PA-NS; QL (63 EA per 28 days); ^
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	\$0 (Tier 2) PA-NS; ^
KRAZATI ORAL TABLET 200 MG	\$0 (Tier 2) PA-NS; LA; QL (180 EA per 30 days); ^
<i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i>	\$0 (Tier 2) PA-NS; ^
<i>lapatinib oral tablet 250 mg</i>	\$0 (Tier 2) PA-NS; QL (180 EA per 30 days); ^
LAZCLUZE ORAL TABLET 240 MG	\$0 (Tier 2) PA-NS; LA; QL (30 EA per 30 days); ^
LAZCLUZE ORAL TABLET 80 MG	\$0 (Tier 2) 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 (Tier 1) PA-NS; LA; QL (28 EA per 28 days); ^
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	\$0 (Tier 2) 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 X 2), 24 MG/DAY(10 MG X 2-4 MG X 1)	\$0 (Tier 2) 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. 07/01/2025

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>mycophenolate mofetil oral capsule 250 mg</i>	\$0 (Tier 1) B/D
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	\$0 (Tier 2) B/D; ^
<i>mycophenolate mofetil oral tablet 500 mg</i>	\$0 (Tier 1) B/D
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i>	\$0 (Tier 1) B/D
<i>mycophenolic acid dr 180 mg tb</i>	\$0 (Tier 1) B/D; mycophenolate sodium = mycophenolic acid
<i>mycophenolic acid dr 360 mg tb</i>	\$0 (Tier 1) B/D; mycophenolate sodium = mycophenolic acid
NERLYNX ORAL TABLET 40 MG	\$0 (Tier 2) PA-NS; LA; ^
<i>nilutamide oral tablet 150 mg</i>	\$0 (Tier 2) ^
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	\$0 (Tier 2) PA-NS; QL (3 EA per 28 days); ^
NUBEQA ORAL TABLET 300 MG	\$0 (Tier 2) PA-NS; LA; QL (120 EA per 30 days); ^
NULOJIX INTRAVENOUS RECON SOLN 250 MG	\$0 (Tier 2) ^
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	\$0 (Tier 2) PA; ^
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	\$0 (Tier 1) PA
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	\$0 (Tier 1) PA
ODOMZO ORAL CAPSULE 200 MG	\$0 (Tier 2) PA-NS; LA; QL (30 EA per 30 days); ^
OGSIVEO ORAL TABLET 100 MG, 150 MG	\$0 (Tier 2) PA-NS; QL (56 EA per 28 days); ^
OGSIVEO ORAL TABLET 50 MG	\$0 (Tier 2) PA-NS; QL (180 EA per 30 days); ^
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	\$0 (Tier 2) PA-NS; QL (96 ML per 28 days); ^
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4)	\$0 (Tier 2) PA-NS; QL (16 EA per 28 days); ^
OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5)	\$0 (Tier 2) PA-NS; QL (20 EA per 28 days); ^
OJEMDA ORAL TABLET 600 MG/WEEK (100 MG X 6)	\$0 (Tier 2) PA-NS; QL (24 EA per 28 days); ^
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	\$0 (Tier 2) PA-NS; QL (30 EA per 30 days); ^
ONUREG ORAL TABLET 200 MG, 300 MG	\$0 (Tier 2) PA-NS; LA; QL (14 EA per 28 days)
ORGOVYX ORAL TABLET 120 MG	\$0 (Tier 2) PA-NS; LA; QL (30 EA per 28 days); ^
ORSERDU ORAL TABLET 345 MG	\$0 (Tier 2) PA-NS; QL (30 EA per 30 days); ^
ORSERDU ORAL TABLET 86 MG	\$0 (Tier 2) PA-NS; 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. 07/01/2025

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>oxaliplatin intravenous recon soln 100 mg, 50 mg</i>	\$0 (Tier 2) B/D
<i>oxaliplatin intravenous solution 100 mg/20 ml, 200 mg/40 ml, 50 mg/10 ml (5 mg/ml)</i>	\$0 (Tier 1) B/D
<i>paclitaxel intravenous concentrate 6 mg/ml</i>	\$0 (Tier 1) B/D
<i>paraplatin intravenous solution 10 mg/ml</i>	\$0 (Tier 1) B/D
<i>pazopanib oral tablet 200 mg</i>	\$0 (Tier 1) PA-NS; QL (120 EA per 30 days); ^
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	\$0 (Tier 2) PA-NS; LA; QL (28 EA per 28 days); ^
<i>pemetrexed disodium intravenous recon soln 1,000 mg, 500 mg, 750 mg</i>	\$0 (Tier 1) B/D; ^
<i>pemetrexed disodium intravenous recon soln 100 mg</i>	\$0 (Tier 1) B/D
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	\$0 (Tier 2) 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 (Tier 2) PA-NS; QL (56 EA per 28 days); ^
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	\$0 (Tier 2) PA-NS; LA; QL (21 EA per 28 days); ^
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	\$0 (Tier 2) B/D
PURIXAN ORAL SUSPENSION 20 MG/ML	\$0 (Tier 2) ^
QINLOCK ORAL TABLET 50 MG	\$0 (Tier 2) PA-NS; LA; QL (90 EA per 30 days); ^
RETEVMO ORAL CAPSULE 40 MG	\$0 (Tier 2) PA-NS; LA; QL (180 EA per 30 days); ^
RETEVMO ORAL CAPSULE 80 MG	\$0 (Tier 2) PA-NS; LA; QL (120 EA per 30 days); ^
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	\$0 (Tier 2) PA-NS; LA; QL (60 EA per 30 days); ^
RETEVMO ORAL TABLET 40 MG	\$0 (Tier 2) 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 (Tier 2) PA-NS; LA; QL (28 EA per 28 days); ^
REVUFORJ ORAL TABLET 110 MG, 160 MG	\$0 (Tier 2) PA-NS; QL (60 EA per 30 days); ^
REVUFORJ ORAL TABLET 25 MG	\$0 (Tier 2) PA-NS; QL (240 EA per 30 days); ^
REZLIDHIA ORAL CAPSULE 150 MG	\$0 (Tier 2) PA-NS; QL (60 EA per 30 days); ^
REZUROCK ORAL TABLET 200 MG	\$0 (Tier 2) PA; LA; QL (30 EA per 30 days); ^
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	\$0 (Tier 2) PA-NS; LA; QL (8 EA per 28 days); ^
ROZLYTREK ORAL CAPSULE 100 MG	\$0 (Tier 2) PA-NS; LA; QL (150 EA per 30 days); ^
ROZLYTREK ORAL CAPSULE 200 MG	\$0 (Tier 2) PA-NS; LA; QL (90 EA per 30 days); ^
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	\$0 (Tier 2) PA-NS; QL (336 EA per 28 days); ^
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	\$0 (Tier 2) PA-NS; LA; QL (120 EA per 30 days); ^
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML	\$0 (Tier 2) PA-NS; ^

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 07/01/2025

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
RYDAPT ORAL CAPSULE 25 MG	\$0 (Tier 2) PA-NS; QL (224 EA per 28 days); ^
SANDIMMUNE ORAL SOLUTION 100 MG/ML	\$0 (Tier 2) B/D
SCEMBLIX ORAL TABLET 100 MG	\$0 (Tier 2) PA-NS; QL (120 EA per 30 days); ^
SCEMBLIX ORAL TABLET 20 MG	\$0 (Tier 2) PA-NS; QL (60 EA per 30 days); ^
SCEMBLIX ORAL TABLET 40 MG	\$0 (Tier 2) 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 (Tier 2) PA; LA; ^
<i>sirolimus oral solution 1 mg/ml</i>	\$0 (Tier 2) B/D; ^
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (Tier 1) B/D
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	\$0 (Tier 2)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML, 90 MG/0.3 ML	\$0 (Tier 2) PA-NS; ^
<i>sorafenib oral tablet 200 mg</i>	\$0 (Tier 2) PA-NS; QL (120 EA per 30 days); ^
STIVARGA ORAL TABLET 40 MG	\$0 (Tier 2) 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 (Tier 2) PA-NS; QL (28 EA per 28 days); ^
TABLOID ORAL TABLET 40 MG	\$0 (Tier 2)
TABRECTA ORAL TABLET 150 MG, 200 MG	\$0 (Tier 2) PA-NS; ^
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	\$0 (Tier 1) B/D
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	\$0 (Tier 2) PA-NS; LA; QL (120 EA per 30 days); ^
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	\$0 (Tier 2) PA-NS; QL (840 EA per 28 days); ^
TAGRISSO ORAL TABLET 40 MG, 80 MG	\$0 (Tier 2) PA-NS; LA; QL (30 EA per 30 days); ^
TALVEY SUBCUTANEOUS SOLUTION 2 MG/ML, 40 MG/ML	\$0 (Tier 2) PA-NS; ^
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	\$0 (Tier 2) PA-NS; QL (30 EA per 30 days); ^
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	\$0 (Tier 2) PA-NS; LA; QL (30 EA per 30 days); ^
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	\$0 (Tier 1)
TASIGNA ORAL CAPSULE 150 MG, 200 MG	\$0 (Tier 2) PA-NS; QL (112 EA per 28 days); ^
TASIGNA ORAL CAPSULE 50 MG	\$0 (Tier 2) PA-NS; QL (120 EA per 30 days); ^
TAZVERIK ORAL TABLET 200 MG	\$0 (Tier 2) PA-NS; LA; ^
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML)	\$0 (Tier 2) B/D; LA; ^
TEPMETKO ORAL TABLET 225 MG	\$0 (Tier 2) PA-NS; LA; ^

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 07/01/2025

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

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 07/01/2025

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
XOSPATA ORAL TABLET 40 MG	\$0 (Tier 2) PA-NS; LA; QL (90 EA per 30 days); ^
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 (Tier 2) PA-NS; LA; QL (8 EA per 28 days); ^
XPOVIO ORAL TABLET 40 MG/WEEK (10 MG X 4)	\$0 (Tier 2) PA-NS; LA; ^
XPOVIO ORAL TABLET 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1)	\$0 (Tier 2) PA-NS; LA; QL (4 EA per 28 days); ^
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	\$0 (Tier 2) PA-NS; LA; QL (24 EA per 28 days); ^
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	\$0 (Tier 2) PA-NS; LA; QL (32 EA per 28 days); ^
XTANDI ORAL CAPSULE 40 MG	\$0 (Tier 2) PA-NS; LA; QL (120 EA per 30 days); ^
XTANDI ORAL TABLET 40 MG	\$0 (Tier 2) PA-NS; LA; QL (120 EA per 30 days); ^
XTANDI ORAL TABLET 80 MG	\$0 (Tier 2) PA-NS; LA; QL (60 EA per 30 days); ^
ZEJULA ORAL TABLET 100 MG	\$0 (Tier 2) PA-NS; LA; QL (90 EA per 30 days); ^
ZEJULA ORAL TABLET 200 MG, 300 MG	\$0 (Tier 2) PA-NS; LA; QL (30 EA per 30 days); ^
ZELBORAF ORAL TABLET 240 MG	\$0 (Tier 2) PA-NS; LA; QL (240 EA per 30 days); ^
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	\$0 (Tier 2) B/D; ^
ZOLINZA ORAL CAPSULE 100 MG	\$0 (Tier 2) PA-NS; QL (120 EA per 30 days); ^
ZYDELIG ORAL TABLET 100 MG, 150 MG	\$0 (Tier 2) PA-NS; LA; QL (60 EA per 30 days); ^
ZYKADIA ORAL TABLET 150 MG	\$0 (Tier 2) PA-NS; LA; QL (90 EA per 30 days); ^

**AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH**

**ANTICONVULSANTS**

APTIOM ORAL TABLET 200 MG, 400 MG	\$0 (Tier 2) QL (30 EA per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	\$0 (Tier 2) QL (60 EA per 30 days)
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML	\$0 (Tier 2) QL (600 ML per 30 days)
BRIVIACT ORAL SOLUTION 10 MG/ML	\$0 (Tier 2) QL (600 ML per 30 days); ^
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	\$0 (Tier 2) QL (60 EA per 30 days); ^
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	\$0 (Tier 1)
<i>carbamazepine oral suspension 100 mg/5 ml, 100 mg/5 ml (5 ml), 200 mg/10 ml</i>	\$0 (Tier 1)
<i>carbamazepine oral tablet 200 mg</i>	\$0 (Tier 1)
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	\$0 (Tier 1)
<i>carbamazepine oral tablet, chewable 100 mg</i>	\$0 (Tier 1)

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 07/01/2025

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>clobazam oral suspension 2.5 mg/ml</i>	\$0 (Tier 1) PA-NS; QL (480 ML per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i>	\$0 (Tier 1) PA-NS; QL (60 EA per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	\$0 (Tier 1) QL (90 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	\$0 (Tier 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 (Tier 1) QL (90 EA per 30 days)
<i>clonazepam oral tablet,disintegrating 2 mg</i>	\$0 (Tier 1) QL (300 EA per 30 days)
DIACOMIT ORAL CAPSULE 250 MG	\$0 (Tier 2) PA-NS; LA; QL (360 EA per 30 days); ^
DIACOMIT ORAL CAPSULE 500 MG	\$0 (Tier 2) PA-NS; LA; QL (180 EA per 30 days); ^
DIACOMIT ORAL POWDER IN PACKET 250 MG	\$0 (Tier 2) PA-NS; LA; QL (360 EA per 30 days); ^
DIACOMIT ORAL POWDER IN PACKET 500 MG	\$0 (Tier 2) 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 (Tier 1)
DILANTIN EXTENDED ORAL CAPSULE 100 MG	\$0 (Tier 2)
DILANTIN INFATABS ORAL TABLET,CHEWABLE 50 MG	\$0 (Tier 2)
DILANTIN ORAL CAPSULE 30 MG	\$0 (Tier 2)
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML	\$0 (Tier 2)
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	\$0 (Tier 1)
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	\$0 (Tier 1)
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	\$0 (Tier 1)
EPIDIOLEX ORAL SOLUTION 100 MG/ML	\$0 (Tier 2) PA-NS; LA
<i>epitol oral tablet 200 mg</i>	\$0 (Tier 1)
EPRONTIA ORAL SOLUTION 25 MG/ML	\$0 (Tier 2) PA-NS
<i>ethosuximide oral capsule 250 mg</i>	\$0 (Tier 1)
<i>ethosuximide oral solution 250 mg/5 ml</i>	\$0 (Tier 1)
<i>felbamate oral suspension 600 mg/5 ml</i>	\$0 (Tier 2)
<i>felbamate oral tablet 400 mg, 600 mg</i>	\$0 (Tier 1)
FINTEPLA ORAL SOLUTION 2.2 MG/ML	\$0 (Tier 2) PA-NS; LA; QL (360 ML per 30 days); ^
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	\$0 (Tier 2) QL (720 ML per 30 days); ^
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	\$0 (Tier 2) QL (30 EA per 30 days); ^
FYCOMPA ORAL TABLET 2 MG	\$0 (Tier 2) 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. 07/01/2025

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>gabapentin oral capsule 100 mg, 400 mg</i>	\$0 (Tier 1) QL (270 EA per 30 days)
<i>gabapentin oral capsule 300 mg</i>	\$0 (Tier 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 (Tier 1) QL (2160 ML per 30 days)
<i>gabapentin oral tablet 600 mg</i>	\$0 (Tier 1) QL (180 EA per 30 days)
<i>gabapentin oral tablet 800 mg</i>	\$0 (Tier 1) QL (120 EA per 30 days)
<i>gabapentin oral tablet extended release 24 hr 300 mg</i>	\$0 (Tier 1) PA; QL (180 EA per 30 days)
<i>gabapentin oral tablet extended release 24 hr 600 mg</i>	\$0 (Tier 1) PA; QL (90 EA per 30 days)
<i>lacosamide intravenous solution 200 mg/20 ml</i>	\$0 (Tier 2) QL (1200 ML per 30 days); ^
<i>lacosamide oral solution 10 mg/ml</i>	\$0 (Tier 1) QL (1200 ML per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>lacosamide oral tablet 50 mg</i>	\$0 (Tier 1) QL (120 EA per 30 days)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	\$0 (Tier 1)
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	\$0 (Tier 1)
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	\$0 (Tier 1)
<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	\$0 (Tier 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 (Tier 1)
<i>levetiracetam intravenous solution 500 mg/5 ml</i>	\$0 (Tier 1)
<i>levetiracetam oral solution 100 mg/ml, 500 mg/5 ml (5 ml)</i>	\$0 (Tier 1)
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	\$0 (Tier 1)
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	\$0 (Tier 1)
<i>LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG</i>	\$0 (Tier 2) PA-NS; QL (10 EA per 30 days); ^
<i>methsuximide oral capsule 300 mg</i>	\$0 (Tier 1)
<i>NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)</i>	\$0 (Tier 2) PA-NS; QL (10 EA per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	\$0 (Tier 1)
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	\$0 (Tier 1)
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	\$0 (Tier 2) PA-NS

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 07/01/2025

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
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 (Tier 2) PA-NS; QL (10 EA per 30 days)
<i>vigabatrin oral powder in packet 500 mg</i>	\$0 (Tier 2) PA-NS; LA; QL (180 EA per 30 days); ^
<i>vigabatrin oral tablet 500 mg</i>	\$0 (Tier 2) PA-NS; LA; QL (180 EA per 30 days); ^
<i>vigadrone oral powder in packet 500 mg</i>	\$0 (Tier 2) PA-NS; LA; QL (180 EA per 30 days); ^
<i>vigadrone oral tablet 500 mg</i>	\$0 (Tier 1) PA-NS; LA; QL (180 EA per 30 days); ^
<i>vigpoder oral powder in packet 500 mg</i>	\$0 (Tier 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 (Tier 2) QL (56 EA per 28 days); ^
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	\$0 (Tier 2) QL (30 EA per 30 days); ^
XCOPRI ORAL TABLET 150 MG, 200 MG	\$0 (Tier 2) QL (60 EA per 30 days); ^
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 12.5 MG (14)- 25 MG (14)	\$0 (Tier 2) 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 (Tier 2) QL (28 EA per 180 days); ^
ZONISADE ORAL SUSPENSION 100 MG/5 ML	\$0 (Tier 2) PA-NS
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)
ZTALMY ORAL SUSPENSION 50 MG/ML	\$0 (Tier 2) PA-NS; QL (1100 ML per 30 days); ^
<b>ANTIPARKINSONISM AGENTS</b>	
<i>benztropine injection solution 1 mg/ml</i>	\$0 (Tier 1)
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (Tier 2) PA
<i>bromocriptine oral capsule 5 mg</i>	\$0 (Tier 1)
<i>bromocriptine oral tablet 2.5 mg</i>	\$0 (Tier 1)
<i>carbidopa oral tablet 25 mg</i>	\$0 (Tier 2)
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	\$0 (Tier 1)
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	\$0 (Tier 1)
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	\$0 (Tier 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 (Tier 1)

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 07/01/2025

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>entacapone oral tablet 200 mg</i>	\$0 (Tier 1)
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	\$0 (Tier 2) 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 (Tier 2)
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	\$0 (Tier 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 (Tier 1)
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	\$0 (Tier 1)
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	\$0 (Tier 1)
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	\$0 (Tier 1)
<i>selegiline hcl oral capsule 5 mg</i>	\$0 (Tier 1)
<i>selegiline hcl oral tablet 5 mg</i>	\$0 (Tier 1)
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	\$0 (Tier 2) PA
<b>MIGRAINE / CLUSTER HEADACHE THERAPY</b>	
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	\$0 (Tier 2) PA; QL (1 ML per 30 days)
<i>dihydroergotamine injection solution 1 mg/ml</i>	\$0 (Tier 2) ^
<i>dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	\$0 (Tier 2) PA; QL (8 ML per 28 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	\$0 (Tier 2) PA; QL (2 ML per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	\$0 (Tier 2) PA; QL (2 ML per 30 days)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	\$0 (Tier 1) QL (40 EA per 28 days)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	\$0 (Tier 1) QL (18 EA per 28 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	\$0 (Tier 2) PA; QL (16 EA per 30 days); ^
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1) QL (18 EA per 30 days)
<i>rizatriptan oral tablet,disintegrating 10 mg, 5 mg</i>	\$0 (Tier 1) QL (18 EA per 30 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation</i>	\$0 (Tier 1) QL (18 EA per 28 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 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. 07/01/2025

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i>	\$0 (Tier 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 (Tier 1) QL (8 ML per 28 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	\$0 (Tier 1) QL (8 ML per 28 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	\$0 (Tier 1) QL (18 EA per 28 days)
<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i>	\$0 (Tier 1) QL (18 EA per 28 days)
<b>MISCELLANEOUS NEUROLOGICAL THERAPY</b>	
AUSTEDO ORAL TABLET 12 MG, 9 MG	\$0 (Tier 2) PA; LA; QL (120 EA per 30 days); ^
AUSTEDO ORAL TABLET 6 MG	\$0 (Tier 2) PA; LA; QL (60 EA per 30 days); ^
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG	\$0 (Tier 2) 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 (Tier 2) PA; QL (30 EA per 30 days); ^
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 24 MG	\$0 (Tier 2) PA; QL (60 EA per 30 days); ^
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG	\$0 (Tier 2) 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 (Tier 2) PA; QL (28 EA per 180 days); ^
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	\$0 (Tier 1) PA; QL (60 EA per 30 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg</i>	\$0 (Tier 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 (Tier 1) PA; QL (120 EA per 180 days); ^
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i>	\$0 (Tier 1) PA; QL (60 EA per 30 days); ^
<i>donepezil oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)
<i>donepezil oral tablet 23 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>	\$0 (Tier 1)
<i>fingolimod oral capsule 0.5 mg</i>	\$0 (Tier 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 (Tier 1) QL (30 EA per 30 days)
<i>galantamine oral solution 4 mg/ml</i>	\$0 (Tier 1)
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	\$0 (Tier 2) PA; QL (30 ML per 30 days); ^

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 07/01/2025

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

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
MORPHINE INTRAVENOUS SYRINGE 8 MG/ML	\$0 (Tier 2)
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	\$0 (Tier 1) QL (900 ML per 30 days)
<i>morphine oral tablet 15 mg, 30 mg</i>	\$0 (Tier 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 (Tier 1) PA; QL (90 EA per 30 days)
<i>oxycodone oral capsule 5 mg</i>	\$0 (Tier 1) QL (180 EA per 30 days)
<i>oxycodone oral concentrate 20 mg/ml</i>	\$0 (Tier 1) QL (180 ML per 30 days)
<i>oxycodone oral solution 5 mg/5 ml</i>	\$0 (Tier 1) QL (900 ML per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	\$0 (Tier 1) QL (180 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	\$0 (Tier 1) QL (180 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	\$0 (Tier 1) QL (360 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	\$0 (Tier 1) QL (240 EA per 30 days)
<b>NON-NARCOTIC ANALGESICS</b>	
<i>8 hour acetaminophen er 650 mg</i>	\$0 (Tier 3) NT
<i>8hr arthritis pain er 650 mg</i>	\$0 (Tier 3) NT
<i>acetaminophen 120 mg suppos</i>	\$0 (Tier 3) NT
<i>acetaminophen 120 mg suppos inner</i>	\$0 (Tier 3) NT
<i>acetaminophen 120 mg suppos outer</i>	\$0 (Tier 3) NT
<i>acetaminophen 160 mg/5 ml liq</i>	\$0 (Tier 3) NT
<i>acetaminophen 160 mg/5 ml soln</i>	\$0 (Tier 3) NT
<i>acetaminophen 160 mg/5 ml solution cup inner 160 mg/5 ml (5 ml)</i>	\$0 (Tier 3) NT
<i>acetaminophen 160 mg/5 ml solution cup outer 160 mg/5 ml (5 ml)</i>	\$0 (Tier 3) NT
<i>acetaminophen 160 mg/5 ml suspension cup inner 160 mg/5 ml (5 ml)</i>	\$0 (Tier 3) NT
<i>acetaminophen 160 mg/5 ml suspension cup outer 160 mg/5 ml (5 ml)</i>	\$0 (Tier 3) NT
<i>acetaminophen 160 mg/5 ml syr outer 32 mg/ml</i>	\$0 (Tier 3) NT
<i>acetaminophen 325 mg gelcap</i>	\$0 (Tier 3) NT
<i>acetaminophen 325 mg tablet</i>	\$0 (Tier 3) NT
<i>acetaminophen 325 mg tablet outer, f/c</i>	\$0 (Tier 3) NT
<i>acetaminophen 325 mg tablet u-d</i>	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 07/01/2025

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>acetaminophen 325 mg/10.15 ml cup inner</i>	\$0 (Tier 3) NT
ACETAMINOPHEN 325 MG/10.15 ML CUP INNER	\$0 (Tier 3) NT
<i>acetaminophen 325 mg/10.15 ml cup outer</i>	\$0 (Tier 3) NT
ACETAMINOPHEN 325 MG/10.15 ML CUP OUTER	\$0 (Tier 3) NT
<i>acetaminophen 500 mg caplet</i>	\$0 (Tier 3) NT
<i>acetaminophen 500 mg caplet caplet</i>	\$0 (Tier 3) NT
<i>acetaminophen 500 mg caplet caplet,ex-strength</i>	\$0 (Tier 3) NT
<i>acetaminophen 500 mg caplet caplet,xtra-strength</i>	\$0 (Tier 3) NT
<i>acetaminophen 500 mg gelcap</i>	\$0 (Tier 3) NT
<i>acetaminophen 500 mg tablet 12's,extra strength</i>	\$0 (Tier 3) NT
<i>acetaminophen 500 mg tablet 2x125,u-d,extra-str</i>	\$0 (Tier 3) NT
<i>acetaminophen 500 mg tablet 2x250,extra strength</i>	\$0 (Tier 3) NT
<i>acetaminophen 500 mg tablet 2x50, extra strength</i>	\$0 (Tier 3) NT
<i>acetaminophen 500 mg tablet</i>	\$0 (Tier 3) NT
<i>acetaminophen 500 mg tablet ex-strength</i>	\$0 (Tier 3) NT
<i>acetaminophen 500 mg tablet extra strength</i>	\$0 (Tier 3) NT
<i>acetaminophen 500 mg tablet u-d</i>	\$0 (Tier 3) NT
<i>acetaminophen 650 mg suppos</i>	\$0 (Tier 3) NT
<i>acetaminophen 650 mg suppos outer</i>	\$0 (Tier 3) NT
<i>acetaminophen 650 mg/20.3 ml cup inner</i>	\$0 (Tier 3) NT
ACETAMINOPHEN 650 MG/20.3 ML CUP INNER	\$0 (Tier 3) NT
<i>acetaminophen 650 mg/20.3 ml cup outer</i>	\$0 (Tier 3) NT
ACETAMINOPHEN 650 MG/20.3 ML CUP OUTER	\$0 (Tier 3) NT
ACETAMINOPHEN 80 MG/2.5 ML SYR OUTER 32 MG/ML	\$0 (Tier 3) NT
<i>acetaminophen er 650 mg caplet</i>	\$0 (Tier 3) NT
<i>acetaminophen er 650 mg tablet</i>	\$0 (Tier 3) NT
<i>acetaminophen er 650 mg tablet inner</i>	\$0 (Tier 3) NT
<i>acetaminophen er 650 mg tablet outer</i>	\$0 (Tier 3) NT
<i>all day pain relief 220 mg tab</i>	\$0 (Tier 3) NT
<i>all day pain rlf 220 mg caplet</i>	\$0 (Tier 3) NT
<i>all day pain rlf 220 mg caplet caplet</i>	\$0 (Tier 3) NT
<i>all day relief 220 mg caplet</i>	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 07/01/2025

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>all day relief 220 mg caplet caplet, gluten-free</i>	\$0 (Tier 3) NT
<i>all day relief 220 mg tablet</i>	\$0 (Tier 3) NT
<i>all day relief 220 mg tablet gluten-free</i>	\$0 (Tier 3) NT
<i>aphen 325 mg tablet</i>	\$0 (Tier 3) NT
<i>arthritis pain er 650 mg caplt</i>	\$0 (Tier 3) NT
<i>arthritis pain er 650 mg tab outer</i>	\$0 (Tier 3) NT
<i>aspirin 300 mg suppository</i>	\$0 (Tier 3) NT
<i>aspirin 325 mg tablet</i>	\$0 (Tier 3) NT
<i>aspirin 325 mg tablet regular strength</i>	\$0 (Tier 3) NT
<i>aspirin 81 mg chewable tablet</i>	\$0 (Tier 3) NT
<i>aspirin 81 mg chewable tablet adult low dose</i>	\$0 (Tier 3) NT
<i>aspirin 81 mg chewable tablet child low dose</i>	\$0 (Tier 3) NT
<i>aspirin 81 mg chewable tablet gluten-free, orange</i>	\$0 (Tier 3) NT
<i>aspirin 81 mg chewable tablet low dose</i>	\$0 (Tier 3) NT
<i>aspirin 81 mg chewable tablet low dose, cherry</i>	\$0 (Tier 3) NT
<i>aspirin 81 mg chewable tablet tab chew,cherry</i>	\$0 (Tier 3) NT
<i>aspirin 81 mg chewable tablet tab chew,orange</i>	\$0 (Tier 3) NT
<i>aspirin ec 325 mg tablet</i>	\$0 (Tier 3) NT
<i>aspirin ec 325 mg tablet bulk</i>	\$0 (Tier 3) NT
<i>aspirin ec 325 mg tablet regular strength</i>	\$0 (Tier 3) NT
<i>aspirin ec 81 mg tablet</i>	\$0 (Tier 3) NT
<i>aspirin ec 81 mg tablet adult low dose</i>	\$0 (Tier 3) NT
<i>aspirin ec 81 mg tablet low strength</i>	\$0 (Tier 3) NT
<i>aspirin regimen 81 mg ec tab</i>	\$0 (Tier 3) NT
<i>buffered aspirin 325 mg tb</i>	\$0 (Tier 3) NT
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	\$0 (Tier 1) QL (90 EA per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	\$0 (Tier 1) QL (90 EA per 30 days)
<i>butorphanol injection solution 1 mg/ml, 2 mg/ml</i>	\$0 (Tier 2)
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>celecoxib oral capsule 400 mg</i>	\$0 (Tier 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. 07/01/2025

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>child acetaminophen 80 mg chew fruit</i>	\$0 (Tier 3) NT
<i>child aspirin 81 mg tab chew</i>	\$0 (Tier 3) NT
<i>child ibuprofen 100 mg/5 ml cup inner, d/f</i>	\$0 (Tier 3) NT
<i>child ibuprofen 100 mg/5 ml cup outer</i>	\$0 (Tier 3) NT
<i>child ibuprofen 100 mg/5 ml cup outer, d/f</i>	\$0 (Tier 3) NT
<i>child ibuprofen 100 mg/5 ml cup u-d</i>	\$0 (Tier 3) NT
<i>child ibuprofen 100 mg/5 ml cup u-d,100's,hosp use</i>	\$0 (Tier 3) NT
<i>child ibuprofen 100 mg/5 ml cup u-d,30's,hosp use</i>	\$0 (Tier 3) NT
<i>child ibuprofen 100 mg/5 ml syrg</i>	\$0 (Tier 3) NT
<i>child ibuprofen 200 mg/10 ml cup outer 100 mg/5 ml</i>	\$0 (Tier 3) NT
<i>child pain-fever 160 mg/5 ml</i>	\$0 (Tier 3) NT
<i>child pain-fever 160 mg/5 ml as, ibu/f</i>	\$0 (Tier 3) NT
<i>child pain-fever 160 mg/5 ml gluten-f, grape</i>	\$0 (Tier 3) NT
<i>children ibuprofen 100 mg/5 ml</i>	\$0 (Tier 3) NT
<i>children ibuprofen 100 mg/5 ml berry</i>	\$0 (Tier 3) NT
<i>children ibuprofen 100 mg/5 ml berry flavor</i>	\$0 (Tier 3) NT
<i>children ibuprofen 100 mg/5 ml d/f</i>	\$0 (Tier 3) NT
<i>children ibuprofen 100 mg/5 ml dye/free</i>	\$0 (Tier 3) NT
<i>children ibuprofen 100 mg/5 ml gluten/f, berry</i>	\$0 (Tier 3) NT
<i>children ibuprofen 100 mg/5 ml gluten/f, grape</i>	\$0 (Tier 3) NT
<i>children ibuprofen 100 mg/5 ml gluten/f,bubble</i>	\$0 (Tier 3) NT
<i>children ibuprofen 100 mg/5 ml grape</i>	\$0 (Tier 3) NT
<i>children's mapap 80 mg tab chw</i>	\$0 (Tier 3) NT
<i>chld acetaminophen 160 mg/5 ml</i>	\$0 (Tier 3) NT
<i>chld acetaminophen 160 mg/5 ml</i>	\$0 (Tier 3) NT
<i>chld acetaminophen 160 mg/5 ml cup inner 160 mg/5 ml (5 ml)</i>	\$0 (Tier 3) NT
<i>chld acetaminophen 160 mg/5 ml cup outer 160 mg/5 ml (5 ml)</i>	\$0 (Tier 3) NT
<i>chld acetaminophen 160 mg/5 ml gluten/f, grape</i>	\$0 (Tier 3) NT
<i>chld acetaminophen 160 mg/5 ml gluten/f,cherry</i>	\$0 (Tier 3) NT
<i>diclofenac potassium oral tablet 50 mg</i>	\$0 (Tier 1)

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 07/01/2025

Name of Drug	What the Necessary actions, restrictions, or drug will cost you limits on use (tier level)
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	\$0 (Tier 1)
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)
<i>diclofenac sodium topical gel 1 %</i>	\$0 (Tier 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 (Tier 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 (Tier 1)
<i>diflunisal oral tablet 500 mg</i>	\$0 (Tier 1)
<i>ecotrin ec 325 mg tablet safety coated</i>	\$0 (Tier 3) NT
<i>ecotrin ec 81 mg tablet sfty coated,low str</i>	\$0 (Tier 3) NT
<i>ed-apap 160 mg/5 ml liquid</i>	\$0 (Tier 3) NT
<i>etodolac oral capsule 200 mg, 300 mg</i>	\$0 (Tier 1)
<i>etodolac oral tablet 400 mg, 500 mg</i>	\$0 (Tier 1)
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	\$0 (Tier 1)
<i>feverall 120 mg suppository childrens, outer</i>	\$0 (Tier 3) NT
<i>feverall 120 mg suppository children's, outer</i>	\$0 (Tier 3) NT
<i>feverall 325 mg suppository junior str, outer</i>	\$0 (Tier 3) NT
<i>feverall 650 mg suppository adult, outer</i>	\$0 (Tier 3) NT
FEVERALL 80 MG SUPPOSITORY INFANT'S, INNER	\$0 (Tier 3) NT
FEVERALL 80 MG SUPPOSITORY INFANT'S, OUTER	\$0 (Tier 3) NT
<i>flurbiprofen oral tablet 100 mg</i>	\$0 (Tier 1)
<i>ft 8 hour pain rlf er 650 mg</i>	\$0 (Tier 3) NT
<i>ft all day pain 220 mg caplet</i>	\$0 (Tier 3) NT
<i>ft aspirin 325 mg tablet</i>	\$0 (Tier 3) NT
<i>ft aspirin ec 325 mg tablet</i>	\$0 (Tier 3) NT
<i>ft aspirin ec 81 mg tablet</i>	\$0 (Tier 3) NT
<i>ft child ibuprofen 100 mg/5 ml</i>	\$0 (Tier 3) NT
<i>ft ibuprofen 200 mg caplet</i>	\$0 (Tier 3) NT
<i>ft ibuprofen 200 mg mini sfgl</i>	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 07/01/2025

<b>Name of Drug</b>	<b>What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)</b>
<i>ft ibuprofen 200 mg softgel</i>	\$0 (Tier 3) NT
<i>ft ibuprofen 200 mg tablet</i>	\$0 (Tier 3) NT
<i>ft ibuprofen ib 100 mg chew tb</i>	\$0 (Tier 3) NT
<i>ft naproxen sodium 220 mg cap</i>	\$0 (Tier 3) NT
<i>ft pain relief 325 mg tablet</i>	\$0 (Tier 3) NT
<i>ft pain relief 500 mg gelcap</i>	\$0 (Tier 3) NT
<i>ft pain relief 500 mg tablet</i>	\$0 (Tier 3) NT
<i>gnp 8 hour pain relief 650 mg</i>	\$0 (Tier 3) NT
<i>gnp 8hr arthrit pain er 650 mg</i>	\$0 (Tier 3) NT
<i>gnp aspirin 325 mg tablet</i>	\$0 (Tier 3) NT
<i>gnp aspirin ec 81 mg tablet</i>	\$0 (Tier 3) NT
<i>gnp child pain-fever 160 mg/5 as, ibu/f 160 mg/5 ml</i>	\$0 (Tier 3) NT
<i>gnp child pain-fever 160 mg/5 gluten-f, grape 160 mg/5 ml</i>	\$0 (Tier 3) NT
<i>gnp ibuprofen 100 mg chew tab</i>	\$0 (Tier 3) NT
<i>gnp ibuprofen 200 mg mini sfgl</i>	\$0 (Tier 3) NT
<i>gnp ibuprofen 200 mg softgel</i>	\$0 (Tier 3) NT
<i>gnp ibuprofen 200 mg tablet</i>	\$0 (Tier 3) NT
<i>gnp naproxen sod 220 mg caplet</i>	\$0 (Tier 3) NT
<i>gnp naproxen sod 220 mg tablet</i>	\$0 (Tier 3) NT
<i>gnp pain relief 500 mg caplet</i>	\$0 (Tier 3) NT
<i>gnp pain relief 500 mg caplet</i>	\$0 (Tier 3) NT
<i>gnp pain relief 500 mg gelcap</i>	\$0 (Tier 3) NT
<i>gs arthritis pain er 650 mg</i>	\$0 (Tier 3) NT
<i>gs aspirin 325 mg tablet</i>	\$0 (Tier 3) NT
<i>gs aspirin 81 mg chewable tab</i>	\$0 (Tier 3) NT
<i>gs child fever-pain 160 mg/5 ml</i>	\$0 (Tier 3) NT
<i>gs child ibuprofen 100 mg/5 ml</i>	\$0 (Tier 3) NT
<i>gs child pain-fever 160 mg/5 ml</i>	\$0 (Tier 3) NT
<i>gs ibuprofen 100 mg chew tab</i>	\$0 (Tier 3) NT
<i>gs ibuprofen 200 mg caplet</i>	\$0 (Tier 3) NT
<i>gs ibuprofen 200 mg liquid gel</i>	\$0 (Tier 3) NT
<i>gs ibuprofen 200 mg softgel</i>	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 07/01/2025

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>gs ibuprofen 200 mg softgel softgel,gluten-free</i>	\$0 (Tier 3) NT
<i>gs ibuprofen 200 mg tablet</i>	\$0 (Tier 3) NT
<i>gs inf ibuprofen 50 mg/1.25 ml</i>	\$0 (Tier 3) NT
<i>gs infant pain-fever 160 mg/5 160 mg/5 ml</i>	\$0 (Tier 3) NT
<i>gs naproxen sod 220 mg caplet</i>	\$0 (Tier 3) NT
<i>gs naproxen sod 220 mg tablet</i>	\$0 (Tier 3) NT
<i>gs pain relief 325 mg tablet</i>	\$0 (Tier 3) NT
<i>gs pain relief 500 mg caplet</i>	\$0 (Tier 3) NT
<i>gs pain relief 500 mg tablet</i>	\$0 (Tier 3) NT
<i>ibu oral tablet 600 mg, 800 mg</i>	\$0 (Tier 1)
<i>ibuprofen 200 mg caplet</i>	\$0 (Tier 3) NT
<i>ibuprofen 200 mg caplet caplet</i>	\$0 (Tier 3) NT
<i>ibuprofen 200 mg caplet caplet, coated</i>	\$0 (Tier 3) NT
<i>ibuprofen 200 mg caplet coated caplet</i>	\$0 (Tier 3) NT
<i>ibuprofen 200 mg capsule</i>	\$0 (Tier 3) NT
<i>ibuprofen 200 mg softgel</i>	\$0 (Tier 3) NT
<i>ibuprofen 200 mg tablet</i>	\$0 (Tier 3) NT
<i>ibuprofen 200 mg tablet coated</i>	\$0 (Tier 3) NT
<i>ibuprofen 200 mg tablet coated caplet</i>	\$0 (Tier 3) NT
<i>ibuprofen 200 mg tablet outer</i>	\$0 (Tier 3) NT
<i>ibuprofen 200 mg/10 ml suspension cup 100's, u-d cups (otc) 100 mg/5 ml</i>	\$0 (Tier 3) NT
<i>ibuprofen 200 mg/10 ml suspension cup 30's, u-d cups (otc) 100 mg/5 ml</i>	\$0 (Tier 3) NT
<i>ibuprofen 200 mg/10 ml suspension cup u-d (otc) 100 mg/5 ml</i>	\$0 (Tier 3) NT
<i>ibuprofen jr str 100 mg tb chw</i>	\$0 (Tier 3) NT
<i>ibuprofen oral suspension 100 mg/5 ml</i>	\$0 (Tier 1)
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	\$0 (Tier 1)
<i>inf acetaminophen 160 mg/5 ml</i>	\$0 (Tier 3) NT
<i>infant ibuprofen 50 mg/1.25 ml</i>	\$0 (Tier 3) NT
<i>infant ibuprofen 50 mg/1.25 ml berry</i>	\$0 (Tier 3) NT
<i>infant ibuprofen 50 mg/1.25 ml berry,infant</i>	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 07/01/2025

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>infant ibuprofen 50 mg/1.25 ml d/f,berry,infant</i>	\$0 (Tier 3) NT
<i>infant ibuprofen 50 mg/1.25 ml d/f,non-staining</i>	\$0 (Tier 3) NT
<i>infant ibuprofen 50 mg/1.25 ml gluten/f, berry</i>	\$0 (Tier 3) NT
<i>infant pain-fever 160 mg/5 ml</i>	\$0 (Tier 3) NT
<i>infant pain-fever 160 mg/5 ml grape</i>	\$0 (Tier 3) NT
<i>infant pain-fever 160 mg/5 ml w/syringe, cherry</i>	\$0 (Tier 3) NT
<i>infant pain-fever 160 mg/5 ml w/syringe, grape</i>	\$0 (Tier 3) NT
<i>infants pain-fever 160 mg/5 ml dye-free, cherry</i>	\$0 (Tier 3) NT
<i>kro aspirin 81 mg chewable tab low dose, orange</i>	\$0 (Tier 3) NT
<i>kro chld ibuprofen 100 mg/5 ml gluten-f, berry</i>	\$0 (Tier 3) NT
<i>kro chld ibuprofen 100 mg/5 ml gluten-f, grape</i>	\$0 (Tier 3) NT
<i>kro chld ibuprofen 100 mg/5 ml gluten-free</i>	\$0 (Tier 3) NT
<i>kro ibuprofen 200 mg caplet gluten-free, coated</i>	\$0 (Tier 3) NT
<i>kro ibuprofen 200 mg tablet gluten free, coated</i>	\$0 (Tier 3) NT
<i>mapap 500 mg capsule</i>	\$0 (Tier 3) NT
<i>mediproxen 220 mg tablet outer, f/c</i>	\$0 (Tier 3) NT
<i>mediproxen 220 mg tablet u-d, 50's</i>	\$0 (Tier 3) NT
<i>meloxicam oral tablet 15 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>meloxicam oral tablet 7.5 mg</i>	\$0 (Tier 1)
<i>m-pap 160 mg/5 ml liquid</i>	\$0 (Tier 3) NT
<i>nabumetone oral tablet 500 mg, 750 mg</i>	\$0 (Tier 1)
<i>nalbuphine injection solution 10 mg/ml, 20 mg/ml</i>	\$0 (Tier 2)
<i>naloxone hcl 4 mg nasal spray inner (otc) 4 mg/actuation</i>	\$0 (Tier 3) NT
<i>naloxone hcl 4 mg nasal spray outer (otc) 4 mg/actuation</i>	\$0 (Tier 3) NT
<i>naloxone injection solution 0.4 mg/ml</i>	\$0 (Tier 1)
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	\$0 (Tier 1)
<i>naloxone nasal spray,non-aerosol 4 mg/actuation</i>	\$0 (Tier 1)
<i>naltrexone oral tablet 50 mg</i>	\$0 (Tier 1)
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	\$0 (Tier 1)
<i>naproxen oral tablet,delayed release (dr/ec) 375 mg</i>	\$0 (Tier 1) QL (120 EA per 30 days)
<i>naproxen sodium 220 mg caplet</i>	\$0 (Tier 3) NT
<i>naproxen sodium 220 mg capsule</i>	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 07/01/2025

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>naproxen sodium 220 mg tablet</i>	\$0 (Tier 3) NT
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	\$0 (Tier 1)
<i>non-aspirin 325 mg tablet 125's</i>	\$0 (Tier 3) NT
<i>non-aspirin 325 mg tablet 250's, u-d</i>	\$0 (Tier 3) NT
<i>non-aspirin 325 mg tablet 50's, u-d</i>	\$0 (Tier 3) NT
<i>non-aspirin 500 mg tablet 125's</i>	\$0 (Tier 3) NT
<i>non-aspirin 500 mg tablet 250's</i>	\$0 (Tier 3) NT
<i>non-aspirin 500 mg tablet 50's, u-d</i>	\$0 (Tier 3) NT
<i>oxaprozin oral tablet 600 mg</i>	\$0 (Tier 1)
<i>pain relief 160 mg/5 ml liquid</i>	\$0 (Tier 3) NT
<i>pain relief 325 mg tablet</i>	\$0 (Tier 3) NT
<i>pain relief 500 mg caplet</i>	\$0 (Tier 3) NT
<i>pain relief 500 mg caplet caplet,ex-strength</i>	\$0 (Tier 3) NT
<i>pain relief 500 mg gelcap extra strength</i>	\$0 (Tier 3) NT
<i>pain relief 500 mg tablet extra strength</i>	\$0 (Tier 3) NT
<i>pain relief 500 mg tablet extra strength</i>	\$0 (Tier 3) NT
<i>pain reliever 500 mg caplet extr strength,caplet</i>	\$0 (Tier 3) NT
<i>pain reliever 500 mg tablet</i>	\$0 (Tier 3) NT
<i>pharbetol 325 mg tablet reg strength, bulk</i>	\$0 (Tier 3) NT
<i>pharbetol 325 mg tablet regular strength</i>	\$0 (Tier 3) NT
<i>pharbetol 500 mg caplet extra-str, caplet</i>	\$0 (Tier 3) NT
<i>pharbetol 500 mg tablet extra strength</i>	\$0 (Tier 3) NT
<i>piroxicam oral capsule 10 mg, 20 mg</i>	\$0 (Tier 1)
<i>qc aspirin 325 mg tablet</i>	\$0 (Tier 3) NT
<i>qc aspirin 81 mg chewable tab</i>	\$0 (Tier 3) NT
<i>qc aspirin ec 325 mg tablet</i>	\$0 (Tier 3) NT
<i>qc aspirin ec 81 mg tablet</i>	\$0 (Tier 3) NT
<i>qc child ibuprofen 100 mg/5 ml</i>	\$0 (Tier 3) NT
<i>qc child pain rlf 160 mg/5 ml</i>	\$0 (Tier 3) NT
<i>qc ibuprofen 200 mg caplet</i>	\$0 (Tier 3) NT
<i>qc ibuprofen 200 mg mini sfgl</i>	\$0 (Tier 3) NT
<i>qc ibuprofen 200 mg tablet</i>	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 07/01/2025

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>qc infant pain-fever 160 mg/5 160 mg/5 ml</i>	\$0 (Tier 3) NT
<i>qc naproxen sod 220 mg caplet</i>	\$0 (Tier 3) NT
<i>qc naproxen sod 220 mg tablet</i>	\$0 (Tier 3) NT
<i>qc non-aspirin 500 mg caplet xtra strength, caplet</i>	\$0 (Tier 3) NT
<i>qc non-aspirin 500 mg gelcap gelcap, ex-str</i>	\$0 (Tier 3) NT
<i>qc non-aspirin pain relief tb extra strength 500 mg</i>	\$0 (Tier 3) NT
<i>qc pain relief 325 mg tablet</i>	\$0 (Tier 3) NT
<i>qc pain relief 500 mg caplet</i>	\$0 (Tier 3) NT
<i>shake that ache 500 mg caplet</i>	\$0 (Tier 3) NT
<i>sm arthritis pain er 650 mg tb</i>	\$0 (Tier 3) NT
<i>sm aspirin 81 mg chewable tab</i>	\$0 (Tier 3) NT
<i>sm aspirin ec 81 mg tablet</i>	\$0 (Tier 3) NT
<i>sm aspirin ec 81 mg tablet adult low strength</i>	\$0 (Tier 3) NT
<i>sm child ibuprofen 100 mg/5 ml</i>	\$0 (Tier 3) NT
<i>sm chld pain-fever 160 mg/5 ml as, gluten-f</i>	\$0 (Tier 3) NT
<i>sm ibuprofen 200 mg caplet caplet</i>	\$0 (Tier 3) NT
<i>sm ibuprofen 200 mg softgel</i>	\$0 (Tier 3) NT
<i>sm ibuprofen 200 mg tablet</i>	\$0 (Tier 3) NT
<i>sm ibuprofen ib 100 mg chew tb</i>	\$0 (Tier 3) NT
<i>sm inf ibuprofen 50 mg/1.25 ml d/f</i>	\$0 (Tier 3) NT
<i>sm inf ibuprofen 50 mg/1.25 ml w/dropper</i>	\$0 (Tier 3) NT
<i>sm infant pain-fever 160 mg/5 gluten-f, grape 160 mg/5 ml</i>	\$0 (Tier 3) NT
<i>sm naproxen sod 220 mg caplet gluten free, caplet</i>	\$0 (Tier 3) NT
<i>sm pain reliever 325 mg tablet</i>	\$0 (Tier 3) NT
<i>sm pain reliever 500 mg caplet</i>	\$0 (Tier 3) NT
<i>sm pain reliever 500 mg caplet caplet, extra str</i>	\$0 (Tier 3) NT
<i>sm pain reliever 500 mg caplet caplet, extra str</i>	\$0 (Tier 3) NT
<i>sm pain reliever 500 mg tablet</i>	\$0 (Tier 3) NT
<i>sm pain reliever 500 mg tablet extra strength</i>	\$0 (Tier 3) NT
<i>sm pain reliever er 650 mg</i>	\$0 (Tier 3) NT
<i>st. joseph aspirin 81 mg chew</i>	\$0 (Tier 3) NT
<i>sulindac oral tablet 150 mg, 200 mg</i>	\$0 (Tier 1)

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 07/01/2025

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
TENSION HEADACHE CAPLET 500-65 MG	\$0 (Tier 3) NT
<i>tramadol oral tablet 50 mg</i>	\$0 (Tier 1) QL (240 EA per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	\$0 (Tier 1) QL (240 EA per 30 days)
<i>tri-buffered aspirin 325 mg tb boxed</i>	\$0 (Tier 3) NT
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG	\$0 (Tier 2)
<b>PSYCHOTHERAPEUTIC DRUGS</b>	
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	\$0 (Tier 2) QL (2.4 ML per 56 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	\$0 (Tier 2) QL (3.2 ML per 56 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	\$0 (Tier 2) QL (1 EA per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	\$0 (Tier 2) QL (1 EA per 28 days)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	\$0 (Tier 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 (Tier 2)
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	\$0 (Tier 2)
<i>aripiprazole oral solution 1 mg/ml</i>	\$0 (Tier 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 (Tier 1) QL (30 EA per 30 days)
<i>aripiprazole oral tablet,disintegrating 10 mg, 15 mg</i>	\$0 (Tier 2) QL (60 EA per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	\$0 (Tier 2) QL (4.8 ML per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	\$0 (Tier 2) QL (3.9 ML per 56 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	\$0 (Tier 2) QL (1.6 ML per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	\$0 (Tier 2) QL (2.4 ML per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	\$0 (Tier 2) QL (3.2 ML per 28 days)
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	\$0 (Tier 1) PA; QL (30 EA per 30 days)
<i>armodafinil oral tablet 50 mg</i>	\$0 (Tier 1) PA; 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. 07/01/2025

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	\$0 (Tier 2) ST; QL (60 EA per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	\$0 (Tier 2) QL (30 EA per 30 days)
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	\$0 (Tier 1)
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	\$0 (Tier 1) QL (90 EA per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	\$0 (Tier 1)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	\$0 (Tier 2) QL (30 EA per 30 days)
<i>chlorpromazine injection solution 25 mg/ml</i>	\$0 (Tier 1)
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	\$0 (Tier 2)
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)
<i>citalopram oral solution 10 mg/5 ml</i>	\$0 (Tier 1)
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 1)
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 2) PA-NS
<i>clorazepate dipotassium oral tablet 15 mg</i>	\$0 (Tier 1) PA-NS; QL (180 EA per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	\$0 (Tier 1) PA-NS; QL (90 EA per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	\$0 (Tier 1) PA-NS; QL (360 EA per 30 days)
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)
<i>clozapine oral tablet,disintegrating 100 mg</i>	\$0 (Tier 1) QL (270 EA per 30 days)
<i>clozapine oral tablet,disintegrating 12.5 mg, 25 mg</i>	\$0 (Tier 1)
<i>clozapine oral tablet,disintegrating 150 mg</i>	\$0 (Tier 1) QL (180 EA per 30 days)
<i>clozapine oral tablet,disintegrating 200 mg</i>	\$0 (Tier 2) QL (120 EA per 30 days)
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	\$0 (Tier 2) QL (60 EA per 30 days); ^
COBENFY STARTER PACK ORAL CAPSULE,DOSE PACK 50 MG-20 MG /100 MG-20 MG	\$0 (Tier 2) QL (56 EA per 180 days); ^
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 2)

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 07/01/2025

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 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 (Tier 1) QL (30 EA per 30 days)
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg, 5 mg</i>	\$0 (Tier 1) QL (120 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1) QL (180 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 15 mg</i>	\$0 (Tier 1) QL (120 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 20 mg</i>	\$0 (Tier 1) QL (90 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 30 mg</i>	\$0 (Tier 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 (Tier 1) QL (30 EA per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 20 mg</i>	\$0 (Tier 1) QL (90 EA per 30 days)
<i>diazepam injection solution 5 mg/ml</i>	\$0 (Tier 1)
<i>diazepam injection syringe 5 mg/ml</i>	\$0 (Tier 1)
<i>diazepam intensol oral concentrate 5 mg/ml</i>	\$0 (Tier 1) PA-NS; QL (240 ML per 30 days)
<i>diazepam oral concentrate 5 mg/ml</i>	\$0 (Tier 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 (Tier 1) PA-NS; QL (1200 ML per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	\$0 (Tier 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 (Tier 2)
<i>doxepin oral concentrate 10 mg/ml</i>	\$0 (Tier 2)
<i>doxepin oral tablet 3 mg, 6 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<b>DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG</b>	\$0 (Tier 2)
<i>duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 40 mg, 60 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<b>EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR</b>	\$0 (Tier 2) QL (30 EA per 30 days); ^
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	\$0 (Tier 1)

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 07/01/2025

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	\$0 (Tier 2) ST; QL (60 EA per 30 days); ^
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)-4MG(2)-6MG(2)	\$0 (Tier 2) ST; QL (8 EA per 180 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	\$0 (Tier 2) QL (28 EA per 180 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	\$0 (Tier 2) QL (30 EA per 30 days)
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 1)
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	\$0 (Tier 1)
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	\$0 (Tier 1)
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	\$0 (Tier 1)
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	\$0 (Tier 1)
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	\$0 (Tier 1)
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 4 mg</i>	\$0 (Tier 2) QL (30 EA per 30 days)
<i>guanfacine oral tablet extended release 24 hr 3 mg</i>	\$0 (Tier 2) 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 (Tier 1)
<i>haloperidol lactate injection solution 5 mg/ml</i>	\$0 (Tier 1)
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	\$0 (Tier 1)
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	\$0 (Tier 2)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	\$0 (Tier 2) QL (3.5 ML per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	\$0 (Tier 2) QL (5 ML per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	\$0 (Tier 2) QL (0.75 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	\$0 (Tier 2) QL (1 ML per 28 days)

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 07/01/2025

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	\$0 (Tier 2) QL (1.5 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	\$0 (Tier 2) QL (0.25 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	\$0 (Tier 2) QL (0.5 ML per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	\$0 (Tier 2) QL (0.88 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	\$0 (Tier 2) QL (1.32 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	\$0 (Tier 2) QL (1.75 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	\$0 (Tier 2) QL (2.63 ML per 90 days)
<i>lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>lisdexamfetamine oral capsule 40 mg, 50 mg, 60 mg, 70 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>lisdexamfetamine oral tablet, chewable 10 mg, 20 mg, 30 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>lisdexamfetamine oral tablet, chewable 40 mg, 50 mg, 60 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	\$0 (Tier 1)
<i>lithium carbonate oral tablet 300 mg</i>	\$0 (Tier 1)
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	\$0 (Tier 1)
<i>lithium citrate oral solution 8 meq/5 ml</i>	\$0 (Tier 1)
<i>lorazepam injection solution 2 mg/ml, 4 mg/ml</i>	\$0 (Tier 1)
<i>lorazepam injection syringe 2 mg/ml</i>	\$0 (Tier 1)
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	\$0 (Tier 1) QL (150 ML per 30 days)
<i>lorazepam oral concentrate 2 mg/ml</i>	\$0 (Tier 1) QL (150 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (Tier 1) QL (150 EA per 30 days)
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	\$0 (Tier 1)
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>lurasidone oral tablet 80 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
MARPLAN ORAL TABLET 10 MG	\$0 (Tier 2)

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 07/01/2025

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>methylphenidate hcl oral solution 10 mg/5 ml</i>	\$0 (Tier 1) QL (900 ML per 30 days)
<i>methylphenidate hcl oral solution 5 mg/5 ml</i>	\$0 (Tier 1) QL (1800 ML per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	\$0 (Tier 1) QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	\$0 (Tier 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 (Tier 1) QL (30 EA per 30 days)
<i>methylphenidate hcl oral tablet, chewable 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1) QL (180 EA per 30 days)
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	\$0 (Tier 1)
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i>	\$0 (Tier 1)
<i>modafinil oral tablet 100 mg</i>	\$0 (Tier 1) PA; QL (30 EA per 30 days)
<i>modafinil oral tablet 200 mg</i>	\$0 (Tier 1) PA; QL (60 EA per 30 days)
<i>molindone oral tablet 10 mg, 25 mg, 5 mg</i>	\$0 (Tier 1)
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	\$0 (Tier 1)
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 2)
<i>nortriptyline oral solution 10 mg/5 ml</i>	\$0 (Tier 2)
NUPLAZID ORAL CAPSULE 34 MG	\$0 (Tier 2) PA-NS; LA; QL (30 EA per 30 days); ^
NUPLAZID ORAL TABLET 10 MG	\$0 (Tier 2) PA-NS; LA; QL (30 EA per 30 days); ^
<i>olanzapine intramuscular recon soln 10 mg</i>	\$0 (Tier 1) QL (3 EA per 1 day)
<i>olanzapine oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>olanzapine oral tablet 15 mg, 20 mg, 7.5 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>olanzapine oral tablet, disintegrating 10 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>olanzapine oral tablet, disintegrating 15 mg, 20 mg, 5 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>paroxetine hcl oral suspension 10 mg/5 ml</i>	\$0 (Tier 2) QL (900 ML per 30 days)
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 2) QL (30 EA per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	\$0 (Tier 2) QL (60 EA per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	\$0 (Tier 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. 07/01/2025

Name of Drug	What the Necessary actions, restrictions, or drug will cost you limits on use (tier level)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	\$0 (Tier 1)
<i>phenelzine oral tablet 15 mg</i>	\$0 (Tier 1)
<i>pimozide oral tablet 1 mg, 2 mg</i>	\$0 (Tier 1)
<i>protriptyline oral tablet 10 mg, 5 mg</i>	\$0 (Tier 2)
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	\$0 (Tier 1)
QUETIAPINE ORAL TABLET 150 MG	\$0 (Tier 1)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
RALDESY ORAL SOLUTION 10 MG/ML	\$0 (Tier 2) ^
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	\$0 (Tier 2) QL (30 EA per 30 days); ^
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 (Tier 2) QL (2 EA per 28 days)
<i>risperidone oral solution 1 mg/ml</i>	\$0 (Tier 1)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	\$0 (Tier 1)
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg</i>	\$0 (Tier 1) QL (90 EA per 30 days)
<i>risperidone oral tablet,disintegrating 1 mg, 2 mg, 3 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>risperidone oral tablet,disintegrating 4 mg</i>	\$0 (Tier 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 (Tier 2) QL (30 EA per 30 days)
<i>sertraline oral concentrate 20 mg/ml</i>	\$0 (Tier 1)
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)
SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	\$0 (Tier 2) PA; LA; QL (540 ML per 30 days); ^
<i>temazepam oral capsule 15 mg</i>	\$0 (Tier 1) PA; QL (60 EA per 30 days)
<i>temazepam oral capsule 30 mg, 7.5 mg</i>	\$0 (Tier 1) PA; QL (30 EA per 30 days)
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	\$0 (Tier 1)
<i>tranylcypromine oral tablet 10 mg</i>	\$0 (Tier 1)
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	\$0 (Tier 1)

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 07/01/2025

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	\$0 (Tier 1)
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 2)
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	\$0 (Tier 2) QL (30 EA per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	\$0 (Tier 1)
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	\$0 (Tier 2) PA-NS; QL (600 ML per 30 days); ^
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	\$0 (Tier 2) QL (30 EA per 30 days); ^
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i>	\$0 (Tier 1)
<i>zolpidem oral tablet 10 mg, 5 mg</i>	\$0 (Tier 2) QL (30 EA per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	\$0 (Tier 2) PA-NS; QL (28 EA per 365 days); ^
ZURZUVAE ORAL CAPSULE 30 MG	\$0 (Tier 2) PA-NS; QL (14 EA per 365 days); ^
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	\$0 (Tier 2) PA-NS; QL (2.4 EA per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	\$0 (Tier 2) PA-NS; QL (2 EA per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	\$0 (Tier 2) PA-NS; QL (1 EA per 28 days)
<b>CARDIOVASCULAR, HYPERTENSION / LIPIDS</b>	
<b>ANTIARRHYTHMIC AGENTS</b>	
<i>amiodarone intravenous solution 50 mg/ml</i>	\$0 (Tier 1)
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i>	\$0 (Tier 1)
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	\$0 (Tier 2)
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	\$0 (Tier 1)
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	\$0 (Tier 1)
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	\$0 (Tier 1)
MULTAQ ORAL TABLET 400 MG	\$0 (Tier 2)
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	\$0 (Tier 1)
<i>propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg</i>	\$0 (Tier 1)

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 07/01/2025

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	\$0 (Tier 1)
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	\$0 (Tier 1)
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i>	\$0 (Tier 1)
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	\$0 (Tier 1)
<b>ANTIHYPERTENSIVE THERAPY</b>	
<i>acebutolol oral capsule 200 mg, 400 mg</i>	\$0 (Tier 1)
<i>aliskiren oral tablet 150 mg, 300 mg</i>	\$0 (Tier 1)
<i>amiloride oral tablet 5 mg</i>	\$0 (Tier 1)
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	\$0 (Tier 1)
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 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 (Tier 1)
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	\$0 (Tier 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 (Tier 1) QL (30 EA per 30 days)
<i>amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	\$0 (Tier 1)
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	\$0 (Tier 1)
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	\$0 (Tier 1)
<i>betaxolol oral tablet 10 mg, 20 mg</i>	\$0 (Tier 1)
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	\$0 (Tier 1)
<i>bumetanide injection solution 0.25 mg/ml</i>	\$0 (Tier 1)
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (Tier 1)
<i>candesartan oral tablet 16 mg, 4 mg, 8 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>candesartan oral tablet 32 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>candesartan-hydrochlorothiazid oral tablet 32-12.5 mg, 32-25 mg</i>	\$0 (Tier 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. 07/01/2025

Name of Drug	What the Necessary actions, restrictions, or drug will cost you limits on use (tier level)
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	\$0 (Tier 1)
<i>cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	\$0 (Tier 1)
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	\$0 (Tier 1)
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	\$0 (Tier 1)
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	\$0 (Tier 1)
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	\$0 (Tier 1)
<i>diltiazem hcl intravenous solution 5 mg/ml</i>	\$0 (Tier 1)
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	\$0 (Tier 1)
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	\$0 (Tier 1)
<i>diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	\$0 (Tier 1)
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	\$0 (Tier 1)
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	\$0 (Tier 1)
<i>diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	\$0 (Tier 1)
<i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	\$0 (Tier 1)
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	\$0 (Tier 1)
EDARBI ORAL TABLET 40 MG, 80 MG	\$0 (Tier 2) QL (30 EA per 30 days)
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	\$0 (Tier 2) QL (30 EA per 30 days)
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	\$0 (Tier 1)
<i>eplerenone oral tablet 25 mg, 50 mg</i>	\$0 (Tier 1)
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 1)
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	\$0 (Tier 1)

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 07/01/2025

Name of Drug	What the Necessary actions, restrictions, or drug will cost you limits on use (tier level)
<i>furosemide injection solution 10 mg/ml</i>	\$0 (Tier 1)
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	\$0 (Tier 1)
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	\$0 (Tier 1)
<i>guanfacine oral tablet 1 mg, 2 mg</i>	\$0 (Tier 2)
<i>hydralazine injection solution 20 mg/ml</i>	\$0 (Tier 1)
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	\$0 (Tier 1)
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	\$0 (Tier 1)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	\$0 (Tier 1)
KERENDIA ORAL TABLET 10 MG, 20 MG	\$0 (Tier 2) QL (30 EA per 30 days)
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	\$0 (Tier 1)
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	\$0 (Tier 1)
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	\$0 (Tier 1)
<i>losartan oral tablet 100 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>losartan oral tablet 25 mg, 50 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>losartan-hydrochlorothiazide oral tablet 50-12.5 mg</i>	\$0 (Tier 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 (Tier 1)
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	\$0 (Tier 1)
<i>metoprolol tartrate intravenous solution 5 mg/5 ml</i>	\$0 (Tier 1)
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 07/01/2025

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>metyrosine oral capsule 250 mg</i>	\$0 (Tier 2) PA; ^
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	\$0 (Tier 1)
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	\$0 (Tier 1)
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	\$0 (Tier 1)
<i>nebivolol oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>nebivolol oral tablet 20 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>nicardipine oral capsule 20 mg, 30 mg</i>	\$0 (Tier 1)
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	\$0 (Tier 1)
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	\$0 (Tier 1)
<i>nimodipine oral capsule 30 mg</i>	\$0 (Tier 1)
<i>olmesartan oral tablet 20 mg, 40 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>olmesartan oral tablet 5 mg</i>	\$0 (Tier 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 (Tier 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 (Tier 1) QL (30 EA per 30 days)
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	\$0 (Tier 1)
<i>pindolol oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	\$0 (Tier 1)
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	\$0 (Tier 1)
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	\$0 (Tier 1)
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	\$0 (Tier 1)
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	\$0 (Tier 1)
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	\$0 (Tier 1)
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	\$0 (Tier 1)
<i>taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	\$0 (Tier 1)
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	\$0 (Tier 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. 07/01/2025

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-25 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>telmisartan-hydrochlorothiazid oral tablet 80-12.5 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	\$0 (Tier 1)
<i>tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	\$0 (Tier 1)
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)
<i>torse mide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	\$0 (Tier 1)
<i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i>	\$0 (Tier 2) PA; LA; ^
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	\$0 (Tier 1)
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	\$0 (Tier 1)
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>valsartan oral tablet 320 mg</i>	\$0 (Tier 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 (Tier 1) QL (30 EA per 30 days)
<i>verapamil intravenous solution 2.5 mg/ml</i>	\$0 (Tier 1)
<i>verapamil intravenous syringe 2.5 mg/ml</i>	\$0 (Tier 1)
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	\$0 (Tier 1)
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	\$0 (Tier 1)
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	\$0 (Tier 1)
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	\$0 (Tier 1)
<b>COAGULATION THERAPY</b>	
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	\$0 (Tier 1)
BRILINTA ORAL TABLET 60 MG, 90 MG	\$0 (Tier 2)
<i>cilostazol oral tablet 100 mg, 50 mg</i>	\$0 (Tier 1)

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>clopidogrel oral tablet 75 mg</i>	\$0 (Tier 1)
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 2)
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	\$0 (Tier 2) PA; LA; ^
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	\$0 (Tier 2) PA; LA; ^
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	\$0 (Tier 2) PA; LA; ^
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	\$0 (Tier 2) QL (74 EA per 180 days)
ELIQUIS ORAL TABLET 2.5 MG	\$0 (Tier 2) QL (60 EA per 30 days)
ELIQUIS ORAL TABLET 5 MG	\$0 (Tier 2) QL (74 EA per 30 days)
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i>	\$0 (Tier 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 (Tier 1)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	\$0 (Tier 2) ^
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	\$0 (Tier 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 (Tier 1)
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	\$0 (Tier 1)
HEPARIN(PORCINE) IN 0.45% NAACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	\$0 (Tier 2)
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	\$0 (Tier 2)
<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 (Tier 1)
<i>pentoxifylline oral tablet extended release 400 mg</i>	\$0 (Tier 1)
PHYTONADIONE 1 MG/0.5 ML SYR P/F,SDV	\$0 (Tier 3) NT
PHYTONADIONE 1 MG/0.5 ML VIAL INNER, SUV	\$0 (Tier 3) NT
PHYTONADIONE 1 MG/0.5 ML VIAL OUTER, SUV	\$0 (Tier 3) NT
<i>phytonadione 10 mg/ml ampul suv,inner</i>	\$0 (Tier 3) NT
<i>phytonadione 10 mg/ml ampul suv,outer</i>	\$0 (Tier 3) NT
<i>phytonadione 10 mg/ml vial inner, suv</i>	\$0 (Tier 3) NT

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>phytonadione 10 mg/ml vial outer, suv</i>	\$0 (Tier 3) NT
<i>phytonadione 5 mg tablet</i>	\$0 (Tier 3) NT
<i>phytonadione 5 mg tablet outer</i>	\$0 (Tier 3) NT
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)
PROMACTA ORAL POWDER IN PACKET 12.5 MG	\$0 (Tier 2) PA; LA; QL (360 EA per 30 days); ^
PROMACTA ORAL POWDER IN PACKET 25 MG	\$0 (Tier 2) PA; LA; QL (180 EA per 30 days); ^
PROMACTA ORAL TABLET 12.5 MG, 25 MG	\$0 (Tier 2) PA; LA; QL (30 EA per 30 days); ^
PROMACTA ORAL TABLET 50 MG, 75 MG	\$0 (Tier 2) PA; LA; QL (60 EA per 30 days); ^
<i>rivaroxaban oral tablet 2.5 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>vitamin k-1 1 mg/0.5 ml ampul suv, inner</i>	\$0 (Tier 3) NT
<i>vitamin k-1 1 mg/0.5 ml ampul suv, outer</i>	\$0 (Tier 3) NT
<i>vitamin k-1 10 mg/ml ampul suv, inner</i>	\$0 (Tier 3) NT
<i>vitamin k-1 10 mg/ml ampul suv, outer</i>	\$0 (Tier 3) NT
<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 (Tier 1)
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	\$0 (Tier 2) QL (51 EA per 180 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	\$0 (Tier 2) QL (775 ML per 28 days)
XARELTO ORAL TABLET 10 MG, 20 MG	\$0 (Tier 2) QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	\$0 (Tier 2) QL (60 EA per 30 days)
<b>LIPID/CHOLESTEROL LOWERING AGENTS</b>	
<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 (Tier 1) QL (30 EA per 30 days)
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>cholestyramine (with sugar) oral powder 4 gram</i>	\$0 (Tier 1)
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	\$0 (Tier 1)
<i>cholestyramine light oral powder 4 gram</i>	\$0 (Tier 1)
<i>cholestyramine light oral powder in packet 4 gram</i>	\$0 (Tier 1)
<i>colesevelam oral powder in packet 3.75 gram</i>	\$0 (Tier 1)
<i>colesevelam oral tablet 625 mg</i>	\$0 (Tier 1)
<i>colestipol oral granules 5 gram</i>	\$0 (Tier 1)

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Name of Drug	What the Necessary actions, restrictions, or drug will cost you limits on use (tier level)
<i>colestipol oral packet 5 gram</i>	\$0 (Tier 1)
<i>colestipol oral tablet 1 gram</i>	\$0 (Tier 1)
<i>ezetimibe oral tablet 10 mg</i>	\$0 (Tier 1)
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	\$0 (Tier 1)
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	\$0 (Tier 1)
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	\$0 (Tier 1)
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i>	\$0 (Tier 1)
<i>fluvastatin oral capsule 20 mg, 40 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>gemfibrozil oral tablet 600 mg</i>	\$0 (Tier 1)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	\$0 (Tier 1)
<i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	\$0 (Tier 2) PA
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>prevalite oral powder 4 gram</i>	\$0 (Tier 1)
<i>prevalite oral powder in packet 4 gram</i>	\$0 (Tier 1)
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
VASCEPA ORAL CAPSULE 0.5 GRAM, 1 GRAM	\$0 (Tier 2)
<b>MISCELLANEOUS CARDIOVASCULAR AGENTS</b>	
CORLANOR ORAL SOLUTION 5 MG/5 ML	\$0 (Tier 2) QL (450 ML per 30 days)
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	\$0 (Tier 1)
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg), 62.5 mcg (0.0625 mg)</i>	\$0 (Tier 1) QL (60 EA per 30 days)
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	\$0 (Tier 2) QL (60 EA per 30 days)
<i>ivabradine oral tablet 5 mg, 7.5 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>	\$0 (Tier 1)
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	\$0 (Tier 2) QL (30 EA per 30 days)
VYNDAQEL ORAL CAPSULE 20 MG	\$0 (Tier 2) PA
<b>NITRATES</b>	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	\$0 (Tier 1)
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	\$0 (Tier 1)
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	\$0 (Tier 1)
<i>nitro-bid transdermal ointment 2 %</i>	\$0 (Tier 2)
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	\$0 (Tier 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 (Tier 1)
<b>DERMATOLOGICALS/TOPICAL THERAPY</b>	
<b>ANTIPSORIATIC / ANTISEBORRHEIC</b>	
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	\$0 (Tier 1)
<i>calcipotriene scalp solution 0.005 %</i>	\$0 (Tier 1) QL (120 ML per 30 days)
<i>calcipotriene topical ointment 0.005 %</i>	\$0 (Tier 1) QL (120 GM per 30 days)
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	\$0 (Tier 2) PA; QL (10 ML per 28 days); ^
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	\$0 (Tier 2) PA; QL (10 ML per 28 days); ^
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	\$0 (Tier 2) PA; QL (10 ML per 28 days); ^
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	\$0 (Tier 2) PA; QL (10 ML per 28 days); ^
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	\$0 (Tier 2) PA; QL (2.5 ML per 28 days); ^
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	\$0 (Tier 2) PA; QL (10 ML per 28 days); ^
<i>selenium sulfide topical lotion 2.5 %</i>	\$0 (Tier 1)
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	\$0 (Tier 2) PA; QL (6 ML per 365 days); ^
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	\$0 (Tier 2) PA; QL (6 ML per 365 days); ^
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	\$0 (Tier 2) PA; QL (0.5 ML per 28 days); ^
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	\$0 (Tier 2) PA; QL (0.5 ML per 28 days); ^
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	\$0 (Tier 2) PA; QL (1 ML per 28 days); ^

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
TREMFYA PEN INDUCTION PK-CROHN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	\$0 (Tier 2) PA; QL (12 ML per 180 days); ^
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 200 MG/2 ML	\$0 (Tier 2) PA; QL (2 ML per 28 days); ^
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	\$0 (Tier 2) PA; QL (2 ML per 28 days); ^
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML	\$0 (Tier 2) PA; QL (2 ML per 28 days); ^
<b>MISCELLANEOUS DERMATOLOGICALS</b>	
<i>ammonium lactate 12% lotion (otc)</i>	\$0 (Tier 3) NT
<i>ammonium lactate topical cream 12 %</i>	\$0 (Tier 1)
<i>ammonium lactate topical lotion 12 %</i>	\$0 (Tier 1)
<i>dermacinrx lidocan topical adhesive patch,medicated 5 %</i>	\$0 (Tier 1) PA; QL (90 EA per 30 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	\$0 (Tier 2) PA; QL (4.56 ML per 28 days); ^
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	\$0 (Tier 2) PA; QL (8 ML per 28 days); ^
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	\$0 (Tier 2) PA; QL (1.5 ML per 30 days); ^
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	\$0 (Tier 2) PA; QL (4.56 ML per 28 days); ^
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	\$0 (Tier 2) PA; QL (8 ML per 28 days); ^
<i>fluorouracil topical cream 5 %</i>	\$0 (Tier 1) QL (40 GM per 30 days)
<i>fluorouracil topical solution 2 %, 5 %</i>	\$0 (Tier 1) QL (10 ML per 30 days)
<i>glydo mucous membrane jelly in applicator 2 %</i>	\$0 (Tier 1) QL (60 ML per 30 days)
<i>imiquimod topical cream in packet 5 %</i>	\$0 (Tier 1) QL (24 EA per 28 days)
<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 (Tier 1)
<i>lidocaine 4% cream</i>	\$0 (Tier 3) NT
<i>lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)</i>	\$0 (Tier 1)
<i>lidocaine hcl laryngotracheal solution 4 %</i>	\$0 (Tier 1) QL (50 ML per 30 days)
<i>lidocaine hcl mucous membrane jelly 2 %</i>	\$0 (Tier 1) QL (60 ML per 30 days)
<i>lidocaine hcl mucous membrane solution 2 %</i>	\$0 (Tier 1)

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	\$0 (Tier 1) QL (50 ML per 30 days)
<i>lidocaine topical adhesive patch,medicated 5 %</i>	\$0 (Tier 1) PA; QL (90 EA per 30 days)
<i>lidocaine topical ointment 5 %</i>	\$0 (Tier 1) QL (50 GM per 30 days)
<i>lidocaine viscous mucous membrane solution 2 %</i>	\$0 (Tier 1)
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	\$0 (Tier 1) QL (30 GM per 30 days)
<i>lidocan iii topical adhesive patch,medicated 5 %</i>	\$0 (Tier 1) PA; QL (90 EA per 30 days)
<i>lidocan iv topical adhesive patch,medicated 5 %</i>	\$0 (Tier 1) PA; QL (90 EA per 30 days)
<i>lidocan v topical adhesive patch,medicated 5 %</i>	\$0 (Tier 1) PA; QL (90 EA per 30 days)
PANRETIN TOPICAL GEL 0.1 %	\$0 (Tier 2) PA-NS; QL (60 GM per 30 days); ^
<i>pimecrolimus topical cream 1 %</i>	\$0 (Tier 1) QL (100 GM per 30 days)
<i>podofilox topical solution 0.5 %</i>	\$0 (Tier 1) QL (7 ML per 28 days)
REGRANEX TOPICAL GEL 0.01 %	\$0 (Tier 2) QL (15 GM per 30 days); ^
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	\$0 (Tier 2) QL (180 GM per 30 days)
<i>silver sulfadiazine topical cream 1 %</i>	\$0 (Tier 1)
<i>ssd topical cream 1 %</i>	\$0 (Tier 1)
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	\$0 (Tier 1) QL (100 GM per 30 days)
<i>tridacaine ii topical adhesive patch,medicated 5 %</i>	\$0 (Tier 1) PA; QL (90 EA per 30 days)
<i>tridacaine topical adhesive patch,medicated 5 %</i>	\$0 (Tier 2) PA; QL (90 EA per 30 days)
VALCHLOR TOPICAL GEL 0.016 %	\$0 (Tier 2) PA-NS; LA; QL (60 GM per 30 days); ^
<b>THErapy FOR ACNE</b>	
<i>acutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	\$0 (Tier 1)
<i>acne medication 10% gel</i>	\$0 (Tier 3) NT
ACNE MEDICATION 10% LOTION	\$0 (Tier 3) NT
<i>acne medication 2.5% gel</i>	\$0 (Tier 3) NT
ACNE MEDICATION 5% GEL	\$0 (Tier 3) NT
<i>acneclear gel 10 %</i>	\$0 (Tier 3) NT
<i>adapalene 0.1% gel (otc)</i>	\$0 (Tier 3) NT
<i>adapalene topical cream 0.1 %</i>	\$0 (Tier 1) QL (45 GM per 30 days)
<i>adapalene topical gel 0.3 %</i>	\$0 (Tier 1) QL (45 GM per 30 days)
<i>adapalene topical gel with pump 0.3 %</i>	\$0 (Tier 1) QL (45 GM per 30 days)
<i>amnesteem oral capsule 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 1)
<i>azelaic acid topical gel 15 %</i>	\$0 (Tier 1) QL (50 GM per 30 days)

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>benzoyl peroxide 10% gel (otc)</i>	\$0 (Tier 3) NT
<i>benzoyl peroxide 10% gel aqueous (otc)</i>	\$0 (Tier 3) NT
<i>benzoyl peroxide 2.5% gel (otc)</i>	\$0 (Tier 3) NT
<i>benzoyl peroxide 5% gel (otc)</i>	\$0 (Tier 3) NT
<i>benzoyl peroxide 5% gel aqueous (otc)</i>	\$0 (Tier 3) NT
<i>benzoyl peroxide 5% wash (otc)</i>	\$0 (Tier 3) NT
<i>bp wash 5% liquid</i>	\$0 (Tier 3) NT
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	\$0 (Tier 1)
<i>clindamycin phosphate topical gel 1 %</i>	\$0 (Tier 1) QL (75 GM per 30 days)
<i>clindamycin phosphate topical gel, once daily 1 %</i>	\$0 (Tier 1) QL (75 ML per 30 days)
<i>clindamycin phosphate topical lotion 1 %</i>	\$0 (Tier 1) QL (60 ML per 30 days)
<i>clindamycin phosphate topical solution 1 %</i>	\$0 (Tier 1) QL (60 ML per 30 days)
<i>clindamycin phosphate topical swab 1 %</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %</i>	\$0 (Tier 1) QL (45 GM per 30 days)
<i>clindamycin-benzoyl peroxide topical gel 1-5 %</i>	\$0 (Tier 1) QL (50 GM per 30 days)
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i>	\$0 (Tier 1) QL (50 GM per 30 days)
<i>ery pads topical swab 2 %</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>erythromycin with ethanol topical solution 2 %</i>	\$0 (Tier 1) QL (60 ML per 30 days)
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	\$0 (Tier 1)
<i>isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg</i>	\$0 (Tier 1)
<i>metronidazole topical cream 0.75 %</i>	\$0 (Tier 1) QL (45 GM per 30 days)
<i>metronidazole topical gel 0.75 %</i>	\$0 (Tier 1) QL (45 GM per 30 days)
<i>metronidazole topical lotion 0.75 %</i>	\$0 (Tier 1) QL (59 ML per 30 days)
<i>myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	\$0 (Tier 1)
<i>neuac topical gel 1.2 %(1 % base) -5 %</i>	\$0 (Tier 1) QL (45 GM per 30 days)
<i>persa-gel 10% 12's,max-strength</i>	\$0 (Tier 3) NT
RENOVA 0.02% CREAM	\$0 (Tier 3) NT
RENOVA PUMP 0.02% CREAM	\$0 (Tier 3) NT
<i>tazarotene topical cream 0.1 %</i>	\$0 (Tier 1) PA; QL (60 GM per 30 days)
<i>tazarotene topical gel 0.05 %, 0.1 %</i>	\$0 (Tier 1) PA
<i>tretinoin microspheres topical gel 0.04 %, 0.1 %</i>	\$0 (Tier 1) PA; QL (50 GM per 30 days)

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 07/01/2025

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>tretinoin microspheres topical gel with pump 0.04 %, 0.1 %</i>	\$0 (Tier 1) PA; QL (50 GM per 30 days)
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	\$0 (Tier 1) PA; QL (45 GM per 30 days)
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	\$0 (Tier 1) PA; QL (45 GM per 30 days)
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	\$0 (Tier 1)
<b>TOPICAL ANTIBACTERIALS</b>	
BETADINE 10% SOLUTION	\$0 (Tier 3) NT
BETADINE 10% SOLUTION ANTISEPTIC	\$0 (Tier 3) NT
BETADINE 10% SOLUTION HOSP.SIZE,ANTISEPTIC	\$0 (Tier 3) NT
FIRST AID ANTISEPTIC 10% OINT	\$0 (Tier 3) NT
<i>gentamicin topical cream 0.1 %</i>	\$0 (Tier 1) QL (30 GM per 30 days)
<i>gentamicin topical ointment 0.1 %</i>	\$0 (Tier 1) QL (30 GM per 30 days)
<i>gnp povidone-iodine 10% soln</i>	\$0 (Tier 3) NT
GS FIRST AID ANTIBIOTIC OINT 3.5MG-400 UNIT- 5,000 UNIT/GRAM	\$0 (Tier 3) NT
<i>mupirocin topical ointment 2 %</i>	\$0 (Tier 1) QL (44 GM per 30 days)
<i>povidone-iodine 10% solution</i>	\$0 (Tier 3) NT
<i>povidone-iodine 10% solution usp</i>	\$0 (Tier 3) NT
<i>qc povidone-iodine 10% soln</i>	\$0 (Tier 3) NT
<i>sm povidone-iodine 10% soln</i>	\$0 (Tier 3) NT
<i>sm triple antibiotic ointment 3.5mg-400 unit- 5,000 unit/gram</i>	\$0 (Tier 3) NT
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	\$0 (Tier 1)
<i>triple antibiotic ointment 3.5mg-400 unit- 5,000 unit/gram</i>	\$0 (Tier 3) NT
<i>triple antibiotic ointment inner 3.5mg-400 unit- 5,000 unit/gram</i>	\$0 (Tier 3) NT
<i>triple antibiotic ointment outer 3.5mg-400 unit- 5,000 unit/gram</i>	\$0 (Tier 3) NT
<b>TOPICAL ANTIFUNGALS</b>	
<i>antifungal 1% topical cream</i>	\$0 (Tier 3) NT
<i>antifungal 1% topical cream inner</i>	\$0 (Tier 3) NT
<i>antifungal 1% topical cream outer</i>	\$0 (Tier 3) NT
<i>athlete's foot 1% cream</i>	\$0 (Tier 3) NT
<i>baza antifungal 2% cream</i>	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 07/01/2025

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>ciclopirox topical cream 0.77 %</i>	\$0 (Tier 1) QL (90 GM per 28 days)
<i>ciclopirox topical gel 0.77 %</i>	\$0 (Tier 1) QL (100 GM per 28 days)
<i>ciclopirox topical suspension 0.77 %</i>	\$0 (Tier 1) QL (60 ML per 28 days)
<i>clotrimazole 1% topical cream (otc)</i>	\$0 (Tier 3) NT
<i>clotrimazole topical cream 1 %</i>	\$0 (Tier 1) QL (45 GM per 28 days)
<i>clotrimazole topical solution 1 %</i>	\$0 (Tier 1) QL (30 ML per 28 days)
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	\$0 (Tier 1) QL (45 GM per 28 days)
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	\$0 (Tier 1) QL (60 ML per 28 days)
<i>ft antifungal 1% cream</i>	\$0 (Tier 3) NT
<i>ft antifungal 2% topical cream</i>	\$0 (Tier 3) NT
<i>ft athlete's foot 1% cream</i>	\$0 (Tier 3) NT
<i>fungoid 2% tincture</i>	\$0 (Tier 3) NT
<i>gnp athlete's foot 1% cream</i>	\$0 (Tier 3) NT
<i>gs athlete's foot 1% cream</i>	\$0 (Tier 3) NT
<i>ketoconazole topical cream 2 %</i>	\$0 (Tier 1) QL (60 GM per 28 days)
<i>ketoconazole topical shampoo 2 %</i>	\$0 (Tier 1) QL (120 ML per 28 days)
<i>klayesta topical powder 100,000 unit/gram</i>	\$0 (Tier 1) QL (120 GM per 30 days)
<i>miconazole 2% topical cream</i>	\$0 (Tier 3) NT
MICONAZOLE NITRATE 2% SOLUTION	\$0 (Tier 3) NT
<i>micotrin ac 1% topical cream</i>	\$0 (Tier 3) NT
<i>mycozyl ac 1% topical cream</i>	\$0 (Tier 3) NT
<i>naftifine topical cream 1 %</i>	\$0 (Tier 1) QL (90 GM per 28 days)
<i>naftifine topical cream 2 %</i>	\$0 (Tier 1) QL (60 GM per 28 days)
<i>naftifine topical gel 2 %</i>	\$0 (Tier 1) QL (60 GM per 28 days)
<i>nyamyc topical powder 100,000 unit/gram</i>	\$0 (Tier 1) QL (120 GM per 30 days)
<i>nystatin topical cream 100,000 unit/gram</i>	\$0 (Tier 1) QL (30 GM per 28 days)
<i>nystatin topical ointment 100,000 unit/gram</i>	\$0 (Tier 1) QL (30 GM per 28 days)
<i>nystatin topical powder 100,000 unit/gram</i>	\$0 (Tier 1) QL (120 GM per 30 days)
<i>nystop topical powder 100,000 unit/gram</i>	\$0 (Tier 1) QL (120 GM per 30 days)
<i>qc antifungal 1% cream</i>	\$0 (Tier 3) NT
<i>sm antifungal 1% cream</i>	\$0 (Tier 3) NT
<i>sm antifungal 1% topical cream</i>	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 07/01/2025

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>sm miconazole 2% topical cream</i>	\$0 (Tier 3) NT
<i>tm-clotrimazole 1% top cream (otc)</i>	\$0 (Tier 3) NT
<i>tolnaftate 1% cream</i>	\$0 (Tier 3) NT
<b>TOPICAL CORTICOSTEROIDS</b>	
<i>ala-cort topical cream 1 %</i>	\$0 (Tier 1)
<i>alclometasone topical cream 0.05 %</i>	\$0 (Tier 1) QL (120 GM per 30 days)
<i>alclometasone topical ointment 0.05 %</i>	\$0 (Tier 1) QL (120 GM per 30 days)
<i>betamethasone dipropionate topical cream 0.05 %</i>	\$0 (Tier 1) QL (135 GM per 30 days)
<i>betamethasone dipropionate topical lotion 0.05 %</i>	\$0 (Tier 1) QL (120 ML per 30 days)
<i>betamethasone dipropionate topical ointment 0.05 %</i>	\$0 (Tier 1) QL (135 GM per 30 days)
<i>betamethasone valerate topical cream 0.1 %</i>	\$0 (Tier 1) QL (135 GM per 30 days)
<i>betamethasone valerate topical lotion 0.1 %</i>	\$0 (Tier 1) QL (120 ML per 30 days)
<i>betamethasone valerate topical ointment 0.1 %</i>	\$0 (Tier 1) QL (135 GM per 30 days)
<i>betamethasone, augmented topical cream 0.05 %</i>	\$0 (Tier 1) QL (150 GM per 30 days)
<i>betamethasone, augmented topical gel 0.05 %</i>	\$0 (Tier 1) QL (150 GM per 30 days)
<i>betamethasone, augmented topical lotion 0.05 %</i>	\$0 (Tier 1) QL (120 ML per 30 days)
<i>betamethasone, augmented topical ointment 0.05 %</i>	\$0 (Tier 1) QL (150 GM per 30 days)
<i>clobetasol scalp solution 0.05 %</i>	\$0 (Tier 1) QL (100 ML per 28 days)
<i>clobetasol topical cream 0.05 %</i>	\$0 (Tier 1) QL (120 GM per 28 days)
<i>clobetasol topical gel 0.05 %</i>	\$0 (Tier 1) QL (60 GM per 28 days)
<i>clobetasol topical ointment 0.05 %</i>	\$0 (Tier 1) QL (120 GM per 28 days)
<i>clobetasol topical shampoo 0.05 %</i>	\$0 (Tier 1) QL (118 ML per 28 days)
<i>clobetasol-emollient topical cream 0.05 %</i>	\$0 (Tier 1) QL (120 GM per 28 days)
<i>clodan topical shampoo 0.05 %</i>	\$0 (Tier 1) QL (118 ML per 28 days)
<i>desonide topical lotion 0.05 %</i>	\$0 (Tier 1) QL (118 ML per 30 days)
<i>eql anti-itch 1% ointment</i>	\$0 (Tier 3) NT
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	\$0 (Tier 1) QL (118.28 ML per 30 days)
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	\$0 (Tier 1) QL (120 GM per 30 days)
<i>fluocinolone topical oil 0.01 %</i>	\$0 (Tier 1) QL (118.28 ML per 30 days)
<i>fluocinolone topical ointment 0.025 %</i>	\$0 (Tier 1) QL (120 GM per 30 days)
<i>fluocinolone topical solution 0.01 %</i>	\$0 (Tier 1) QL (120 ML per 30 days)
<i>fluocinonide topical cream 0.05 %</i>	\$0 (Tier 1) QL (120 GM per 30 days)

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 07/01/2025

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>fluocinonide topical gel 0.05 %</i>	\$0 (Tier 1) QL (120 GM per 30 days)
<i>fluocinonide topical ointment 0.05 %</i>	\$0 (Tier 1) QL (120 GM per 30 days)
<i>fluocinonide topical solution 0.05 %</i>	\$0 (Tier 1) QL (120 ML per 30 days)
<i>fluocinonide-e topical cream 0.05 %</i>	\$0 (Tier 1) QL (120 GM per 30 days)
<i>fluocinonide-emollient topical cream 0.05 %</i>	\$0 (Tier 1) QL (120 GM per 30 days)
<i>fluticasone propionate topical cream 0.05 %</i>	\$0 (Tier 1)
<i>gs anti-itch 1% cream</i>	\$0 (Tier 3) NT
<i>halobetasol propionate topical cream 0.05 %</i>	\$0 (Tier 1) QL (100 GM per 30 days)
<i>halobetasol propionate topical ointment 0.05 %</i>	\$0 (Tier 1) QL (100 GM per 30 days)
<i>hydrocortisone 0.5% cream (otc)</i>	\$0 (Tier 3) NT
<i>hydrocortisone 0.5% cream</i>	\$0 (Tier 3) NT
<i>hydrocortisone 1% cream (otc)</i>	\$0 (Tier 3) NT
<i>hydrocortisone 1% cream</i>	\$0 (Tier 3) NT
<i>hydrocortisone 1% cream inner (otc)</i>	\$0 (Tier 3) NT
<i>hydrocortisone 1% cream max str, w/aloe (otc)</i>	\$0 (Tier 3) NT
<i>hydrocortisone 1% cream maximum strength (otc)</i>	\$0 (Tier 3) NT
<i>hydrocortisone 1% cream moisturizer,max. str (otc)</i>	\$0 (Tier 3) NT
<i>hydrocortisone 1% cream outer (otc)</i>	\$0 (Tier 3) NT
<i>hydrocortisone 1% ointment (otc)</i>	\$0 (Tier 3) NT
<i>hydrocortisone 1% ointment maximum strength (otc)</i>	\$0 (Tier 3) NT
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	\$0 (Tier 1)
<i>hydrocortisone topical lotion 2 %, 2.5 %</i>	\$0 (Tier 1)
<i>hydrocortisone topical ointment 2.5 %</i>	\$0 (Tier 1)
<i>hydrocortisone-aloe 1% cream</i>	\$0 (Tier 3) NT
<i>mometasone topical cream 0.1 %</i>	\$0 (Tier 1)
<i>mometasone topical ointment 0.1 %</i>	\$0 (Tier 1)
<i>mometasone topical solution 0.1 %</i>	\$0 (Tier 1)
<i>monistat care 1% cream</i>	\$0 (Tier 3) NT
<i>qc anti-itch with aloe 1% crm</i>	\$0 (Tier 3) NT
<i>sm hydrocortisone 1% ointment maximum strength (otc)</i>	\$0 (Tier 3) NT
<i>sm hydrocortisone plus 1% crm</i>	\$0 (Tier 3) NT
<i>sm hydrocortisone-aloe 1% crm</i>	\$0 (Tier 3) NT

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	\$0 (Tier 1)
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	\$0 (Tier 1)
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	\$0 (Tier 1)
<i>triderm topical cream 0.5 %</i>	\$0 (Tier 1)
<b>TOPICAL SCABICIDES / PEDICULICIDES</b>	
<i>cvs lice treatment 1% crm rins</i>	\$0 (Tier 3) NT
<i>ft lice killing shampoo 0.33-4 %</i>	\$0 (Tier 3) NT
<i>gs lice killing 1 % crm rinse</i>	\$0 (Tier 3) NT
<i>gs lice killing shampoo w/nit comb 0.33-4 %</i>	\$0 (Tier 3) NT
<i>lice killing shampoo 0.33-4 %</i>	\$0 (Tier 3) NT
<i>lice treatment 1% creme rinse 1 nit removal comb</i>	\$0 (Tier 3) NT
<i>lice treatment topical shampoo 0.33-4 %</i>	\$0 (Tier 3)
<i>malathion topical lotion 0.5 %</i>	\$0 (Tier 1)
<i>permethrin topical cream 5 %</i>	\$0 (Tier 1) QL (60 GM per 30 days)
<i>sb lice killing shampoo maximum strength 0.33-4 %</i>	\$0 (Tier 3) NT
<i>sm lice treatment 1% crm rinse</i>	\$0 (Tier 3) NT
<b>DIAGNOSTICS / MISCELLANEOUS AGENTS</b>	
<b>ANOREXIANTS</b>	
<i>ADIPEX-P 37.5 MG TABLET</i>	\$0 (Tier 3) PA; NT
<i>benzphetamine hcl 50 mg tablet (rx)</i>	\$0 (Tier 3) PA; NT
<i>diethylpropion 25 mg tablet</i>	\$0 (Tier 3) PA; NT
<i>diethylpropion er 75 mg tablet</i>	\$0 (Tier 3) PA; NT
<i>IMCIVREE 10 MG/ML VIAL</i>	\$0 (Tier 3) PA; NT
<i>LOMAIRA 8 MG TABLET</i>	\$0 (Tier 3) PA; NT
<i>ORLISTAT 120 MG CAPSULE</i>	\$0 (Tier 3) PA; NT
<i>phendimetrazine 35 mg tablet</i>	\$0 (Tier 3) PA; NT
<i>phendimetrazine er 105 mg cap</i>	\$0 (Tier 3) PA; NT
<i>phentermine 15 mg capsule</i>	\$0 (Tier 3) PA; NT
<i>phentermine 30 mg capsule</i>	\$0 (Tier 3) PA; NT
<i>phentermine 37.5 mg capsule</i>	\$0 (Tier 3) PA; NT
<i>phentermine 37.5 mg tablet</i>	\$0 (Tier 3) PA; NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 07/01/2025

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
SAXENDA 18 MG/3 ML PEN 3 MG/0.5 ML (18 MG/3 ML)	\$0 (Tier 3) PA; NT
WEGOVY 0.25 MG/0.5 ML PEN OUTER,SUV	\$0 (Tier 3) PA; NT
WEGOVY 0.5 MG/0.5 ML PEN OUTER,SUV	\$0 (Tier 3) PA; NT
WEGOVY 1 MG/0.5 ML PEN OUTER,SUV	\$0 (Tier 3) PA; NT
WEGOVY 1.7 MG/0.75 ML PEN OUTER,SUV	\$0 (Tier 3) PA; NT
WEGOVY 2.4 MG/0.75 ML PEN OUTER,SUV	\$0 (Tier 3) PA; NT
XENICAL 120 MG CAPSULE	\$0 (Tier 3) PA; NT
<b>MISCELLANEOUS AGENTS</b>	
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	\$0 (Tier 1)
<i>acetic acid irrigation solution 0.25 %</i>	\$0 (Tier 1)
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	\$0 (Tier 1)
<i>carglumic acid oral tablet, dispersible 200 mg</i>	\$0 (Tier 2) PA; LA; ^
<i>cevimeline oral capsule 30 mg</i>	\$0 (Tier 1)
CHEMET ORAL CAPSULE 100 MG	\$0 (Tier 2)
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	\$0 (Tier 2) B/D
<i>d10 %-0.45 % sodium chloride intravenous parenteral solution</i>	\$0 (Tier 1)
<i>d2.5 %-0.45 % sodium chloride intravenous parenteral solution</i>	\$0 (Tier 2)
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	\$0 (Tier 1)
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	\$0 (Tier 1)
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i>	\$0 (Tier 2) PA; ^
<i>deferasirox oral tablet 180 mg, 360 mg</i>	\$0 (Tier 2) PA
<i>deferasirox oral tablet 90 mg</i>	\$0 (Tier 1) PA
<i>deferasirox oral tablet, dispersible 125 mg</i>	\$0 (Tier 2) PA
<i>deferasirox oral tablet, dispersible 250 mg, 500 mg</i>	\$0 (Tier 1) PA; ^
<i>dextrose 10 % and 0.2 % nacl intravenous parenteral solution</i>	\$0 (Tier 2)
<i>dextrose 10 % in water (d10w) intravenous parenteral solution 10 %</i>	\$0 (Tier 1)

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 07/01/2025

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

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 07/01/2025

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>sodium chloride irrigation solution 0.9 %</i>	\$0 (Tier 1)
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>	\$0 (Tier 2) PA; ^
<i>sodium phenylbutyrate oral tablet 500 mg</i>	\$0 (Tier 2) PA; ^
<i>sodium polystyrene sulfonate oral powder</i>	\$0 (Tier 1)
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	\$0 (Tier 1)
<i>sps (with sorbitol) rectal enema 30-40 gram/120 ml</i>	\$0 (Tier 1)
<i>trientine oral capsule 250 mg</i>	\$0 (Tier 2) PA; ^
<i>water for irrigation, sterile irrigation solution</i>	\$0 (Tier 1)
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	\$0 (Tier 1)
<b>SMOKING DETERRENENTS</b>	
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	\$0 (Tier 1)
FT NICOTINE 4 MG LOZENGE	\$0 (Tier 3) NT
<i>gnp nicotine 2 mg chewing gum</i>	\$0 (Tier 3) NT
GNP NICOTINE 2 MG LOZENGE OUTER	\$0 (Tier 3) NT
<i>gnp nicotine 2 mg mini lozenge</i>	\$0 (Tier 3) NT
GNP NICOTINE 2 MG MINI LOZENGE	\$0 (Tier 3) NT
GNP NICOTINE 2 MG MINI LOZENGE OUTER	\$0 (Tier 3) NT
<i>gnp nicotine 21 mg/24hr patch (otc)</i>	\$0 (Tier 3) NT
<i>gnp nicotine 4 mg chewing gum</i>	\$0 (Tier 3) NT
GNP NICOTINE 4 MG LOZENGE OUTER	\$0 (Tier 3) NT
<i>gnp nicotine 4 mg mini lozenge</i>	\$0 (Tier 3) NT
GNP NICOTINE 4 MG MINI LOZENGE	\$0 (Tier 3) NT
<i>gs nicotine 2 mg chewing gum</i>	\$0 (Tier 3) NT
<i>gs nicotine 2 mg chewing gum original</i>	\$0 (Tier 3) NT
<i>gs nicotine 2 mg lozenge</i>	\$0 (Tier 3) NT
<i>gs nicotine 2 mg mini lozenge</i>	\$0 (Tier 3) NT
<i>gs nicotine 4 mg chewing gum</i>	\$0 (Tier 3) NT
<i>gs nicotine 4 mg chewing gum original</i>	\$0 (Tier 3) NT
<i>gs nicotine 4 mg lozenge</i>	\$0 (Tier 3) NT
<i>gs nicotine 4 mg mini lozenge</i>	\$0 (Tier 3) NT
<i>hm nicotine 2 mg mini lozenge</i>	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 07/01/2025

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>kro nicotine 2 mg chewing gum original</i>	\$0 (Tier 3) NT
<i>kro nicotine 2 mg lozenge 3 quittube, mint</i>	\$0 (Tier 3) NT
<i>kro nicotine 4 mg chewing gum original</i>	\$0 (Tier 3) NT
<i>kro nicotine 4 mg lozenge 3 quittube, mint</i>	\$0 (Tier 3) NT
NICORETTE 2 MG MINI LOZENGE	\$0 (Tier 3) NT
NICORETTE 2 MG MINI LOZENGE MINT	\$0 (Tier 3) NT
NICORETTE 4 MG LOZENGE	\$0 (Tier 3) NT
<i>nicotine 14 mg/24hr patch (otc)</i>	\$0 (Tier 3) NT
<i>nicotine 14 mg/24hr patch clear, step 2, outer (otc)</i>	\$0 (Tier 3) NT
<i>nicotine 14 mg/24hr patch inner (otc)</i>	\$0 (Tier 3) NT
<i>nicotine 14 mg/24hr patch outer (otc)</i>	\$0 (Tier 3) NT
<i>nicotine 14 mg/24hr patch step 2 (otc)</i>	\$0 (Tier 3) NT
<i>nicotine 2 mg chewing gum</i>	\$0 (Tier 3) NT
<i>nicotine 2 mg chewing gum coated</i>	\$0 (Tier 3) NT
<i>nicotine 2 mg chewing gum coated fruit</i>	\$0 (Tier 3) NT
<i>nicotine 2 mg chewing gum coated,cinnamon</i>	\$0 (Tier 3) NT
<i>nicotine 2 mg chewing gum cool mint/coated</i>	\$0 (Tier 3) NT
<i>nicotine 2 mg chewing gum mint</i>	\$0 (Tier 3) NT
<i>nicotine 2 mg chewing gum original</i>	\$0 (Tier 3) NT
<i>nicotine 2 mg chewing gum outer</i>	\$0 (Tier 3) NT
<i>nicotine 2 mg lozenge</i>	\$0 (Tier 3) NT
<i>nicotine 2 mg lozenge inner</i>	\$0 (Tier 3) NT
<i>nicotine 2 mg lozenge outer</i>	\$0 (Tier 3) NT
NICOTINE 2 MG MINI LOZENGE	\$0 (Tier 3) NT
<i>nicotine 2 mg mini lozenge inner</i>	\$0 (Tier 3) NT
<i>nicotine 2 mg mini lozenge outer</i>	\$0 (Tier 3) NT
<i>nicotine 21 mg/24hr patch (otc)</i>	\$0 (Tier 3) NT
<i>nicotine 21 mg/24hr patch inner (otc)</i>	\$0 (Tier 3) NT
<i>nicotine 21 mg/24hr patch outer (otc)</i>	\$0 (Tier 3) NT
<i>nicotine 21 mg/24hr patch outer, clear, step 1 (otc)</i>	\$0 (Tier 3) NT
<i>nicotine 4 mg chewing gum</i>	\$0 (Tier 3) NT
<i>nicotine 4 mg chewing gum coated</i>	\$0 (Tier 3) NT

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>nicotine 4 mg chewing gum coated fruit</i>	\$0 (Tier 3) NT
<i>nicotine 4 mg chewing gum coated,cinnamon</i>	\$0 (Tier 3) NT
<i>nicotine 4 mg chewing gum cool mint/coated</i>	\$0 (Tier 3) NT
<i>nicotine 4 mg chewing gum original</i>	\$0 (Tier 3) NT
<i>nicotine 4 mg chewing gum outer</i>	\$0 (Tier 3) NT
<i>nicotine 4 mg chewing gum refill. outer</i>	\$0 (Tier 3) NT
<i>nicotine 4 mg chewing gum starter kit, outer</i>	\$0 (Tier 3) NT
<i>nicotine 4 mg lozenge</i>	\$0 (Tier 3) NT
NICOTINE 4 MG LOZENGE	\$0 (Tier 3) NT
<i>nicotine 4 mg lozenge inner</i>	\$0 (Tier 3) NT
<i>nicotine 4 mg lozenge mint</i>	\$0 (Tier 3) NT
<i>nicotine 4 mg lozenge mint, 3 quittube</i>	\$0 (Tier 3) NT
<i>nicotine 4 mg lozenge outer</i>	\$0 (Tier 3) NT
<i>nicotine 4 mg mini lozenge</i>	\$0 (Tier 3) NT
NICOTINE 4 MG MINI LOZENGE	\$0 (Tier 3) NT
<i>nicotine 4 mg mini lozenge inner</i>	\$0 (Tier 3) NT
<i>nicotine 4 mg mini lozenge outer</i>	\$0 (Tier 3) NT
<i>nicotine 7 mg/24hr patch (otc)</i>	\$0 (Tier 3) NT
<i>nicotine 7 mg/24hr patch inner (otc)</i>	\$0 (Tier 3) NT
<i>nicotine 7 mg/24hr patch outer (otc)</i>	\$0 (Tier 3) NT
<i>nicotine 7 mg/24hr patch outer, clear, step 3 (otc)</i>	\$0 (Tier 3) NT
<i>nicotine 7 mg/24hr patch step 3 (otc)</i>	\$0 (Tier 3) NT
<i>nicotine transdermal system step 1,2,3 21-14-7 mg/24 hr</i>	\$0 (Tier 3) NT
NICOTROL INHALATION CARTRIDGE 10 MG	\$0 (Tier 2)
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	\$0 (Tier 2)
<i>sm nicotine 14 mg/24hr patch (otc)</i>	\$0 (Tier 3) NT
<i>sm nicotine 2 mg chewing gum</i>	\$0 (Tier 3) NT
<i>sm nicotine 2 mg lozenge</i>	\$0 (Tier 3) NT
<i>sm nicotine 21 mg/24hr patch (otc)</i>	\$0 (Tier 3) NT
<i>sm nicotine 4 mg chewing gum</i>	\$0 (Tier 3) NT
<i>sm nicotine 4 mg lozenge</i>	\$0 (Tier 3) NT
SM NICOTINE 4 MG LOZENGE	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 07/01/2025

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>sm nicotine 7 mg/24hr patch (otc)</i>	\$0 (Tier 3) NT
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg, 1 mg (56 pack)</i>	\$0 (Tier 1)
<i>varenicline tartrate oral tablets,dose pack 0.5 mg (11)- 1 mg (42)</i>	\$0 (Tier 1)
<b>EAR, NOSE / THROAT MEDICATIONS</b>	
<b>MISCELLANEOUS AGENTS</b>	
<i>azelastine nasal spray,non-aerosol 137 mcg (0.1 %), 205.5 mcg (0.15 %)</i>	\$0 (Tier 1) QL (60 ML per 30 days)
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	\$0 (Tier 1)
<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)</i>	\$0 (Tier 1) QL (30 ML per 30 days)
<i>ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)</i>	\$0 (Tier 1) QL (45 ML per 30 days)
<i>kourzeq dental paste 0.1 %</i>	\$0 (Tier 1)
<i>olopatadine nasal spray,non-aerosol 0.6 %</i>	\$0 (Tier 1)
<i>perio gard mucous membrane mouthwash 0.12 %</i>	\$0 (Tier 1)
<i>triamcinolone acetonide dental paste 0.1 %</i>	\$0 (Tier 1)
<b>MISCELLANEOUS OTIC PREPARATIONS</b>	
<i>acetic acid otic (ear) solution 2 %</i>	\$0 (Tier 1)
<i>flac otic oil otic (ear) drops 0.01 %</i>	\$0 (Tier 1)
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>	\$0 (Tier 1)
<i>ofloxacin otic (ear) drops 0.3 %</i>	\$0 (Tier 1)
<b>OTIC STEROID / ANTIBIOTIC</b>	
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	\$0 (Tier 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 (Tier 1)
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	\$0 (Tier 1)
<b>ENDOCRINE/DIABETES</b>	
<b>ADRENAL HORMONES</b>	
<i>dexamethasone intensol oral drops 1 mg/ml</i>	\$0 (Tier 2)
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	\$0 (Tier 1)

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 07/01/2025

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	\$0 (Tier 1)
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	\$0 (Tier 1)
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	\$0 (Tier 1)
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i>	\$0 (Tier 1)
<i>dexamethasone sodium phosphate injection syringe 4 mg/ml</i>	\$0 (Tier 1)
<i>fludrocortisone oral tablet 0.1 mg</i>	\$0 (Tier 1)
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	\$0 (Tier 1)
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	\$0 (Tier 1) B/D
<i>methylprednisolone oral tablets,dose pack 4 mg</i>	\$0 (Tier 1)
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	\$0 (Tier 1)
<i>methylprednisolone sodium succ intravenous recon soln 1,000 mg, 500 mg</i>	\$0 (Tier 1)
<i>prednisolone oral solution 15 mg/5 ml</i>	\$0 (Tier 1)
<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 (Tier 1)
<i>prednisone intensol oral concentrate 5 mg/ml</i>	\$0 (Tier 2)
<i>prednisone oral solution 5 mg/5 ml</i>	\$0 (Tier 1)
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	\$0 (Tier 1)
<i>prednisone oral tablets,dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>	\$0 (Tier 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 (Tier 2)
<b>ANTITHYROID AGENTS</b>	
<i>methimazole oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)
<i>propylthiouracil oral tablet 50 mg</i>	\$0 (Tier 1)

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<b>DIABETES THERAPY</b>	
<i>acarbose oral tablet 100 mg</i>	\$0 (Tier 1) QL (90 EA per 30 days)
<i>acarbose oral tablet 25 mg</i>	\$0 (Tier 1) QL (360 EA per 30 days)
<i>acarbose oral tablet 50 mg</i>	\$0 (Tier 1) QL (180 EA per 30 days)
<i>alcohol pads topical pads, medicated</i>	\$0 (Tier 2)
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	\$0 (Tier 2) PA; QL (3.4 ML per 28 days)
<i>diazoxide oral suspension 50 mg/ml</i>	\$0 (Tier 2) ^
FARXIGA ORAL TABLET 10 MG, 5 MG	\$0 (Tier 2) QL (30 EA per 30 days)
<i>glimepiride oral tablet 1 mg</i>	\$0 (Tier 1) QL (240 EA per 30 days)
<i>glimepiride oral tablet 2 mg</i>	\$0 (Tier 1) QL (120 EA per 30 days)
<i>glimepiride oral tablet 4 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>glipizide oral tablet 10 mg</i>	\$0 (Tier 1) QL (120 EA per 30 days)
<i>glipizide oral tablet 5 mg</i>	\$0 (Tier 1) QL (240 EA per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	\$0 (Tier 1) QL (240 EA per 30 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	\$0 (Tier 1) QL (120 EA per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	\$0 (Tier 1) QL (240 EA per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	\$0 (Tier 1) QL (120 EA per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	\$0 (Tier 2) 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 (Tier 2)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	\$0 (Tier 2)
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	\$0 (Tier 2)
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	\$0 (Tier 2)
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	\$0 (Tier 2)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	\$0 (Tier 2)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	\$0 (Tier 2)

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
INSULIN ASP PRT-INSULIN ASPART SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	\$0 (Tier 2)
INSULIN ASP PRT-INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	\$0 (Tier 2)
INSULIN ASPART U-100 SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	\$0 (Tier 2)
INSULIN ASPART U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	\$0 (Tier 2)
INSULIN ASPART U-100 SUBCUTANEOUS SOLUTION 100 UNIT/ML	\$0 (Tier 2)
INSULIN DEGLUDEC SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML), 200 UNIT/ML (3 ML)	\$0 (Tier 2)
INSULIN DEGLUDEC SUBCUTANEOUS SOLUTION 100 UNIT/ML	\$0 (Tier 2)
INSULIN GLARGINE U-300 CONC SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML), 300 UNIT/ML (3 ML)	\$0 (Tier 2)
INSULIN GLARGINE-YFGN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	\$0 (Tier 2)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	\$0 (Tier 2) QL (60 EA per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	\$0 (Tier 2) QL (30 EA per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	\$0 (Tier 2) QL (60 EA per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	\$0 (Tier 2) QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	\$0 (Tier 2) QL (30 EA per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	\$0 (Tier 2) QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	\$0 (Tier 2) QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	\$0 (Tier 2) QL (30 EA per 30 days)
<i>metformin oral tablet 1,000 mg</i>	\$0 (Tier 1) QL (75 EA per 30 days)
<i>metformin oral tablet 500 mg</i>	\$0 (Tier 1) QL (150 EA per 30 days)
<i>metformin oral tablet 850 mg</i>	\$0 (Tier 1) QL (90 EA per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	\$0 (Tier 1) Generic for Glucophage XR; 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. 07/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>metformin oral tablet extended release 24 hr 750 mg</i>	\$0 (Tier 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 (Tier 2)	PA; QL (2 ML per 28 days)
<i>nateglinide oral tablet 120 mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days)
<i>nateglinide oral tablet 60 mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	\$0 (Tier 2)	(brand RELION not covered)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	\$0 (Tier 2)	(brand RELION not covered)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	\$0 (Tier 2)	(brand RELION not covered)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	\$0 (Tier 2)	(brand RELION not covered)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	\$0 (Tier 2)	(brand RELION not covered)
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML	\$0 (Tier 2)	(brand RELION not covered)
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 (Tier 2)	PA; QL (3 ML per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	\$0 (Tier 2)	PA; QL (1.8 ML per 30 days)
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days)
<i>repaglinide oral tablet 0.5 mg</i>	\$0 (Tier 1)	QL (960 EA per 30 days)
<i>repaglinide oral tablet 1 mg</i>	\$0 (Tier 1)	QL (480 EA per 30 days)
<i>repaglinide oral tablet 2 mg</i>	\$0 (Tier 1)	QL (240 EA per 30 days)
RYBELSUS ORAL TABLET 1.5 MG, 14 MG, 3 MG, 4 MG, 7 MG, 9 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	\$0 (Tier 2)	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 (Tier 2)	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. 07/01/2025

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	\$0 (Tier 2) QL (30 EA per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	\$0 (Tier 2) QL (60 EA per 30 days)
TRADJENTA ORAL TABLET 5 MG	\$0 (Tier 2) 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 (Tier 2) 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 (Tier 2) 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 (Tier 2) PA; QL (2 ML per 28 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	\$0 (Tier 2) 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 (Tier 2) QL (60 EA per 30 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	\$0 (Tier 2) QL (15 ML per 30 days)
<b>MISCELLANEOUS HORMONES</b>	
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML	\$0 (Tier 2) PA; ^
<i>cabergoline oral tablet 0.5 mg</i>	\$0 (Tier 1)
<i>calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation</i>	\$0 (Tier 1)
<i>calcitriol intravenous solution 1 mcg/ml</i>	\$0 (Tier 1)
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	\$0 (Tier 1)
<i>calcitriol oral solution 1 mcg/ml</i>	\$0 (Tier 1)
<i>cinacalcet oral tablet 30 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>cinacalcet oral tablet 60 mg</i>	\$0 (Tier 2) QL (60 EA per 30 days)
<i>cinacalcet oral tablet 90 mg</i>	\$0 (Tier 2) QL (120 EA per 30 days); ^
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	\$0 (Tier 1)
<i>desmopressin injection solution 4 mcg/ml</i>	\$0 (Tier 2) ^
<i>desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)</i>	\$0 (Tier 1)
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	\$0 (Tier 1)
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	\$0 (Tier 1)

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	\$0 (Tier 1)
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG	\$0 (Tier 2) PA; ^
KORLYM ORAL TABLET 300 MG	\$0 (Tier 2) PA; LA; ^
LUMIZYME INTRAVENOUS RECON SOLN 50 MG	\$0 (Tier 2) PA; ^
<i>mifepristone oral tablet 300 mg</i>	\$0 (Tier 1) PA; ^
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	\$0 (Tier 2) PA; LA; ^
<i>pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml)</i>	\$0 (Tier 1)
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	\$0 (Tier 1)
<i>sapropterin oral powder in packet 100 mg, 500 mg</i>	\$0 (Tier 2) PA; ^
<i>sapropterin oral tablet, soluble 100 mg</i>	\$0 (Tier 2) PA; ^
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	\$0 (Tier 2) PA; LA
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	\$0 (Tier 1)
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	\$0 (Tier 1)
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i>	\$0 (Tier 1) PA; QL (300 GM per 30 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	\$0 (Tier 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 (Tier 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 (Tier 1) PA; QL (300 GM per 30 days)
<i>tolvaptan oral tablet 15 mg, 30 mg</i>	\$0 (Tier 1) PA; ^
<i>zoledronic acid intravenous solution 4 mg/5 ml</i>	\$0 (Tier 1) B/D
<b>THYROID HORMONES</b>	
<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 (Tier 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 (Tier 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 (Tier 1)

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 07/01/2025

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<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 (Tier 1)
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	\$0 (Tier 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 (Tier 2)
<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 (Tier 1)
<b>GASTROENTEROLOGY</b>	
<b>ANTIDIARRHEALS / ANTISPASMODICS</b>	
<i>anti-diarrheal 1 mg/7.5 ml sol</i>	\$0 (Tier 3) NT
<i>anti-diarrheal 2 mg caplet</i>	\$0 (Tier 3) NT
<i>anti-diarrheal 2 mg caplet caplet</i>	\$0 (Tier 3) NT
<i>anti-diarrheal 2 mg softgel</i>	\$0 (Tier 3) NT
<i>anti-diarrheal 2 mg tablet</i>	\$0 (Tier 3) NT
<i>bismuth 262 mg tablet chew</i>	\$0 (Tier 3) NT
<i>bismuth 262 mg tablet chew</i>	\$0 (Tier 3) NT
<i>diamode 2 mg caplet</i>	\$0 (Tier 3) NT
<i>diamode 2 mg caplet outer</i>	\$0 (Tier 3) NT
<i>dicyclomine oral capsule 10 mg</i>	\$0 (Tier 2)
<i>dicyclomine oral solution 10 mg/5 ml</i>	\$0 (Tier 2)
<i>dicyclomine oral tablet 20 mg</i>	\$0 (Tier 2)
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	\$0 (Tier 2)
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	\$0 (Tier 2)
FT ANTI-DIARRHEAL 1 MG/7.5 ML	\$0 (Tier 3) NT
<i>ft anti-diarrheal 2 mg caplet</i>	\$0 (Tier 3) NT
<i>ft anti-diarrheal 2 mg softgel</i>	\$0 (Tier 3) NT
<i>ft stomach relief 525 mg/30 ml 262 mg/15 ml</i>	\$0 (Tier 3) NT
<i>ft stomach rlf 262 mg chew tab</i>	\$0 (Tier 3) NT
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	\$0 (Tier 1)
<i>gnp anti-diarrheal 2 mg tablet</i>	\$0 (Tier 3) NT
<i>gnp pink bismuth 262 mg tb chw</i>	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 07/01/2025

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>gnp pink bismuth 525 mg/15 ml</i>	\$0 (Tier 3) NT
<i>gnp stomach rlf 525 mg/30 ml 262 mg/15 ml</i>	\$0 (Tier 3) NT
GS ANTI-DIARRHEAL 1 MG/7.5 ML	\$0 (Tier 3) NT
<i>gs anti-diarrheal 2 mg caplet</i>	\$0 (Tier 3) NT
<i>loperamide 1 mg/7.5 ml soln</i>	\$0 (Tier 3) NT
LOPERAMIDE 1 MG/7.5 ML SOLN	\$0 (Tier 3) NT
<i>loperamide 2 mg tablet</i>	\$0 (Tier 3) NT
LOPERAMIDE 2 MG/15 ML SOLUTION CUP INNER 1 MG/7.5 ML	\$0 (Tier 3) NT
LOPERAMIDE 2 MG/15 ML SOLUTION CUP OUTER 1 MG/7.5 ML	\$0 (Tier 3) NT
<i>loperamide oral capsule 2 mg</i>	\$0 (Tier 1)
<i>pink bismuth caplet 262 mg</i>	\$0 (Tier 3) NT
<i>qc anti-diarrheal 2 mg caplet</i>	\$0 (Tier 3) NT
<i>qc anti-diarrheal 2 mg softgel</i>	\$0 (Tier 3) NT
<i>qc diarrhea rlf 262 mg/15 ml vanilla reg flavor</i>	\$0 (Tier 3) NT
<i>qc stomach rlf 262 mg chew tab</i>	\$0 (Tier 3) NT
<i>sm anti-diarrheal 1 mg/7.5 ml</i>	\$0 (Tier 3) NT
<i>sm anti-diarrheal 2 mg caplet caplet</i>	\$0 (Tier 3) NT
<i>sm anti-diarrheal 2 mg softgel</i>	\$0 (Tier 3) NT
<i>sm stomach rlf 262 mg caplet</i>	\$0 (Tier 3) NT
<i>sm stomach rlf 262 mg chew tab</i>	\$0 (Tier 3) NT
<i>stomach relief 262 mg caplet</i>	\$0 (Tier 3) NT
<i>stomach relief 262 mg chew tab</i>	\$0 (Tier 3) NT
<i>stomach relief 525 mg/15 ml</i>	\$0 (Tier 3) NT
<i>stomach rlf 525 mg/30 ml susp 262 mg/15 ml</i>	\$0 (Tier 3) NT
<b>MISCELLANEOUS GASTROINTESTINAL AGENTS</b>	
<i>acid gone antacid liquid 95-358 mg/15 ml</i>	\$0 (Tier 3) NT
<i>almacone-2 liquid 400-400-40 mg/5 ml</i>	\$0 (Tier 3) NT
<i>alose tron oral tablet 0.5 mg</i>	\$0 (Tier 2) PA; QL (60 EA per 30 days)
<i>alose tron oral tablet 1 mg</i>	\$0 (Tier 2) PA; QL (60 EA per 30 days); ^
<i>aluminum hydroxide gel 320 mg/5 ml</i>	\$0 (Tier 3) NT

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>alum-mag hydroxide-simeth 2,400-2,400-240 mg/30 ml cup outer 400-400-40 mg/5 ml</i>	\$0 (Tier 3) NT
<i>alum-mag hydroxide-simeth cup inner 200-200-20 mg/5 ml</i>	\$0 (Tier 3) NT
<i>alum-mag hydroxide-simeth cup outer 200-200-20 mg/5 ml</i>	\$0 (Tier 3) NT
<i>antacid anti-gas liquid 400-400-40 mg/5 ml</i>	\$0 (Tier 3) NT
<i>antacid anti-gas max str liq 400-400-40 mg/5 ml</i>	\$0 (Tier 3) NT
<i>antacid liquid 200-200-20 mg/5 ml</i>	\$0 (Tier 3) NT
<i>antacid-antigas liquid 200-200-20 mg/5 ml</i>	\$0 (Tier 3) NT
ANTACID-ANTIGAS LIQUID 200-200-20 MG/5 ML	\$0 (Tier 3) NT
<i>antacid-antigas suspension 200-200-20 mg/5 ml</i>	\$0 (Tier 3) NT
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	\$0 (Tier 1) B/D
<i>aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)</i>	\$0 (Tier 1) B/D
<i>balsalazide oral capsule 750 mg</i>	\$0 (Tier 1)
<i>betaine oral powder 1 gram/scoop</i>	\$0 (Tier 2) LA; ^
<i>bisacodyl 10 mg suppository</i>	\$0 (Tier 3) NT
<i>bisacodyl ec 5 mg tablet</i>	\$0 (Tier 3) NT
<i>bisacodyl ec 5 mg tablet usp</i>	\$0 (Tier 3) NT
<i>budesonide oral capsule,delayed,extend.release 3 mg</i>	\$0 (Tier 1)
<i>budesonide oral tablet,delayed and ext.release 9 mg</i>	\$0 (Tier 2) PA; QL (30 EA per 30 days); ^
<i>clearlax powder 14 once-daily doses 17 gram/dose</i>	\$0 (Tier 3) NT
<i>clearlax powder 17 gram/dose</i>	\$0 (Tier 3) NT
<i>clearlax powder 30 once-daily doses 17 gram/dose</i>	\$0 (Tier 3) NT
<i>clearlax powder 7 once-daily doses 17 gram/dose</i>	\$0 (Tier 3) NT
<i>clearlax powder packet 17 gram</i>	\$0 (Tier 3) NT
COLACE 100 MG CAPSULE	\$0 (Tier 3) NT
<i>compro rectal suppository 25 mg</i>	\$0 (Tier 1)
<i>constulose oral solution 10 gram/15 ml</i>	\$0 (Tier 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 (Tier 2)
<i>cromolyn oral concentrate 100 mg/5 ml</i>	\$0 (Tier 1)
<i>docusate cal 240 mg capsule</i>	\$0 (Tier 3) NT

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>docusate cal 240 mg softgel</i>	\$0 (Tier 3) NT
<i>docusate cal 240 mg softgel outer</i>	\$0 (Tier 3) NT
<i>docusate cal 240 mg softgel softgel</i>	\$0 (Tier 3) NT
<i>docusate cal 240 mg softgel u-d, softgel</i>	\$0 (Tier 3) NT
<i>docusate sod 100 mg/10 ml cup inner 50 mg/5 ml</i>	\$0 (Tier 3) NT
<i>docusate sod 100 mg/10 ml cup outer 50 mg/5 ml</i>	\$0 (Tier 3) NT
<i>docusate sodium 100 mg capsule</i>	\$0 (Tier 3) NT
<i>docusate sodium 100 mg softgel</i>	\$0 (Tier 3) NT
<i>docusate sodium 100 mg softgel inner, softgel</i>	\$0 (Tier 3) NT
<i>docusate sodium 100 mg softgel outer, softgel</i>	\$0 (Tier 3) NT
<i>docusate sodium 100 mg softgel softgel</i>	\$0 (Tier 3) NT
<i>docusate sodium 100 mg softgel u-d,softgel</i>	\$0 (Tier 3) NT
<i>docusate sodium 250 mg capsule u-d,softgel</i>	\$0 (Tier 3) NT
<i>docusate sodium 250 mg softgel</i>	\$0 (Tier 3) NT
<i>docusate sodium 250 mg softgel outer</i>	\$0 (Tier 3) NT
<i>docusate sodium 250 mg softgel softgel</i>	\$0 (Tier 3) NT
<i>docusate sodium 50 mg/5 ml cup inner</i>	\$0 (Tier 3) NT
<i>docusate sodium 50 mg/5 ml cup outer</i>	\$0 (Tier 3) NT
<i>docusate sodium 50 mg/5 ml liq</i>	\$0 (Tier 3) NT
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1) B/D; QL (60 EA per 30 days)
<i>dss 250 mg softgel</i>	\$0 (Tier 3) NT
<i>enema disposable 19-7 gram/118 ml</i>	\$0 (Tier 3) NT
<i>enema ready to use 19-7 gram/118 ml</i>	\$0 (Tier 3) NT
<i>enema ready to use 19-7 gram/118 ml</i>	\$0 (Tier 3) NT
<i>enulose oral solution 10 gram/15 ml</i>	\$0 (Tier 1)
<i>fleet enema 19-7 gram/118 ml</i>	\$0 (Tier 3) NT
<i>fleet enema 2x133ml, twin pack 19-7 gram/118 ml</i>	\$0 (Tier 3) NT
<i>fleet enema 4x133ml 19-7 gram/118 ml</i>	\$0 (Tier 3) NT
FLEET PEDIA-LAX ENEMA 9.5-3.5 GRAM/59 ML	\$0 (Tier 3) NT
<i>ft antacid-antigas liquid 200-200-20 mg/5 ml</i>	\$0 (Tier 3) NT
<i>ft antacid-antigas max str 400-400-40 mg/5 ml</i>	\$0 (Tier 3) NT
<i>ft clearlax powder 17 gram/dose</i>	\$0 (Tier 3) NT

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>ft gentle laxative 10 mg supp</i>	\$0 (Tier 3) NT
<i>ft laxative ec 5 mg tablet</i>	\$0 (Tier 3) NT
<i>ft stool softener 100 mg sftgl</i>	\$0 (Tier 3) NT
<i>ft stool softener 250 mg sftgl</i>	\$0 (Tier 3) NT
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	\$0 (Tier 2) PA; LA; ^
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG	\$0 (Tier 2) PA; ^
<i>gavilax powder 14 day 17 gram/dose</i>	\$0 (Tier 3) NT
<i>gavilax powder 30 day 17 gram/dose</i>	\$0 (Tier 3) NT
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>	\$0 (Tier 1)
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>	\$0 (Tier 1)
GAVICON EXTRA STRENGTH LIQUID 254-237.5 MG/5 ML	\$0 (Tier 3) NT
<i>generlac oral solution 10 gram/15 ml</i>	\$0 (Tier 1)
<i>gentle laxative 10 mg supposit</i>	\$0 (Tier 3) NT
<i>gentle laxative ec 5 mg tablet</i>	\$0 (Tier 3) NT
<i>gentlelax powder 30 once-daily doses 17 gram/dose</i>	\$0 (Tier 3) NT
<i>geri-lanta liquid 200-200-20 mg/5 ml, 400-400-40 mg/5 ml</i>	\$0 (Tier 3) NT
<i>geri-mox antacid-antigas susp 200-200-20 mg/5 ml</i>	\$0 (Tier 3) NT
<i>gnp gentle laxative 10 mg supp</i>	\$0 (Tier 3) NT
<i>gnp gentle laxative ec 5 mg tb</i>	\$0 (Tier 3) NT
<i>gnp stool softener 100 mg sfgl</i>	\$0 (Tier 3) NT
<i>gnp stool softener 240 mg sfgl</i>	\$0 (Tier 3) NT
<i>gnp stool softener 250 mg sfgl</i>	\$0 (Tier 3) NT
<i>granisetron (pf) intravenous solution 1 mg/ml (1 ml)</i>	\$0 (Tier 1)
<i>granisetron hcl intravenous solution 1 mg/ml, 1 mg/ml (1 ml)</i>	\$0 (Tier 1)
<i>granisetron hcl oral tablet 1 mg</i>	\$0 (Tier 1) B/D
<i>gs adv antacid-antigas liquid 200-200-20 mg/5 ml</i>	\$0 (Tier 3) NT
<i>gs antacid plus gas relief liq 200-200-20 mg/5 ml</i>	\$0 (Tier 3) NT
<i>gs antacid-gas relief liquid 400-400-40 mg/5 ml</i>	\$0 (Tier 3) NT
<i>gs bisacodyl ec 5 mg tablet</i>	\$0 (Tier 3) NT
<i>gs clearlax powder 17 gram/dose</i>	\$0 (Tier 3) NT
<i>gs enema ready to use 19-7 gram/118 ml</i>	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 07/01/2025

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>gs enema ready to use twin pak 19-7 gram/118 ml</i>	\$0 (Tier 3) NT
<i>healthylax powder packet outer 17 gram</i>	\$0 (Tier 3) NT
HEARTBURN RELIEF LIQUID 254-237.5 MG/5 ML	\$0 (Tier 3) NT
<i>hm enema ready to use 19-7 gram/118 ml</i>	\$0 (Tier 3) NT
<i>hm enema ready to use twin pak 19-7 gram/118 ml</i>	\$0 (Tier 3) NT
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	\$0 (Tier 1)
<i>hydrocortisone topical cream with perineal applicator 1 %, 2.5 %</i>	\$0 (Tier 1)
INFLECTRA INTRAVENOUS RECON SOLN 100 MG	\$0 (Tier 2) PA; QL (20 EA per 30 days); ^
<i>kro gentlelax 17 gram powder 17 gram/dose</i>	\$0 (Tier 3) NT
<i>lactulose oral solution 10 gram/15 ml</i>	\$0 (Tier 1)
<i>laxative 10 mg suppository</i>	\$0 (Tier 3) NT
<i>laxative ec 5 mg tablet</i>	\$0 (Tier 3) NT
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	\$0 (Tier 2) QL (30 EA per 30 days)
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
MAG-AL LIQUID 30 ML CUP 200-200 MG/5 ML	\$0 (Tier 3) NT
<i>mag-al plus suspens 30 ml cup 100's,u-d,10x10 200-200-20 mg/5 ml</i>	\$0 (Tier 3) NT
<i>mag-al plus suspens 30 ml cup outer 200-200-20 mg/5 ml</i>	\$0 (Tier 3) NT
<i>mag-al plus xs susp 30 ml cup 400-400-40 mg/5 ml</i>	\$0 (Tier 3) NT
<i>magic bullet 10 mg suppos</i>	\$0 (Tier 3) NT
<i>magnesium oxide 400 mg tablet (otc) 400 mg (241.3 mg magnesium)</i>	\$0 (Tier 3) NT
MAGNESIUM OXIDE 400 MG TABLET (OTC) 400 MG (241.3 MG MAGNESIUM)	\$0 (Tier 3) NT
<i>magnesium oxide 400 mg tablet gluten free (otc) 400 mg (241.3 mg magnesium)</i>	\$0 (Tier 3) NT
<i>magnesium oxide 400 mg tablet gluten-free (otc) 400 mg (241.3 mg magnesium)</i>	\$0 (Tier 3) NT
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	\$0 (Tier 2)
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	\$0 (Tier 1)
<i>mesalamine oral capsule,extended release 24hr 0.375 gram</i>	\$0 (Tier 1)
<i>mesalamine oral tablet,delayed release (dr/ec) 1.2 gram, 800 mg</i>	\$0 (Tier 1)

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 07/01/2025

Name of Drug	What the Necessary actions, restrictions, or drug will cost you (tier level) limits on use
<i>mesalamine rectal enema 4 gram/60 ml</i>	\$0 (Tier 1)
<i>mesalamine rectal suppository 1,000 mg</i>	\$0 (Tier 1)
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i>	\$0 (Tier 1)
<i>metoclopramide hcl injection solution 5 mg/ml</i>	\$0 (Tier 1)
<i>metoclopramide hcl injection syringe 5 mg/ml</i>	\$0 (Tier 1)
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	\$0 (Tier 1)
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)
<i>mintox maximum strength susp max str, lemon creme 400-400-40 mg/5 ml</i>	\$0 (Tier 3) NT
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	\$0 (Tier 2) QL (30 EA per 30 days)
<i>mylanta maximum strength liq 400-400-40 mg/5 ml</i>	\$0 (Tier 3) NT
<i>nitroglycerin rectal ointment 0.4 % (w/w)</i>	\$0 (Tier 2) QL (30 GM per 30 days)
OCALIVA ORAL TABLET 10 MG, 5 MG	\$0 (Tier 2) PA; LA; QL (30 EA per 30 days); ^
<i>ondansetron hcl (pf) injection solution 4 mg/2 ml</i>	\$0 (Tier 1)
<i>ondansetron hcl (pf) injection syringe 4 mg/2 ml</i>	\$0 (Tier 1)
<i>ondansetron hcl intravenous solution 2 mg/ml</i>	\$0 (Tier 1)
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	\$0 (Tier 1)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	\$0 (Tier 1)
<i>ondansetron oral tablet,disintegrating 4 mg, 8 mg</i>	\$0 (Tier 1)
<i>onelax 10 mg suppository</i>	\$0 (Tier 3) NT
<i>onelax docusate sod 50 mg/5 ml</i>	\$0 (Tier 3) NT
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	\$0 (Tier 1)
<i>peg-electrolyte soln oral recon soln 420 gram</i>	\$0 (Tier 1)
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	\$0 (Tier 2)
<i>polyethylene glycol 3350 powd (otc) 17 gram/dose</i>	\$0 (Tier 3) NT
<i>polyethylene glycol 3350 powd 14 once-daily doses (otc) 17 gram/dose</i>	\$0 (Tier 3) NT
<i>polyethylene glycol 3350 powd 17 grams pkt,inner (otc)</i>	\$0 (Tier 3) NT
<i>polyethylene glycol 3350 powd 17 grams pkts,outer (otc)</i>	\$0 (Tier 3) NT
<i>polyethylene glycol 3350 powd 30 once-daily doses (otc) 17 gram/dose</i>	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 07/01/2025

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>polyethylene glycol 3350 powd 7 once-daily doses (otc) 17 gram/dose</i>	\$0 (Tier 3) NT
<i>polyethylene glycol 3350 powd inner (otc) 17 gram</i>	\$0 (Tier 3) NT
<i>polyethylene glycol 3350 powd outer (otc) 17 gram</i>	\$0 (Tier 3) NT
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	\$0 (Tier 1)
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)
<i>prochlorperazine rectal suppository 25 mg</i>	\$0 (Tier 1)
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>	\$0 (Tier 1)
<i>proctosol hc topical cream with perineal applicator 2.5 %</i>	\$0 (Tier 1)
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i>	\$0 (Tier 1)
<i>qc antacid suspension regular strength 200-200-20 mg/5 ml</i>	\$0 (Tier 3) NT
<i>qc antacid-antigas max str 400-400-40 mg/5 ml</i>	\$0 (Tier 3) NT
<i>qc antacid-antigas suspension regular strength 200-200-20 mg/5 ml</i>	\$0 (Tier 3) NT
<i>qc gentle laxative 10 mg supp</i>	\$0 (Tier 3) NT
<i>qc natura-lax 17 gm powder 17 gram/dose</i>	\$0 (Tier 3) NT
<i>qc ready to use enema 19-7 gram/118 ml</i>	\$0 (Tier 3) NT
<i>qc ready to use enema twin pack 19-7 gram/118 ml</i>	\$0 (Tier 3) NT
<i>qc stool softener 100 mg sftgl</i>	\$0 (Tier 3) NT
RECTIV RECTAL OINTMENT 0.4 % (W/W)	\$0 (Tier 2) QL (30 GM per 30 days)
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	\$0 (Tier 2) PA; QL (10 EA per 30 days)
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML	\$0 (Tier 2) PA; QL (30 ML per 180 days); ^
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	\$0 (Tier 2) PA; QL (1.2 ML per 56 days); ^
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	\$0 (Tier 2) PA; QL (2.4 ML per 56 days); ^
<i>sm clearlax powder 17 gram/dose</i>	\$0 (Tier 3) NT
<i>sm clearlax powder 7 once-daily doses 17 gram/dose</i>	\$0 (Tier 3) NT
<i>sm enema ready to use 19-7 gram/118 ml</i>	\$0 (Tier 3) NT
<i>sm enema ready to use twin pak 19-7 gram/118 ml</i>	\$0 (Tier 3) NT
<i>sm gentle laxative ec 5 mg tab</i>	\$0 (Tier 3) NT
<i>sm stool softener 100 mg sftgl</i>	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 07/01/2025

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>sodium bicarb 10 grain tablet 650 mg</i>	\$0 (Tier 3) NT
<i>sodium bicarb 325 mg tablet</i>	\$0 (Tier 3) NT
<i>sodium bicarb 650 mg tablet 10 gr</i>	\$0 (Tier 3) NT
<i>sodium bicarb 650 mg tablet</i>	\$0 (Tier 3) NT
<i>sodium bicarb 650 mg tablet inner</i>	\$0 (Tier 3) NT
<i>sodium bicarb 650 mg tablet outer</i>	\$0 (Tier 3) NT
<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 (Tier 1)
<i>stool softener 100 mg softgel</i>	\$0 (Tier 3) NT
<i>stool softener 100 mg softgel softgel</i>	\$0 (Tier 3) NT
<i>stool softener 250 mg softgel</i>	\$0 (Tier 3) NT
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	\$0 (Tier 2) PA; ^
<i>sulfasalazine oral tablet 500 mg</i>	\$0 (Tier 1)
<i>sulfasalazine oral tablet,delayed release (dr/ec) 500 mg</i>	\$0 (Tier 1)
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	\$0 (Tier 2)
TRULANCE ORAL TABLET 3 MG	\$0 (Tier 2) QL (30 EA per 30 days)
<i>ursodiol oral capsule 300 mg</i>	\$0 (Tier 1)
<i>ursodiol oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)
VOWST ORAL CAPSULE	\$0 (Tier 2) PA; LA; ^
<i>women's gentle lax ec 5 mg tab</i>	\$0 (Tier 3) NT
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 (Tier 2)
<b>ULCER THERAPY</b>	
<i>acid reducer 10 mg tablet</i>	\$0 (Tier 3) NT
<i>acid reducer 10 mg tablet original strength</i>	\$0 (Tier 3) NT
<i>acid reducer 20 mg tablet</i>	\$0 (Tier 3) NT
<i>acid reducer 20 mg tablet maximum strength</i>	\$0 (Tier 3) NT
<i>acid reducer 20 mg tablet max-str</i>	\$0 (Tier 3) NT
<i>acid reducer complete tab chew 10-800-165 mg</i>	\$0 (Tier 3) NT
<i>acid reducer dr 20 mg cap</i>	\$0 (Tier 3) NT

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>dexlansoprazole oral capsule,biphase delayed releas 30 mg, 60 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg, 40 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>famotidine (pf) intravenous solution 20 mg/2 ml</i>	\$0 (Tier 1)
<i>famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml</i>	\$0 (Tier 1)
<i>famotidine 10 mg tablet</i>	\$0 (Tier 3) NT
<i>famotidine 20 mg tablet (otc)</i>	\$0 (Tier 3) NT
<i>famotidine intravenous solution 10 mg/ml</i>	\$0 (Tier 1)
<i>famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)</i>	\$0 (Tier 1)
<i>famotidine oral tablet 20 mg, 40 mg</i>	\$0 (Tier 1)
<i>ft acid reducer 10 mg tablet</i>	\$0 (Tier 3) NT
<i>ft acid reducer 20 mg tablet</i>	\$0 (Tier 3) NT
<i>ft acid reducer dr 15 mg cap</i>	\$0 (Tier 3) NT
<i>gnp acid reducer 10 mg tablet</i>	\$0 (Tier 3) NT
<i>gnp acid reducer 20 mg tablet</i>	\$0 (Tier 3) NT
<i>gnp lansoprazole dr 15 mg cap (otc)</i>	\$0 (Tier 3) NT
<i>gnp omeprazole dr 20 mg tablet</i>	\$0 (Tier 3) NT
<i>gnp omeprazole mag dr 20 mg cp</i>	\$0 (Tier 3) NT
<i>gs acid reducer 10 mg tablet</i>	\$0 (Tier 3) NT
<i>gs acid reducer 20 mg tablet</i>	\$0 (Tier 3) NT
<i>gs lansoprazole dr 15 mg cap (otc)</i>	\$0 (Tier 3) NT
<i>gs omeprazole dr 20 mg tablet 14 day course</i>	\$0 (Tier 3) NT
<i>gs omeprazole dr 20 mg tablet</i>	\$0 (Tier 3) NT
<i>heartburn relief 10 mg tablet</i>	\$0 (Tier 3) NT
<i>heartburn relief 20 mg tablet</i>	\$0 (Tier 3) NT
<i>lansoprazole dr 15 mg capsule (otc)</i>	\$0 (Tier 3) NT
<i>lansoprazole dr 15 mg capsule inner (otc)</i>	\$0 (Tier 3) NT
<i>lansoprazole dr 15 mg capsule outer (otc)</i>	\$0 (Tier 3) NT
<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg, 30 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	\$0 (Tier 1)
<i>nizatidine oral capsule 150 mg, 300 mg</i>	\$0 (Tier 1)
<i>omeprazole dr 20 mg tablet 14 day course</i>	\$0 (Tier 3) NT
<i>omeprazole dr 20 mg tablet 1x14 day course</i>	\$0 (Tier 3) NT
<i>omeprazole dr 20 mg tablet</i>	\$0 (Tier 3) NT
<i>omeprazole dr 20 mg tablet 2x14 day course</i>	\$0 (Tier 3) NT
<i>omeprazole dr 20 mg tablet 3x14 day course</i>	\$0 (Tier 3) NT
<i>omeprazole mag dr 20 mg cap</i>	\$0 (Tier 3) NT
<i>omeprazole mag dr 20.6 mg cap one 14-day course 20 mg</i>	\$0 (Tier 3) NT
<i>omeprazole mag dr 20.6 mg cap three 14-day course 20 mg</i>	\$0 (Tier 3) NT
<i>omeprazole mag dr 20.6 mg cap two 14-day course 20 mg</i>	\$0 (Tier 3) NT
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>pantoprazole intravenous recon soln 40 mg</i>	\$0 (Tier 1)
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>qc lansoprazole dr 15 mg cap (otc)</i>	\$0 (Tier 3) NT
<i>qc omeprazole mag dr 20.6 mg three 14-day course 20 mg</i>	\$0 (Tier 3) NT
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>sm acid reducer 10 mg tablet</i>	\$0 (Tier 3) NT
<i>sm acid reducer 20 mg tablet</i>	\$0 (Tier 3) NT
<i>sm acid reducer 20 mg tablet maximum strength</i>	\$0 (Tier 3) NT
<i>sm lansoprazole dr 15 mg cap (otc)</i>	\$0 (Tier 3) NT
<i>sm omeprazole dr 20 mg tablet</i>	\$0 (Tier 3) NT
<i>sm omeprazole dr 20 mg tablet 2x14 day course</i>	\$0 (Tier 3) NT
<i>sm omeprazole dr 20 mg tablet 3x14 day course</i>	\$0 (Tier 3) NT
<i>sucralfate oral suspension 100 mg/ml</i>	\$0 (Tier 1)
<i>sucralfate oral tablet 1 gram</i>	\$0 (Tier 1)
<b>IMMUNOLOGY, VACCINES / BIOTECHNOLOGY</b>	
<b>BIOTECHNOLOGY DRUGS</b>	
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	\$0 (Tier 2) PA; LA; ^
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	\$0 (Tier 2) PA; LA; ^
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	\$0 (Tier 2) PA-NS; LA; ^

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
BETASERON SUBCUTANEOUS KIT 0.3 MG	\$0 (Tier 2) PA; QL (14 EA per 28 days); ^
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	\$0 (Tier 2) PA; ^
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	\$0 (Tier 2) PA; ^
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	\$0 (Tier 2) PA; ^
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	\$0 (Tier 2) PA; ^
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	\$0 (Tier 2) PA; ^
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	\$0 (Tier 2) PA; QL (4 ML per 28 days); ^
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	\$0 (Tier 2) PA; QL (2 ML per 28 days); ^
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	\$0 (Tier 2) PA
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	\$0 (Tier 2) PA; ^
<b>VACCINES / MISCELLANEOUS IMMUNOLOGICALS</b>	
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	\$0 (Tier 2) NM
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	\$0 (Tier 2) NM
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	\$0 (Tier 2) NM
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	\$0 (Tier 2) NM
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	\$0 (Tier 2) NM
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	\$0 (Tier 2) NM
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	\$0 (Tier 2) NM
BIVIGAM INTRAVENOUS SOLUTION 10 %	\$0 (Tier 2) PA; NM; LA; ^
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	\$0 (Tier 2) NM
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	\$0 (Tier 2) NM

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	\$0 (Tier 2) NM
DENGVAIXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	\$0 (Tier 2) NM
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	\$0 (Tier 2) B/D; NM
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	\$0 (Tier 2) B/D; NM
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	\$0 (Tier 2) B/D; NM
GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE	\$0 (Tier 2) NM
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	\$0 (Tier 2) PA; NM; ^
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	\$0 (Tier 2) PA; NM; ^
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)	\$0 (Tier 2) PA; NM; ^
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	\$0 (Tier 2) PA; NM; LA; ^
GAMMAPLEX INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML)	\$0 (Tier 2) 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 (Tier 2) PA; NM; ^
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	\$0 (Tier 2) NM
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	\$0 (Tier 2) NM
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	\$0 (Tier 2) NM
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	\$0 (Tier 2) B/D; NM
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	\$0 (Tier 2) NM
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	\$0 (Tier 2) NM
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	\$0 (Tier 2) NM
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	\$0 (Tier 2) NM

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
IXCHIQ (PF) INTRAMUSCULAR RECON SOLN 1,000 TCID50/0.5 ML	\$0 (Tier 2) NM
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	\$0 (Tier 2) NM
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	\$0 (Tier 2) NM
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	\$0 (Tier 2) NM
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	\$0 (Tier 2) NM
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	\$0 (Tier 2) NM
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	\$0 (Tier 2) NM
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML	\$0 (Tier 2) NM
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	\$0 (Tier 2) NM
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	\$0 (Tier 2) NM
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	\$0 (Tier 2) PA; NM; ^
PANZYGA INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML), 10 % (25 ML), 10 % (300 ML), 10 % (50 ML)	\$0 (Tier 2) PA; NM; ^
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	\$0 (Tier 2) NM
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	\$0 (Tier 2) NM
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	\$0 (Tier 2) NM
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG-5LF- 62 DU/0.5 ML	\$0 (Tier 2) NM
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	\$0 (Tier 2) NM
PRIVIGEN INTRAVENOUS SOLUTION 10 %	\$0 (Tier 2) PA; NM; ^
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	\$0 (Tier 2) NM
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	\$0 (Tier 2) NM

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG-5 LF UNIT/0.5ML	\$0 (Tier 2) NM
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	\$0 (Tier 2) NM
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	\$0 (Tier 2) B/D; NM
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	\$0 (Tier 2) B/D; NM
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	\$0 (Tier 2) NM
ROTATEQ VACCINE ORAL SOLUTION 2 ML	\$0 (Tier 2) NM
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	\$0 (Tier 2) 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 (Tier 2) NM
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	\$0 (Tier 2) NM
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	\$0 (Tier 2) NM
TETANUS,DIPHThERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	\$0 (Tier 2) B/D; NM
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML	\$0 (Tier 2) NM
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	\$0 (Tier 2) NM
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT-20 MCG/ML	\$0 (Tier 2) NM
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	\$0 (Tier 2) NM
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	\$0 (Tier 2) NM
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	\$0 (Tier 2) NM
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	\$0 (Tier 2) NM
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	\$0 (Tier 2) NM
VIMKUNYA INTRAMUSCULAR SYRINGE 40 MCG/0.8 ML	\$0 (Tier 2)

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 07/01/2025

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
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 (Tier 2) NM
<b>MISCELLANEOUS SUPPLIES</b>	
<b>MISCELLANEOUS SUPPLIES</b>	
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	\$0 (Tier 2)
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	\$0 (Tier 2)
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE	\$0 (Tier 2) BD Preferred
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	\$0 (Tier 2) PA; QL (1 EA per 365 days)
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	\$0 (Tier 2) PA; QL (15 EA per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	\$0 (Tier 2) PA; QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	\$0 (Tier 2) PA; QL (15 EA per 30 days)
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	\$0 (Tier 2) BD Preferred
<b>MUSCULOSKELETAL / RHEUMATOLOGY</b>	
<b>GOUT THERAPY</b>	
<i>allopurinol oral tablet 100 mg, 300 mg</i>	\$0 (Tier 1)
<i>colchicine oral capsule 0.6 mg</i>	\$0 (Tier 1) QL (120 EA per 30 days)
<i>colchicine oral tablet 0.6 mg</i>	\$0 (Tier 1) QL (120 EA per 30 days)
<i>febuxostat oral tablet 40 mg, 80 mg</i>	\$0 (Tier 1)
<i>probenecid oral tablet 500 mg</i>	\$0 (Tier 1)
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	\$0 (Tier 1)
<b>OSTEOPOROSIS THERAPY</b>	
<i>alendronate oral solution 70 mg/75 ml</i>	\$0 (Tier 1) QL (300 ML per 28 days)
<i>alendronate oral tablet 10 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	\$0 (Tier 1) QL (4 EA per 28 days)
<i>ibandronate intravenous solution 3 mg/3 ml</i>	\$0 (Tier 1) QL (3 ML per 90 days)
<i>ibandronate intravenous syringe 3 mg/3 ml</i>	\$0 (Tier 1) QL (3 ML per 90 days)
<i>ibandronate oral tablet 150 mg</i>	\$0 (Tier 1) QL (1 EA per 30 days)
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	\$0 (Tier 2) QL (1 ML per 180 days)

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 07/01/2025

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>rалoxifene oral tablet 60 mg</i>	\$0 (Tier 1)
<i>risedronate oral tablet 150 mg</i>	\$0 (Tier 1) QL (1 EA per 30 days)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	\$0 (Tier 1) QL (4 EA per 28 days)
<i>risedronate oral tablet 5 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i>	\$0 (Tier 1) QL (4 EA per 28 days)
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	PA; Only Teriparatide NDC 47781065289 is covered; QL (2.48 ML per 28 days); ^
<b>OTHER RHEUMATOLOGICALS</b>	
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	\$0 (Tier 2) PA; QL (3.6 ML per 28 days); ^
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	\$0 (Tier 2) PA; QL (3.6 ML per 28 days); ^
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	\$0 (Tier 2) PA; ^
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	\$0 (Tier 2) PA; LA; QL (8 ML per 28 days); ^
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	\$0 (Tier 2) PA; LA; QL (8 ML per 28 days); ^
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	\$0 (Tier 2) PA; QL (6 EA per 180 days); ^
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	\$0 (Tier 2) PA; QL (4 EA per 180 days); ^
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	\$0 (Tier 2) PA; QL (4 EA per 28 days); ^
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	\$0 (Tier 2) PA; QL (2 EA per 28 days); ^
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML, 40 MG/0.8 ML	\$0 (Tier 2) PA; QL (4 EA per 28 days); ^
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	\$0 (Tier 2) PA; QL (8 ML per 28 days); ^
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	\$0 (Tier 2) PA; QL (8 ML per 28 days); ^
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	\$0 (Tier 2) PA; QL (8 ML per 28 days); ^
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	\$0 (Tier 2) PA; QL (8 ML per 28 days); ^
HUMIRA PEN PSOR-UEVITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	\$0 (Tier 2) PA; QL (6 EA per 180 days); ^

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 07/01/2025

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

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 07/01/2025

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	\$0 (Tier 2) PA; QL (4 EA per 28 days); ^
<b>OBSTETRICS / GYNECOLOGY</b>	
<b>ESTROGENS / PROGESTINS</b>	
<i>camila oral tablet 0.35 mg</i>	\$0 (Tier 1)
<i>deblitane oral tablet 0.35 mg</i>	\$0 (Tier 1)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	\$0 (Tier 2)
<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 (Tier 2)
<i>emzahh oral tablet 0.35 mg</i>	\$0 (Tier 1)
<i>errin oral tablet 0.35 mg</i>	\$0 (Tier 1)
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (Tier 2)
<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 (Tier 2)
<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 (Tier 2)
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	\$0 (Tier 1)
<i>estradiol vaginal tablet 10 mcg</i>	\$0 (Tier 1)
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	\$0 (Tier 1)
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	\$0 (Tier 2)
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	\$0 (Tier 2)
<i>gallifrey oral tablet 5 mg</i>	\$0 (Tier 1)
<i>heather oral tablet 0.35 mg</i>	\$0 (Tier 1)
<i>incassia oral tablet 0.35 mg</i>	\$0 (Tier 1)
<i>jinteli oral tablet 1-5 mg-mcg</i>	\$0 (Tier 2)
<i>lyleq oral tablet 0.35 mg</i>	\$0 (Tier 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 (Tier 2)
<i>lyza oral tablet 0.35 mg</i>	\$0 (Tier 1)
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	\$0 (Tier 1)

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 07/01/2025

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	\$0 (Tier 1)
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)
<i>mimvey oral tablet 1-0.5 mg</i>	\$0 (Tier 2)
<i>nora-be oral tablet 0.35 mg</i>	\$0 (Tier 1)
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	\$0 (Tier 1)
<i>norethindrone acetate oral tablet 5 mg</i>	\$0 (Tier 1)
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	\$0 (Tier 2)
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	\$0 (Tier 2)
<i>progesterone intramuscular oil 50 mg/ml</i>	\$0 (Tier 1)
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	\$0 (Tier 1)
<i>sharobel oral tablet 0.35 mg</i>	\$0 (Tier 1)
<i>yuvafem vaginal tablet 10 mcg</i>	\$0 (Tier 1)
<b>MISCELLANEOUS OB/GYN</b>	
<i>3-day vaginal cream 2 %</i>	\$0 (Tier 3) NT
<i>clindamycin phosphate vaginal cream 2 %</i>	\$0 (Tier 1)
<i>clotrimazole 1% vaginal cream</i>	\$0 (Tier 3) NT
<i>clotrimazole-3 2% cream</i>	\$0 (Tier 3) NT
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	\$0 (Tier 1)
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	\$0 (Tier 1)
GNP MICONAZOLE 1 COMBO PACK	\$0 (Tier 3) NT
<i>gs miconazole 3 combo pack 200 mg- 2 % (9 gram)</i>	\$0 (Tier 3) NT
<i>gs miconazole 7 cream 2 %</i>	\$0 (Tier 3) NT
<i>haloette vaginal ring 0.12-0.015 mg/24 hr</i>	\$0 (Tier 1)
<i>kro miconazole 7 cream w/7 disp applicators 2 %</i>	\$0 (Tier 3) NT
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG	\$0 (Tier 2)
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	\$0 (Tier 1)
MICONAZOLE 1 COMBINATION PACK	\$0 (Tier 3) NT
<i>miconazole 2% vaginal cream</i>	\$0 (Tier 3) NT
<i>miconazole 3 combo pack 200 mg- 2 % (9 gram)</i>	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 07/01/2025

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>miconazole 3 combo pack 3 supp w/9gm cream 200 mg- 2 % (9 gram)</i>	\$0 (Tier 3) NT
<i>miconazole 7 cream 2 %</i>	\$0 (Tier 3) NT
<i>miconazole 7 cream 2 %</i>	\$0 (Tier 3) NT
<i>miconazole 7 cream w/7 disp applicators 2 %</i>	\$0 (Tier 3) NT
<i>miconazole nitrate vaginal suppository 100 mg</i>	\$0 (Tier 3)
<i>miconazole-7 cream 2 %</i>	\$0 (Tier 3) NT
<i>miconazole-7 vaginal suppository 100 mg</i>	\$0 (Tier 3)
MONISTAT 1 COMBINATION PACK OVULE INSERT/9GM CRM	\$0 (Tier 3) NT
NEXPLANON SUBDERMAL IMPLANT 68 MG	\$0 (Tier 2)
<i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i>	\$0 (Tier 1)
<i>qc clotrimazole 1% vag cream</i>	\$0 (Tier 3) NT
<i>qc miconazole-7 cream 1 applicator 2 %</i>	\$0 (Tier 3) NT
<i>sm 3-day vaginal cream 2 %</i>	\$0 (Tier 3) NT
<i>sm clotrimazole 1% vag cream</i>	\$0 (Tier 3) NT
<i>sm miconazole 2% vaginal cream w/disp applicators</i>	\$0 (Tier 3) NT
<i>sm miconazole 3 combo pack w/disposable applica 200 mg- 2 % (9 gram)</i>	\$0 (Tier 3) NT
<i>sm miconazole 7 cream w/reusable applic 2 %</i>	\$0 (Tier 3) NT
<i>sm tioconazole-1 6.5% ointment</i>	\$0 (Tier 3) NT
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	\$0 (Tier 1)
<i>terconazole vaginal suppository 80 mg</i>	\$0 (Tier 1)
TIOCONAZOLE-1 6.5% OINTMENT	\$0 (Tier 3) NT
<i>tranexamic acid oral tablet 650 mg</i>	\$0 (Tier 1)
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	\$0 (Tier 1)
<i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i>	\$0 (Tier 1)
<b>ORAL CONTRACEPTIVES / RELATED AGENTS</b>	
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	\$0 (Tier 1)
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	\$0 (Tier 1)
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	\$0 (Tier 1)

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 07/01/2025

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

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 07/01/2025

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>drospirenone-e.estradiol-lm.f.a oral tablet 3-0.02-0.451 mg (24) (4)</i>	\$0 (Tier 1)
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	\$0 (Tier 1)
<i>econtra one-step 1.5 mg tablet inner</i>	\$0 (Tier 3) NT
<i>econtra one-step 1.5 mg tablet outer</i>	\$0 (Tier 3) NT
<i>elinest oral tablet 0.3-30 mg-mcg</i>	\$0 (Tier 1)
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	\$0 (Tier 1)
<i>enskyce oral tablet 0.15-0.03 mg</i>	\$0 (Tier 1)
<i>estarylla oral tablet 0.25-0.035 mg</i>	\$0 (Tier 1)
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	\$0 (Tier 1)
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	\$0 (Tier 1)
<i>finzala oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	\$0 (Tier 1)
<i>gemmily oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	\$0 (Tier 1)
<i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	\$0 (Tier 1)
<i>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	\$0 (Tier 1)
<i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	\$0 (Tier 1)
<i>her style 1.5 mg tablet</i>	\$0 (Tier 3) NT
<i>iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	\$0 (Tier 1)
<i>introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	\$0 (Tier 1)
<i>isibloom oral tablet 0.15-0.03 mg</i>	\$0 (Tier 1)
<i>jasmiel (28) oral tablet 3-0.02 mg</i>	\$0 (Tier 1)
<i>jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	\$0 (Tier 1)
<i>juleber oral tablet 0.15-0.03 mg</i>	\$0 (Tier 1)
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	\$0 (Tier 1)
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	\$0 (Tier 1)
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	\$0 (Tier 1)
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	\$0 (Tier 1)
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	\$0 (Tier 1)

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 07/01/2025

Name of Drug	What the Necessary actions, restrictions, or drug will cost you limits on use (tier level)
<i>kaitlib fe oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	\$0 (Tier 1)
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	\$0 (Tier 1)
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	\$0 (Tier 1)
<i>kelnor 1/50 (28) oral tablet 1-50 mg-mcg</i>	\$0 (Tier 1)
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	\$0 (Tier 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 (Tier 1)
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	\$0 (Tier 1)
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	\$0 (Tier 1)
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	\$0 (Tier 1)
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	\$0 (Tier 1)
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	\$0 (Tier 1)
<i>layolis fe oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	\$0 (Tier 1)
<i>lessina oral tablet 0.1-20 mg-mcg</i>	\$0 (Tier 1)
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	\$0 (Tier 1)
<i>levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>	\$0 (Tier 1)
<i>levonorgestrel 1.5 mg tablet (otc)</i>	\$0 (Tier 3) NT
<i>levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)</i>	\$0 (Tier 1)
<i>levonorgestrel-ethinyl estradiol oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i>	\$0 (Tier 1)
<i>levonorg-eth estradiol triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	\$0 (Tier 1)
<i>levora-28 oral tablet 0.15-0.03 mg</i>	\$0 (Tier 1)
<i>loryna (28) oral tablet 3-0.02 mg</i>	\$0 (Tier 1)
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	\$0 (Tier 1)
<i>lutera (28) oral tablet 0.1-20 mg-mcg</i>	\$0 (Tier 1)
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	\$0 (Tier 1)

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 07/01/2025

Name of Drug	What the Necessary actions, restrictions, or drug will cost you (tier level) limits on use
<i>mibelas 24 fe oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i>	\$0 (Tier 1)
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	\$0 (Tier 1)
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	\$0 (Tier 1)
<i>microgestin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	\$0 (Tier 1)
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	\$0 (Tier 1)
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	\$0 (Tier 1)
<i>mili oral tablet 0.25-0.035 mg</i>	\$0 (Tier 1)
<i>mono-lynyah oral tablet 0.25-0.035 mg</i>	\$0 (Tier 1)
<i>my choice 1.5 mg tablet</i>	\$0 (Tier 3) NT
<i>my way 1.5 mg tablet (otc)</i>	\$0 (Tier 3) NT
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	\$0 (Tier 1)
<i>new day 1.5 mg tablet</i>	\$0 (Tier 3) NT
<i>nikki (28) oral tablet 3-0.02 mg</i>	\$0 (Tier 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 (Tier 1)
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	\$0 (Tier 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 (Tier 1)
<i>norethindrone-e.estradiol-iron oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i>	\$0 (Tier 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 (Tier 1)
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	\$0 (Tier 1)
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>	\$0 (Tier 1)
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	\$0 (Tier 1)
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	\$0 (Tier 1)
<i>nylia 1/35 (28) oral tablet 1-35 mg-mcg</i>	\$0 (Tier 1)
<i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	\$0 (Tier 1)

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 07/01/2025

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>nymyo oral tablet 0.25-35 mg-mcg</i>	\$0 (Tier 1)
<i>ocella oral tablet 3-0.03 mg</i>	\$0 (Tier 1)
<i>opcicon one-step 1.5 mg tablet</i>	\$0 (Tier 3) NT
<i>option 2 1.5 mg tablet</i>	\$0 (Tier 3) NT
<i>philith oral tablet 0.4-35 mg-mcg</i>	\$0 (Tier 1)
<i>pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	\$0 (Tier 1)
<i>portia 28 oral tablet 0.15-0.03 mg</i>	\$0 (Tier 1)
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	\$0 (Tier 1)
<i>rivelsa oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	\$0 (Tier 1)
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	\$0 (Tier 1)
<i>sprintec (28) oral tablet 0.25-0.035 mg</i>	\$0 (Tier 1)
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	\$0 (Tier 1)
<i>syeda oral tablet 3-0.03 mg</i>	\$0 (Tier 1)
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	\$0 (Tier 1)
<i>tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	\$0 (Tier 1)
<i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	\$0 (Tier 1)
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	\$0 (Tier 1)
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	\$0 (Tier 1)
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	\$0 (Tier 1)
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	\$0 (Tier 1)
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	\$0 (Tier 1)
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	\$0 (Tier 1)
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	\$0 (Tier 1)
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	\$0 (Tier 1)
<i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	\$0 (Tier 1)
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	\$0 (Tier 1)
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	\$0 (Tier 1)
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	\$0 (Tier 1)
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	\$0 (Tier 1)

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 07/01/2025

Name of Drug	What the Necessary actions, restrictions, or drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>turqoz (28) oral tablet 0.3-30 mg-mcg</i>	\$0 (Tier 1)	
<i>velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	\$0 (Tier 1)	
<i>vestura (28) oral tablet 3-0.02 mg</i>	\$0 (Tier 1)	
<i>vienva oral tablet 0.1-20 mg-mcg</i>	\$0 (Tier 1)	
<i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	\$0 (Tier 1)	
<i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>	\$0 (Tier 1)	
<i>vylibra oral tablet 0.25-0.035 mg</i>	\$0 (Tier 1)	
<i>wera (28) oral tablet 0.5-35 mg-mcg</i>	\$0 (Tier 1)	
<i>wymzya fe oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	\$0 (Tier 1)	
<i>xarah fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	\$0 (Tier 1)	
<i>zovia 1-35 (28) oral tablet 1-35 mg-mcg</i>	\$0 (Tier 1)	
<i>zumandimine (28) oral tablet 3-0.03 mg</i>	\$0 (Tier 1)	

## OPHTHALMOLOGY

### ANTIBIOTICS

<i>ak-poly-bac ophthalmic (eye) ointment 500-10,000 unit/gram</i>	\$0 (Tier 1)	
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	\$0 (Tier 1)	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	\$0 (Tier 1)	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	\$0 (Tier 1)	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	\$0 (Tier 1)	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	\$0 (Tier 1)	
<i>gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)</i>	\$0 (Tier 1)	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	\$0 (Tier 1)	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	\$0 (Tier 1)	
<i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i>	\$0 (Tier 1)	
<b>NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %</b>	\$0 (Tier 2)	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	\$0 (Tier 1)	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	\$0 (Tier 1)	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	\$0 (Tier 1)	

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Name of Drug	What the Necessary actions, restrictions, or drug will cost you limits on use (tier level)
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	\$0 (Tier 1)
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	\$0 (Tier 1)
<b>ANTIVIRALS</b>	
<i>trifluridine ophthalmic (eye) drops 1 %</i>	\$0 (Tier 1)
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	\$0 (Tier 2)
<b>BETA-BLOCKERS</b>	
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	\$0 (Tier 1)
<i>carteolol ophthalmic (eye) drops 1 %</i>	\$0 (Tier 1)
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	\$0 (Tier 1)
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	\$0 (Tier 1)
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	\$0 (Tier 1)
<b>MISCELLANEOUS OPHTHALMOLOGICS</b>	
<i>alaway 0.025% eye drops 0.025 % (0.035 %)</i>	\$0 (Tier 3) NT
<i>artificial tears drops 0.5-0.6 %</i>	\$0 (Tier 3) NT
<i>atropine ophthalmic (eye) drops 1 %</i>	\$0 (Tier 1)
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	\$0 (Tier 1)
<i>carboxymethylcell 0.5% eye drp</i>	\$0 (Tier 3) NT
<i>carboxymethylcell 0.5% eye drp</i>	\$0 (Tier 3) NT
<i>carboxymethylcell 0.5% eye drp inner</i>	\$0 (Tier 3) NT
CARBOXYMETHYLCELL 1% EYE DROP	\$0 (Tier 3) NT
CARBOXYMETHYLCELL 1% EYE GEL	\$0 (Tier 3) NT
<i>child's alaway 0.025% eye drop 0.025 % (0.035 %)</i>	\$0 (Tier 3) NT
<i>clear eyes natural tears drop 0.5-0.6 %</i>	\$0 (Tier 3) NT
<i>cromolyn ophthalmic (eye) drops 4 %</i>	\$0 (Tier 1)
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i>	\$0 (Tier 1) QL (60 EA per 30 days)
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	\$0 (Tier 2) PA; LA; ^
<i>eye itch relief 0.025% drops 0.025 % (0.035 %)</i>	\$0 (Tier 3) NT
GENTEAL TEARS SEVERE 0.3% GEL	\$0 (Tier 3) NT
GENTEAL TEARS SEVERE 3-94% OIN 94-3 %	\$0 (Tier 3) NT
<i>gnp lubricant 0.5% eye drop</i>	\$0 (Tier 3) NT
<i>gs artificial tears eye drops 0.5-0.6 %</i>	\$0 (Tier 3) NT

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>ketotifen fum 0.025% eye drops (otc) 0.025 % (0.035 %)</i>	\$0 (Tier 3) NT
<i>ketotifen fum 0.035% eye drops (otc) 0.025 % (0.035 %)</i>	\$0 (Tier 3) NT
<i>lubricant 0.5% eye drop</i>	\$0 (Tier 3) NT
<i>lubricant 0.5% eye drops</i>	\$0 (Tier 3) NT
LUBRICANT EYE OINTMENT 57.3-42.5 %	\$0 (Tier 3) NT
LUBRICANT PM EYE OINTMENT 57.3-42.5 %	\$0 (Tier 3) NT
<i>lubricating plus ophthalmic (eye) dropperette 0.5 %</i>	\$0 (Tier 3)
<i>lubrifresh pm eye ointment 83-15 %</i>	\$0 (Tier 3) NT
NIGHTTIME LUBRICANT EYE OINT 57.3-42.5 %	\$0 (Tier 3) NT
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	\$0 (Tier 2) PA; ^
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	\$0 (Tier 1)
<i>qc artificial tears drops 0.5-0.6 %</i>	\$0 (Tier 3) NT
REFRESH CELLUVISC 1% EYE GEL	\$0 (Tier 3) NT
REFRESH LACRI-LUBE OINTMENT 56.8-42.5 %	\$0 (Tier 3) NT
REFRESH LIQUIGEL 1% EYE DROP	\$0 (Tier 3) NT
REFRESH PLUS 0.5% EYE DROPS 30X0.4ML	\$0 (Tier 3) NT
REFRESH PLUS 0.5% EYE DROPS 70X0.4ML,U-D	\$0 (Tier 3) NT
REFRESH PLUS 0.5% EYE DROPS U-D,50X.4ML	\$0 (Tier 3) NT
REFRESH TEARS 0.5% EYE DROP	\$0 (Tier 3) NT
<i>stye 0.5%-0.6% eye drops 0.5-0.6 %</i>	\$0 (Tier 3) NT
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	\$0 (Tier 1)
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	\$0 (Tier 1)
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	\$0 (Tier 1)
SYSTANE NIGHTTIME EYE OINTMENT 94-3 %	\$0 (Tier 3) NT
XDEMVIY OPHTHALMIC (EYE) DROPS 0.25 %	\$0 (Tier 2) PA; QL (10 ML per 42 days); ^
ZADITOR 0.025% (0.035%) DROPS UP TO 12 HRS (OTC)	\$0 (Tier 3) NT
<b>NON-STEROIDAL ANTI-INFLAMMATORY AGENTS</b>	
<i>bromfenac ophthalmic (eye) drops 0.075 %, 0.09 %</i>	\$0 (Tier 1)
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	\$0 (Tier 1)
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	\$0 (Tier 1)
<i>ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %</i>	\$0 (Tier 1)

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	\$0 (Tier 2)
<b>ORAL DRUGS FOR GLAUCOMA</b>	
<i>acetazolamide oral capsule, extended release 500 mg</i>	\$0 (Tier 1)
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	\$0 (Tier 1)
<i>methazolamide oral tablet 25 mg, 50 mg</i>	\$0 (Tier 1)
<b>OTHER GLAUCOMA DRUGS</b>	
<i>brinzolamide ophthalmic (eye) drops,suspension 1 %</i>	\$0 (Tier 1)
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	\$0 (Tier 2)
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	\$0 (Tier 1)
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	\$0 (Tier 1)
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	\$0 (Tier 1)
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	\$0 (Tier 2)
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	\$0 (Tier 2)
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	\$0 (Tier 2)
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	\$0 (Tier 1)
<b>STEROID-ANTIBIOTIC COMBINATIONS</b>	
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	\$0 (Tier 1)
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	\$0 (Tier 1)
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	\$0 (Tier 1)
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	\$0 (Tier 1)
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	\$0 (Tier 2)
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	\$0 (Tier 1)
<b>STERIODS</b>	
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	\$0 (Tier 1)
<i>difluprednate ophthalmic (eye) drops 0.05 %</i>	\$0 (Tier 1)
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	\$0 (Tier 1)
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %</i>	\$0 (Tier 1)

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 07/01/2025

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	\$0 (Tier 1)
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	\$0 (Tier 2)
<b>SYMPATHOMIMETICS</b>	
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	\$0 (Tier 2)
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	\$0 (Tier 1)
<i>brimonidine ophthalmic (eye) drops 0.15 %, 0.2 %</i>	\$0 (Tier 1)
<b>RESPIRATORY AND ALLERGY</b>	
<b>ANTI-HISTAMINE / ANTI-ALLERGENIC AGENTS</b>	
<i>adrenalin injection solution 1 mg/ml (1 ml)</i>	\$0 (Tier 2)
<i>ala-hist ir 2 mg tablet</i>	\$0 (Tier 3) NT
<i>aler-caps 25 mg capsule</i>	\$0 (Tier 3) NT
<i>all day allergy 10 mg tablet</i>	\$0 (Tier 3) NT
<i>all day allergy 10 mg tablet indoor/outdoor 24 hr</i>	\$0 (Tier 3) NT
<i>aller-chlor 4 mg tablet</i>	\$0 (Tier 3) NT
<i>aller-g-time 25 mg caplet</i>	\$0 (Tier 3) NT
<i>allergy (loratadine) 10 mg tab</i>	\$0 (Tier 3) NT
<i>allergy 10 mg tablet</i>	\$0 (Tier 3) NT
<i>allergy 25 mg capsule</i>	\$0 (Tier 3) NT
<i>allergy 25 mg softgel d/f, gluten-free</i>	\$0 (Tier 3) NT
<i>allergy 25 mg tablet</i>	\$0 (Tier 3) NT
<i>allergy 4 mg tablet</i>	\$0 (Tier 3) NT
<i>allergy relief 10 mg tablet</i>	\$0 (Tier 3) NT
<i>allergy relief 10 mg tablet non-drowsy,24 hour</i>	\$0 (Tier 3) NT
<i>allergy relief 12.5 mg/5 ml</i>	\$0 (Tier 3) NT
<i>allergy relief 180 mg tablet</i>	\$0 (Tier 3) NT
<i>allergy relief 25 mg capsule</i>	\$0 (Tier 3) NT
<i>allergy relief 25 mg softgel</i>	\$0 (Tier 3) NT
<i>allergy relief 25 mg tablet</i>	\$0 (Tier 3) NT
<i>allergy relief 4 mg tablet</i>	\$0 (Tier 3) NT
<i>allergy relief 5 mg/5 ml soln</i>	\$0 (Tier 3) NT
<i>allergy rlf (cetzn) 10 mg tab</i>	\$0 (Tier 3) NT

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>allergy rlf (cetrzn) 5 mg tab</i>	\$0 (Tier 3) NT
<i>allergy rlf (fexo) 60 mg tab</i>	\$0 (Tier 3) NT
<i>banophen 25 mg capsule</i>	\$0 (Tier 3) NT
<i>banophen 25 mg tablet</i>	\$0 (Tier 3) NT
<i>banophen 50 mg capsule</i>	\$0 (Tier 3) NT
<i>cetirizine hcl 1 mg/ml soln children, grape (otc)</i>	\$0 (Tier 3) NT
<i>cetirizine hcl 1 mg/ml soln children's (otc)</i>	\$0 (Tier 3) NT
<i>cetirizine hcl 10 mg chew tab outer</i>	\$0 (Tier 3) NT
<i>cetirizine hcl 10 mg tablet</i>	\$0 (Tier 3) NT
<i>cetirizine hcl 10 mg tablet f/c,u-d,10x10,inner</i>	\$0 (Tier 3) NT
<i>cetirizine hcl 10 mg tablet f/c,u-d,10x10,outer</i>	\$0 (Tier 3) NT
<i>cetirizine hcl 10 mg tablet indoor &amp; outdoor</i>	\$0 (Tier 3) NT
<i>cetirizine hcl 10 mg tablet indoor-outdoor,24hr</i>	\$0 (Tier 3) NT
<i>cetirizine hcl 10 mg tablet inner</i>	\$0 (Tier 3) NT
<i>cetirizine hcl 10 mg tablet outer</i>	\$0 (Tier 3) NT
<i>cetirizine hcl 5 mg chew tab children's,outer,u-d</i>	\$0 (Tier 3) NT
<i>cetirizine hcl 5 mg tablet</i>	\$0 (Tier 3) NT
<i>cetirizine hcl 5 mg tablet indoor &amp; outdoor</i>	\$0 (Tier 3) NT
<i>cetirizine hcl 5 mg/5 ml solution cup inner</i>	\$0 (Tier 3) NT
<i>cetirizine hcl 5 mg/5 ml solution cup outer</i>	\$0 (Tier 3) NT
<i>cetirizine oral solution 1 mg/ml</i>	\$0 (Tier 1)
<i>child all day allergy 1 mg/ml</i>	\$0 (Tier 3) NT
<i>child all day allergy 1 mg/ml bubble gum</i>	\$0 (Tier 3) NT
<i>child allergy (fexo) 30 mg/5 ml</i>	\$0 (Tier 3) NT
<i>child allergy 5 mg/5 ml soln</i>	\$0 (Tier 3) NT
<i>child allergy relief 1 mg/ml</i>	\$0 (Tier 3) NT
<i>child allergy relief 5 mg/5 ml</i>	\$0 (Tier 3) NT
<i>child allergy rlf 12.5 mg/5 ml</i>	\$0 (Tier 3) NT
<i>child cetirizine 10 mg chew tb chewable, allergy</i>	\$0 (Tier 3) NT
<i>child cetirizine 5 mg chew tab</i>	\$0 (Tier 3) NT
<i>child cetirizine hcl 1 mg/ml</i>	\$0 (Tier 3) NT
<i>child loratadine 5 mg/5 ml sol</i>	\$0 (Tier 3) NT

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>child loratadine 5 mg/5 ml syr</i>	\$0 (Tier 3) NT
<i>child loratadine 5 mg/5 ml syr grape</i>	\$0 (Tier 3) NT
<i>child's allergy 12.5 mg/5 ml cherry</i>	\$0 (Tier 3) NT
<i>child's allergy 12.5 mg/5 ml cherry,child</i>	\$0 (Tier 3) NT
<i>child's wal-dryl 12.5 mg/5 ml children,cherry</i>	\$0 (Tier 3) NT
<i>chlorhist 4 mg tablet</i>	\$0 (Tier 3) NT
<i>chlorpheniramine 4 mg tablet</i>	\$0 (Tier 3) NT
<i>complete allergy medicine oral capsule 25 mg</i>	\$0 (Tier 3)
<i>cyproheptadine oral tablet 4 mg</i>	\$0 (Tier 2) PA
<i>desloratadine oral tablet 5 mg</i>	\$0 (Tier 1)
<i>diphedryl 12.5 mg/5 ml elixir</i>	\$0 (Tier 3) NT
<i>diphenhydramine 12.5 mg/5 ml</i>	\$0 (Tier 3) NT
<i>diphenhydramine 12.5 mg/5 ml cup outer</i>	\$0 (Tier 3) NT
<i>diphenhydramine 25 mg caplet caplet</i>	\$0 (Tier 3) NT
<i>diphenhydramine 25 mg capsule (otc)</i>	\$0 (Tier 3) NT
<i>diphenhydramine 25 mg capsule u-d (otc)</i>	\$0 (Tier 3) NT
<i>diphenhydramine 25 mg tablet</i>	\$0 (Tier 3) NT
<i>diphenhydramine 25 mg tablet inner</i>	\$0 (Tier 3) NT
<i>diphenhydramine 25 mg tablet outer</i>	\$0 (Tier 3) NT
<i>diphenhydramine 25 mg/10 ml cup outer 12.5 mg/5 ml</i>	\$0 (Tier 3) NT
<i>diphenhydramine 50 mg capsule (otc)</i>	\$0 (Tier 3) NT
<i>diphenhydramine 50 mg capsule u-d (otc)</i>	\$0 (Tier 3) NT
<i>diphenhydramine 50 mg capsule u-d, 10x10 (otc)</i>	\$0 (Tier 3) NT
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	\$0 (Tier 1)
<i>diphenhydramine hcl injection syringe 50 mg/ml</i>	\$0 (Tier 1)
<i>ed chlorped jr syrup 2 mg/5 ml</i>	\$0 (Tier 3) NT
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	\$0 (Tier 1) Only Epinephrine NDCs starting with 00093 and 49502 are covered; QL (4 EA per 30 days)
<i>eql all day allergy 10 mg tab</i>	\$0 (Tier 3) NT
<i>fexofenadine hcl 180 mg tablet (otc)</i>	\$0 (Tier 3) NT
<i>fexofenadine hcl 180 mg tablet non-drowsy, 24hr (otc)</i>	\$0 (Tier 3) NT
<i>fexofenadine hcl 60 mg tablet (otc)</i>	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 07/01/2025

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>ft ad allergy (cetzn) 10 mg tb</i>	\$0 (Tier 3) NT
<i>ft ad allergy (lorat) 10 mg tb</i>	\$0 (Tier 3) NT
<i>ft allergy (chlorphen) 4 mg tb</i>	\$0 (Tier 3) NT
<i>ft allergy (diphen) 25 mg cap</i>	\$0 (Tier 3) NT
FT ALLERGY (DIPHEN) 25 MG CHEW	\$0 (Tier 3) NT
<i>ft allergy (diphen) 25 mg tab</i>	\$0 (Tier 3) NT
<i>ft allergy (fexo) 180 mg tab</i>	\$0 (Tier 3) NT
<i>ft allergy (fexo) 60 mg tablet</i>	\$0 (Tier 3) NT
<i>ft child allergy 12.5 mg/5 ml</i>	\$0 (Tier 3) NT
<i>ft child allergy 5 mg/5 ml sol</i>	\$0 (Tier 3) NT
<i>ft child allergy rlf 1 mg/ml</i>	\$0 (Tier 3) NT
<i>geri-dryl 12.5 mg/5 ml liquid</i>	\$0 (Tier 3) NT
<i>geri-dryl 25 mg tablet</i>	\$0 (Tier 3) NT
<i>gnp allergy relief 180 mg tab</i>	\$0 (Tier 3) NT
<i>gnp allergy relief 25 mg sfgl</i>	\$0 (Tier 3) NT
<i>gnp allergy relief 25 mg tab</i>	\$0 (Tier 3) NT
<i>gnp allergy relief 4 mg tablet</i>	\$0 (Tier 3) NT
<i>gnp allergy relief 50 mg/20 ml 12.5 mg/5 ml</i>	\$0 (Tier 3) NT
<i>gnp loratadine 10 mg odt</i>	\$0 (Tier 3) NT
<i>gnp loratadine 10 mg tablet</i>	\$0 (Tier 3) NT
<i>gs all day allergy 10 mg tab</i>	\$0 (Tier 3) NT
<i>gs aller-ease 180 mg tablet</i>	\$0 (Tier 3) NT
<i>gs allergy relief 10 mg tablet</i>	\$0 (Tier 3) NT
<i>gs allergy relief 10 mg tablet non-drowsy</i>	\$0 (Tier 3) NT
<i>gs allergy relief 25 mg tablet</i>	\$0 (Tier 3) NT
<i>gs child all day aller 1 mg/ml</i>	\$0 (Tier 3) NT
<i>gs child allergy 12.5 mg/5 ml</i>	\$0 (Tier 3) NT
<i>gs child allergy rlf 5 mg/5 ml</i>	\$0 (Tier 3) NT
HISTEX 2.5 MG/5 ML SYRUP	\$0 (Tier 3) NT
HISTEX PD 0.938 MG/ML DROP	\$0 (Tier 3) NT
<i>hm child all day aller 1 mg/ml</i>	\$0 (Tier 3) NT
<i>hm loratadine 10 mg tablet</i>	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 07/01/2025

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	\$0 (Tier 2) PA
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	\$0 (Tier 2) PA
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	\$0 (Tier 1)
<i>levocetirizine oral tablet 5 mg</i>	\$0 (Tier 1)
<i>loradamed 10 mg tablet outer</i>	\$0 (Tier 3) NT
<i>loratadine 10 mg odt</i>	\$0 (Tier 3) NT
<i>loratadine 10 mg tablet</i>	\$0 (Tier 3) NT
<i>loratadine 10 mg tablet 10x10,u-d,inner</i>	\$0 (Tier 3) NT
<i>loratadine 10 mg tablet 10x10,u-d,outer</i>	\$0 (Tier 3) NT
<i>loratadine 10 mg tablet inner</i>	\$0 (Tier 3) NT
<i>loratadine 10 mg tablet non-drowsy</i>	\$0 (Tier 3) NT
<i>loratadine 10 mg tablet outer</i>	\$0 (Tier 3) NT
<i>loratadine 5 mg/5 ml solution</i>	\$0 (Tier 3) NT
<i>loratadine 5 mg/5 ml syrup children's</i>	\$0 (Tier 3) NT
<i>loratadine 5 mg/5 ml syrup children's, d/f</i>	\$0 (Tier 3) NT
<i>loratadine allergy 5 mg/5 ml d/f</i>	\$0 (Tier 3) NT
<i>maxallergy kids 12.5 mg/5 ml</i>	\$0 (Tier 3) NT
<i>m-dryl 12.5 mg/5 ml solution</i>	\$0 (Tier 3) NT
PEDIACLEAR PD 0.625 MG/ML DROP	\$0 (Tier 3) NT
<i>pharbechlor 4 mg tablet</i>	\$0 (Tier 3) NT
<i>pharbedryl 25 mg capsule</i>	\$0 (Tier 3) NT
<i>pharbedryl 50 mg capsule</i>	\$0 (Tier 3) NT
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i>	\$0 (Tier 2)
<i>promethazine oral syrup 6.25 mg/5 ml</i>	\$0 (Tier 2) PA
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	\$0 (Tier 2) PA
<i>qc allergy (lorat) 10 mg tab</i>	\$0 (Tier 3) NT
<i>qc child allergy 12.5 mg/5 ml</i>	\$0 (Tier 3) NT
<i>qc complete allergy 25 mg cap</i>	\$0 (Tier 3) NT
<i>sm all day allergy 10 mg tab</i>	\$0 (Tier 3) NT
<i>sm all day allergy 10 mg tab</i>	\$0 (Tier 3) NT
SM ALLERGY (DIPHEN) 25 MG CHEW	\$0 (Tier 3) NT
<i>sm allergy (fexo) 60 mg tablet</i>	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 07/01/2025

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>sm child allergy 12.5 mg/5 ml</i>	\$0 (Tier 3) NT
<i>sm child allergy 5 mg/5 ml sol</i>	\$0 (Tier 3) NT
<i>sm fexofenadine hcl 180 mg tab (otc)</i>	\$0 (Tier 3) NT
<i>sm loratadine 5 mg/5 ml syrup</i>	\$0 (Tier 3) NT
<i>total allergy 25 mg tablet</i>	\$0 (Tier 3) NT
TRIPROLIDINE 0.625 MG/ML DROP	\$0 (Tier 3) NT
TRIPROLIDINE 0.938 MG/ML DROPS	\$0 (Tier 3) NT
<b>PULMONARY AGENTS</b>	
<i>24h nasal allergy 55 mcg spray</i>	\$0 (Tier 3) NT
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	\$0 (Tier 1) B/D
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	\$0 (Tier 2) 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 (Tier 2) QL (12 GM per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	\$0 (Tier 1) 8.5 gm inhaler; QL (17 GM per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)</i>	\$0 (Tier 1) 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 (Tier 1) B/D
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	\$0 (Tier 1)
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	\$0 (Tier 1)
<i>allergy relief 50 mcg spray 50 mcg/actuation</i>	\$0 (Tier 3) NT
<i>alyq oral tablet 20 mg</i>	\$0 (Tier 1) PA; QL (60 EA per 30 days); ^
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	\$0 (Tier 2) PA; LA; QL (30 EA per 30 days); ^
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	\$0 (Tier 2) QL (60 EA per 30 days)
<i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i>	\$0 (Tier 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 (Tier 2) 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. 07/01/2025

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	\$0 (Tier 2) QL (25.8 GM per 30 days)
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	\$0 (Tier 2) QL (10.7 GM per 30 days)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	\$0 (Tier 2) 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 (Tier 2) QL (60 EA per 30 days)
<i>breyna inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	\$0 (Tier 1) Breyna is generic for Symbicort; QL (30.9 GM per 30 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	\$0 (Tier 2) Retail Inhalation Canister (10.7g inhaler containing 120 inhalations); QL (10.7 GM per 30 days)
<i>budesonide 32 mcg nasal spray (otc) 32 mcg/actuation</i>	\$0 (Tier 3) NT
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	\$0 (Tier 1) B/D
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	\$0 (Tier 2) QL (8 GM per 30 days)
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	\$0 (Tier 1) B/D
<i>cromolyn sodium nasal spray 5.2 mg/spray (4 %)</i>	\$0 (Tier 3) NT
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	\$0 (Tier 2) PA; LA; QL (1 ML per 28 days); ^
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	\$0 (Tier 2) PA; QL (0.5 ML per 28 days); ^
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	\$0 (Tier 2) PA; LA; QL (1 ML per 28 days); ^
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	\$0 (Tier 1) QL (50 ML per 30 days)
<i>fluticasone prop 50 mcg spray (otc) 50 mcg/actuation</i>	\$0 (Tier 3) NT
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i>	\$0 (Tier 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 (Tier 1) QL (60 EA per 30 days)
<i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i>	\$0 (Tier 2) B/D; QL (120 ML per 30 days)
<i>ft allergy relief 50 mcg spray 50 mcg/actuation</i>	\$0 (Tier 3) NT
<i>gnp fluticasone prop 50 mcg sp (otc) 50 mcg/actuation</i>	\$0 (Tier 3) NT
<i>gs 24 hour allergy 50 mcg spry 50 mcg/actuation</i>	\$0 (Tier 3) NT
<i>gs nasal allergy 24hr spray 55 mcg</i>	\$0 (Tier 3) NT
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT	\$0 (Tier 2) PA; LA; QL (30 EA per 30 days); ^

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 07/01/2025

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT	\$0 (Tier 2) PA; LA; QL (20 EA per 30 days); ^
<i>hm 24h nasal allergy 55 mcg spr</i>	\$0 (Tier 3) NT
<i>hm allergy relief 50 mcg spray 50 mcg/actuation</i>	\$0 (Tier 3) NT
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	\$0 (Tier 2) PA; QL (27 ML per 30 days); ^
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	\$0 (Tier 2) QL (30 EA per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	\$0 (Tier 1) B/D
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	\$0 (Tier 1) B/D
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 5.8 MG	\$0 (Tier 2) PA; QL (56 EA per 28 days); ^
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG	\$0 (Tier 2) PA; LA; QL (56 EA per 28 days); ^
KALYDECO ORAL TABLET 150 MG	\$0 (Tier 2) 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 (Tier 1) B/D
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i>	\$0 (Tier 1) QL (34 GM per 30 days)
<i>montelukast oral granules in packet 4 mg</i>	\$0 (Tier 1)
<i>montelukast oral tablet 10 mg</i>	\$0 (Tier 1)
<i>montelukast oral tablet,chewable 4 mg, 5 mg</i>	\$0 (Tier 1)
<i>nasal allergy 24hr spray 55 mcg</i>	\$0 (Tier 3) NT
OFEV ORAL CAPSULE 100 MG, 150 MG	\$0 (Tier 2) PA; LA; QL (60 EA per 30 days); ^
OPSUMIT ORAL TABLET 10 MG	\$0 (Tier 2) PA; LA; QL (30 EA per 30 days); ^
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	\$0 (Tier 2) PA; LA; QL (56 EA per 28 days); ^
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	\$0 (Tier 2) PA; LA; QL (112 EA per 28 days); ^
<i>pirfenidone oral capsule 267 mg</i>	\$0 (Tier 1) PA; QL (270 EA per 30 days); ^
<i>pirfenidone oral tablet 267 mg</i>	\$0 (Tier 1) PA; QL (270 EA per 30 days); ^
<i>pirfenidone oral tablet 801 mg</i>	\$0 (Tier 1) PA; QL (90 EA per 30 days); ^
PULMOZYME INHALATION SOLUTION 1 MG/ML	\$0 (Tier 2) B/D; ^
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>sajazir subcutaneous syringe 30 mg/3 ml</i>	\$0 (Tier 2) PA; LA; QL (27 ML per 30 days); ^
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	\$0 (Tier 2) 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. 07/01/2025

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	\$0 (Tier 1)	PA; generic for Revatio; QL (90 EA per 30 days)
<i>sm allergy relief 50 mcg spray 50 mcg/actuation</i>	\$0 (Tier 3)	NT
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	\$0 (Tier 2)	PA; LA; QL (56 EA per 28 days); ^
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>	\$0 (Tier 1)	PA; generic for Adcirca; QL (60 EA per 30 days); ^
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	\$0 (Tier 1)	
THEO-24 ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	\$0 (Tier 2)	
<i>theophylline oral elixir 80 mg/15 ml</i>	\$0 (Tier 1)	
<i>theophylline oral solution 80 mg/15 ml</i>	\$0 (Tier 1)	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	\$0 (Tier 1)	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	\$0 (Tier 1)	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	\$0 (Tier 2)	QL (60 EA per 30 days)
<i>triamcinolone 55 mcg nasal spr (otc)</i>	\$0 (Tier 3)	NT
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	\$0 (Tier 2)	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 (Tier 2)	PA; LA; QL (84 EA per 28 days); ^
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	\$0 (Tier 2)	18 gm inhaler; QL (36 GM per 30 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML	\$0 (Tier 2)	PA; QL (8 ML per 28 days); ^
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	\$0 (Tier 2)	PA; QL (1 ML per 28 days); ^
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	\$0 (Tier 2)	PA; LA; QL (8 EA per 28 days); ^
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	\$0 (Tier 2)	PA; LA; QL (8 ML per 28 days); ^
XOLAIR SUBCUTANEOUS SYRINGE 300 MG/2 ML	\$0 (Tier 2)	PA; QL (8 ML per 28 days); ^
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	\$0 (Tier 2)	PA; LA; QL (1 ML per 28 days); ^
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 07/01/2025

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<b>UROLOGICALS</b>	
<b>ANTICHOLINERGICS / ANTISPASMODICS</b>	
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON 8 MG/ML	\$0 (Tier 2) QL (300 ML per 28 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	\$0 (Tier 2) QL (30 EA per 30 days)
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	\$0 (Tier 1)
<i>oxybutynin chloride oral tablet 5 mg</i>	\$0 (Tier 1)
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>oxybutynin chloride oral tablet extended release 24hr 5 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>solifenacin oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>tolterodine oral capsule,extended release 24hr 2 mg, 4 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>tolterodine oral tablet 1 mg, 2 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>tropium oral tablet 20 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<b>BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY</b>	
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	\$0 (Tier 1)
<i>dutasteride oral capsule 0.5 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>finasteride oral tablet 5 mg</i>	\$0 (Tier 1)
<i>tamsulosin oral capsule 0.4 mg</i>	\$0 (Tier 1)
<b>MISCELLANEOUS UROLOGICALS</b>	
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	\$0 (Tier 1)
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	\$0 (Tier 2) PA; LA
ELMIRON ORAL CAPSULE 100 MG	\$0 (Tier 2)
K-PHOS ORIGINAL TABLET 500 MG	\$0 (Tier 3) NT
PHOSPHO-TRIN K500 500 MG TAB	\$0 (Tier 3) NT
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	\$0 (Tier 1)
<i>tadalafil oral tablet 2.5 mg</i>	\$0 (Tier 1) PA; QL (60 EA per 30 days)
<i>tadalafil oral tablet 5 mg</i>	\$0 (Tier 1) PA; 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. 07/01/2025

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

**ELECTROLYTES**

<i>antacid 500 mg chewable tablet 200 mg calcium (500 mg)</i>	\$0 (Tier 3) NT
<i>antacid 500 mg chewable tablet outer 200 mg calcium (500 mg)</i>	\$0 (Tier 3) NT
<i>antacid 750 mg chewable tablet 300 mg (750 mg)</i>	\$0 (Tier 3) NT
<i>antacid ex-str 750 mg tab chew 300 mg (750 mg)</i>	\$0 (Tier 3) NT
<i>antacid ultra str 1,000 mg chw 400 mg calcium (1,000 mg)</i>	\$0 (Tier 3) NT
<i>antacid ultra tablet chew 400 mg calcium (1,000 mg)</i>	\$0 (Tier 3) NT
<i>antacid xtra strength chew tab extra strength 300 mg (750 mg)</i>	\$0 (Tier 3) NT
<i>calcium 500 mg-vit d3 5 mcg tb (rx) 500 mg-5 mcg (200 unit)</i>	\$0 (Tier 3) NT
<i>calcium 500-vit d3 200 caplet caplt,p/f,no lactose (rx) 500 mg-5 mcg (200 unit)</i>	\$0 (Tier 3) NT
<i>calcium 500-vit d3 200 caplet gluten-free,p/f (rx) 500 mg-5 mcg (200 unit)</i>	\$0 (Tier 3) NT
<i>calcium 500-vit d3 200 tablet lactose free, p/f (rx) 500 mg-5 mcg (200 unit)</i>	\$0 (Tier 3) NT
<i>calcium 500-vit d3 200 tablet p/f,n (rx) 500 mg-5 mcg (200 unit)</i>	\$0 (Tier 3) NT
<i>calcium antacid 500 mg chw tab assorted flavors 200 mg calcium (500 mg)</i>	\$0 (Tier 3) NT
<i>calcium antacid 500 mg chw tab assorted fruit 200 mg calcium (500 mg)</i>	\$0 (Tier 3) NT
<i>calcium antacid 500 mg chw tab gluten-f, peppermint 200 mg calcium (500 mg)</i>	\$0 (Tier 3) NT
<i>calcium antacid 750 mg chew tab 300 mg (750 mg)</i>	\$0 (Tier 3) NT
<i>calcium carb 1,250 mg/5 ml sus n (otc) 500 mg/5 ml (1,250 mg/5 ml)</i>	\$0 (Tier 3) NT
<i>calcium carb 500 mg tab chew 200 mg calcium (500 mg)</i>	\$0 (Tier 3) NT
<i>calcium carb 500 mg tab chew assorted flavors 200 mg calcium (500 mg)</i>	\$0 (Tier 3) NT
<i>calcium carbonate 1,250 mg/5 ml suspension cup 40's,u-d (otc) 500 mg/5 ml (1,250 mg/5 ml)</i>	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 07/01/2025

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>cal-gest 500 mg tablet chew 200 mg calcium (500 mg)</i>	\$0 (Tier 3) NT
<i>chromium cl 40 mcg/10 ml vial outer, sdv 4 mcg/ml</i>	\$0 (Tier 3) NT
<i>chromium cl 40 mcg/10 ml vial p/f, suv, outer 4 mcg/ml</i>	\$0 (Tier 3) NT
<i>copper chloride 4 mg/10 ml vl p/f, suv, outer 0.4 mg/ml</i>	\$0 (Tier 3) NT
<i>ft antacid 500 mg chew tablet 200 mg calcium (500 mg)</i>	\$0 (Tier 3) NT
<i>ft antacid ex-str 750 mg chew 300 mg (750 mg)</i>	\$0 (Tier 3) NT
<i>gnp antacid ex-str 750 mg chew 300 mg (750 mg)</i>	\$0 (Tier 3) NT
<i>gs antacid 500 mg chew tablet 200 mg calcium (500 mg)</i>	\$0 (Tier 3) NT
<i>gs antacid ex-str 750 mg chew 300 mg (750 mg)</i>	\$0 (Tier 3) NT
<i>gs antacid ultra 1,000 mg chew 400 mg calcium (1,000 mg)</i>	\$0 (Tier 3) NT
<i>hm antacid ex-str 750 mg chew 300 mg (750 mg)</i>	\$0 (Tier 3) NT
<i>klor-con 10 oral tablet extended release 10 meq</i>	\$0 (Tier 1)
<i>klor-con 8 oral tablet extended release 8 meq</i>	\$0 (Tier 1)
<i>klor-con m10 oral tablet, er particles/crystals 10 meq</i>	\$0 (Tier 1)
<i>klor-con m15 oral tablet, er particles/crystals 15 meq</i>	\$0 (Tier 1)
<i>klor-con m20 oral tablet, er particles/crystals 20 meq</i>	\$0 (Tier 1)
<i>klor-con oral packet 20 meq</i>	\$0 (Tier 1)
<i>k-phos neutral tablet 250 mg</i>	\$0 (Tier 3) NT
<i>lactated ringers intravenous parenteral solution</i>	\$0 (Tier 1)
<i>magnesium oxide 400 mg tablet (rx) 400 mg (241.3 mg magnesium)</i>	\$0 (Tier 3) NT
<i>magnesium oxide 400 mg tablet 240mg elemental (rx) 400 mg (241.3 mg magnesium)</i>	\$0 (Tier 3) NT
<i>magnesium oxide 400 mg tablet inner (rx) 400 mg (241.3 mg magnesium)</i>	\$0 (Tier 3) NT
<i>magnesium oxide 400 mg tablet outer (rx) 400 mg (241.3 mg magnesium)</i>	\$0 (Tier 3) NT
<i>magnesium oxide 400 mg tablet p/f, soy-free (rx) 400 mg (241.3 mg magnesium)</i>	\$0 (Tier 3) NT
<i>magnesium oxide 420 mg tablet (rx)</i>	\$0 (Tier 3) NT
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	\$0 (Tier 2)
<i>magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %)</i>	\$0 (Tier 2)

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 07/01/2025

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %)</i>	\$0 (Tier 2)
<i>magnesium sulfate injection solution 500 mg/ml (50 %)</i>	\$0 (Tier 2)
<i>magnesium sulfate injection syringe 500 mg/ml (50 %)</i>	\$0 (Tier 2)
<i>manganese 1 mg/10 ml vial p/f, suv, outer 0.1 mg/ml</i>	\$0 (Tier 3) NT
<i>mgo-400 tablet 400 mg (241.3 mg magnesium)</i>	\$0 (Tier 3) NT
<i>OS-CAL 500-VIT D3 200 CAPLET CAPLET (RX) 500 MG-5 MCG (200 UNIT)</i>	\$0 (Tier 3) NT
<i>oysco 500-vit d3 200 tablet 500 mg-5 mcg (200 unit)</i>	\$0 (Tier 3) NT
<i>oyster shell 500 mg-vit d3 5 mcg (rx) 500 mg-5 mcg (200 unit)</i>	\$0 (Tier 3) NT
<i>oyster shell 500 mg-vit d3 5 mcg inner (rx) 500 mg-5 mcg (200 unit)</i>	\$0 (Tier 3) NT
<i>oyster shell 500 mg-vit d3 5 mcg outer (rx) 500 mg-5 mcg (200 unit)</i>	\$0 (Tier 3) NT
<i>oyster shell 500-vit d3 200 tb (rx) 500 mg-5 mcg (200 unit)</i>	\$0 (Tier 3) NT
<i>phospha 250 neutral tablet 250 mg</i>	\$0 (Tier 3) NT
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l</i>	\$0 (Tier 1)
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	\$0 (Tier 1)
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l</i>	\$0 (Tier 1)
<i>potassium chloride in water intravenous piggyback 10 meq/50 ml, 20 meq/50 ml</i>	\$0 (Tier 2)
<i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)</i>	\$0 (Tier 1)
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	\$0 (Tier 1)
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	\$0 (Tier 1)
<i>potassium chloride oral packet 20 meq</i>	\$0 (Tier 1)
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	\$0 (Tier 1)
<i>potassium chloride oral tablet,er particles/crystals 10 meq, 15 meq, 20 meq</i>	\$0 (Tier 1)

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 07/01/2025

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l</i>	\$0 (Tier 1)
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	\$0 (Tier 1)
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l</i>	\$0 (Tier 1)
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 40 meq/l</i>	\$0 (Tier 2)
<i>qc antacid 500 mg chew tablet 200 mg calcium (500 mg)</i>	\$0 (Tier 3) NT
<i>ra hi-cal plus vitamin d tab (rx) 500 mg-5 mcg (200 unit)</i>	\$0 (Tier 3) NT
<i>sm antacid 500 mg chew tablet 200 mg calcium (500 mg)</i>	\$0 (Tier 3) NT
<i>sm antacid 750 mg chew tablet 300 mg (750 mg)</i>	\$0 (Tier 3) NT
<i>sm cal antacid 750 mg chew tab ex-str, orange 300 mg (750 mg)</i>	\$0 (Tier 3) NT
<i>smooth antacid 750 mg chew tab 300 mg (750 mg)</i>	\$0 (Tier 3) NT
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	\$0 (Tier 1)
<i>sodium chloride 3 % hypertonic intravenous parenteral solution 3 %</i>	\$0 (Tier 1)
<i>sodium chloride 5 % hypertonic intravenous parenteral solution 5 %</i>	\$0 (Tier 1)
<i>sodium chloride intravenous solution 2.5 meq/ml, 4 meq/ml</i>	\$0 (Tier 1)
<i>true magnesium oxide 400 mg tb (rx) 400 mg (241.3 mg magnesium)</i>	\$0 (Tier 3) NT
<i>tums ultra 1,000 mg chew tab 400 mg calcium (1,000 mg)</i>	\$0 (Tier 3) NT
<i>tums ultra 1,000 mg chew tab assorted berries 400 mg calcium (1,000 mg)</i>	\$0 (Tier 3) NT
<i>tums ultra 1,000 mg chew tab assorted fruit 400 mg calcium (1,000 mg)</i>	\$0 (Tier 3) NT
<i>tums ultra 1,000 mg chew tab maximum strength 400 mg calcium (1,000 mg)</i>	\$0 (Tier 3) NT
<i>tums ultra 1,000 mg chew tab trop fruit,gluten-f 400 mg calcium (1,000 mg)</i>	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 07/01/2025

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<b>MISCELLANEOUS NUTRITION PRODUCTS</b>	
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	\$0 (Tier 2) B/D
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	\$0 (Tier 2) B/D
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	\$0 (Tier 2) B/D
CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 6-5 %	\$0 (Tier 2) B/D
CLINIMIX 8%-D10W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-10 %	\$0 (Tier 2) B/D
CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-14 %	\$0 (Tier 2) B/D
<i>electrolyte-148 intravenous parenteral solution</i>	\$0 (Tier 1)
<i>electrolyte-48 in d5w intravenous parenteral solution</i>	\$0 (Tier 2)
<i>electrolyte-a intravenous parenteral solution</i>	\$0 (Tier 1)
<i>intralipid intravenous emulsion 20 %</i>	\$0 (Tier 2) B/D
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	\$0 (Tier 2)
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	\$0 (Tier 2)
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	\$0 (Tier 2)
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	\$0 (Tier 2)
PLENAMINE INTRAVENOUS PARENTERAL SOLUTION 15 %	\$0 (Tier 1) B/D
<i>premasol 10 % intravenous parenteral solution 10 %</i>	\$0 (Tier 2) B/D
<i>travasol 10 % intravenous parenteral solution 10 %</i>	\$0 (Tier 2) B/D
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	\$0 (Tier 2) B/D
<b>VITAMINS / HEMATINICS</b>	
<i>ascorbic acid 500 mg tablet (rx)</i>	\$0 (Tier 3) NT
<i>b complex capsule (rx)</i>	\$0 (Tier 3) NT
<i>b complex tablet</i>	\$0 (Tier 3) NT
BACMIN CAPLET 27 MG IRON- 1 MG	\$0 (Tier 3) NT
<i>bp vit 3 capsule 500 mg-500 mcg -1 mg-12.5 mg</i>	\$0 (Tier 3) NT
<i>c-500 mg tablet (rx)</i>	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 07/01/2025

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>c-500 mg tablet rose hips (rx)</i>	\$0 (Tier 3) NT
<i>corvita tablet 1.25-2.5-7 mg</i>	\$0 (Tier 3) NT
<i>cvs vit c-rose hips 500 mg tab (rx)</i>	\$0 (Tier 3) NT
<i>cvs vitamin c 500 mg caplet p/f,gluten-free (rx)</i>	\$0 (Tier 3) NT
<i>cvs vitamin c 500 mg tablet (rx)</i>	\$0 (Tier 3) NT
<i>cyanocobalamin 1,000 mcg/ml vl inner</i>	\$0 (Tier 3) NT
<i>cyanocobalamin 1,000 mcg/ml vl inner, mov</i>	\$0 (Tier 3) NT
<i>cyanocobalamin 1,000 mcg/ml vl mdv,inner</i>	\$0 (Tier 3) NT
<i>cyanocobalamin 1,000 mcg/ml vl mov</i>	\$0 (Tier 3) NT
<i>cyanocobalamin 1,000 mcg/ml vl mov, inner</i>	\$0 (Tier 3) NT
<i>cyanocobalamin 1,000 mcg/ml vl mov, outer</i>	\$0 (Tier 3) NT
<i>cyanocobalamin 1,000 mcg/ml vl outer</i>	\$0 (Tier 3) NT
<i>cyanocobalamin 1,000 mcg/ml vl outer, mov</i>	\$0 (Tier 3) NT
<i>cyanocobalamin 1,000 mcg/ml vl outer, mov, p/f</i>	\$0 (Tier 3) NT
<i>cyanocobalamin 1,000 mcg/ml vl outer,mdv</i>	\$0 (Tier 3) NT
<i>cyanocobalamin 10,000 mcg/10 ml inner, mov</i>	\$0 (Tier 3) NT
<i>cyanocobalamin 10,000 mcg/10 ml inner,mdv</i>	\$0 (Tier 3) NT
<i>cyanocobalamin 10,000 mcg/10 ml mdv, inner</i>	\$0 (Tier 3) NT
<i>cyanocobalamin 10,000 mcg/10 ml mdv, outer</i>	\$0 (Tier 3) NT
<i>cyanocobalamin 10,000 mcg/10 ml mdv,inner</i>	\$0 (Tier 3) NT
<i>cyanocobalamin 10,000 mcg/10 ml mdv,outer</i>	\$0 (Tier 3) NT
<i>cyanocobalamin 10,000 mcg/10 ml outer, mov</i>	\$0 (Tier 3) NT
<i>cyanocobalamin 10,000 mcg/10 ml outer,mdv</i>	\$0 (Tier 3) NT
<i>cyanocobalamin 30,000 mcg/30 ml inner, mov 1,000 mcg/ml</i>	\$0 (Tier 3) NT
<i>cyanocobalamin 30,000 mcg/30 ml inner,mdv 1,000 mcg/ml</i>	\$0 (Tier 3) NT
<i>cyanocobalamin 30,000 mcg/30 ml mdv, inner 1,000 mcg/ml</i>	\$0 (Tier 3) NT
<i>cyanocobalamin 30,000 mcg/30 ml mdv, outer 1,000 mcg/ml</i>	\$0 (Tier 3) NT
<i>cyanocobalamin 30,000 mcg/30 ml mov 1,000 mcg/ml</i>	\$0 (Tier 3) NT
<i>cyanocobalamin 30,000 mcg/30 ml mov, inner 1,000 mcg/ml</i>	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 07/01/2025

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>cyanocobalamin 30,000 mcg/30 ml mov, outer 1,000 mcg/ml</i>	\$0 (Tier 3) NT
<i>cyanocobalamin 30,000 mcg/30 ml outer, mov 1,000 mcg/ml</i>	\$0 (Tier 3) NT
<i>cyanocobalamin 30,000 mcg/30 ml outer,mdv 1,000 mcg/ml</i>	\$0 (Tier 3) NT
<i>cyanocobalamin 30,000 mcg/30 ml outer,muv 1,000 mcg/ml</i>	\$0 (Tier 3) NT
D3-50 50,000 UNIT CAPSULE D/F, GLUTEN FREE (RX) 1,250 MCG (50,000 UNIT)	\$0 (Tier 3) NT
D3-50 50,000 UNIT CAPSULE D/F,P/F (RX) 1,250 MCG (50,000 UNIT)	\$0 (Tier 3) NT
<i>decara 50,000 unit softgel 1,250 mcg (50,000 unit)</i>	\$0 (Tier 3) NT
DIALYVITE 3,000 TABLET 3-70-15 MG-MCG-MG	\$0 (Tier 3) NT
DIALYVITE 5000 TABLET 5 MG	\$0 (Tier 3) NT
DIALYVITE SUPREME D TABLET 3-2,000 MG-UNIT	\$0 (Tier 3) NT
<i>dialyvite tablet 100-1 mg</i>	\$0 (Tier 3) NT
<i>dialyvite with zinc tablet 1-100-300-50 mg-mg-mcg-mg</i>	\$0 (Tier 3) NT
<i>dodex 1,000 mcg/ml vial mov, inner</i>	\$0 (Tier 3) NT
<i>dodex 1,000 mcg/ml vial mov, outer</i>	\$0 (Tier 3) NT
<i>dodex 10,000 mcg/10 ml vial mov</i>	\$0 (Tier 3) NT
<i>dodex 30,000 mcg/30 ml vial mov 1,000 mcg/ml</i>	\$0 (Tier 3) NT
DRISDOL ORAL CAPSULE 1,250 MCG (50,000 UNIT)	\$0 (Tier 3)
ENLYTE SOFTGEL 1.5 MG IRON- 8.73 MG	\$0 (Tier 3) NT
<i>eql b complex 50 tablet high potency (rx)</i>	\$0 (Tier 3) NT
<i>ferrous gluconate 324 mg tab (rx) 324 mg (38 mg iron)</i>	\$0 (Tier 3) NT
<i>ferrous sulf ec 324 mg tablet 324 mg (65 mg iron)</i>	\$0 (Tier 3) NT
FLORIVA 0.25 MG CHEW TABLET 0.25MG FLUORIDE (0.55 MG)	\$0 (Tier 3) NT
FLORIVA 0.5 MG CHEWABLE TABLET 0.5 MG FLUORIDE (1.1 MG)	\$0 (Tier 3) NT
FLORIVA 1 MG CHEWABLE TABLET 1 MG FLUORIDE (2.2 MG)	\$0 (Tier 3) NT
<i>fluoride (sodium) oral tablet 1 mg (2.2 mg sod. fluoride)</i>	\$0 (Tier 1)

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 07/01/2025

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	\$0 (Tier 1)
<i>folic acid 1 mg tablet (rx)</i>	\$0 (Tier 3) NT
<i>folic acid 1 mg tablet outer (rx)</i>	\$0 (Tier 3) NT
<i>folic acid 1,000 mcg tablet (rx) 1 mg</i>	\$0 (Tier 3) NT
<i>folic acid 1,000 mcg tablet inner (rx) 1 mg</i>	\$0 (Tier 3) NT
<i>folic acid 1,000 mcg tablet outer (rx) 1 mg</i>	\$0 (Tier 3) NT
<i>folic acid 1,000 mcg tablet p/f (rx) 1 mg</i>	\$0 (Tier 3) NT
<i>folic acid 5 mg/ml vial mdv</i>	\$0 (Tier 3) NT
<i>folic acid 50 mg/10 ml vial muv 5 mg/ml</i>	\$0 (Tier 3) NT
FOLTRATE TABLET (RX) 0.5-1 MG	\$0 (Tier 3) NT
<i>gnp vit c-rose hips 500 mg tab (rx)</i>	\$0 (Tier 3) NT
<i>gnp vitamin c 500 mg tablet (rx)</i>	\$0 (Tier 3) NT
<i>hydroxocobalamin 1,000 mcg/ml</i>	\$0 (Tier 3) NT
INFUVITE ADULT BULK VIAL P/F, MDV, OUTER 3,300 UNIT-150 MCG/10 ML	\$0 (Tier 3) NT
INFUVITE ADULT BULK VIAL P/F, MUV 3,300 UNIT- 150 MCG/10 ML	\$0 (Tier 3) NT
INFUVITE ADULT VIAL 2X5ML, SUV 3,300 UNIT- 150 MCG/10 ML	\$0 (Tier 3) NT
INFUVITE ADULT VIAL P/F, SDV, OUTER 3,300 UNIT- 150 MCG/10 ML	\$0 (Tier 3) NT
INFUVITE PEDIATRIC BULK VIAL MUV 80 MG-400 UNIT- 200 MCG/5 ML	\$0 (Tier 3) NT
INFUVITE PEDIATRIC BULK VIAL P/F, MDV, OUTER 80 MG-400 UNIT- 200 MCG/5 ML	\$0 (Tier 3) NT
INFUVITE PEDIATRIC VIAL P/F, SDV, OUTER 80 MG-400 UNIT- 200 MCG/5 ML	\$0 (Tier 3) NT
INFUVITE PEDIATRIC VIAL SUV 80 MG-400 UNIT- 200 MCG/5 ML	\$0 (Tier 3) NT
MTX SUPPORT TABLET 0.5-1 MG	\$0 (Tier 3) NT
<i>multivit-fluor 0.25 mg tab chw (rx)</i>	\$0 (Tier 3) NT
<i>multivit-fluor 0.25 mg tab chw grape flavor (rx)</i>	\$0 (Tier 3) NT
<i>multivit-fluor 0.25 mg/ml drop (rx)</i>	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 07/01/2025

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>multivit-fluor 0.5 mg tab chew (rx)</i>	\$0 (Tier 3) NT
<i>multivit-fluor 0.5 mg tab chew grape flavor (rx)</i>	\$0 (Tier 3) NT
<i>multivit-fluor 0.5 mg/ml drop (rx)</i>	\$0 (Tier 3) NT
<i>multivit-fluoride 1 mg tab chw (rx)</i>	\$0 (Tier 3) NT
<i>multivit-fluoride 1 mg tab chw grape flavor (rx)</i>	\$0 (Tier 3) NT
<i>multivit-fluor-iron 0.25 mg/ml (rx) 0.25mg fluoride -10 mg iron/ml</i>	\$0 (Tier 3) NT
<i>multivit-iron-fluor 0.25 mg/ml (rx) 0.25mg fluoride -10 mg iron/ml</i>	\$0 (Tier 3) NT
<i>mynephron capsule 1 mg</i>	\$0 (Tier 3) NT
NASCOBAL 500 MCG NASAL SPRAY 500 MCG/SPRAY	\$0 (Tier 3) NT
<i>nephplex rx tablet 1-60-300-12.5 mg-mg-mcg-mg</i>	\$0 (Tier 3) NT
NIVA-FOL TABLET 2.5-25-2 MG	\$0 (Tier 3) NT
<i>optimal d3 50,000 unit capsule 1,250 mcg (50,000 unit)</i>	\$0 (Tier 3) NT
POLY-VI-FLOR 0.25 MG TAB CHEW 0.25 MG FLUORIDE	\$0 (Tier 3) NT
POLY-VI-FLOR 0.25 MG/ML DRP 0.25 MG FLUORIDE/ML	\$0 (Tier 3) NT
POLY-VI-FLOR 0.5 MG TAB CHEW 0.5 MG FLUORIDE	\$0 (Tier 3) NT
POLY-VI-FLOR 1 MG TAB CHEW 1 MG FLUORIDE	\$0 (Tier 3) NT
POLY-VI-FLOR-IRON 0.5-10 MG CHW 0.5 MG FLUORIDE -10 MG IRON	\$0 (Tier 3) NT
<i>prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg</i>	\$0 (Tier 2)
<i>pyridoxine 100 mg/ml vial muv, outer</i>	\$0 (Tier 3) NT
QUFLORA FE 0.25 MG CHEW TABLET 9-0.25 MG	\$0 (Tier 3) NT
QUFLORA FE PED 0.25 MG/ML DROP 9.5-0.25 MG/ML	\$0 (Tier 3) NT
QUFLORA PED 0.25 MG CHEW TAB 0.25MG FLUORIDE (0.55 MG)	\$0 (Tier 3) NT
QUFLORA PED 0.25 MG/ML DROP 0.25MG FLUORIDE (0.55 MG)/ML	\$0 (Tier 3) NT
QUFLORA PED 0.5 MG CHEW TAB 0.5 MG FLUORIDE (1.1 MG)	\$0 (Tier 3) NT
QUFLORA PED 0.5 MG/ML DROP 0.5 MG FLUORIDE (1.1 MG)/ML	\$0 (Tier 3) NT
QUFLORA PED 1 MG CHEW TAB 1 MG FLUORIDE (2.2 MG)	\$0 (Tier 3) NT
<i>ra balanced b-50 tablet natural,p/f (rx)</i>	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 07/01/2025

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>ra b-complex tablet p/f (rx)</i>	\$0 (Tier 3) NT
<i>ra b-complex tablet p/f (rx)</i>	\$0 (Tier 3) NT
<i>ra b-complex-vitamin b-12 tab p/f (rx)</i>	\$0 (Tier 3) NT
<i>ra vit c-rose hips 500 mg tab natural,p/f (rx)</i>	\$0 (Tier 3) NT
<i>ra vitamin c 500 mg tablet p/f (rx)</i>	\$0 (Tier 3) NT
<i>ra vitamin c 500 mg tablet p/f,natural (rx)</i>	\$0 (Tier 3) NT
<i>renal caps softgel 1 mg</i>	\$0 (Tier 3) NT
<i>reno caps softgel 1 mg</i>	\$0 (Tier 3) NT
<i>soothing pureway-c 500 mg tab</i>	\$0 (Tier 3) NT
STROVITE ONE CAPLET 1-1,000-15-5 MG-UNIT-MG-MG	\$0 (Tier 3) NT
<i>sv vit c-rose hips 500 mg tab (rx)</i>	\$0 (Tier 3) NT
<i>sv vit c-rose hips 500 mg tab p/f, gluten free (rx)</i>	\$0 (Tier 3) NT
<i>thiamine 200 mg/2 ml vial 25's,mdv,outer 100 mg/ml</i>	\$0 (Tier 3) NT
<i>thiamine 200 mg/2 ml vial inner, mov 100 mg/ml</i>	\$0 (Tier 3) NT
<i>thiamine 200 mg/2 ml vial inner,muv 100 mg/ml</i>	\$0 (Tier 3) NT
<i>thiamine 200 mg/2 ml vial mdv, inner 100 mg/ml</i>	\$0 (Tier 3) NT
<i>thiamine 200 mg/2 ml vial mdv, outer 100 mg/ml</i>	\$0 (Tier 3) NT
<i>thiamine 200 mg/2 ml vial mdv,inner 100 mg/ml</i>	\$0 (Tier 3) NT
<i>thiamine 200 mg/2 ml vial mov 100 mg/ml</i>	\$0 (Tier 3) NT
<i>thiamine 200 mg/2 ml vial mov, inner 100 mg/ml</i>	\$0 (Tier 3) NT
<i>thiamine 200 mg/2 ml vial mov, outer 100 mg/ml</i>	\$0 (Tier 3) NT
<i>thiamine 200 mg/2 ml vial outer, mov 100 mg/ml</i>	\$0 (Tier 3) NT
<i>thiamine 200 mg/2 ml vial outer,muv 100 mg/ml</i>	\$0 (Tier 3) NT
<i>triphrocaps softgel softgel (rx) 1 mg</i>	\$0 (Tier 3) NT
<i>tri-vite-fluoride 0.25 mg/ml 0.25 mg fluor. (0.55 mg)/ml</i>	\$0 (Tier 3) NT
<i>tri-vite-fluoride 0.5 mg/ml 0.5 mg fluoride (1.1 mg)/ml</i>	\$0 (Tier 3) NT
<i>true ferrous sulf ec 324 mg tb 324 mg (65 mg iron)</i>	\$0 (Tier 3) NT
<i>true folic acid 1,600 mcg dfe tb (rx) 1 mg</i>	\$0 (Tier 3) NT
<i>true vitamin c 500 mg tablet (rx)</i>	\$0 (Tier 3) NT
VIRT-CAPS ORAL CAPSULE 1 MG	\$0 (Tier 3)
<i>vit a,c,d-fluoride 0.25 mg/ml 0.25 mg fluor. (0.55 mg)/ml</i>	\$0 (Tier 3) NT
<i>vit a,c,d-fluoride 0.5 mg/ml 0.5 mg fluoride (1.1 mg)/ml</i>	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 07/01/2025

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>vit c-rose hips 500 mg tablet (rx)</i>	\$0 (Tier 3) NT
<i>vit c-rose hips 500 mg tablet p/f (rx)</i>	\$0 (Tier 3) NT
<i>vit c-rose hips 500 mg tablet with rose hips,p/f (rx)</i>	\$0 (Tier 3) NT
VITAL-D RX TABLET 1,750-60-1-12.5 UNIT-MG-MG-MG	\$0 (Tier 3) NT
<i>vitamin b complex capsule (rx)</i>	\$0 (Tier 3) NT
<i>vitamin b complex softgel (rx)</i>	\$0 (Tier 3) NT
<i>vitamin c 500 mg tablet (rx)</i>	\$0 (Tier 3) NT
<i>vitamin c 500 mg tablet (rx)</i>	\$0 (Tier 3) NT
<i>vitamin c 500 mg tablet gluten-free (rx)</i>	\$0 (Tier 3) NT
<i>vitamin c 500 mg tablet p/f (rx)</i>	\$0 (Tier 3) NT
<i>vitamin c 500 mg tablet p/f,gluten-free (rx)</i>	\$0 (Tier 3) NT
<i>vitamin c 500 mg tablet u-d (rx)</i>	\$0 (Tier 3) NT
<i>vitamin c 500 mg tablet y/f,gluten/f (rx)</i>	\$0 (Tier 3) NT
<i>vitamin d2 1.25 mg(50,000 unit)</i>	\$0 (Tier 3) NT
<i>vitamin d2 1.25 mg(50,000 unit) capsule</i>	\$0 (Tier 3) NT
<i>vitamin d2 1.25 mg(50,000 unit) outer</i>	\$0 (Tier 3) NT
<i>vitamin d2 1.25 mg(50,000 unit) softgel</i>	\$0 (Tier 3) NT
<i>vitamin d3 1,250 mcg capsule (rx)</i>	\$0 (Tier 3) NT
<i>vitamin d3 1.25 mg softgel (rx)</i>	\$0 (Tier 3) NT
<i>vitamin d3 50,000 unit capsule (rx) 1,250 mcg (50,000 unit)</i>	\$0 (Tier 3) NT
<i>weekly-d 1,250 mcg softgel</i>	\$0 (Tier 3) NT
<i>wescaps capsule 1 mg</i>	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 07/01/2025

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Updated on 07/01/2025.

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